

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

Co-Applicant Board Meeting Agenda

Join Microsoft Teams Meeting

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September 10th, 2020; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Eric Debone		9:00am
B. CHANGES TO ORDER OF AGENDA	Staff		
C. PUBLIC COMMENT			9:03am
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.			
D. CONSUMER INPUT <ul style="list-style-type: none"> Local news and updates E. CLOSED SESSION <ul style="list-style-type: none"> No closed session 	Suzanne/Victoria		9:08am
F. CONSENT AGENDA <ol style="list-style-type: none"> Meeting minutes from August 13, 2020 PHPP Mobile Clinic MOU amendment <ul style="list-style-type: none"> Request to approve an amendment to the PHPP Mobile Clinic & Expanded Services MOU to amend service rates and targets beginning July 1, 2020, thereby increasing the total budget by \$1,575 to an amount not to exceed \$991,075 	Sofia Recalde	Tab 1	9:23am
G. BUSINESS AGENDA <ol style="list-style-type: none"> Non-competing continuation/Budget Progress Report (NCC/BPR) <ul style="list-style-type: none"> Request to approve NCC/BPR, including Form 5A, 5B, 5C and the Program budget Quality Improvement (QI) Plan <ul style="list-style-type: none"> Request to approve the QI Annual Plan 2020-2021 Strategic Plan <ul style="list-style-type: none"> Request to approve strategic priorities executed by HCH/FH staff and Board members Review services to be included in Request for Proposal (RFP) <ul style="list-style-type: none"> Discussion 	Sofia/Jim Danielle Hull Irene Pasma HCH/FH Staff	Tab 2 Tab 3 Tab 4	9:25am 9:35am 9:50am 10:05am
H. REPORTING AGENDA <ol style="list-style-type: none"> Finance Report HCH/FH Program Director's Report HCH/FH Needs Assessment Final Report 	Jim Beaumont Jim Beaumont Irene Pasma	Tab 5 Tab 6 Tab 7	10:20am 10:25am 10:30am
I. BOARD PRESENTATIONS AND DISCUSSIONS <ol style="list-style-type: none"> COVID-19 Update 	HCH/FH Staff	Tab 8	10:35am

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

J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.			
<ol style="list-style-type: none"> 1. Future meetings – every 2nd Thursday of the month (unless otherwise stated) <ol style="list-style-type: none"> a. Next Regular Meeting October 8th, 2020; 9:00AM – 11:00AM 			
K. ADJOURNMENT	Eric Debode		11:00am

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TAB 1

Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (August 13, 2020)
Microsoft Teams Meeting**

Co-Applicant Board Members Present

Brian Greenberg
Robert Anderson
Steven Kraft
Suzanne Moore
Victoria Sanchez De Alba
Eric Debode
Michael Vincent Hollingshead
Christian Hansen
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

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

Members of the Public

Lorenzo Antonio Serrano Garcia (aka Tony)

Absent: Mother Champion, Suzanne Moore

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:01AM	
Changes to order of agenda	No changes to the agenda	
Public Comment	No members from the public	
Consumer Input	<ul style="list-style-type: none"> • No updates from advocates • City council did not move forward with the motor home pilot presented by the Pacifica Resource Center • LifeMoves is operating a COVID+/PUI motel in Redwood City; they have about 15 rooms, doing daily admissions and discharges • Moonridge Housing community in Half Moon Bay had several COVID+ cases • Michael is starting a volunteer gig with Second Harvest food bank for seniors and people with disabilities 	
Closed Session	No closed session	

<p>Consent Agenda <u>Meeting minutes and contract extensions</u></p>	<p><i>Please refer to TAB 1 on the Board meeting packet.</i> No questions or comments.</p>	<p>Consent Agenda was <u>MOVED</u> by Suzanne <u>SECONDED</u> by Robert Approved by all. Brian and Steve recused themselves.</p>
<p>Business Agenda:</p>	<p>Request to approve Lorenzo Antonio Serrano Garcia as a new HCH/FH Board member <i>(Please refer to TAB 2)</i> Robert reviewed the interview he had with Tony and reviewed his numerous qualifications for being a Board member. Tony introduced himself and shared that he is passionate about serving both the farmworker and homeless communities.</p> <p>Presentation of Boards and Commissions Handbook <i>(Please refer to TAB 3)</i> With great power comes great responsibility. The Board makes important decisions which impact the lives of people experiencing homelessness and farmworkers/their families and compliance with rules/regulations are crucial. Andrea reviewed the handbook with Board members and indicated all board members will need to take a 2-hour ethics training.</p> <p>Request to approve the below services, to be provided by contract or MOU <i>(Please refer to TAB 4):</i></p> <ul style="list-style-type: none"> • Community Health/Promotores Model on the Coast • Case Management for homeless individuals newly moved into housing • Case Management linked to Street & Field, Mobile Clinic & New Patient Connection Center • Primary Care services provided by Street & Field Medicine and Mobile Clinic • Dental services via Saturday Dental Clinic at Coastside Clinic <p>Question arose about how organizations will be made aware of the RFP coming out. This will be reviewed in future Board meetings.</p>	<p>Request to add Tony: <u>MOVED</u> by Robert <u>SECONDED</u> by Steve Approved by all members</p> <p>Request to approve the Subcommittee’s Recommendation: <u>MOVED</u> by Suzanne <u>SECONDED</u> by Christian</p> <p>All approved; Tony abstained. Brian, Eric and Steve recused themselves.</p>

<p>Reporting Agenda:</p>	<p>Quarter 2 Contractor Report <i>(Please refer to TAB 5 on the Board meeting packet.)</i> Although contracted service providers were off to a good start at the beginning of CY 2020, the impact of COVID-19 on contractor’s ability to deliver services is evident. Contractors have expended 49% of the budget allocated to contracts at the end of Q2 2020 compared to 54% at the end of Q2 2019. Most contractors have been able to adapt and modify their approach to seeing clients; however, some (like PHPP Mobile Clinic, Sonrisas Dental and Ravenswood Dental) were simply unable to see clients due to office closures.</p> <p>Board member noted that the program continues to reach only a small percentage of farm workers and is hopeful that Tony’s membership will spur ideas regarding this.</p> <p>QI Report <i>(Please refer to TAB 6 on the Board meeting packet.)</i> QI Committee will convene in August to approve the QI Annual Plan.</p> <p>HCH/FH procured supplies for telehealth stations at Maple Street and Puente. Staff and Medical Director will work with Maple Street LVN and MMC to determine logistics of virtual appointment scheduling and will work to purchase additional peripheral supplies for the telehealth stations.</p> <p>Finance Report <i>(Please refer to TAB 7 on the Board meeting packet.)</i> Due to the County using July to close their Fiscal Year Accounting, almost no July invoices were paid, and nearly all of July expenditures were salary and benefits expenses. The program is projecting a small balance for unexpended funds from our base grant at the end of the year. No questions/comments</p> <p>HCH/FH Program Director’s Report <i>(Please refer to TAB 8 on the Board meeting packet.)</i> Staff is working on the Budget Performance Review/Non-competing continuation application for HRSA and will present it to the Board for approval at the September meeting. An MOU between HCH/FH and SMMC Pharmacy to support ongoing outpatient pharmacy services to homeless and farmworker patients is currently under review. The program has received nearly \$880K in targeted COVID-19 funding from HRSA. Approximately 24% of the COVID-19 funding has been spent or encumbered for a specific COVID-19 activity. A little over half of the funding has been assigned to increasing COVID_19 testing capacity at the SMC Public Health Laboratory.</p>	
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Board Presentation/ Discussions	COVID-19 Update <i>(Please refer to TAB 9 on the Board meeting packet.)</i> Victoria shared that an SMC COVID-19 Farmworker Affairs Coalition is being formed with the intent to have a place to collect and disseminate COVID-19 information to farmworkers. It will be comprised of nonprofits and community members. More information will be shared with the Board at future meetings.	
Board Communication & Updates	The next Board meeting on September 10th will also be a Teams virtual meeting.	
Adjournment	Time 11:01AM	Eric Debode

HCH/FH

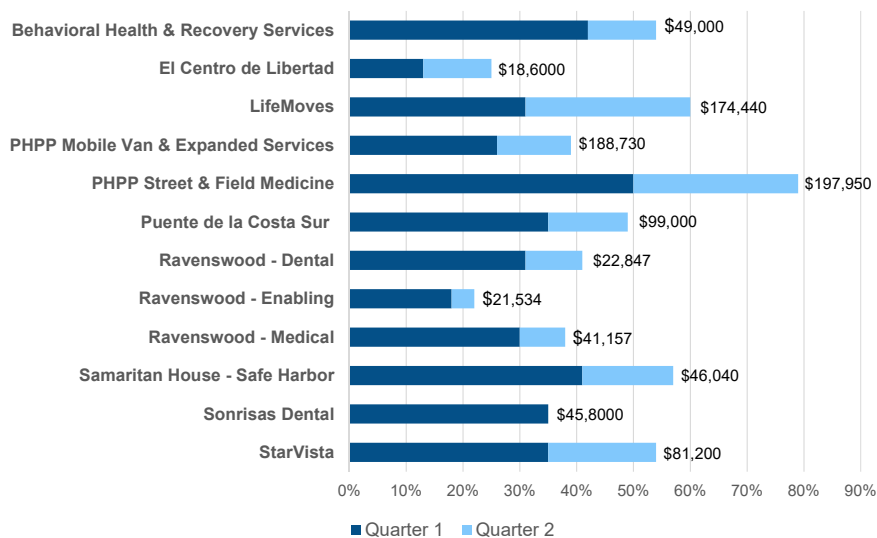
Q2 Contractor Quarterly Review

January 2020 – June 2020



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

Contractor Financial Performance | Jan – Jun 2020



49% of Contractor budget has been spent

With few exceptions, COVID-19 severely impacted Contractors' ability to see new clients



Contractor Pt Count | Jan – Jun 2020

Agency	Contracted Service	Target 2020 Undup Pts	Actual 2020 YTD Undup Pts	% YTD 2020	% YTD 2019	% 2019 EOY
Behavioral Health & Recovery Svcs	Care Coordination (CC)	180	98	54%	33%	57%
El Centro	CC	100	30	30%	17%	35%
	Motivaitonal Outreach	60 presentations	7 presentations	12%	46%	74%
	Prevention Education	35 presentations	10 presentations	29%	27%	87%
Life Moves	CC	385	175	45%	40%	79%
	Intensive CC	75	100	133%	90%	290%
	Street Medicine	140	60	43%	62%	96%
	SSI/SSDI	40	39	98%	42%	136%
	Eligibility	40	50	125%	26%	108%
PHPP Mobile Van & Expanded Services	Transportation	450 trips	188 trips	42%	62%	110%
	Primary Care (PC)	1,000	361	36%	48%	90%
PHPP- Street & Field Medicine	PC for formerly incarcerated & homeless	210	96	46%	51%	97%
	Primary Care	135	107	79%	90%	159%

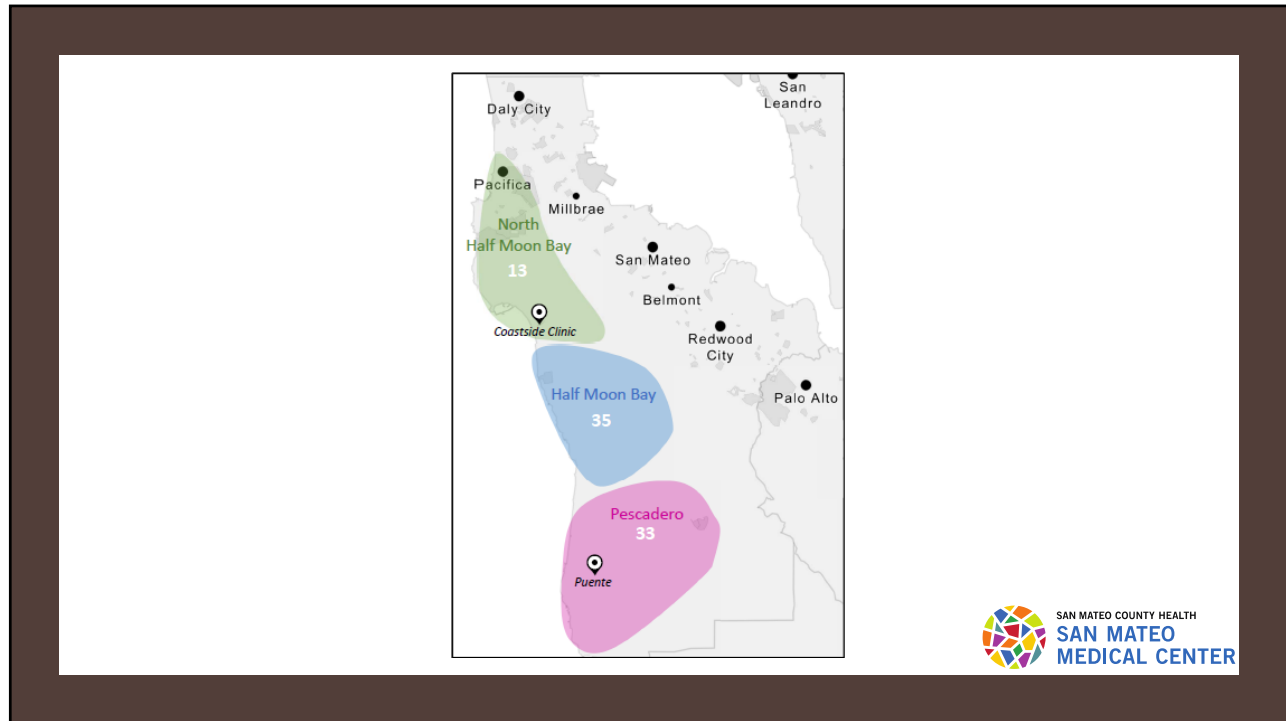


Contractor Pt Count | Jan – Jun 2020

Agency	Contracted Service	Target 2020 Undup Pts	Actual 2020 YTD Undup Pts	% YTD 2020	% YTD 2019	% 2019 EOY
Puente de la Costa Sur	CC	180	74	41%	51%	93%
	Intensive CC	20	20	100%	15%	100%
	Health Insurance Assistance	170	100	59%	84%	105%
Ravenswood	Primary Care	700	269	38%	47%	81%
	Dental	275	113	41%	57%	89%
	CC	500	111	22%	39%	60%
Samaritan House / Safe Harbor	Care Coordination (CC)	200	104	52%	70%	118%
	Intensive CC	10	14	140%	0%	0%
Sonrisas Dental	Dental	115	40	35%	61%	83%
StarVista	Adult Outreach & Engagement	150	146	97%	25%	73%
	Adult Therapeutic Services	75	145	193%	45%	140%
	Youth CC	75	8	11%	51%	72%
	Youth Therapeutic Services	25	10	40%	40%	152%
	Transportation	300 trips	48 trips	16%	18%	38%

2,700 patients
47% of contract total





Coastside

Puente

- Poor cell service in Pescadero has made it difficult to provide services to clients over the phone and has delayed intake/applications.
- When testing for COVID became available, farmworker participants were hesitant to get tested. Some participants were scared their personal information would be provided to the government or what would happen if their results are positive and they aren't able to generate income for their family.
- Even if informed of paid sick-time, participants hesitant to obtain financial services or government benefits due to their immigration status.

Coastside

Sonrisas

- Closed to all but emergency dental care effective 3/16/20. We will not be providing services at the Pescadero location until the county wide shelter-in-place is lifted and the school district reopens the board room.



Peninsula

LifeMoves (Maple Street)

- The Street Medicine team has continued to operate throughout COVID-19 and has been a huge help to unsheltered clients who are struggling with anxiety and depression due to ongoing circumstances
- Amazing collaboration with the Health Coverage Team at SMMC
- Noticeable increase in the number of MediCal ICT's (intercounty transfers) for people coming from San Francisco County specifically. These people are reporting that, whether they are originally from SMC or not, they may have become homeless in SFC and come to SMC for the resources and lower cost of living.
- There is also an increased need for psychiatric services from the street medicine team.

Safe Harbor

- COVID-19 has eliminated volunteers coming to shelter
- Halted certain programming to clients (dental van, foot clinic)
- Many primary care appointments rescheduled due to COVID-19



Peninsula

BHRS ARM

- Homeless clients staying in shelters longer making it easier to find/contact them for follow-up services
- Due to SIP mandate with COVID-19, client contact has been limited to phone contact with clients and thereby making it harder to build connections
- Many clients on fixed income or disabled and unable to work, preventing them from attaining permanent housing. Some clients that do have an opportunity for vouchers have trouble following through with their housing authority appointments

El Centro de Libertad

- As the COVID-19 continues to impact our ability to provide services. We have made adjustments to our outreach efforts including doing outreach to street homeless individuals



Peninsula

PHPP Mobile/Street/Service Connect

- Having to respond to COVID quickly without processes in place. Housing continues to be a challenge and where medically fragile seniors will be discharged after temporary housing ends (PHPP Mobile)
- More meth and use with street homeless causing more health and mental health issues. (PHPP Mobile Clinic)
- Clients being released from jail and prison have more chronic diseases. We are having challenges getting records from clients released from prison. (PHPP Service Connect)
- Real time access to treatment for AOD and stable housing for homeless clients. (PHPP Mobile)



East Palo Alto

Many homeless patients are not comfortable leaving their shelters or encampments to seek services or have relocated due to COVID-19

RFHC Primary

- We would like to see other agencies who serve the homeless population share the services we are providing and where they can go to seek resources. This would help increase access to care for our HCH population

RFHC Enabling

- Some homeless patients expressed fear for their life and safety after a fire broke out in the largest encampment. With the temperatures rising as we enter summer, HCH patients fear another fire may break out. **HCH Manager fears for the lives of homeless individuals and their access to shelter. She will be meeting with the City Council, Police Department, and Fire Department to discuss the incident.**

RFHC Dental

- Due to the pandemic, seen a very low number of dental homeless patients seeking services. Homeless patients who would regularly walk in on a weekly basis have not made many appearances in-person. Additionally, since many of homeless patients do not have access to cell phones, it has been difficult to contact them. Lastly, it has been difficult to track down homeless patients when conducting outreach



Looking
ahead:

- Continue monitor COVID impact on contractors and clients
- 2020 Site Visits postponed
- Contract extensions





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

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

DATE: September 10, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE PUBLIC HEALTH PLANNING AND POLICY (PHPP) MEMORANDUM OF UNDERSTANDING (MOU) FOR MOBILE CLINIC SERVICES

HCH/FH has a Memorandum of Understanding (MOU) in place with Public Health Planning and Policy (PHPP) to primary care services to homeless and farmworker residents through the Mobile Clinic, including clients of Maple Street Shelter and formerly incarcerated, homeless individuals at Service Connect. Under the HCH/FH MOU, PHPP provide services to 1,210 homeless individuals annually. The budget is \$989,500 for the two-year period between 2019-2020.

Due to the severe impact COVID has had on Mobile Clinic to deliver care to homeless and farmworker individuals and the anticipated reduction in overall patient volumes for 2020 compared to 2019, staff is proposing to amend the service rate for Primary Care services on the Mobile Clinic from \$330 to \$655 per unique individual and \$725 to \$995 per unique individual for Primary Care services for clients who receive care at Maple Street Shelter or at Service Connect beginning July 1, 2020. Staff is also proposing to a reduction in the 2020 patient target from 1,210 clients to 866 clients. This would increase the 2019-2020 by \$1,575 from \$989,500 to \$991,075.

Dates of Service	Service	Rate	Patient Target	MOU Total
Jan – Dec 2019	Primary Clinic Mobile Clinic	\$330	1,000	\$507,250
	Primary Care Expanded Services	\$725	210	
	Revenue Generation Reports	\$25,000	NA	
Jan – June 2020	Primary Clinic Mobile Clinic	\$330	361	\$188,730
	Primary Care Expanded Services	\$725	96	
Jul – Dec 2020	Primary Care Mobile Clinic	\$655	329	\$295,095
	Primary Care Expanded Services	\$995	80	
TOTAL BUDGET				\$991,0175

This request is for the Board to approve the proposed amendment to the PHPP MOU.

Attachments:

- PHPP amendment

Memorandum of Understanding Between
San Mateo Medical Center
And
Health System, Public Health, Policy and Planning Division

The purpose of this Memorandum of Understanding (MOU) is to memorialize the agreement between the San Mateo Medical Center (SMMC) and the Public Health, Policy and Planning Division of San Mateo County Health (PHPP), regarding the provision of primary health care services through Health Care for the Homeless/Farmworker Health Program funding. These funded services will be provided by PHPP's Mobile Health Clinic at locations including shelters, on the streets, in transitional housing programs, and other places in San Mateo County where there are individuals who are homeless.

I. Background Information

SMMC is a 509-bed public hospital and clinic system fully accredited by the Joint Commission. SMMC operates outpatient clinics throughout San Mateo County, an acute-care hospital, and long-term care facilities in San Mateo and Burlingame. SMMC serves the health care needs of all residents of San Mateo County, with an emphasis on education and prevention, and without regard for ability to pay. SMMC is part of San Mateo County Health and receives financial support from the San Mateo County Health Foundation.

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program is a program within SMMC. The HCH/FH Program oversees the provision of primary health care, dental health care, behavioral health care, and supportive and enabling services to individuals and families who are homeless or at-risk of being homeless, and to the farmworker community in San Mateo County. In order to ensure access to a continuum of services for individuals in the homeless and farmworker communities, the HCH/FH Program utilizes federal funding under Section 330 (h & g) of the Public Health Service Act to provide primary health care Services to these individuals through PHPP.

II. Goals and Objectives

PHPP shall work to achieve the following objectives during the term of this MOU:

Goal: To provide an array of preventive and primary medical care services throughout the County that are accessible and available to homeless individuals residing in shelters, on the streets, in transitional housing programs, and other locations where homeless individuals are located. This includes formerly incarcerated and homeless individuals receiving services through Service Connect the homeless residents of Maple Street Shelter.

Objective 1: To provide primary health care services to up to 1,210 unduplicated homeless individuals residing in shelters, on the streets, or in transitional housing programs through a minimum of 2,420 in 2019 and to up to 866 unduplicated homeless individuals in 2020. This number may include individuals who are at risk of becoming homeless.

Of the total unduplicated individuals, up to 210 will be identified as formerly incarcerated and homeless individuals served through Service Connect or Maple Street Shelter, through at least 420 encounters in 2019 and to up to 176 unduplicated homeless individuals in 2020.

At least 50 of the formerly incarcerated and homeless individuals referenced in the prior paragraph will be seen at Maple Street Shelter

Outcome Measure a) At least 80% of the homeless individuals seen each year will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drug and alcohol use, and diabetes. This health screening will be indicated by a primary diagnostic code of Z00.00, Z00.01 or Z72.1. The screening will include, at a minimum, blood pressure screens, blood sugar screening (if appropriate), height, weight, and BMI.

Objective 2: At least 20% of all homeless patient encounters annually under this MOU will be related to a chronic disease, including, but not limited to, asthma, chronic obstructive pulmonary disease (COPD), diabetes, and hypertension.

Outcome Measure a) At least 20% of all encounters each year will be provided to homeless patients seen at the Mobile Clinic with a primary diagnosis of **asthma and/or COPD**. At least 20% of these homeless patients with a primary diagnosis of asthma and/or COPD will return for repeat medical visits. These visits shall include screenings, treatment, and/or asthma and/or COPD recorded in the visit as a primary diagnosis.

Outcome Measure b) At least 20% of all encounters each year will be provided to homeless patients seen at the Mobile Clinic with a primary diagnosis of either **Type 1 or Type 2 diabetes**. At least 20% of these homeless patients with a primary diagnosis of Type 1 or Type 2 diabetes will return for repeat medical visits. These visits include screenings, treatment, and/or Type 1 or Type 2 diabetes recorded as a primary diagnosis. Of these homeless patients with a diagnosis for Type 1 or Type 2 diabetes who return for a follow-up visit, at least 90% will have their blood sugar tested each year. Random chart reviews each quarter will be completed to document recent HgA1C levels of these patients. At least 70% of homeless patients diagnosed with Type 1 or Type 2 diabetes each year will have HbA1c levels less than or equal to 9%.

Outcome Measure c) At least 20% of all encounters each year will be provided to homeless patients seen at the Mobile Clinic with a primary diagnosis of **Hypertension**. At least 20% of these homeless patients with a primary diagnosis of hypertension will return for repeat medical visits. These visits shall include screenings, treatment, and/or hypertension recorded as a primary diagnosis. Random chart reviews each quarter will be completed to document recent systolic and diastolic pressure levels of these patients. At least 70% of these homeless patients with diagnosed hypertension will have had a blood pressure reading of less than 140/90.

Objective 3: To ensure continuity of care and to provide referrals to other health and social services as needed.

Outcome Measure a) At least 75% of all homeless patients seen each year under this MOU at the SMMC Podiatry Clinic will be referred to the Mobile Clinic's Registered Nurse (RN) or Nurse Practitioner for a medical visit.

Outcome Measure b) At least 75% of homeless patients contacted at Service Connect each year under this MOU will be seen at the Mobile Clinic for a medical visit.

Outcome Measure c) At least 75% of homeless patients with mental health and/or alcohol and other drug (AOD) issues seen each year will be referred to the County's Behavioral Health and Recovery Services.

Outcome Measure d) At least 75% of homeless patients in need of case management and/or eligibility assistance each year will be referred to LifeMoves.

Outcome Measure e) Women's Health- 100% of homeless women with a positive pregnancy test will be referred to SMMC's OB-GYN clinic each year.

Outcome Measure f) The Mobile Clinic will survey women to measure their interest in being able to receive Pap tests at the Mobile Clinic and will provide ongoing reporting of the survey data as part of the quarterly reports.

III. Term of Agreement

The term of this MOU shall be from January 1, 2019 through December 31, 2020.

IV. Responsibilities

The HCH/FH Program is responsible for the following under this MOU:

1. Monitor the performance of PHPP to assure it is meeting its requirements.
2. Review, process, and monitor monthly invoices.
3. Review quarterly reports to track progress on goals and objectives.
4. Provide technical assistance to the Mobile Clinic related to program development, data collection, or other HCH/FH Program-related issues as needed.
5. If determined by HCH/FH, the MOU may require an amendment upon HCH/FH's review of the MOU expenditures after the second quarter of the MOU period.

PHPP is responsible for the following under this MOU:

1. All demographic information will be obtained from each homeless and farmworker individual receiving primary care services by the Mobile Clinic during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless and farmworker individuals for whom PHPP is not reimbursed.** PHPP will also assess and report each individual's farmworker status as defined by the Bureau of Primary Health Care (BPHC).
2. A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.
3. Quarterly reports providing an update on progress made on goals, objectives, and outcome measures under this MOU shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.
4. Participate in planning and quality assurance activities related to the HCH/FH Program.
5. Participate in HCH/FH Provider Collaborative Meetings, Quality Improvement Committee meetings, and other workgroups as requested.
6. Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect).

7. Provide active involvement in the BPHC Office of Performance Review Process.
8. Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of patient activities/outcome measures. The HCH/FH Program will work with PHPP to try and accommodate scheduling for routine site visits and will provide PHPP with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:
 - Lack of timely reporting, especially repeatedly
 - Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
 - Ongoing difficulties in scheduling routine site visits
 - Complaints or reports that raise concerning issues; etc.,

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

9. In response to staff turn-over, the HCH/FH program will require notice from PHPP (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.
10. Provide the HCH/FH Program with the schedule of sites and times for the Mobile Clinics, and provide updates when that schedule changes, including temporary suspension of the schedule due to staffing, van maintenance, etc.

V. Amount and Source of Payment

HCH/FH shall pay PHPP at the following rates for primary health care services:

- \$330.00 (THREE HUNDRED THIRTY DOLLARS) for each unduplicated homeless individual, up to a maximum of 1,000 unduplicated homeless individuals in 2019.
- \$330.00 (THREE HUNDRED THIRTY DOLLARS) for each unduplicated homeless individual, up to a maximum of 361 unduplicated homeless individuals during January 1, 2020 – June 30, 2020.
- \$655.00 (SIX HUNDRED FIFTY-FIVE DOLLARS) for each unduplicated homeless individual, up to a maximum of 329 unduplicated individuals during July 1, 2020 – December 31, 2020.

HCH/FH shall pay PHPP at the following rates for formerly incarcerated homeless individuals or Maple Street residents who receive primary care services at Maple Street Shelter:

- \$725.00 (SEVEN HUNDRED TWENTY-FIVE DOLLARS) for each unduplicated homeless individual, up to a maximum of 210 unduplicated individuals in 2019.
- \$725.00 (SEVEN HUNDRED TWENTY-FIVE DOLLARS) for each unduplicated homeless individual, up to a maximum of 96 unduplicated individuals during January 1, 2020 – June 30, 2020.
- \$995.00 (NINE HUNDRED NINETY-FIVE DOLLARS) for each unduplicated homeless individual, up to a maximum of 80 unduplicated individuals during July 1, 2020 – December 31, 2020.

PHPP shall be paid \$10,000.00 upon submission of a Data Collection Progress Report (due by May 20, 2019) for review and acceptance. The Progress Report will detail action steps taken, research findings, scheduled meetings, and subsequent action steps that will be taken, in continuation of the Data Collection Plan and Progress Reports from 2018. Retrieving and automating data for collection is dependent on Business Intelligence Group’s capacity which is separate from payments tied to PHPP’s submission of the Data Collection Progress Reports.

PHPP shall be paid \$15,000.00 upon submission of a Revenue Investigation Plan (due June 30, 2019) and Revenue Generation Report (due by October 15, 2019) for review and acceptance. The Report should identify all available revenue sources to PHPP and make recommendations to maximize revenue to support the delivery of primary care services on the Mobile Clinic.

The total amount of HCH/FH funding for primary health services paid under this MOU, will not exceed \$991,075 (NINE HUNDRED NINETY ONE THOUSAND SEVENTY-FIVE DOLLARS).

January 1, 2019 – December 31, 2019

Budget Overview	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all two categories and invoiced only once in one category	Primary Care Services to Homeless on Mobile Clinic	1,000 patients	\$330/patient
	Primary Care services to formerly incarcerated and homeless individuals, or to homeless residents of Maple Street Shelter who receive services at Maple Street Shelter	210 patients total (include 50 patients at Maple Street)	\$725/patient
Data Collection	Progress Report (due May 20 th ,	1 Report	\$10,000

Report	2019)		
Revenue Investigation Plan	Plan (due June 30, 2019)	1 Plan	\$5,000
Revenue Generation Report	Report (due October 15, 2019)	1 Report	\$10,000

January 1, 2020 – June 30,2020

Budget Overview	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all two categories and invoiced only once in one category	Primary Care Services to Homeless on Mobile Clinic	361 patients	\$330/patient
	Primary Care services to formerly incarcerated and homeless individuals, or to homeless residents of Maple Street Shelter who receive services at Maple Street Shelter	96 patients total	\$725/patient

July 1, 2020 –December 31,2020

Budget Overview	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all two categories and invoiced only once in one category	Primary Care Services to Homeless on Mobile Clinic	329 patients	\$655/patient
	Primary Care services to formerly incarcerated and homeless individuals, or to homeless residents of Maple Street Shelter who receive services at Maple Street Shelter	80 patients total	\$995/patient

SIGNATURES

Jim Beaumont, Director of Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center

Date

David McGrew
Chief Financial Officer
San Mateo Medical Center

Date

Chester J. Kunnappilly, MD

Chief Executive Officer
San Mateo Medical Center

Date

Anessa Farber, Finance Services Manager
Public Health, Policy and Planning Fiscal Officer

Date

Cassius Lockett, Director of Public Health,
Policy and Planning

Date

TAB 2
NCC/BPR



DATE: September 10, 2020

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

FROM: Sofia Recalde, Management Analyst, and Jim Beaumont, Program Director

SUBJECT: BUDGET PERIOD PROGRESS REPORT (BPR)/NON-COMPETING CONTINUATION (NCC) SUBMISSION, INCLUDING FORMS 5A, 5B AND 5C AND THE ANNUAL BUDGET

The Budget Period Progress Report (BPR) Non-Competing Continuation provides an update on the progress of Health Center Program award recipients. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or nonresponsive progress report may result in a delay or a lapse in funding.

The HCH/FH program currently is operating under a three-year grant period January 1, 20120 – December 31, 2022. Staff submitted the attached BPR/NCC on September 2, 2020 requesting \$2,711,882 for the CY 2021 period. In addition, Forms 5A, 5B and 5C were submitted with no new changes to sites or services.

HCH/FH staff is requesting Board approval on the final BPR/NCC, including review of program performance, the annual budget for CY 2021 and Forms 5A, 5B and 5C.

Attachment:

- BPR/NCC report (inclusive of Forms 5A, 5B and 5C and the annual budget)

Program Specific Form(s) - Review

00181467: San Mateo, County Of

Due Date: 09/08/2020 (Due In: 4 Days)

Announcement Number: 5-H80-21-001

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00051

Target Population: Migrant Health Centers, Health Care for the Homeless

Current Project Period: 1/1/2020 - 12/31/2022

Resources [↗](#)

Form 1C - Documents On File

As of 09/04/2020 01:02:55 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2021

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	12/01/2018	
Procurement procedures.	12/13/2018	
Standards of Conduct/Conflict of Interest policies/procedures.	10/13/2018	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	12/17/2018	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).	10/11/2018	[_]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).	10/11/2018	[_]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	08/11/2016	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	08/09/2018	
Coverage for Medical Emergencies During and After Hours operating procedures.	04/12/2013	
Continuity of Care/Hospital Admitting operating procedures.	02/17/2015	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	04/09/2020	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	01/03/2019	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	07/09/2020	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	05/20/2014	[_]

Form 3 - Income Analysis

As of 09/04/2020 01:02:55 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	3785.00	22932.00	\$134.90	\$3,093,526.80	\$2,697,679.00
2. Medicare	797.00	4782.00	\$351.80	\$1,682,307.60	\$1,393,137.00
3. Other Public	0.00	0.00	\$0.00	\$0.00	\$52,131.00
4. Private	100.00	450.00	\$7.16	\$3,222.00	\$3,027.00
5. Self Pay	1959.00	7836.00	\$4.21	\$32,989.56	\$28,100.00
6. Total (Lines 1 to 5)	6641	36000	N/A	\$4,812,045.96	\$4,174,074.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$0.00	\$0.00
9. Local Government	N/A	N/A	N/A	\$10,200,000.00	\$8,830,077.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$10,200,000.00	\$8,830,077.00
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$15,012,045.96	\$13,004,151.00
Comments/Explanatory Notes (if applicable)					

As of 09/04/2020 01:02:55 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Required Services

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

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Preventive Dental	[X]	[X]	[_]
Pharmaceutical Services	[X]	[X]	[_]
HCH Required Substance Use Disorder Services	[X]	[X]	[_]
Case Management	[X]	[X]	[_]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[X]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[X]	[X]	[_]
Translation	[X]	[X]	[_]

As of 09/04/2020 01:02:55 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Additional Services

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

As of 09/04/2020 01:02:55 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[X]	[_]	[_]
Psychiatry	[X]	[_]	[_]
Endocrinology	[_]	[_]	[_]

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

Form 5B - Service Sites

As of 09/04/2020 01:02:55 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

COASTSIDE MENTAL HEALTH CENTER (BPS-H80-000552)		Action Status: Picked from Scope	
Site Name	COASTSIDE MENTAL HEALTH CENTER	Physical Site Address	225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200
Site Type	Service Delivery Site	Site Phone Number	(650) 726-6369
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/1/1998	Site Operational By	5/1/1998
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			

Service Area Zip Codes	94019		
39th Avenue Campus - Outpatient Clinics (BPS-H80-000595)		Action Status: Picked from Scope	
Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1994	Site Operational By	1/1/1970
FQHC Site Medicare Billing Number	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751904

Status		
FQHC Site National Provider Identification (NPI) Number	1932288859	Total Hours of Operation 40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December	
Number of Contract Service Delivery Locations		Number of Intermittent Sites 0
Site Operated by	Grantee	

Organization Information
No Organization Added

Service Area Zip Codes	94403
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CENTRAL COUNTY MENTAL HEALTH CTR (BPS-H80-000785) Action Status: Picked from Scope

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

Organization Information
No Organization Added

Service Area Zip Codes	94403, 94402, 94401
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HEALTH SERVICES AGENCY MENTAL HEALTH DIVISION (BPS-H80-001005) Action Status: Picked from Scope

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

Locations																		
Site Operated by	Grantee																	
<table border="1"> <tr> <td colspan="4">Organization Information</td> </tr> <tr> <td colspan="4" style="text-align: center;">No Organization Added</td> </tr> </table>				Organization Information				No Organization Added										
Organization Information																		
No Organization Added																		
Service Area Zip Codes	94403																	
SOUTH SAN FRANCISCO CLINIC (BPS-H80-001373)			Action Status: Picked from Scope															
Site Name	SOUTH SAN FRANCISCO CLINIC	Physical Site Address	306 SPRUCE STREET, SOUTH SAN FRANCISCO, CA 94080-2741															
Site Type	Service Delivery Site	Site Phone Number	(650) 877-7070															
Web URL	www.co.sanmateo.ca.us																	
Location Type	Permanent	Site Setting	All Other Clinic Types															
Date Site was Added to Scope	11/1/1999	Site Operational By	1/10/1999															
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751905															
FQHC Site National Provider Identification (NPI) Number	1750460671	Total Hours of Operation	40															
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December																	
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0															
Site Operated by	Grantee																	
<table border="1"> <tr> <td colspan="4">Organization Information</td> </tr> <tr> <td colspan="4" style="text-align: center;">No Organization Added</td> </tr> </table>				Organization Information				No Organization Added										
Organization Information																		
No Organization Added																		
Service Area Zip Codes	94080																	
MAPLE STREET SHELTER (BPS-H80-002922)			Action Status: Picked from Scope															
Site Name	MAPLE STREET SHELTER	Physical Site Address	1580 A MAPLE STREET, REDWOOD CITY, CA 94603-4364															
Site Type	Service Delivery Site	Site Phone Number	(650) 364-4664															
Web URL	www.shelternetwork.com																	
Location Type	Permanent	Site Setting	All Other Clinic Types															
Date Site was Added to Scope	1/7/2006	Site Operational By	1/7/2006															
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number																
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40															
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December																	
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0															
Site Operated by	Contractor																	
<table border="1"> <tr> <td colspan="5">Organization Information</td> </tr> <tr> <th>Organization Name</th> <th>Address (Physical)</th> <th>Address (Mailing)</th> <th>EIN</th> <th>Comments</th> </tr> <tr> <td>Shelter Network of San</td> <td>1450 Chapin Ave</td> <td>1450 Chapin Ave</td> <td>77-0160469</td> <td>Shelter Network of San</td> </tr> </table>				Organization Information					Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments	Shelter Network of San	1450 Chapin Ave	1450 Chapin Ave	77-0160469	Shelter Network of San
Organization Information																		
Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments														
Shelter Network of San	1450 Chapin Ave	1450 Chapin Ave	77-0160469	Shelter Network of San														

Mateo County Burlingame, CA 94010-4044 Burlingame, CA 94010-4062

Mateo County is an HCH contractor that operates the 90-bed Maple Street Shelter facility located in Redwood City.

Service Area Zip Codes	94063		
Daly City Youth Health Center (BPS-H80-022195)		Action Status: Picked from Scope	
Site Name	Daly City Youth Health Center	Physical Site Address	350 90th St., 3rd Floor, Daly City, CA 94015-1880
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/22/2018	Site Operational By	9/27/2018
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	August, July, June, May, December, November, October, September, April, March, January, February		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

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

Organization Information

No Organization Added

Service Area Zip Codes	94403		
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Coastside Health Center (BPS-H80-006870)			Action Status: Picked from Scope
Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019-1738
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1998	Site Operational By	1/5/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751898
FQHC Site National Provider Identification (NPI) Number	1841379765	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	94019		
MOBILE HEALTH CLINIC (BPS-H80-003782)			Action Status: Picked from Scope
Site Name	MOBILE HEALTH CLINIC	Physical Site Address	225 37th Ave, San Mateo, CA 94403-4324
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2786
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1996	Site Operational By	7/1/1994
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number	1194804013	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083		
sequoia teen wellness center (BPS-H80-009159)			Action Status: Picked from Scope
Site Name	sequoia teen wellness center	Physical Site Address	200 JAMES AVE, REDWOOD CITY, CA 94062-5123
Site Type	Service Delivery Site	Site Phone Number	(650) 261-3710
Web URL	www.sanmateo.ca.us		

Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	11/5/2009	Site Operational By	4/1/2009
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751907
FQHC Site National Provider Identification (NPI) Number	1568540557	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	94062		
HCH Mobile Dental Van (BPS-H80-011967)			Action Status: Picked from Scope
Site Name	HCH Mobile Dental Van	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2561
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/15/2012	Site Operational By	8/15/2012
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	20
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	94061, 94080, 94063, 94401, 94019, 94403		
DALY CITY YOUTH HEALTH CENTER (BPS-H80-004460)			Action Status: Picked from Scope
Site Name	DALY CITY YOUTH HEALTH CENTER	Physical Site Address	2780 Junipero Serra Blvd, Daly City, CA 94015-1634
Site Type	Service Delivery Site	Site Phone Number	(650) 991-2240
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1992	Site Operational By	1/1/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751888
FQHC Site National Provider Identification (NPI) Number	1023196011	Total Hours of Operation	40

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

Organization Information
No Organization Added

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

Organization Information
No Organization Added

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

Organization Information
No Organization Added

Service Area Zip Codes		94015	
SOUTH COUNTY MENTAL HEALTH (BPS-H80-005388)			Action Status: Picked from Scope
Site Name	SOUTH COUNTY MENTAL HEALTH	Physical Site Address	802 BREWSTER AVE, REDWOOD CITY, CA 94063-1510
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4111
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1992	Site Operational By	1/1/1992
FQHC Site Medicare Billing Number Status	Application for this site has not yet been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation January, February, March, April, May, June, July, August, September, October, November, December			
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes		94063, 94061	
Fair Oaks Health Center (BPS-H80-005448)			Action Status: Picked from Scope
Site Name	Fair Oaks Health Center	Physical Site Address	2710 Middlefield Rd, Redwood City, CA 94063-3404
Site Type	Service Delivery Site	Site Phone Number	(650) 363-4602
Web URL www.sanmateo.ca.us			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1988	Site Operational By	1/1/1998
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751887
FQHC Site National Provider Identification (NPI) Number	1386728533	Total Hours of Operation	40
Months of Operation January, February, March, April, May, June, July, August, September, October, November, December			
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes		94063	
DALY CITY CLINIC (BPS-H80-005524)			Action Status: Picked from Scope
Site Name	DALY CITY CLINIC	Physical Site Address	380 90th St, Daly City, CA 94015-1807
Site Type	Service Delivery Site	Site Phone Number	(650) 301-8600

Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1996	Site Operational By	1/5/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	751906
FQHC Site National Provider Identification (NPI) Number	1265522619	Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	94015		
South County Community Health Center (Db; Ravenswood Family Health Center) (BPS-H80-005603)			Action Status: Picked from Scope
Site Name	South County Community Health Center (Db; Ravenswood Family Health Center)	Physical Site Address	1798 BAY RD, EAST PALO ALTO, CA 94303-1611
Site Type	Service Delivery Site	Site Phone Number	(650) 330-7400
Web URL	www.ravenswoodfhc.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/1/2003	Site Operational By	12/1/2003
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	551946
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	62
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	Contractor		

Organization Information

Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments
South County Community Health Center (Db; Ravensw	1798 Bay Rd Palo Alto, CA 94303-1611		94-3372130	

Service Area Zip Codes	94303, 94025
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Form 5C - Other Activities/Locations

As of 09/04/2020 01:02:55 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Activity/Location Information	
Type of Activity	Non-Clinical Outreach
Frequency of Activity	Monday-Friday through outreach conducted by Community Health Workers assigned to the HCH Mobile Clinic.

Description of Activity	Community health workers visit shelters and sites frequented by homeless where they provide information on the Mobile Clinic schedule, as well as, health and other enabling services.
Type of Location(s) where Activity is Conducted	Shelters, service sites (e.g., food kitchens) and other sites (e.g., parks) frequented by the homeless.
Activity/Location Information	
Type of Activity	Immunizations
Frequency of Activity	Adult and/or children's immunizations can be accessed by HCH patients on an on-going basis.
Description of Activity	Recommended adult (e.g., Hepatitis C, flu shots)and childhood (by age two) immunizations.
Type of Location(s) where Activity is Conducted	SMMC clinics listed on Form 5 - Part B or public health immunization clinic at various locations.
Activity/Location Information	
Type of Activity	Health Education
Frequency of Activity	Daily at SMMC/HCH service sites.
Description of Activity	Health education focused on the awareness, prevention and management of chronic conditions such as diabetes is provided at various service sites.
Type of Location(s) where Activity is Conducted	Sites listed on Form 5 - Part B and attached map of SMMC service sites.
Activity/Location Information	
Type of Activity	Portable Clinical Care
Frequency of Activity	Monday through Thursday
Description of Activity	"Backpack Medicine" - Street & Field Primary Care Delivery
Type of Location(s) where Activity is Conducted	Streets, alleys, encampments, farms, and other sites frequented by street homeless and farmworker patients.

As of 09/04/2020 01:02:55 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Program Narrative Update - Organizational Capacity

▼ Organizational Capacity	
<p>Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:</p> <ul style="list-style-type: none"> • Staffing, including key vacancies; • Operations, including changes in policies and procedures as they relate to COVID-19; and • Financial status, including the most current audit findings, as applicable. 	<p>Since the 2019 SAC submission, organizational clinical staffing has been stable. The Health Care for the Homeless/Farmworker Health (HCH/FH) Program did have a Program Coordinator resign; however, our parent organization (San Mateo County) currently has a county-wide hiring freeze in place due to the unknown fiscal impacts from COVID. The HCH/FH Program is currently working to get a hiring exemption and are currently managing to cover the position's responsibilities. With the emergence of COVID-19, the HCH/FH Program moved to support the homeless and farmworker population of the county as necessary for them to stay healthy during the pandemic and to maintain their access to their ongoing health services, including increasing the availability of telehealth services. We have partnered with Public Health on the testing of farmworker and homeless patients; have distributed PPE and educational materials on COVID to the homeless and farmworkers and to our partner agencies that also work with them; and have initiated an onsite telehealth kiosk at the county's largest shelter to simplify access to health services without needing to leave the shelter.</p>

The largest administrative impact from COVID has been planned future efforts. Current contracts with community partners were set to expire on 12/31/20 and we were deep into our strategic planning efforts and beginning our procurement process to create contracts to begin in 01/01/21. We have moved to extend all current agreements for 6 months to 06/30/21 to allow us sufficient time to complete the planning, proposal and contracting process. We have re-engaged these efforts and are nearing completion of our Strategic Plan and working on an RFP with a planned release date in mid-late fall. Our most recent audit found no reportable issues. Our general financial status is relatively strong, considering COVID. There is some future risk post-pandemic primarily dependent on the final array of state and federal support provided.

Program Narrative Update - Patient Capacity and Supplemental Awards

▼ **Patient Capacity**

Referencing the % Change 2017-2019 Trend, % Change 2018-2019, and % Progress Toward Goal columns:

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain negative trends or limited progress toward the projected number of patients and plans for achievement.

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the [Patient Target Response Team](#) . To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.

Project Period: 11/1/2001 - 12/31/2022







Unduplicated Patients	2017 Patient Number ⓘ	2018 Patient Number ⓘ	2019 Patient Number ⓘ	% Change 2017-2019 Trend ⓘ	% Change 2018-2019 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
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								<p>From 2017 to 2019, the HCH/FH Program has observed a drop in both homeless and agricultural worker patients and their dependents. This is due, in part, to the success of the County's Housing Our People Effectively (HOPE) Program, and continued efforts by San Mateo to outreach to the county's homeless causing a reduction in the overall number of homeless persons in San Mateo County. This reduction is also due to a declining number of undocumented agricultural workers seeking services because of fear of deportation in the current political climate, several farm closures that served as major employers for agricultural workers, and the increased presence of marijuana cultivation and resulting DEA presence on the coast. In 2018 and 2019, flooding on the county's south coast made it difficult for the HCH/FH contracted social service agency to provide services, and created a barrier for primary care service teams to access the region to provide field-based care. Several barriers to increasing clients served have occurred during the 2020 reporting year. Some clinic and contracted services temporarily halted at the start of the pandemic to protect patients and staff and limit the spread of disease until appropriate policies and procedures were put into place. Additionally, there was a period of adjustment in establishing telehealth in primary care clinics, particularly in standardizing the use of the telehealth platform Doxy.me. The HCH/FH Program will also expand the patients served through the upcoming RFP, informed by extensive strategic planning involving key community organizations, County leaders, and Co-Applicant board participation. Our ability to reach the agricultural population has been further disrupted by the wildfires and evacuation orders on the San Mateo County South Coast, which is the primary location of several agricultural worker specific contracts.</p>
Total Unduplicated Patients	6482	5733	5721	-11.74%	-0.21%	86.16%	6640	

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients values is pre-populated from the patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 11/1/2001 - 12/31/2022







Special Populations	2017 Patient Number 	2018 Patient Number 	2019 Patient Number 	% Change 2017-2019 Trend 	% Change 2018-2019 Trend 	% Progress Toward Goal 	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	1162	1180	1020	-12.22%	-13.56%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 0)	<p>The HCH/FH Program has seen a steadily decreasing number of agricultural workers for a multitude of reasons. First, the political climate has made many undocumented workers fearful of accessing services and resources due to concerns of deportation. Similarly, several farms have begun renting parts of farms for marijuana cultivation, increasing DEA presence in the San Mateo County coastal region. The south coast region in both 2018 and 2019 experienced flooding making it difficult from external primary and dental care teams that offer field-based services from accessing the region. Lastly, several farms that stood as major employers of agricultural workers have closed, causing some workers to seek employment elsewhere. The HCH/FH Program has several strategic priorities targeting agricultural workers in both the south coast and the north coast which has many agricultural workers who have not yet been engaged in care. The program is currently in the process of creating a contract with a north coast community-based organization that offers free mental health services at a major farmworker housing community to expand the capacity of the organization to offer services to clients. The program is also looking to create additional capacity for agricultural workers who lack dental coverage due to immigration status or earn more than the eligible income for covered dental insurance. Lastly, the program is looking to create a contract for a promotoras model which will help reach agricultural patients who have not yet been engaged in services and care.</p>

<p>Total People Experiencing Homelessness Patients</p>	<p>5409</p>	<p>4641</p>	<p>4769</p>	<p>-11.83%</p>	<p>2.76%</p>	<p>90.91%</p>	<p>5246 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 5246)</p>	<p>The San Mateo County Homeless One-Day Count from 2017 to 2019 shows an increase in number of homeless individuals, particularly in the vehicularly housed. In an additional survey done by the San Mateo County Center on Homelessness in 2019 showed that vehicularly housed individuals do not always recognize themselves as homeless. While the number of individuals who are by definition homeless is increasing, patients who are homeless may not always recognize and thereby self-report themselves as being homeless during registration at outpatient clinics. This may be a reason why between 2017 and 2018, there was a decline in the number of homeless individuals captured in our patient count. In 2019, the HCHF program began two new contracts with SUD and mental health service agencies, which is likely a reason for our increase in homeless patients seen between 2018 and 2019 as we were able to reach additional individuals untouched by other programmatic service streams. Several strategic priorities in the upcoming RFP will likely continue this upward trend in patients engaged, by expanding the Street and Field medicine team by adding behavioral health and enabling service staff persons. COVID-19 is partially contributing to a more engaged patient population, as homeless individuals are staying in shelters longer due to shelter-in-place orders and the addition of the FEMA-funded hotel, which has been able to incorporate multi-disciplinary wrap-around services, including SUD, primary care, behavioral health, and case management for those who have experience chronic homelessness.</p>
<p>Total Public Housing Resident Patients</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>Data not available</p>	<p>Data not available</p>	<p>Data not available</p>	<p>0 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 0)</p>	<p>None</p>

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.
- (*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.

Project Period: 11/1/2001 - 12/31/2022

Patients and Visits by Service Type	2017 Patient Number 	2018 Patient Number 	2019 Patient Number 	% Change 2017-2019 Trend 	% Change 2018-2019 Trend 	% Progress Toward Goal 	Projected Number of Patients	Patient Capacity Narrative
Total Medical Services Patients	5734	4969	5045	-12.02%	1.53%	94.97%	5312 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 5312)	The overall patient reduction between 2017 and 2019 (689) is most likely largely due to the reduction in homeless patients (640) between 2017 and 2019, compared to the reduction in agricultural workers seen (142). There was an increase observed between 2018 to 2019 for medical services, likely due to the increase in overall homeless patients who received services. The increase (76 patients total) is likely a reflection of typical homeless patient population fluctuation, as certain subsets of this group tends to be transient between Bay Area counties (San Francisco, Alameda, Santa Clara).

<p>Total Dental Services Patients</p>	<p>1197</p>	<p>1164</p>	<p>1113</p>	<p>-7.02%</p>	<p>-4.38%</p>	<p>83.81%</p>	<p>1328 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 1328)</p>	<p>The HCH/FH Program observed a decrease in dental services patients in both 2017 to 2019 and 2018 to 2019. Flooding on the south coast in 2018 and 2019 created a barrier for the contracted dental agency to access the building where they offer on-site services. Additionally, San Mateo County has few providers outside of San Mateo Medical Center that accepts the Medi-Cal program, Denti-Cal. This bottleneck for many patients seeking comprehensive dental care means long wait times for assigned patients outside of emergency dental care. Third, those who are undocumented and use county-offered ACE (Access and Care for Everyone) are only covered for emergency dental services. There are several efforts that should ameliorate barriers in engaging patients in dental services. First, the county is planning to participate in a pilot that would bring Denti-Cal reimbursement to a county-level, meaning faster reimbursement rates compared to state-managed reimbursement. This should entice local private dental practices in accepting Denti-Cal, increasing capacity for services for patients using this insurance option. Second, the HCH/FH program has included in its strategic priorities a plan for dental service delivery specifically for agricultural workers using ACE insurance and who are unable to take time off during the week to visit a dental clinic, which would cover operational costs for comprehensive care for agricultural and homeless patients on the coast. Lastly, COVID-19 halted two major efforts for homeless and farmworker patients. The mobile dental clinic, which offers free comprehensive dental care to homeless patients assigned to a case manager stopped services in March 2020 and is nearly ready to resume services now that procedures and protective equipment have been installed. The contracted agency that offers dental care on the south coast has not been able to offer on-site dental exams but is still seeing patients at their brick-and-mortar locations on the north coast.</p>
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Total Mental Health Services Patients	416	302	522	25.48%	72.85%	158.18%	330 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 330)	The San Mateo HCH/FH maintained a positive trend from 2017 to 2019 on this measure.
Total Substance Use Disorder Services Patients	0	0	25	Data not available	Data not available	50.00%	50 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 0 FY 2020 SAC = 50)	The San Mateo HCH/FH maintained a positive trend from 2017 to 2019 on this measure.
Total Enabling Services Patients	1311	2162	2507	91.23%	15.96%	104.90%	2390 (This number has been calculated by adding the following patient projections: FY 2020 SAC = 2390)	The San Mateo HCH/FH maintained a positive trend from 2017 to 2019 on this measure.
Total Vision Services Patients	Data not available	Data not available	582	Data not available	Data not available	Data not available	NA*	Data did not load into EHB. The number of patients who have received vision services decreased from 2017 (633) to 2019 (582) but increased from 2018 (563) to 2019 (582). This is likely a reflection of the fluctuation in overall patients who were engaged or sought services. Contracted case managers and service agencies continue to refer patients to vision services as needed.

Supplemental Awards [🔗](#)

In the Supplemental Award Narrative column, describe the following:

- Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;
- Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and
- Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.

Notes:

- If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.
- Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
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In the Supplemental Award Narrative column, describe the following:

- Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;
- Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and
- Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.

Notes:

- If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.
- Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
<p>FY 2019 Integrated Behavioral Health Services (IBHS)</p>	<p>Increase access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and or substance use disorders (SUDs), including opioid use disorder (OUD) by December 31, 2020</p>	<p>The HCH/FH Program has been working with the Public Health, Policy, and Planning (PHPP) Street/Field Medicine Team to hire a minimum 0.5 FTE position that would provide field-based behavioral health services to street homeless and farmworkers utilizing IBHS funding. The key factor impacting progress in hiring for this position has been the San Mateo County Health hiring freeze, requiring that programs file for exemption to create or fill open positions. The PHPP Street/Field Medicine Team has submitted the exemption request, and we are currently waiting to hear back on whether this has been approved. Our preference is to contract with PHPP so that they can hire a person to join their Street & Field Medicine team directly. However, we are also in communication with Behavioral Health & Recovery Services and outside agencies StarVista and El Centro if PHPP isn't granted the hiring exemption. COVID-19 has had a significant impact on the capabilities to move forward with the hiring process and is an additional impact on the hiring freeze as the county now has an uncertain revenue structure though this position would be grant funded. In addition, we are initiating a telehealth pilot program at Maple Street Shelter for homeless individuals who are SMMC patients and at Puente de la Costa Sur for farmworkers and their dependents who are SMMC patients. We purchased a computer and a laptop, as well as a desk and peripheral telehealth supplies (e.g., otoscope, digital stethoscope and a general examination video camera) for the two facilities. The goal of the pilot program is to enable clients who do not have access to a phone or reliable wi-fi to receive health care in a trusted setting. Telehealth services have begun at both locations.</p>
<p>FY 2019 New Access Points (NAP) Satellite</p>	<p>Achieve operational status and increase the number of patients by December 31, 2020</p>	
<p>FY 2020 Ending HIV Epidemic - Primary Care HIV Prevention (PCHP)</p>	<p>Expand HIV prevention services that decrease the risk of HIV transmission by December 31, 2020</p>	

Program Narrative Update - One Time Funding

▼ One-Time Funding Awards

Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.
- (*) Use the checkboxes to indicate your allowable one-time funding activities

Type of One-Time Funding Award	Allowable Activities	Activities
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Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.
- (*) Use the checkboxes to indicate your allowable one-time funding activities

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2019 Health Center Quality Improvement	<input type="checkbox"/> Developing and improving health center systems and infrastructure: <input checked="" type="checkbox"/> Training staff <input type="checkbox"/> Developing policies and procedures <input type="checkbox"/> Enhancing health information technology, certified electronic health record, and data systems <input type="checkbox"/> Data analysis <input type="checkbox"/> Implementing targeted QI activities (including hiring consultants) <input type="checkbox"/> Developing and improving care delivery systems: <input type="checkbox"/> Supporting care coordination, case management, and medication management <input type="checkbox"/> Developing and implementing contracts and formal agreements with other providers <input type="checkbox"/> Laboratory reporting and tracking <input type="checkbox"/> Training and workflow redesign to support team-based care <input type="checkbox"/> Clinical integration of behavioral health, oral health, HIV care, and other services <input type="checkbox"/> Patient engagement activities	Not applicable - we did not receive a FY 2019 Health Center Quality Improvement Award.
FY 2019 Oral Health Infrastructure	<input type="checkbox"/> Support infrastructure enhancements to provide new or enhance existing high quality, integrated oral health services: <input type="checkbox"/> Minor alteration and renovation (A/R) to modernize existing facilities <input type="checkbox"/> Purchase and installation of dental and radiology equipment <input type="checkbox"/> Training and consultation to increase oral health integration <input type="checkbox"/> Purchase of mobile dental units	

TAB 3
QI Plan



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

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

DATE: September 10th, 2020

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE QUALITY IMPROVEMENT COMMITTEE QUALITY IMPROVEMENT ANNUAL PLAN 2020-2021

The San Mateo County HCH/FH Program QI/QA Committee met on September 2nd to review and finalize the Quality Improvement Annual Plan 2020-2021. The QI/QA Committee is looking for board approval of the plan to be executed September 2020 to September 2021. The request is for the board to take action to approve the plan.

Attachments:

- HCH/FH Program QI/QA Committee 2020-21 Annual Plan

HCH/FH PROGRAM QI/QA COMMITTEE 2020-21 ANNUAL PLAN

TERM: September 2020 – September 2021



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

Quality Improvement Mission Statement

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, meet or exceed clinical performance objectives, and provide the highest levels of patient satisfaction.

Meeting Schedule and Calendar

The QI/QA Committee meets quarterly unless otherwise stated. The Committee will meet a minimum of four times a year.

EVENT	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
HCH/FH QI Committee Meetings		X			X			X			X		
Approval of QI Plan by HCH/FH Program Co-Applicant Board	X												
FY20 Patient Satisfaction Survey		X	X	X									
UDS Report					X	Final Report FY20							
Review/approve Credentialing and Privileging Policies		X											
Evaluation of Selected CQMs		Review Q3			Review 2019 Data								
FY21-22 QI Annual Plan Amendments													X
Approval of QI Plan by HCH/FH Program Co-Applicant Board	X												

HRSA QI Award Funding for HCH/FH Program

In 2019, the HCH/FH Program QI Committee focused efforts on improving data quality in generated reports by working with Business Intelligence (BI). Targeted improvements included working with providers to understand how clinical progress and procedures are documented, ensuring all ICD-10 codes are updated and included in the report SQL, validating manual chart reviews with primary care staff where applicable, and working with external agencies to gather data. This was done to minimize user-error in accessing EHRs not frequently used by HCH/FH (Stanford's EPIC and CAIR2). 2019 also included a focus on reporting data to HRSA in compliance with quality improvement award eligibility criteria to ensure the program would receive funds for any quality improvement achievements. Lastly, the committee reviewed in-depth data analyses of selected clinical measures of focus to identify disparity groups between homeless and farmworkers, as well as within population subgroups. As a result, the program was awarded \$40,105 for quality improvement work done in calendar year 2019.

HCH/FH Program QI Award Over Time		Category of Award
2015	\$0	No award due to grant condition(s)
2016	\$35,556	
2017	\$25,596	
2018	\$13,232	Clinical Quality Improver \$9,232 Advancing Health Technology \$4,000
2019	\$0	
2020	\$40,105	Clinical Quality Improver \$8,884 Health Center Quality Leader \$22,971 Advancing Health Information Technology (HIT) for Quality \$8,250

2020 QI Annual Plan Goals

The following goals were selected for 2020 to align with the quality improvement efforts of SMMC, as well as the adjusted quartile ranking as the measures in the 4th quartile have the largest capacity for improvement. Cancer screenings were selected as a result of the 2019 HCH/FH Needs Assessment, which indicated disparity in the number of screenings performed for colorectal and breast cancer for both homeless and farmworkers, as well as incidence of cancer in the homeless patient population. Cervical cancer screening and diabetes remain SMMC priorities and have been decreasing since 2017 indicating a need for improvement to prevent any further decline in these clinical measures. Prenatal Care in the 1st trimester saw a vast improvement in 2019 due to data quality improvement and will be monitored in 2020 to ensure this measure maintains upward progress. Depression Screening and Follow-up remains a challenging measure for quality improvement and relies heavily on SMMC roll-out of depression screening procedure in outpatient clinics. Lastly, Adult BMI Screening & Follow-up will be a focus of 2020 to determine if data quality or process improvement is necessary.

Clinical Quality Measures (CQM)	2017*	2018*	2019*	SAC/BPR Goals	Healthy People 2030 Goals	SMMC Goals (Prime/QIP)	CA 330 Programs 2019	2019 Adjusted Quartile Ranking**
Cervical Cancer Screening	63%	59%	54%	65%	84.3%	64.9%	60%	1
Diabetes	72%	71%	67%	75%	88.4%	70.3%	67%	2
Prenatal Care 1st Trimester	50%	44%	69%	50%	80.5%	----	77%	2
Depression Screening & Follow-up	41%	27%	26%	35%	13.5%	45.1%	68%	4
Adult BMI Screening & Follow-up	43%	33%	27%	40%	No comparable measure	None	72%	4
Colorectal Cancer Screening	57%	54%	58%	60%	74.4%	62.9%	46%	1
Breast Cancer Screening (new)	-	-	-	N/A	77.1%	68.9%	N/A	N/A

*Data from UDS Report of corresponding year

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

1. Standardize a reporting pathway between gathering and analyzing data and presenting the data to the system to execute change.

- a. Work with SMMC and County Health providers and clinics to assessing procedures and processes to address targeted areas of improvement.
- b. Standardize and formalize data analysis, and schedule routine updates with SMMC Primary Care QI, SMMC Administration, and SMMC QI.

2. Cervical Cancer Screening

- a. Goal: Improve the percentage of women ages 21 to 68 with a medical visit who are screened for cervical cancer in 2020 and 2021.
- b. Criteria

- i. Numerator: Women with one or more screenings for cervical cancer using either of the following criteria:
 - 1. Women age 23-64 who had cervical cytology during the measurement period or the 2 years prior to the measurement period
 - 2. Women age 30-64 who had cervical cytology/HPV during the measurement period or the 4 years prior to the measurement period
- ii. Denominator: Women 23-64 with a medical visit during the measurement period

3. Diabetes

- a. Goal: Reduce the percentage of known diabetic patients ages 18 to 75 with a medical visit who had HbA1c > 9.0% in 2020 and 2021.
- b. Criteria
 - i. Numerator: Patients whose most recent HbA1c level during the measurement year is greater than 9.0% or who had no test conducted during the measurement period
 - ii. Denominator: Patients 18 to 75 years of age with a medical visit during the measurement period

4. Prenatal Care in the First Trimester

- a. Goal: Improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2020 and 2021.
- b. Criteria
 - i. Numerator: Women beginning prenatal care at the health center or with a referral provider, or with another prenatal care provider during the first trimester.
 - ii. Denominator: Women seen for prenatal care during the year.
 - iii. Trimester of entry based on last menstrual period

5. Depression Screening and Follow-up

- a. Goal: Improve the percentage of patients ages 12 and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen in 2020 and 2021.
- b. Criteria
 - i. Numerator: Patients screened for depression on the date of the visit using an age-appropriate standardized tool, and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen.

- ii. Denominator: Patients aged 12 years and older with at least one medical visit during the measurement period.

6. Adult BMI Screening & Follow-up

- a. Goal: Improve the percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and, when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit in 2020 and 2021.
- b. Criteria
 - i. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit.
 - ii. Denominator: Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period.

7. Colorectal Cancer Screening

- a. Goal: Improve the percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer in 2020 and 2021.
- b. Criteria
 - i. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 1. Fecal occult blood test (FOBT) during the measurement period
 2. Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
 3. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
 4. Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
 5. Colonoscopy during the measurement period or the 9 years prior to the measurement period
 - ii. Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period.

8. Breast Cancer Screening

- a. Goal: Improve the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period in 2020 and 2021.
- b. Criteria:
 - i. Numerator: Women with one or more mammograms during the 27 months prior to the end of the measurement period.
 - ii. Denominator: Women 51* through 73 years of age with a medical visit during the measurement period.

9. Service Area Competition (SAC)/Budget Progress Report (BPR) Clinical Performance Measures

- a. In addition to the clinical quality measures (CQMs) reported out annually to HRSA in the UDS Report, the HCH/FH Program reports on the following clinical measures through the SAC/BPR*:
 - i. Percentage of farmworker patients ages 13 to 64 with one or more medical visits during the measurement year with documented, current tetanus, diphtheria, acellular pertussis (Tdap) immunizations
 - ii. Percentage of female farm worker patients ages 13 to 50 with one or more medical visits during the measurement year with documented family planning education and counseling.
- b. The QI/QA Committee will review and validate data reports and execute improvement as necessary.

SAC/BPR is part of the HCH/FH Program HRSA grant application. A SAC application is a request for federal financial assistance to continue support of an area.

10. Monitor and Review: SMMC Patient Grievances

The Clinical Services Coordinator will monitor and review monthly patient grievances received by the San Mateo Medical Center to ensure quality of care. The Clinical Services Coordinator will provide any critical updates to the QI Committee as necessary.

**Baseline will be defined as CQMs data reported in the 2019 UDS Report.

APPENDIX

QI/QA Committee Structure

The role of QI Committee members is to:

Provide leadership and recommendations for:

- Ongoing assessment, monitoring and improvement of services including primary care
- Patient and staff education, continuity of care
- Patient satisfaction
- Support services

Information systems integrity and accountability **The role of the Medical Director** is to:

- Oversee and guide of QI/QA activities and clinical services coordinator
- Prepare and present the HCH/FH QI quarterly report to the HCH/FH CAB
- Report out to various QI and Hospital Groups working with homeless and farmworker patients
- Represent QI/QA and HCH/FH Program interests

With support from the HCH/FH Program staff, **the role of the Clinical Services Coordinator** is to:

- Prepare agenda and meeting material
- Present previous meeting minutes for approval
- Review of status of UDS quality of care and health disparities clinical measures
- Review of HCH and FH utilization trends
- Review of areas of concern/problem reports
- Follow-up on previously identified problems/opportunities for improvement
- Work with SMMC and other stakeholders to meet identified goals

QI/QA Process

The HCH/FH QI Plan will be carried out in accordance with SMMC policy by:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values and goals of SMMC
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring organization performance through appropriate data collection, aggregation and analysis

- Providing information regarding performance improvement activities and education to the HCH/FH CAB, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program employees, outpatient clinics and program contractors.
- PDSA (Plan-Do-Study-Act) Models will be used to plan action for CQM goals.

Reporting Channels

A concerted effort is being undertaken during the 2020-2021 year to standardize reporting pathways for both gathering and analyzing data as well as presenting the data to SMMC or County Health to execute change.

- The HCH/FH QI Plan will be submitted by the HCH/FH QI/QA Committee to the HCH/FH Co-Applicant Board (CAB).
- Quarterly reports of performance improvement activities will be provided to the HCH/FH CAB with annual reports provided to the SMMC Hospital Board.
- Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC and Primary Care QI Group as appropriate.
- Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee to the Program Coordinator as appropriate.

2020 HRSA Award Funding Guidelines

HRSA provides quality improvement awards annually based on the following categories. Health centers achieving one or more of these categories will be awarded based on the payout of each category.

- **Improving Quality of Care Awards** recognized health centers that improved quality of care in four subcategories:
 - **National Quality Leaders** exceeded national clinical quality benchmarks (including Healthy People 2020 goals) for chronic disease management, preventive care, or perinatal/prenatal care.
 - **Health Center Quality Leaders** achieved the best overall clinical performance among all health centers and placed in the top 30% of the adjusted quartile rankings for clinical quality measures (CQMs).
 - **Clinical Quality Improvers** made at least a 10% improvement in one or more CQMs between 2017 and 2018.

- **Electronic Health Record (EHR) Reporters** employed EHRs to report on all CQM data for all the health center's patients.
- **Enhancing Access to Care Awards** recognized health centers that increased the total number of patients served and the number of patients receiving comprehensive services between 2016 and 2017.
- **Delivering High Value Care Awards** recognized health centers that improved the delivery of cost efficient care as compared with the national average while also increasing quality of care and improving patient access to comprehensive services.
- **Addressing Health Disparities Awards** recognized health centers that met, exceeded, or made at least a 10% improvement toward Healthy People 2020 goals across different racial/ethnic groups.
- **Advancing Health Information Technology (HIT) for Quality Awards** recognized health centers that utilized HIT systems to increase access to care and advance quality of care.
- Health centers with patient-centered medical home (PCMH) recognition in one or more delivery site received **Achieving Patient-Centered Medical Home Recognition**.

TAB 4

Strategic Plan

Recommendations

HCH/FH Strategic Planning Subcommittee
Recommendations
September 10, 2020 Board Meeting

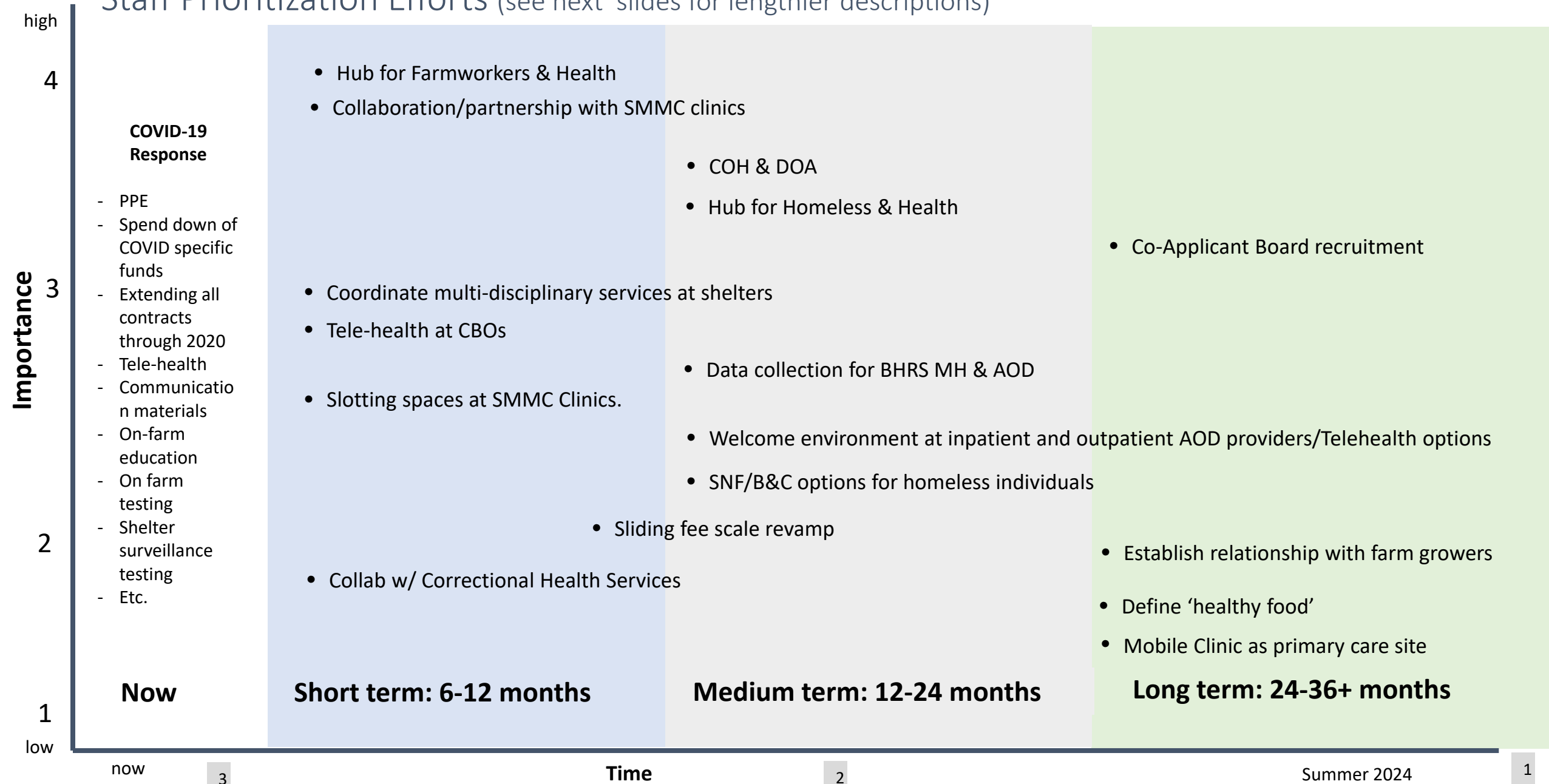
HCH/FH Strategic Subcommittee Recommendations

Overview

<p>Strategic Priorities Executed by Contract or MOUs Included in RFP ~\$1.2M Not included in RFP ~\$1M</p>	[Enabling services] Community Health // Promotores Model on the Coast	
	[Enabling services] Staying connected to health services after moving into housing	
	[Enabling services] Case Management for Street/Field/Mobile & NPCC	
	[Primary care] Street/Field & Mobile Clinic	
	[Dental Services] Saturday Dental Clinic at Coastside	
	Operational costs [training, consultants]	
<p>Strategic Priorities executed by HCH/FH Staff and Board Members</p>	Mandatory	Strategic Priorities
	HRSA Reporting	Short Term
	Quality Improvement	Medium Term
	Needs Assessments/Patient Satisfaction	Long Term

HCH/FH Strategic Subcommittee Recommendations

Staff Prioritization Efforts (see next slides for lengthier descriptions)



Higher Priority



Lower Priority

- Become a hub for conversations and actions around farmworkers and health (i.e. host forums, panels, one-day educational events)
- More collaboration/partnership with SMMC clinics

- Become a hub for conversations and actions around homelessness and health (i.e. host forums, panels, one-day educational events)
- Co-Applicant Board recruitment
- Coordinate multi-disciplinary services at shelters to improve health of individuals staying at shelter (telehealth)
- Tele-health at CBOs: primary care, behavioral health, nutritional services, and health education
- Solidify collaboration with Center on Homelessness and Department of Agriculture. *HPSM*
- Improve data collection for MH & AOD Services provided by BHRS
- Slotting spaces at SMMC Clinics.
- Work with BHRS to create more welcoming environments for homeless clientele at inpatient and outpatient AOD providers (could include telehealth)
- Publish an Annual Report

- Intra-county collaboration to promote/advocate for more SNF/B&C options for homeless individuals
- Sliding fee scale revamp
- Establish relationship with farm growers
- Closer collaboration with Correctional Health Services
- Partner with departments in County Health to set aspirational definition of “healthy food”
- Look into what it would take to designate Mobile Clinic as a primary care site

TAB 5
Finance
Report



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: September 10, 2020

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary expenditure numbers for August 2020 show a total expenditure of \$201,047 of which \$196,142 is claimable against the grant.

The COVID pandemic has a clear impact on contract services across the board. Optimistic projections will leave our contractors again invoicing for under 90% of the contract values.

With this, we are seeing an increase in our projected balance for unexpended funds from our base grant for the end of the year.

Attachment:

- GY 2020 Summary Grant Expenditure Report Through 08/31/20



GRANT YEAR 2020

allocated to
SUD-MH or
IBHS

Details for budget estimates	Budgeted [SF-424]	August \$\$	To Date (08/31/20)	Projection for final adds		Projected for GY 2021
EXPENDITURES						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	601,000	38,791	403,920	555,000		631,050
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	160,000	9,406	100,518	144,000		171,990
<u>Travel</u>						
National Conferences (2500*8)	16,000		2,529	2,529		25,000
Regional Conferences (1000*5)	5,000		8,671	8,671		5,000
Local Travel	1,500			1,000		1,500
Taxis	1,000		789	1,500		1,000
Van & vehicle usage	1,000		314	1,000		2,000
	24,500	0	12,303	14,700		34,500
<u>Supplies</u>						
Office Supplies, misc.	10,000	705	5,704	15,000		12,000
Small Funding Requests			46,990	47,000		
	10,000		52,694	62,000		12,000
<u>Contractual</u>						
2019 Contracts			54,817	54,817		
2019 MOUs			33,145	33,145		
Current 2020 MOUs	822,000	61,050	491,075	750,000		872,000
Current 2020 contracts	1,033,250	79,545	682,477	945,000		1,034,000
ES contracts (SUD-MH & IBHS)	150,000	2,950	100,950	125,000	132,250	150,000
---unallocated---/other contracts						
	2,005,250		1,362,464	1,907,962		2,056,000
<u>Other</u>						
Consultants/grant writer	30,000		3,594	10,000		30,000
IT/Telcom	10,000	3,695	14,903	30,000		20,000
New Automation				0		-
Memberships	2,500		500	2,500		5,000
Training	3,000		3,499	8,000		10,000
Misc	500			500		500
	46,000		22,496	51,000		65,500
TOTAL	2,846,750	196,142	1,954,395	2,734,662	132,250	2,971,040
GRANT REVENUE						
Available Base Grant	2,625,049			2,625,049		2,625,049
Carryover	132,709			166,213		167,000 IBHS
Available Expanded Services Awards **	317,000			297,250		
HCH/FH PROGRAM TOTAL	3,074,758			3,088,512		2,792,049
BALANCE	228,008		PROJECTED AVAILABLE	353,850		(178,991)
	(88,992)		BASE GRANT PROJECTED AVAILABLE	188,850		based on est. grant of \$2,678,621 before reduction
** includes \$150,000 of SUD-MH (allocated) & \$167,000 for IBHS not yet allocated						
Total special allocation required	\$ 138,446					
<u>Non-Grant Expenditures</u>						
Salary Overage	12500	1442	10,094	12,498		13,750
Health Coverage	57000	3463	26,555	47,256		57,000
base grant prep	-					0
food	2500		300	2,500		1,500
incentives/gift cards	1,000			1,000		1,500
	73,000	4,905	36,949	63,254		73,750
TOTAL EXPENDITURES	2,919,750	201,047	1,991,344	2,797,916	NEXT YEAR	3,044,790
	BUDGETED	<i>This month</i>	TO DATE	PROJECTED		

TAB 6
Director's
Report



DATE: September 10, 2020

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the August 13, 2020 Co-Applicant Board meeting:

On August 18, HRSA issued NOA 19-05 providing the year 2 funding for the IBHS award and a \$40,105 Quality Improvement Award. There are eight (8) award categories for the QI Award and our award is made up of \$8,884 as a Clinical Quality Improver, \$8,250 for Advancing Health Information Technology (HIT) for Quality, and \$22,971 as a Health Center Quality Leader.



The Clinical Quality Improvement Award represents an improvement of at least 15% in a clinical measure (for First Trimester Prenatal Care); the HIT award for meeting specific technology standards in the EHR, and the Health Center Quality Leader for being in the upper 21 – 30% of Health Centers in average quartile ranking.

In order to be eligible for the QI Awards, we must use our EHR to report all clinical quality measures on the universe of patients served by the Health Center on the annual UDS Report. This had prevented us from receiving a QI Award the previous two years, but thanks to the tremendous efforts of staff, particularly Danielle Hull, our Clinical Coordinator, and her work with HIT, we became eligible again this year.

Much of the Program's activities for the past month are captured in the COVID and Strategic Planning/RFP updates elsewhere on today's agenda.

We are planning to submit our Business Period Renewal/Non-Competing Continuation Report (BPR/NCC) the beginning of the week of September 7th. This report is completed each year during an ongoing grant (non-Services Area Competition years). It comprises a general update of the program's progress to that point and upcoming plans. Our deadline for submission is September 8, 2020. This is presented elsewhere on today's agenda..





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

As reported last month, we have a draft Memorandum of Understanding (MOU) being reviewed for HCH/FH to support part of an FTE for the SMMC Main Campus Pharmacy to ensure that our homeless and farmworker patients (Mobile Clinic/Street & Field Medicine, Ambulatory, ED, inpatient, IMAT) that need to get their prescriptions filled on site will be able to do so. Estimated costs are up to \$50,000 per year. This MOU is moving through the approval processes.

As you are likely aware, the federal response to the pandemic in terms of financial support has become very politicized. The preliminary proposals in Washington portend the possibility of additional funding as both Houses of Congress included \$7.6 billion in funding for the Health Center Program had been included in each House's initial bills, – albeit with some significant differences in priorities, etc. There are no real indicators right now for where this might go.

Seven Day Update

ATTACHED:

- Program Calendar

Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2020 Calendar (Revised August 20, 2020)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (September 10, 2020 from 9:00 a.m. to 11:00 a.m.) Approve Program Budget and Non-Competing Continuation Renewal Approve Services/Sites: Form 5A, 5B, 5C Provider Collaborative 	September	
<ul style="list-style-type: none"> Board Meeting (October 8, 2020 from 9:00 a.m. to 11:00 a.m.) Annual Conflict of Interest Statements 	October	
<ul style="list-style-type: none"> Board Meeting (November 12, 2020 from 9:00 a.m. to 11:00 a.m.) Contractor Report - Quarter 3 	November	
<ul style="list-style-type: none"> Board Meeting (December 10, 2020 from 9:00 a.m. to 11:00 a.m.) 	December	

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

TAB 7

Needs

Assessment



DATE: September 10, 2020

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

FROM: Irene Pasma, Program Planning and Implementation Coordinator

SUBJECT: 2019 HCH/FH Needs Assessment

The 2019 Needs Assessment Report has been finalized and is included in this month's Board Packet. The Needs Assessment work began over a year ago with a dual pronged goal to 1. Understand social determinants of health for the farmworker population and 2. Get more information about medical complexities related to aging and homelessness.

The Board provided input into the goals, survey design, and reviewed drafts of this report which have been shared with the Board in previous months, including an overview of data at the September Strategic Planning Retreat, and drafts at December 2019 and July 2020 board meetings. The only new components of the final version provided here are the appendices, a Forward from the Director Jim Beaumont, acknowledging the unique timing of the release of the report in the middle of the pandemic) and an executive summary highlighting the most salient points of the report.

While the heart of the reports' data has already been 'at work' influencing the Board's strategic planning decisions and the RFP, a complete and final version has not yet been shared with the many partners and stakeholders HCH/FH staff worked with to complete this report or who might be interested in seeing the results. HCH/FH staff will proceed to send out this report to interested parties and are open to hearing questions as well as suggestions for improvements for future Needs Assessments.

Finally, we want to thank the Board Members and the many partners within County as well as the community who reviewed who provided invaluable input into the survey design and dissemination, reviewed early drafts, provided data and subject matter expertise.

Attachment:

- 2019 Needs Assessment Final Report



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

2019 Needs Assessment



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FORWARD

When the Healthcare for the Homeless/Farmworker Health Co-Applicant Board first embarked on compiling the 2019 Needs Assessment, the report's unique attribute was going to be its extensive data gathering methodology and robust analysis improving upon previous years' efforts to show a more comprehensive picture of these two populations' health needs. Many of the issues we planned to highlight were already known to the many County departments and nonprofits that work with these populations and the goal was to synthesize and co-locate data from numerous disciplines. However, as we were putting finishing touches on the report in early 2020, the pandemic necessitated HCH/FH staff to shift focus and work on an immediate response for people experiencing homelessness and to farmworkers. The completion of this report was pushed aside, making its finalization in the middle of an ongoing pandemic a defining and important characteristic.

What we found responding to the pandemic March through now, August 2020 – and as our efforts continue – is the data in this Needs Assessment predicted the challenges faced in supporting both populations during this time. For example, the report discusses fear among the farmworker community to seek health services due to immigration status and public charge, and we see this play out as people fear getting tested for COVID-19 or speaking to case tracers. For homeless individuals, the report focuses on the complex medical needs of the aging homeless population. In response to COVID-19, the County stood up a non-congregate shelter for homeless individuals over 65 and/or those with underlying health issues, the very population that is often the most difficult to serve in a typical shelter setting due to their multifaceted needs.

Though the response to the pandemic continues, we choose to release this report now in case it can support any immediate planning efforts, both for the pandemic and for whatever the new reality may be as we move forward in time. HCH/FH has been a part of - and a witness to - the County's commitment to meeting the needs of both these populations during the pandemic. We are dedicated to being partners and advocates in this important moment in time and beyond.

Jim Beaumont
HCH/FH Director



EXECUTIVE SUMMARY

The 2020 Healthcare for the Homeless/Farmworker Health Program Needs Assessment is two reports in one. Diverging from previous years, this Needs Assessment conducted two separate surveys for the two target populations. This executive summary outlines the findings for each population separately to reflect this methodology.

Farmworkers and their Families

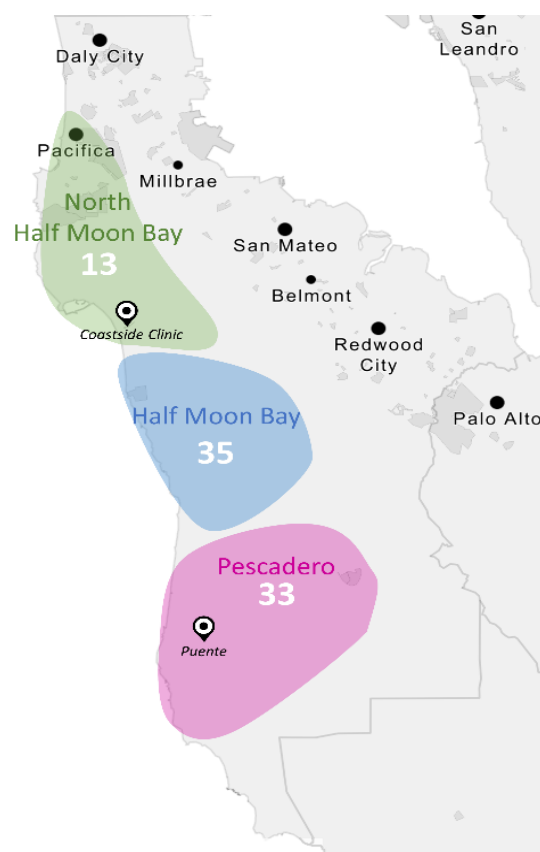
A main goal of the farmworker report was to combine information from numerous disciplines into one report to form a more complete understanding of the farmworker population and their health, rooted in social determinants of health and the socio-ecological model.

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, we estimate about 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 HCH/FH can consider are to: 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.

Agricultural Areas in SMC and Number of growers (2019)



People Experiencing Homelessness

A main goal for the report on homeless individuals 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.

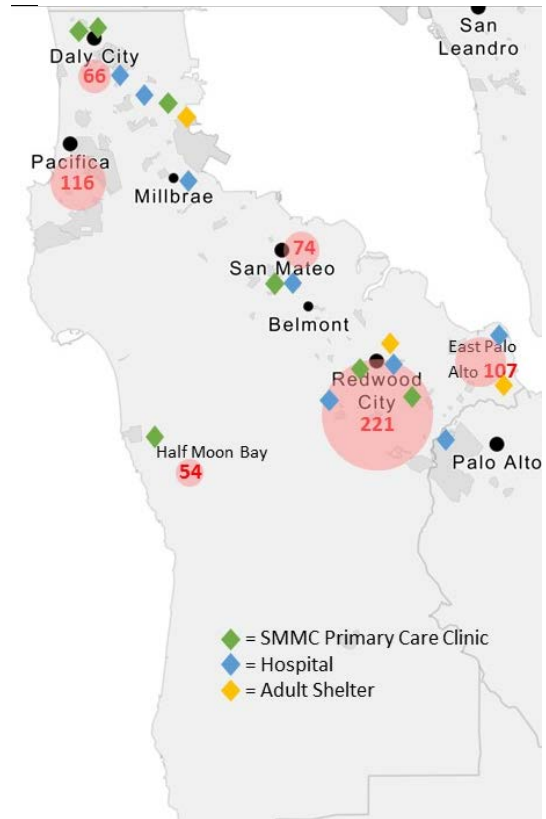
Through a partnership effort with the Hospital Consortium of San Mateo, we learned San Mateo County hospitals overwhelmingly believe long-term placement for their homeless patients at discharge is needed. It can be assumed this is due to an aging population as well as complex health needs which discharge 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.

Looking Ahead

This Needs Assessment informed the HCH/FH Board's Strategic Plan which was being worked on in parallel to this report. No Needs Assessment is ever perfect or truly complete. Ideas for methodology improvements or areas requiring further investigation are welcome for future reports and can be shared by contacting SMMC_HCH_FH_Program@smcgov.org.

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



INTRODUCTION

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

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

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

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

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

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

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

METHODOLOGY

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

SURVEY

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

LITERATURE REVIEW

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

FARMWORKERS

BACKGROUND

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

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

HEALTH SURVEY FOR FARMWORKERS AND THEIR DEPENDENTS

SURVEY DESIGN

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

Table 1 Survey Resources and Stakeholder

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

SURVEY ADMINISTRATION

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

Half Moon Bay

HCH/FH partnered with Abundant Grace, a nonprofit located in Half Moon Bay, to distribute most of the surveys. The organization had previous experience administering a survey in February 2018 by

working with trusted community members and paying administrators \$10 per survey administered. HCH/FH used this same model and also asked the administrator to give \$5 to the individual responding. By asking community members to administer the survey, HCH/FH hoped to get responses from people not necessarily already connected to services to better understand their health needs.

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

Pescadero

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

Table 2 Survey Administration

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

RESPONDENT CHARACTERISTICS

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

Table 3 Length of Employment

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

Table 4 Respondent Sex

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

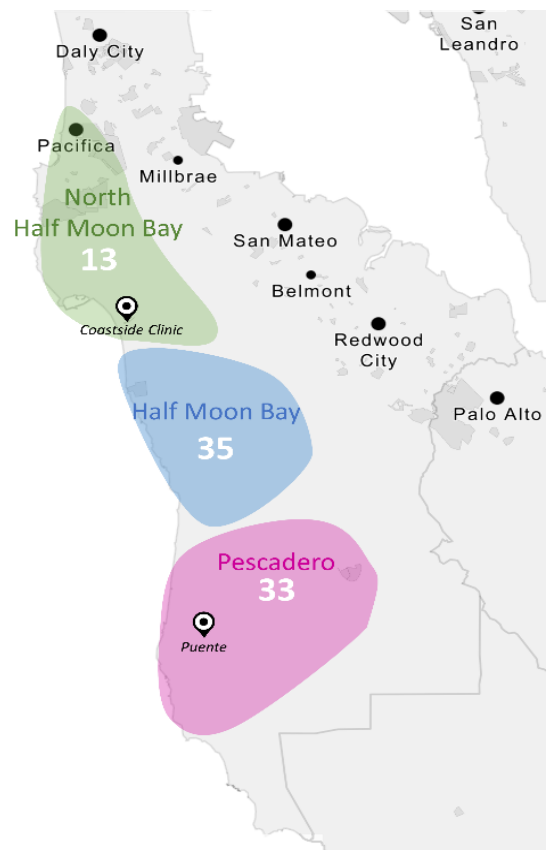
*Respondents had to be 18 or older to participate in the survey

AGRICULTURE IN SAN MATEO COUNTY

There are about 80 farms¹ in San Mateo County, the majority of which are located along the Coast (see Figure 1). Most are owned by local residents – Rocket Farms is the only large grower with other locations outside of San Mateo County [3]. By acreage, these farms are relatively small in size and the 2012 Agricultural Census showed only 27 operations employed 10 or more workers [4]. Most farmworkers work in the agricultural sector as their primary job, full time, and have been long-term members of the local agricultural workforce [4].

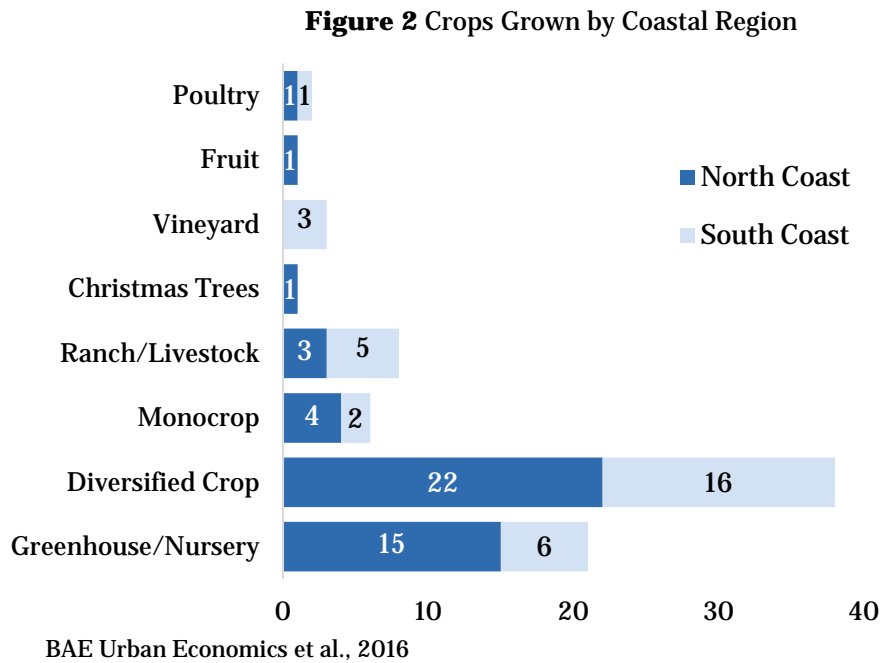
While San Mateo County has a smaller agricultural industry than neighboring counties such as Sonoma and Monterey, it still grossed an estimated \$149.2 million in 2018 [5]. The main agricultural product by gross value was indoor floral and nursery crops, valued at \$87.9 million in 2018. The next largest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

Figure 1 Agricultural Areas in SMC



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

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



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

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

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

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

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

Table 6 Estimated Farmworker and Farmworker Dependents Population

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

IMMIGRATION

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

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

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

In contrast to the federal government's stance on immigration, California has the most progressive immigration policies of any state in the nation [11]. Between 2013 and 2017, the California legislature considered and passed seven laws² designed to protect workers in the state from the risk of retaliation and discrimination related to their immigration status [11]. Most recently, beginning January 1, 2020, young adults under the age of 26, regardless of immigration status, are eligible for Medi-Cal coverage [12].

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

HCH/FH PROGRAM

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

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

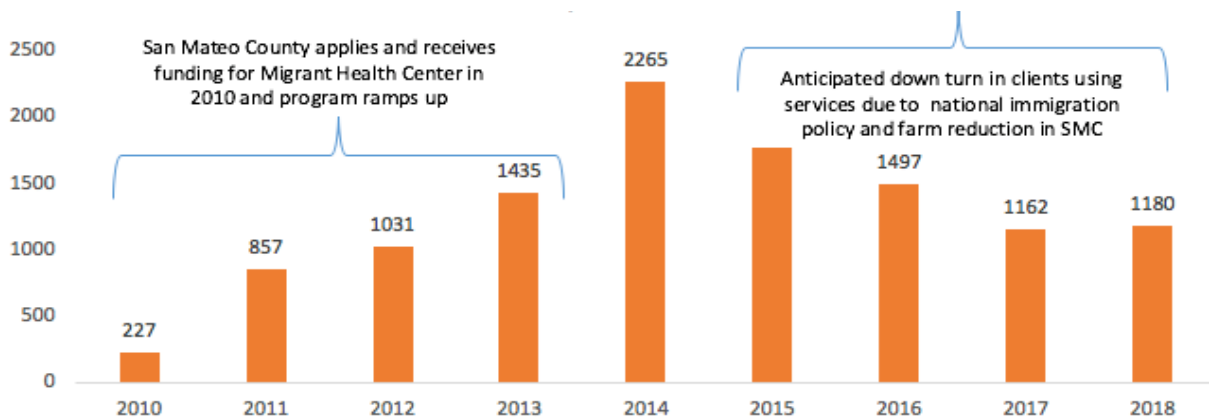
Table 7 HCH/FH Services

Type of Service	Provider	Details
Primary Care	San Mateo County Public Health Policy and Planning (PHPP) Field Medicine Team	<ul style="list-style-type: none">– Workers are seen in the field in the South Coast at lunch time or after work (depending on owner’s rules); Field Team also has clinic hours at Puente on Wednesdays.– Not funded by HCH/FH but an important resource: Coastside clinic providers see patients at Puente 5-8pm on Thursday evenings.
Enabling Services	Puente de la Costa Sur	<ul style="list-style-type: none">– Community health workers help individuals navigate health system and signing up for health insurance
Dental Services	Sonrisas	<ul style="list-style-type: none">– Preventive care, caries, crowns, extractions

HEALTH CARE UTILIZATION

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

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



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

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

	n=180	Percent
Spring	12	7%
Summer	15	8%
Fall	8	4%
Winter	46	26%
No preference	97	54%
Blank	6	3%

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

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

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

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

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

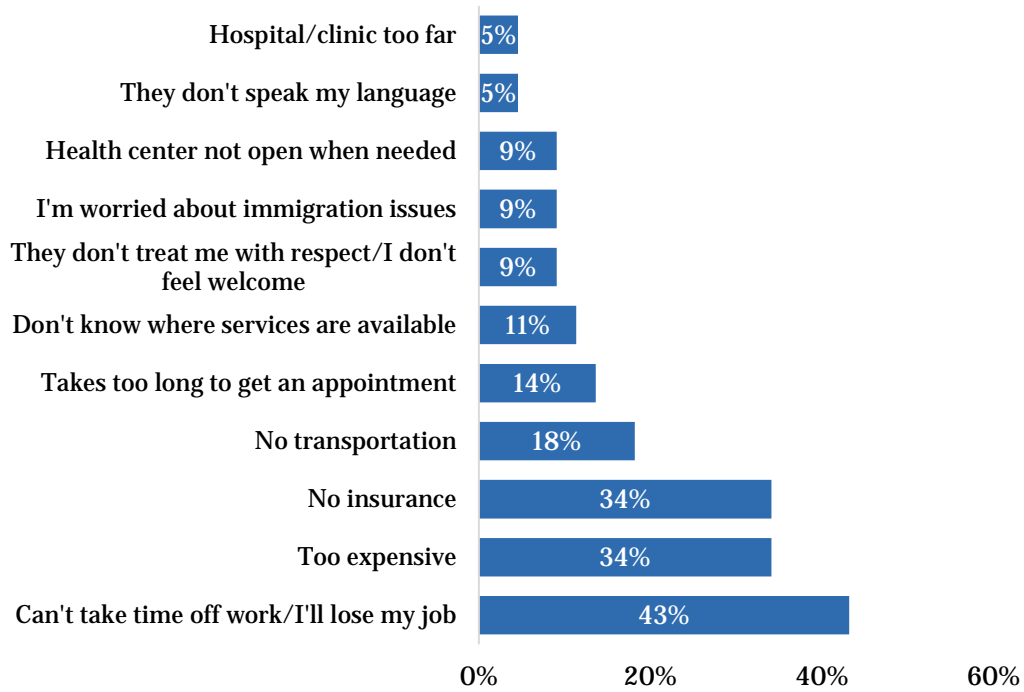


Figure 4 Have you seen a doctor or a nurse in the last 12 months?

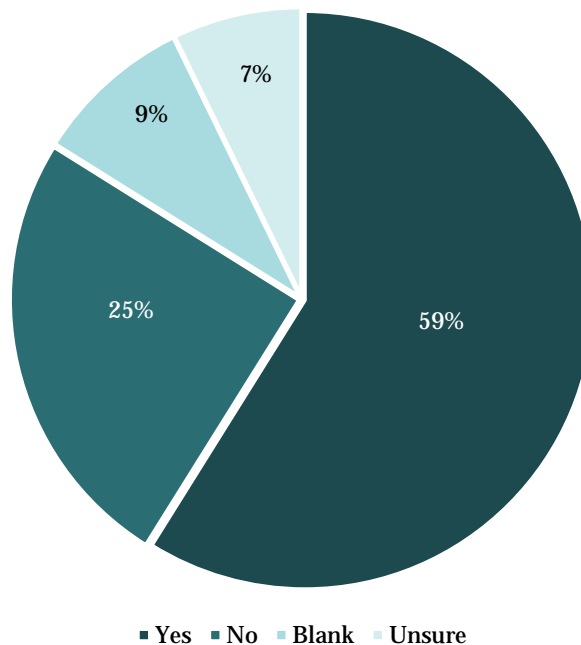
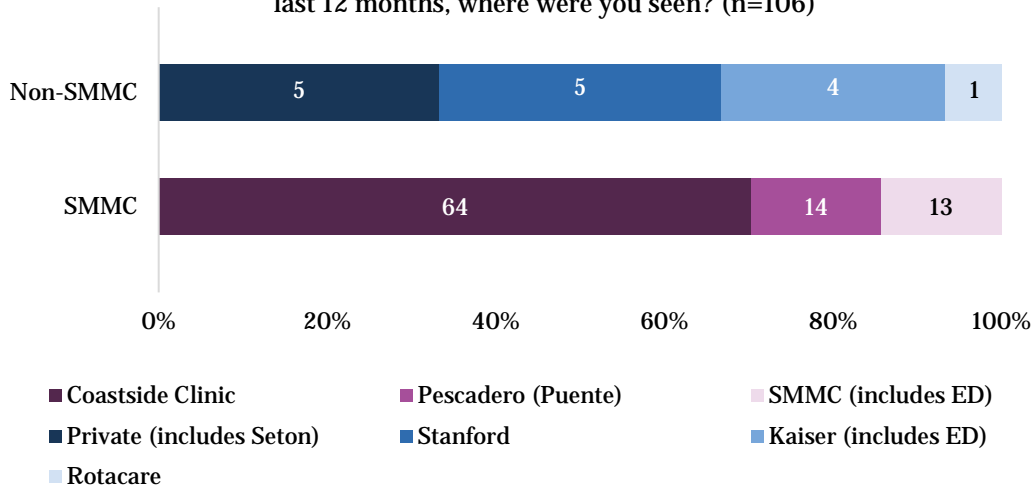


Figure 5 If you saw a doctor or nurse in the last 12 months, where were you seen? (n=106)

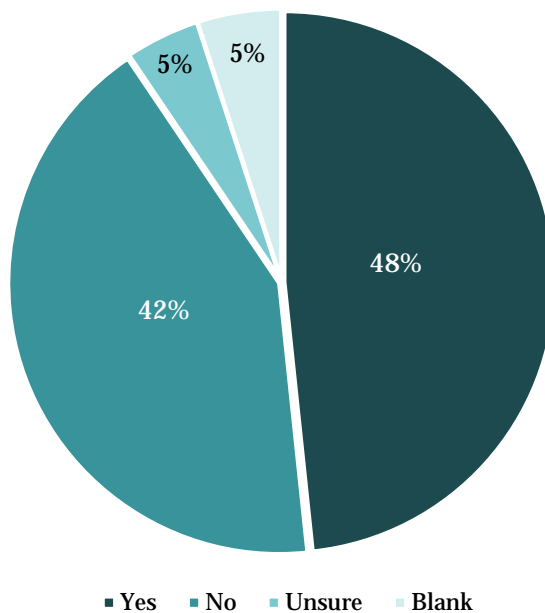


A deeper analysis shows the majority of farmworker/dependents seen at SMMC clinics are children: the mode age was 12 and the median age 23, the majority were seen for vaccinations. This is likely because vaccinations are mandatory for school admission and children are covered by Medi-Cal making it both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

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

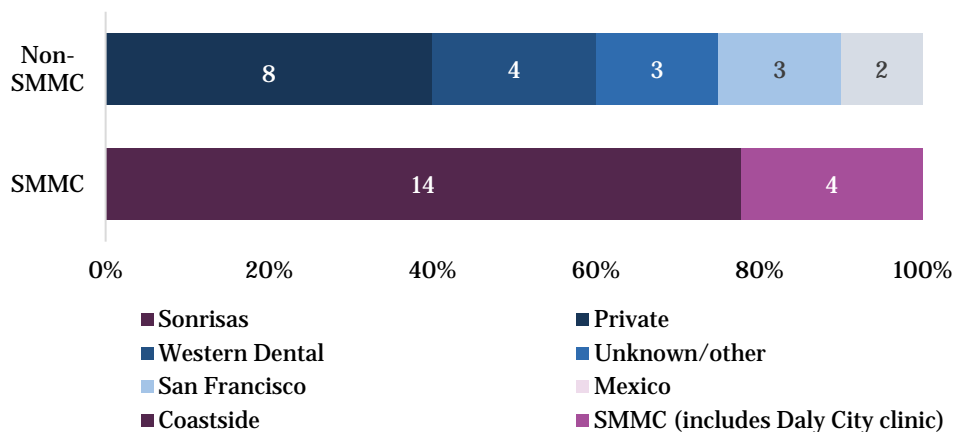
Lastly, while 60% of survey respondents had seen a doctor or nurse in the last 12 months, only 48% had seen a dentist (see Figures 4 and 6).

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



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

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



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

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

FARMWORKER HEALTH METRICS

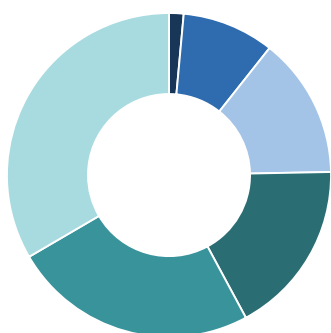
The 2019 Needs Assessment Survey found the majority of farmworkers in the county (55%; n=85) rated their health as either “average” or “bad.”³ Approximately 30% of farmworkers surveyed rated their health as “good,” and less than 10% rated their health as “very good” or “excellent.” This differs from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

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

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

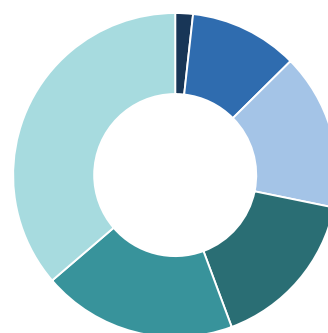
Health is impacted by community and place as much as by genetics and personal decisions, which is why this survey asked respondents to indicate reasons they enjoy living in San Mateo County as well as what could be better (see Figures 8 and 9). A similar question was asked by San Mateo County’s Behavioral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

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



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

Figure 9 What is something that could be better?



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

SMMC OUTPATIENT VISITS

SMMC’s Population Health team ran the top 20 diagnostic codes for farmworkers/family members with outpatient visits in 2018 at SMMC (n=883⁴). The encounters are unduplicated but one patient may have had several outpatient visits with different primary diagnosis codes i.e. one visit could have been for diabetes and another one for hypertension. The full list of diagnostic codes can be found in Appendix F.

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

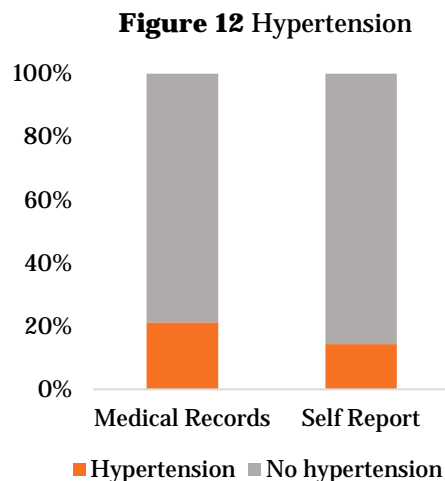
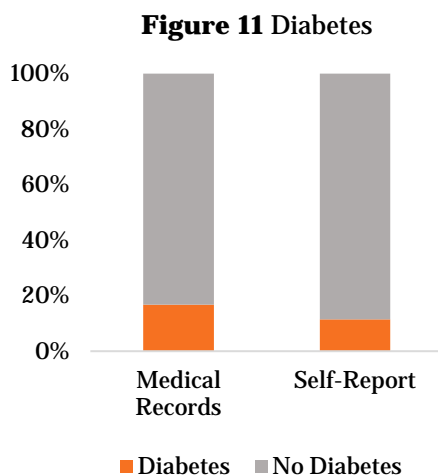
Table 10 SMMC Outpatient Visit

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

DIABETES AND HYPERTENSION

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

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



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

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

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

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

WOMEN'S AND CHILDREN'S HEALTH

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

Cervical Cancer Screening

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

Prenatal Care

As seen above, third trimester visits were the fourth (n=167) most common primary reason for being seen at a clinic. This indicates pregnant women are utilizing services at SMMC for prenatal care. However, the lack of first- and second- trimester visits might indicate women

SPOTLIGHT: THE MONTEREY COUNTY MEDICAL-LEGAL PARTNERSHIP

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

are not connecting to care earlier in their pregnancies or are getting care elsewhere [20]. The HCH/FH QI set the goal to improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2020 by 5%.

Children

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

BEHAVIORAL HEALTH

Comprehensive county-specific quantitative data on substance use and unmet substance use treatment needs are not available for the farmworker population. Further, HCH/FH cannot currently track how many farmworkers/dependents received mental health/substance use disorder services through the County’s Behavioral Health Recovery Services division. Discussions to change this have begun internally, but this – as well as cultural beliefs around seeking mental help – may explain why no mental health-related diagnostic codes are in the top 20 encounter reasons.

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

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

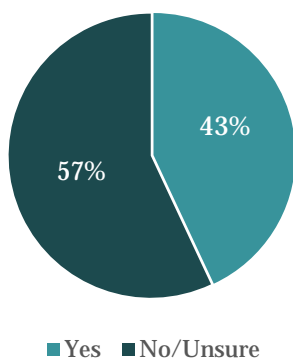


Figure 14 Do you think alcohol or drug use is a concern in your community?

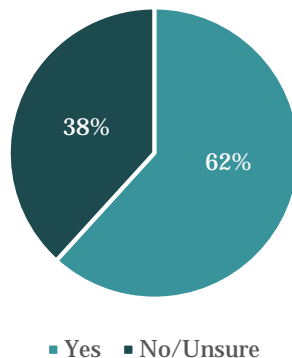
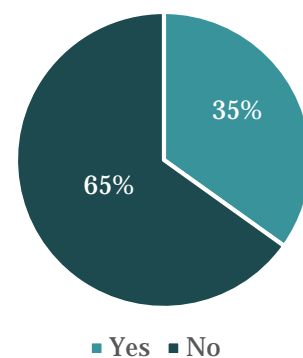


Figure 15 Do you know where someone struggling with mental health or substance use could get help?



There is a need for trauma-informed care for the farmworker community, as past traumatic experiences may play a role in farmworker's substance use, as well as in their mental health [13], [21]. HCH/FH providers and experts have observed that the experience of immigration – which the majority of farmworkers in San Mateo County have had – is associated with “perpetual mourning” [21]. Pre-migration experiences may have included violence and upheaval, and the journey itself is often fraught with violence and risk. Loss, grief, isolation, discrimination, confusion, and uncertainty face immigrants – all of which can negatively impact mental and behavioral health outcomes [21]. Additionally, the HCH/FH QI Plan has set a goal to improve the percentage of patients ages 12 and older screened for depression and if screened positive, for whom a follow-up plan is documented on the date of the positive screen in 2020 by 5%.

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

FACTORS IMPACTING FARMWORKER HEALTH AND ACCESS TO CARE

HEALTH INSURANCE

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

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

Children, on the other hand, have high rates of coverage, with 70-90% covered by Medi-Cal alone, not counting other insurance options (see Figures 16 and 17). This data confirms that when individuals have health insurance (i.e. farmworker children), primary care is accessed. When an individual does not have health insurance or is underinsured (i.e. farmworker adults and adult dependents), they are less likely to come to a primary care clinic. This is borne out in visitation data:

adults accounted for far fewer visits at SMMC in 2018 [14]. HCH/FH should continue its efforts via contracts and through partnership with the Health Coverage Unit to ensure farmworkers and their families are correctly covered.

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

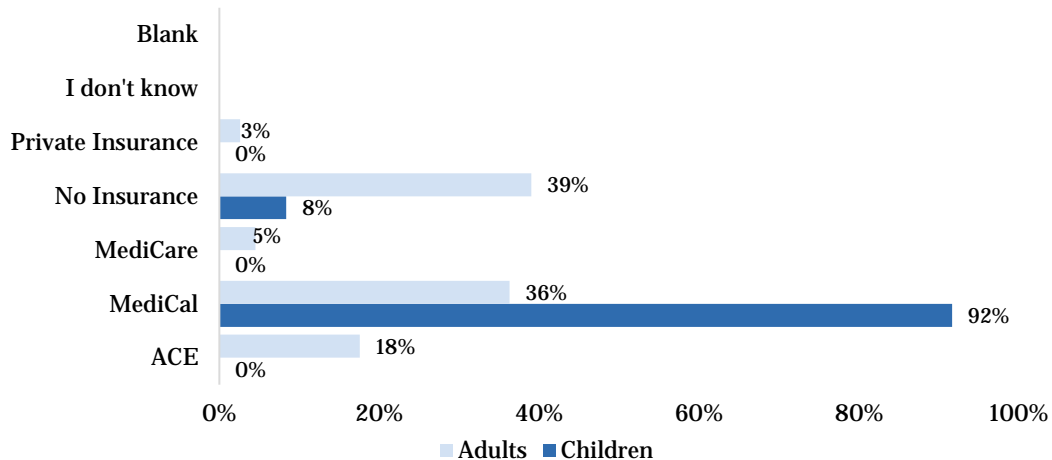
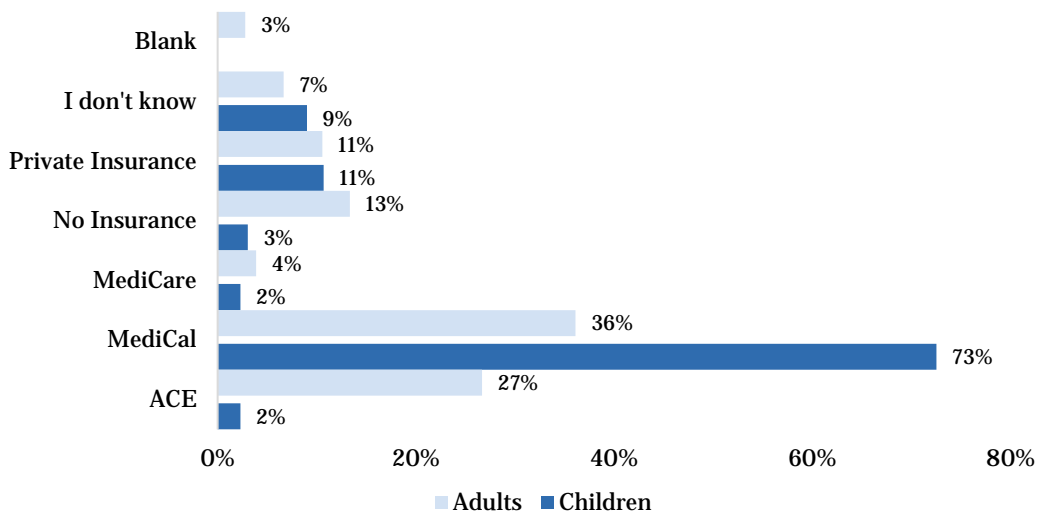


Figure 17 Self-Report Insurance from 2019 Survey



OCCUPATIONAL CONDITIONS

Farmworkers face workplace hazards similar to those found in other industrial settings, such as working with heavy machinery and hard physical labor. They also face unique occupational hazards specific to farm work, including pesticide exposure, skin disorders, infectious diseases, respiratory problems, hearing and vision disorders, and musculoskeletal injuries [23]. The nature of farm labor directly impacts workers' health and wellness, as a variety of risks and hazards are inherent to the work. For the first time in HCH/FH programmatic history, the 2019 Needs Assessment Survey asked respondents about aspects of their jobs to get a understanding of the type of work they do and their wellbeing. Overall, the responses indicate a relatively favorable working environment, though it is

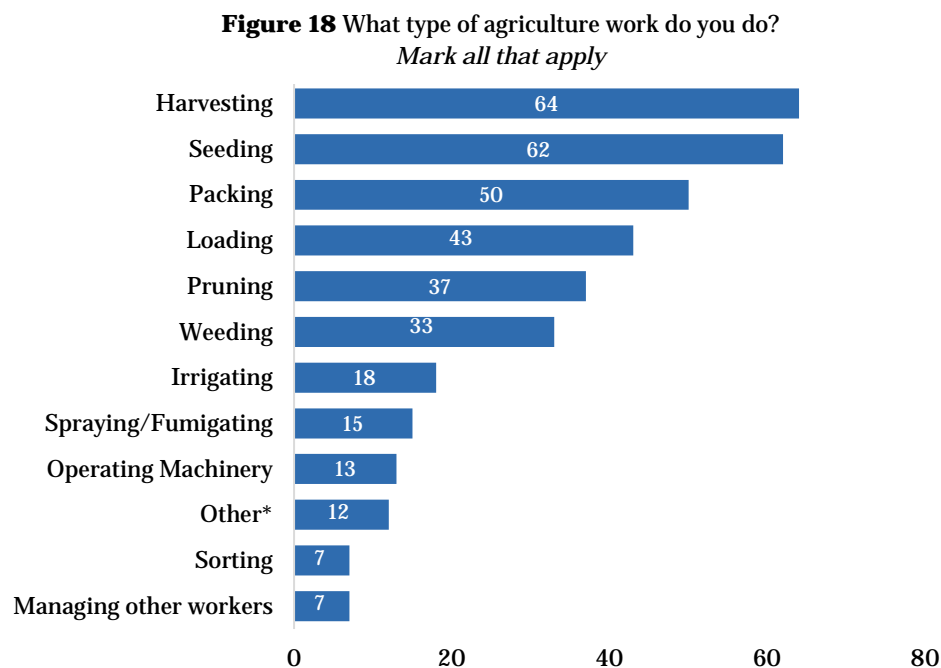
important to note that – even in an anonymous survey – workers may not feel comfortable responding freely. Furthermore, this survey may not represent farmworkers who work on the most labor intensive farms in San Mateo County.

Work Day Details

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

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

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



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

Injuries

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

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

Pesticide Exposure

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

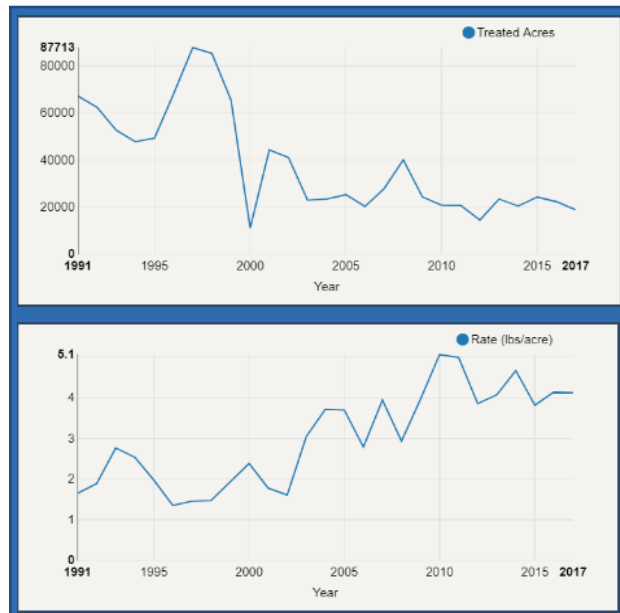
In San Mateo County since 1991, the number of acres treated with pesticides has declined significantly, but during that same time period the application rate has increased (see Figure 19). As a result, persons who work in areas that are treated with pesticides may be at risk of being exposed to a higher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

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

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

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

Figure 19 Trends in pesticide application in San Mateo County



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

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

Potassium n-methylthiocarbamate	1,3-Dichloropropene	Pentachloronitrobenzene
<ul style="list-style-type: none"> • aka metam potassium • non-selective soil fumigant acts as a fungicide, nematicide, insecticide, and herbicide • acts as a fungicide, nematicide, insecticide, and herbicide • harmful if swallowed, inhaled, or absorbed through the skin. • causes severe burns and eye damage 	<ul style="list-style-type: none"> • aka 1,3-D • soil fumigant • toxic if swallowed or absorbed through the skin. 1,3-D can cause serious eye irritation, is harmful if inhaled, and may cause respiratory irritation. 	<ul style="list-style-type: none"> • aka PCNB • Fungicide • harmful if swallowed, inhaled, or absorbed through the skin

National Center for Biotechnology Information et al., 2020

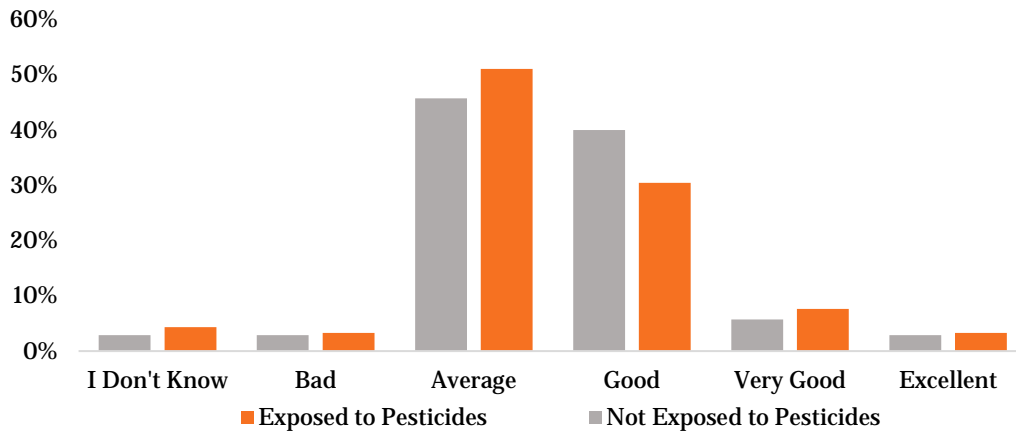
Almost 60% (n=92) of farmworker respondents to the 2019 Needs Assessment Survey reported having been exposed to pesticides at work, and just under 10% (n=15) reported they were unsure whether or not they had been exposed. Females reported exposure to pesticides at work at a higher rate than did males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

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

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

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

Figure 21 Health of Farmworkers



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

SOCIAL DETERMINANTS OF HEALTH

Food Security

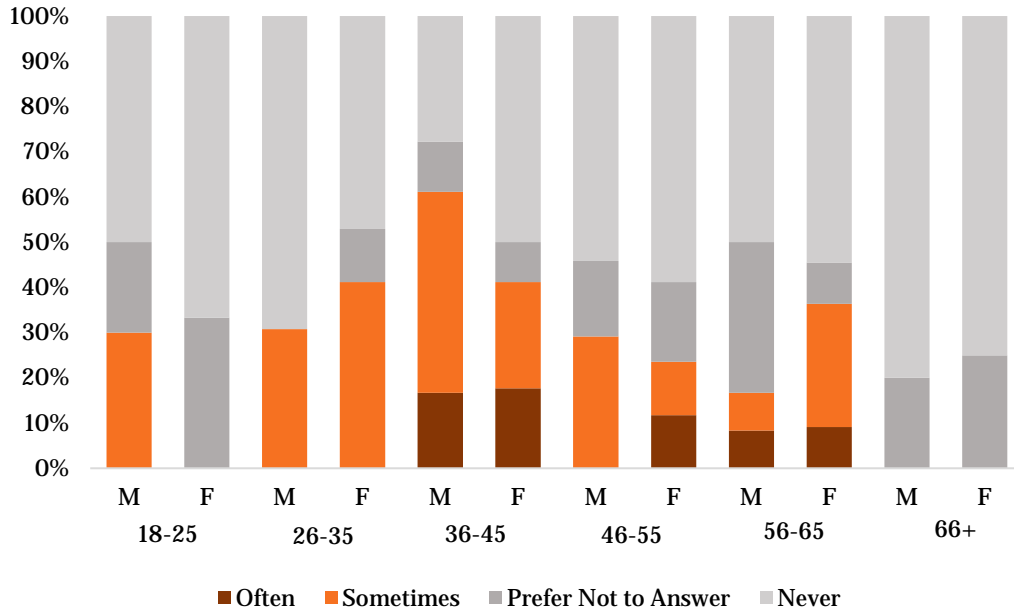
As of 2012, a third of low-income households in San Mateo County were food insecure [28]. San Mateo has one of the lowest CalFresh participation rates in the state among those who are income-eligible [28]. It is possible this participation rate will further decrease given the recent changes to the Public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

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

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

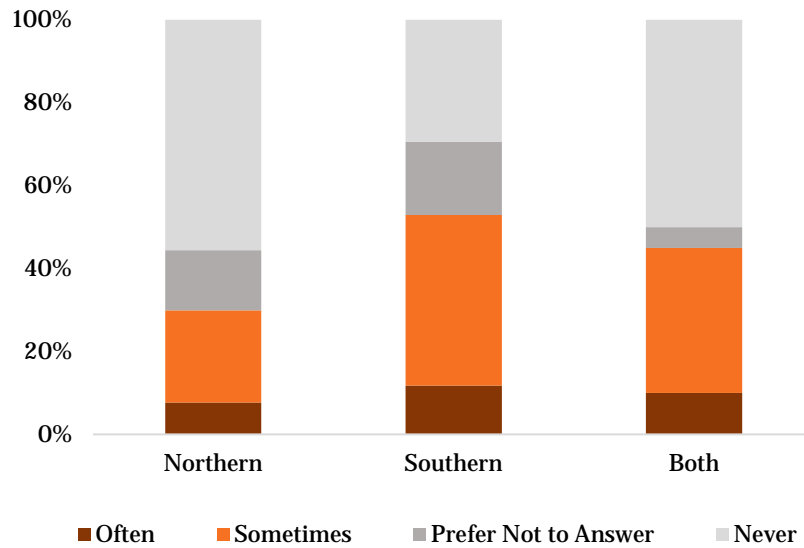
male respondents between the ages of 36 and 45 reported being “often” or “sometimes” worried about running and being unable to afford food (see Figure 22).

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



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

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



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

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

Language Barriers

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

Housing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Job Security

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

Employment rates in San Mateo’s agricultural sector have been trending down year-round since 2005 though wages have increased over this same period, from \$9.07/hour to \$13.97/hour, an increase which has kept pace with inflation [36]. For this community job security and housing are intimately connected. Based on the 2016 Agricultural Workforce Needs Assessment, a key reason for the County’s shrinking farm labor pool is the lack of available housing. During focus group sessions, producers indicated housing availability is a key concern for producers in recruiting and retaining employees. At the same time, agricultural workers indicated housing availability severely constrained their job mobility, and that workers living in on-farm housing would be reluctant to leave an unsatisfactory employment situation, because of the lack of other viable housing choices if they lost their employer-provided housing.

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

Transportation

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

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

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

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

FARMWORKER SURVEY LIMITATIONS

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

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

PEOPLE EXPERIENCING HOMELESSNESS

BACKGROUND

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

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

Street	Homeless Shelter	Transitional Housing	Doubling Up	Other
<ul style="list-style-type: none">• This includes someone living on a street or in their vehicle	<ul style="list-style-type: none">• Short term or emergency shelter, often in a communal area	<ul style="list-style-type: none">• Also known as “transitional shelter” usually in a private unit with longer lengths of stay.• Patients may go from an emergency shelter to a “transitional shelter”.	<ul style="list-style-type: none">• Temporarily living with friend or <i>extended</i> family members with no tenancy rights• Often referred to as “couch surfing”	<ul style="list-style-type: none">• Single residency occupant (SRO)• Hotels/motels• day-to-day paid housing• Permanent supportive housing

HEALTH SURVEY FOR PEOPLE EXPERIENCING HOMELESSNESS

SURVEY DESIGN

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

Table 15 Survey Resources and Stakeholders

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

SURVEY ADMINISTRATION

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

Surveys were administered by the following entities:

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

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

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

Table 16 Survey Administration

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

RESPONDENT CHARACTERISTICS

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

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

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

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

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

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

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

HOMELESSNESS AND HEALTH

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

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

HOMELESSNESS IN SAN MATEO COUNTY

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

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

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

DEMOGRAPHICS

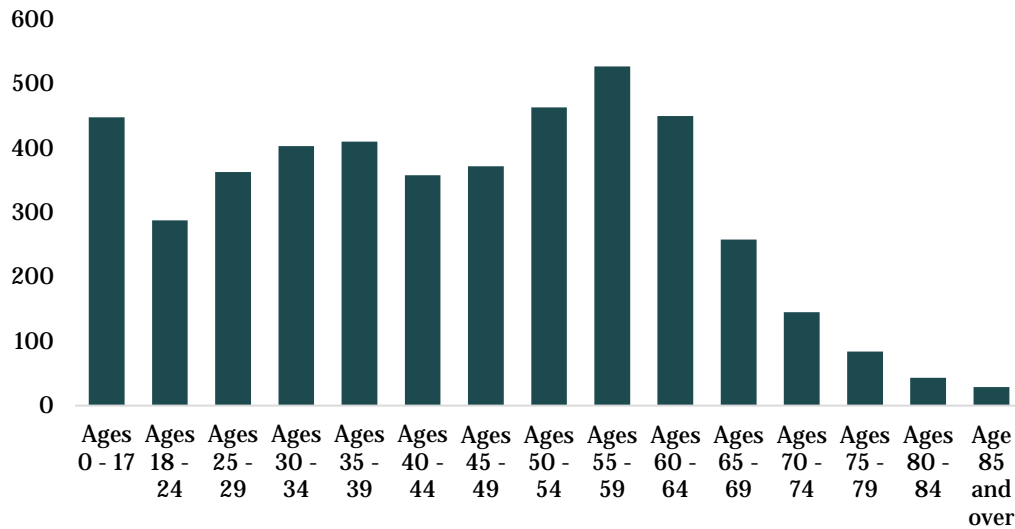
Table 20 below describes the race/ethnicity of people experiencing homeless in SMC in 2018, as well as the race/ethnicity of those people experiencing homelessness who received services at SMMC or HCH/FH contracts.

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

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

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

Figure 24 2018 Age Distribution Of Individuals
Experiencing Homelessness



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

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

WHERE AND HOW PEOPLE ARE SHELTERED

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

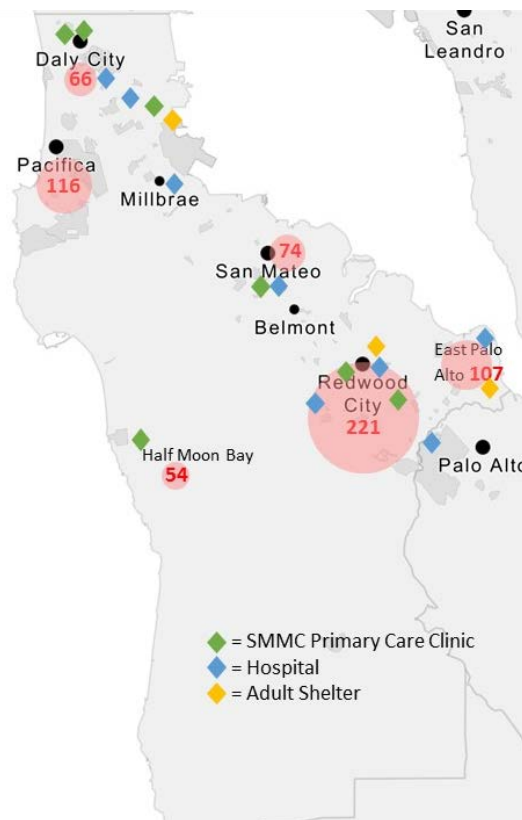
There was an overall increase in homelessness in SMC from 2017 to 2019. The PIT Count revealed that this increase was driven primarily by a significant increase (127%) in the number of people living in recreational vehicles [43]. This is a trend that has been seen in other counties in the Bay Area, and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

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

HEALTH OF PEOPLE EXPERIENCING HOMELESSNESS IN SMC

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

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



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

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

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

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

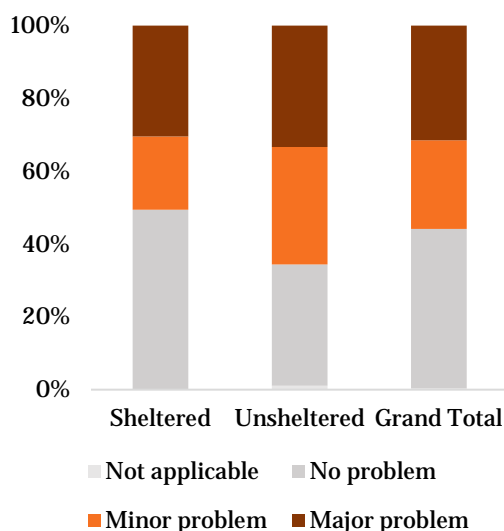
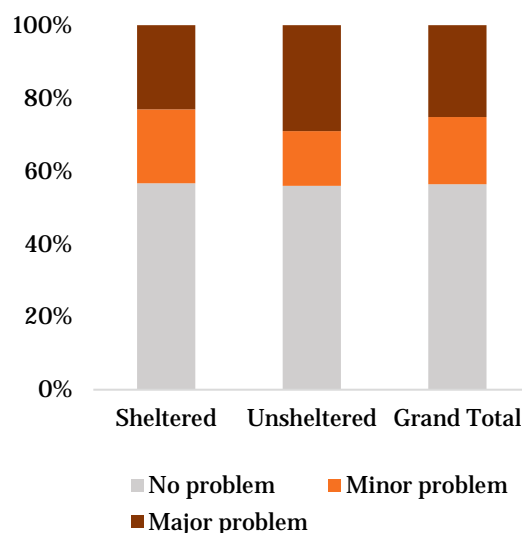


Figure 27 Reports of chronic pain as a problem in the last 12 months, by shelter status



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

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

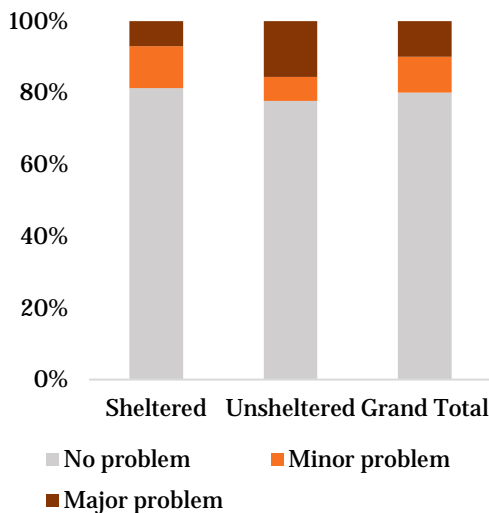


Figure 29 Reports of issues with kidneys/kidney failure as a problem in the last 12 months, by shelter status

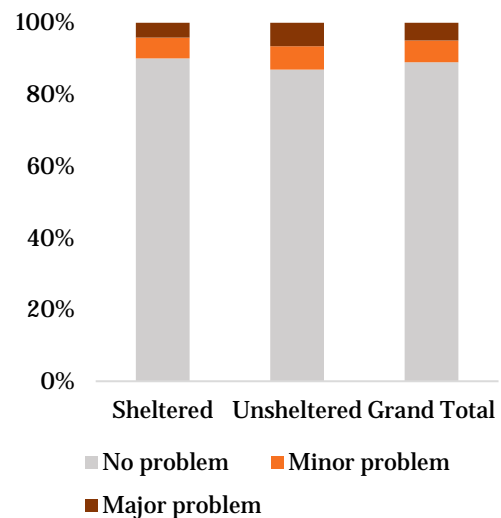


Figure 30 Reports of accidental falls causing injury as a problem in the last 12 months, by shelter status

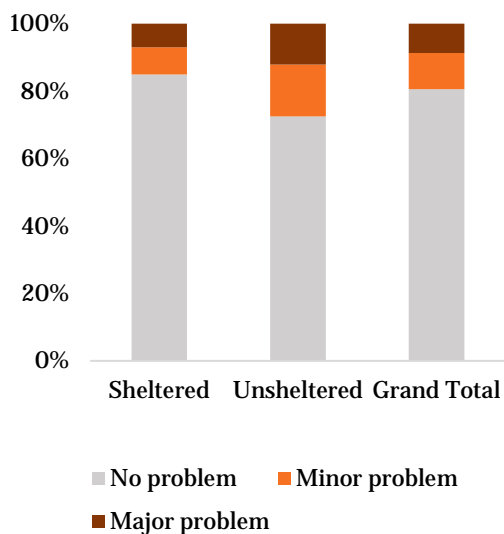
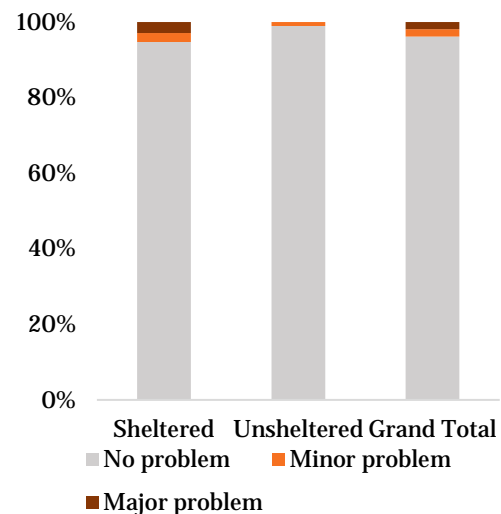


Figure 31 Reports of cancer as a problem in the last 12 months, by shelter status



SOCIAL ISOLATION

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

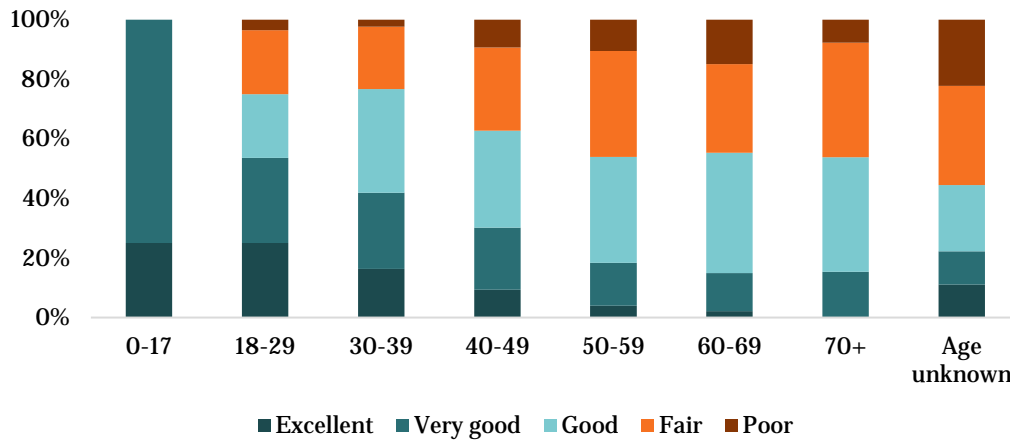
AGING AND HOMELESSNESS

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

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

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

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



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

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

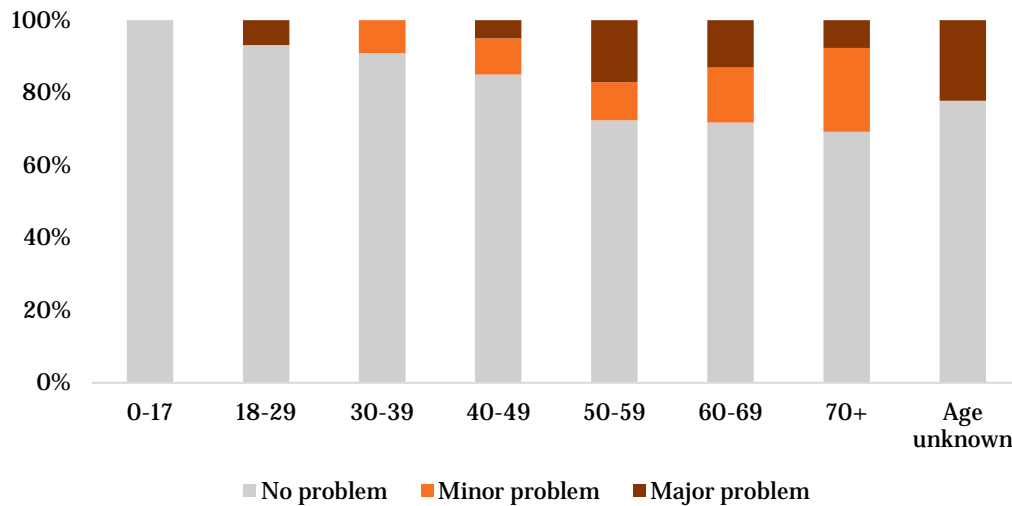


Figure 34 Reports of vision loss as a problem in the last 12 months, by age

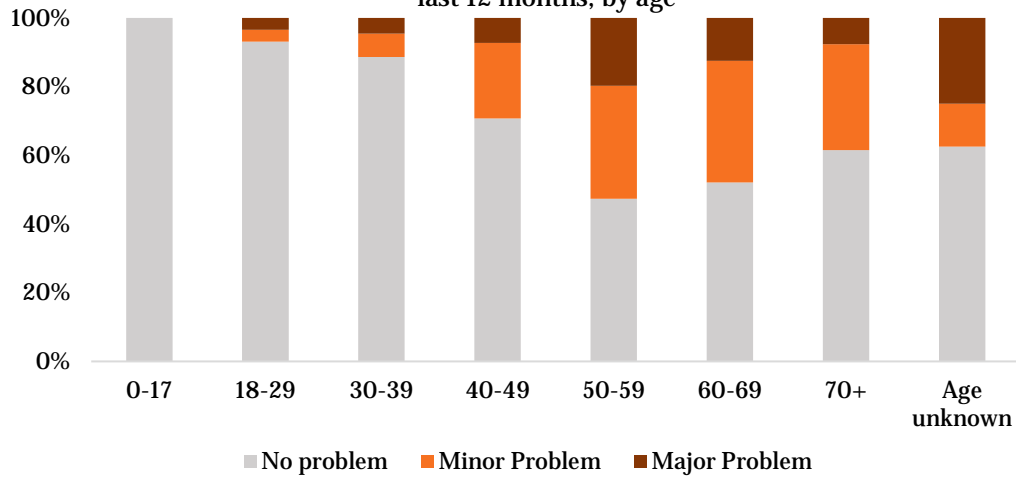


Figure 35 Reports of problems with moving around (like walking or changing clothes) in the last 12 months, by age

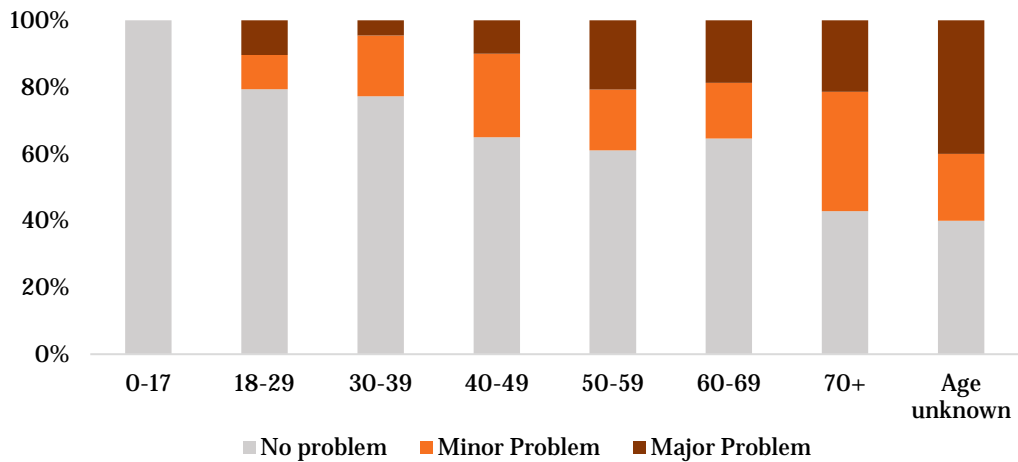


Figure 36 Reports of chronic pain as a problem in the last 12 months, by age

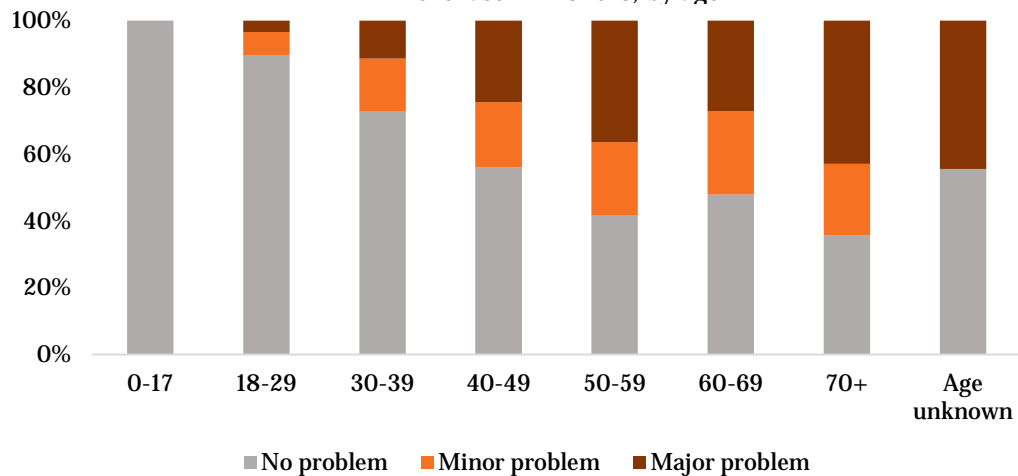


Figure 37 Reports of accidental falls causing injury as a problem in the last 12 months, by age

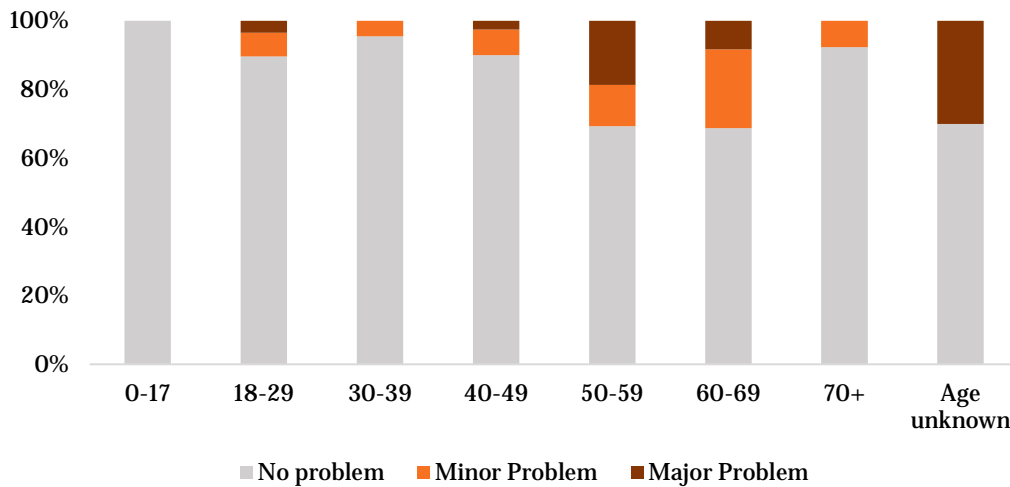
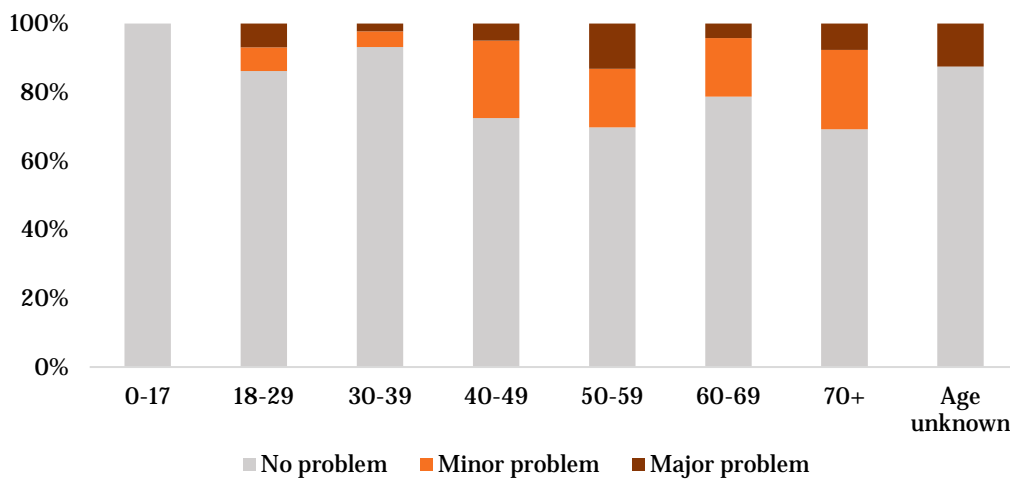


Figure 38 Reports of problems getting in and out of bed in the last 12 months, by age



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

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

Table 21 Hospital Discharge Trends of People Experiencing Homelessness

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

ACCESS TO CARE AND SERVICES

Unsheltered individuals experiencing homelessness tend to be frequent users of emergency services and often face significant barriers to receiving appropriate health care [43]. Among all 2019 Needs Assessment Survey respondents, 62% reported visiting the emergency room in the last year and 38% reported staying at a hospital for longer than one night in the last year. 65% also reported seeing a doctor or nurse for an outpatient visit in the last year, 38% reported going to therapy or counseling, and 28% reported seeing a dentist in the last year.

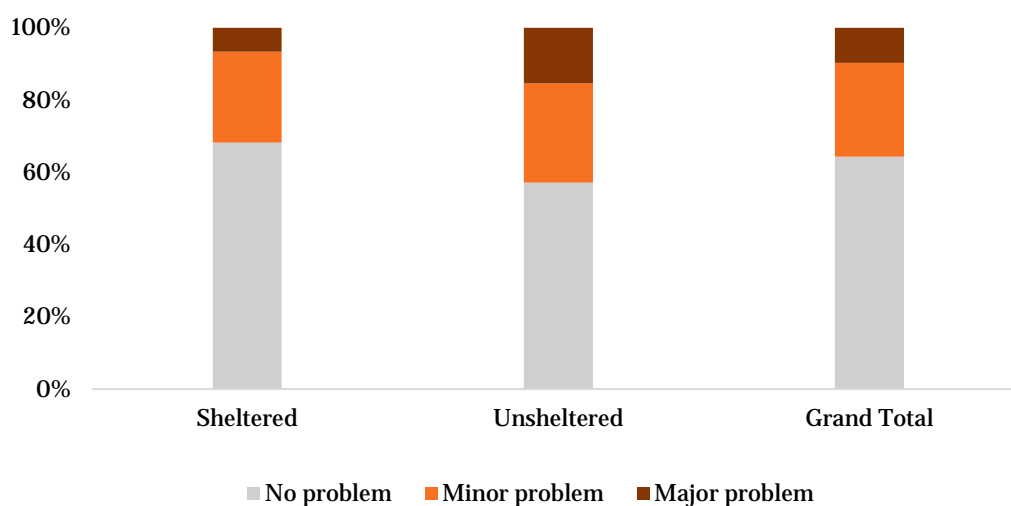
BARRIERS TO CARE

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

FOOD INSECURITY

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

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



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

HOMELESS SURVEY LIMITATIONS

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

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

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APPENDIX A

FARMWORKER SURVEY, PUBLIC CHARGE FLIERS, ELIGIBILITY CRITERIA & SURVEY ADMINISTRATION INSTRUCTIONS

2019 HEALTH SURVEY DRAFT

LOCATION OF SURVEY: _____

Thank you for participating in this survey. **Your responses are confidential and anonymous.** The information collected will be used to improve San Mateo County services.

GENERAL INFORMATION

1a. What year were you born?	1b. What is your gender?
2. Are you a farmworker or a family member of a farmworker? Mark all that apply.	
<input type="checkbox"/> Farmworker, if yes: For how long? _____	<input type="checkbox"/> Family of a Farmworker If family member, what is your relationship to the farmworker?
3a. What do you like about living or working in San Mateo County? [mark all that apply]	3b. What is something that could be better? [mark all that apply]
<input type="checkbox"/> Weather <input type="checkbox"/> Job opportunities <input type="checkbox"/> I feel welcome in my community <input type="checkbox"/> Schools <input type="checkbox"/> Friends and family are here <input type="checkbox"/> Other:	<input type="checkbox"/> Better public transportation <input type="checkbox"/> Better schools <input type="checkbox"/> More grocery stores/access to fresh food <input type="checkbox"/> More affordable housing <input type="checkbox"/> More activities for kids and older adults <input type="checkbox"/> Other:
4a. What is your health insurance? (select all that apply)	4b. If you have a child/children, what is their health insurance?
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> ACE <input type="checkbox"/> No insurance <input type="checkbox"/> Private insurance: _____ <input type="checkbox"/> Don't know	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> ACE <input type="checkbox"/> No insurance <input type="checkbox"/> Private insurance: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable, i.e. do not have children
5. What city do you live in?	
<input type="checkbox"/> Pescadero <input type="checkbox"/> Pacifica <input type="checkbox"/> Half Moon Bay <input type="checkbox"/> El Granada <input type="checkbox"/> Moss Beach <input type="checkbox"/> Montara <input type="checkbox"/> La Honda <input type="checkbox"/> Loma Mar <input type="checkbox"/> San Gregorio <input type="checkbox"/> Other:	
6. What city do you work in?	
<input type="checkbox"/> Pescadero <input type="checkbox"/> Pacifica <input type="checkbox"/> Half Moon Bay <input type="checkbox"/> El Granada <input type="checkbox"/> Moss Beach <input type="checkbox"/> Montara <input type="checkbox"/> La Honda <input type="checkbox"/> Loma Mar <input type="checkbox"/> San Gregorio <input type="checkbox"/> Other:	
7. How would you describe your housing?	
<input type="checkbox"/> Dormitory or bunkhouse on farm, if yes, do you feel there is enough space for everyone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Campsite/tent <input type="checkbox"/> Garage <input type="checkbox"/> Shelter <input type="checkbox"/> Motel or hotel <input type="checkbox"/> Couch surfing <input type="checkbox"/> RV <input type="checkbox"/> Car <input type="checkbox"/> Outside <input type="checkbox"/> Bus/train station <input type="checkbox"/> Treatment program	
8. How would you describe the quality of your housing?	
<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> Very bad	
9. Do you and/or your children attend school or live near a field sprayed with pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	

GENERAL HEALTH AND WELL BEING

10. Would you say that in general your health is:
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unsure

11a. Have you seen a doctor or a nurse in the last 12 months? Yes No Unsure

11b. If yes, where did you see the doctor or nurse?

Los enfermeros que vienen los miércoles/Street and Field Medicine Pescadero/Puente Coast Clinic Fair Oaks Clinic Coastside Clinic (Half Moon Bay) Stanford

San Mateo Medical Center Daly City Clinic Seton Hospital Kaiser Private Practice

Emergency room, specify which: Other:

12. FOR WOMEN: Have you seen a doctor or nurse for women's health in the last 12 months? (i.e. for Family Planning, Birth control, breast exam, pap test etc) Yes No Unsure

13a. Have you seen a dentist in the last 12 months? Yes No Unsure

13b. If yes, where did you receive dental services? (mark all that apply)

Sonrisas at Pescadero Sonrisas at Half Moon Bay Fair Oaks Clinic Mobile Dental Van

Coastside Clinic Private Practice San Mateo Medical Center Daly City Clinic

Other (please specify):

14a. Do you think mental health (depression, stress) is a concern in your community? Yes No Not sure

14b. Do you think alcohol or drug use is a concern in your community? Yes No Not sure

14c. Do you know where someone struggling with mental health or substance use could get help? Yes No Not sure

If yes, where?

15a. Has a doctor ever told you that you have diabetes or sugar diabetes? Yes No Not sure

15b. If yes, are you currently taking medication for your diabetes? Yes No Not sure

16a. Has a doctor ever told you that you have high blood pressure? Yes No Not sure

16b. If yes, are you currently taking medication for your high blood pressure? Yes No Not sure

17a. What days of the week are you most available to go to get medical care? Circle all that apply

No preference | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Not applicable

18a. What times of the year are you more likely to get medical care?

Summer Fall Winter Spring No preference

19a. In the last 12 months, did you have trouble getting health care if you needed it? Yes No Not applicable

19b. If yes, please circle all that apply:

Hospital/clinic too far | I'm worried about immigration issues | No transportation | Don't know where services are available | Health center not open when needed | They don't provide the services I need

Too expensive | They don't treat me with respect/ I don't feel welcome | Can't take time off work/I'll lose my job | Takes too long to get an appointment

No insurance | They don't understand my problems | They don't speak my language

Other (please specify):

FOOD AND DIET

20. In the past 12 months, we worried our food would run out before we got money to buy more.

Often True Sometimes True Never True Prefer not to answer

21. In the past 12 months, the food we bought didn't last and we didn't have money to get more.			
<input type="checkbox"/> Often True	<input type="checkbox"/> Sometimes True	<input type="checkbox"/> Never True	<input type="checkbox"/> Prefer not to answer
22. Can you get or buy healthy food (vegetables, fruits, other non-processed food) close to where you live or work?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
23. In the past month, how often did you drink juice, soda or pop that has sugar?			
_____ times <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> don't know			
24. In the past month, how often did you have X or more drinks in one sitting? [for women, X = 4, for men, X = 5]			
_____ times <input type="checkbox"/> don't know <input type="checkbox"/> decline to answer			
25. At home, do you have access to a kitchen to prepare food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
26. For dinner, do you typically:			
<input type="checkbox"/> eat a home cooked meal <input type="checkbox"/> eat takeout/restaurant <input type="checkbox"/> Other _____			
27. Do you have access to clean running water (i.e. from a faucet) at the below places?			
Home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes		Work: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes, if no, does employer provide bottled water?	
(Kid's) School: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Applicable			

AGRICULTURAL RELATED HEALTH - ONLY FILL OUT IF RESPONDENT WORKS IN AGRICULTURE

28. What type of agriculture work do you do? [Select all that apply]					
<input type="checkbox"/> Harvesting	<input type="checkbox"/> Weeding	<input type="checkbox"/> Pruning	<input type="checkbox"/> Seeding	<input type="checkbox"/> Loading	<input type="checkbox"/> Packing
<input type="checkbox"/> Sorting	<input type="checkbox"/> Operating machinery	<input type="checkbox"/> Irrigating	<input type="checkbox"/> Spraying	<input type="checkbox"/> Managing other workers	
<input type="checkbox"/> Other (please specify): _____					
29. What type of crop(s) or product(s) do you work with?					
<input type="checkbox"/> Vegetables/Fruits/Nuts		<input type="checkbox"/> Livestock Operations		<input type="checkbox"/> Nursery/Floral	
<input type="checkbox"/> Aquaponics/aquaculture					
30a. Describe your work schedule: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other (specify): _____					
30b. When is your busiest season? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> No difference					
31. Are you exposed to pesticides at work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure					
32. What protection do you wear at work? <input type="checkbox"/> Not applicable					
<input type="checkbox"/> Gloves <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Apron/ Coverall <input type="checkbox"/> Face Shield/Eye protection				Other (Please specify): _____	
<input type="checkbox"/> Sun protection (hat, long sleeves, sunscreen)				<input type="checkbox"/> Respirator/Mask	
33a. Have you sustained injuries from work?			33b. If yes, please describe the injury(ies):		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> Decline to answer			_____		
34a. How many hours of sleep do you get a night?			34b. What are your typical work hours? i.e. 7am-6pm		
<input type="checkbox"/> <4 hours <input type="checkbox"/> 4-5 hours <input type="checkbox"/> 6-7 hours <input type="checkbox"/> 8+ hours			_____		
35a. Can you take a break in the shade during the work day? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Decline to answer					
36a. Do you get a break during the work day to eat food? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Decline to answer					
36b. If yes, where do you typically get your food? [mark all that apply]					
<input type="checkbox"/> Bring from home <input type="checkbox"/> Buy on the way to work/during work <input type="checkbox"/> Employer provides <input type="checkbox"/> Non-profit provides					
36c. What type of food do you typically eat at work? [select all that apply]					
<input type="checkbox"/> Home prepared, if selected, what type of food do you typically bring/make?					
<input type="checkbox"/> Food truck		<input type="checkbox"/> From a grocery store or coffee shop		<input type="checkbox"/> Fast food (McDonalds, Jack in the Box)	
37. How do you get to work? <input type="checkbox"/> Employer provides transportation <input type="checkbox"/> Walk <input type="checkbox"/> Carpool <input type="checkbox"/> Drive <input type="checkbox"/> Bus <input type="checkbox"/> Other					

Eligibility Criteria

1. Ask if the individual is 18 years or older
2. Ask if the individual works in agriculture OR has a family member that works in agriculture
 - a. Agriculture includes work such as:
 - i. Vegetables/Fruits/Nuts
 - ii. Livestock Operations
 - iii. Nursery/Floral
 - iv. Aquaponics/aquaculture
3. Do not proceed with the interview if they are not an agricultural worker or have a family member who works in agriculture. Do not give them the gift card

Survey Instructions

1. A person can choose to skip any question or stop being surveyed at any time
2. We are not collecting birthdate or names, the answers are confidential
3. Please thank the person for participating at the end – we are grateful for your time and the person you are interviewing
4. For the below questions, read the question but not the answers. As the person answers the question, mark the best option or write the answer in the “other” space:
 - a. 3a, 3b, 5, 6, 7,11b, 13b, 19b, 28, 32, 34, 37
5. For the below questions, read answer choices:
 - a. 8, 10, 20, 21

If anything else comes up during the interview, please make a note of it on the back of page 3.

THINKING
ABOUT

PUBLIC CHARGE?



Keep getting the
help you need.

Few people will be affected by the announced changes. You should continue to access the help you need for food, health care, and housing.

Free help, including interpreter services, is available. If you have questions, please contact us.

Call **(650) 363-1800**
or visit SMCPublicCharge.org



COUNTY OF SAN MATEO

¿LE
PREOCUPA
LA

CARGA PÚBLICA?



Siga obteniendo
la ayuda que
necesita.

Sólo unas pocas personas podrían ser afectadas por los cambios anunciados. Siga usando servicios médicos, ayuda de alimentos o vivienda si su familia los necesita.

Ayuda gratuita, incluyendo servicios de interpretación, está disponible. Si tiene alguna pregunta, por favor contáctenos.

Llame (650) 363-1800
o visite SMCPublicCharge.org



COUNTY OF SAN MATEO

APPENDIX B

PEOPLE EXPERIENCING HOMELESSNESS SURVEY

2019 HEALTH SURVEY

LOCATION OF SURVEY: _____

Thank you for participating in this survey. **Your responses are confidential and anonymous.** The information collected will be used to improve San Mateo County services.

1a. What year were you born in? _____ **1b. Are you a veteran?** Yes No

1c. What gender do you identify with? Male Female Other: _____

2a. How long have you been homeless for? _____ **day(s) / month(s) / year(s)** (circle)

2b. Have you been homeless before? Yes No Unsure

3. What is your health insurance? (select all that apply, if out-of-county Medi-Cal, specify which county)

Medi-Cal Medicare ACE Private insurance No insurance

Other/Other county (Please specify): _____

4. Over the last 12 months, have you had a problem with any of the following? If so, how would you describe the problem?	Major Problem	Minor Problem	No Problem	Not Applicable	
Managing diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stress/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Weight management/Eating Healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Feelings of hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Moving around, like walking and changing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Feeling lonely, sad or isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dental (cavities, dentures, pain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Affording/Managing Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Issues with kidneys/kidney failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Caring for wounds/abscesses (boils, sores, blisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Concerns about personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vision loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Accidental falls causing physical injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Memory difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bladder or bowel incontinence/toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Chronic Pain (Joint/back/arthritis/other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Managing alcohol or substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			

5. Have you ever had trouble getting or keeping a bed at a shelter due to health reasons?
If yes, what health issue? (i.e. needed surgery, couldn't get to the bathroom in time, safety, behavioral, etc.)

6. Would you say that in general your health is:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
7a. Have you visited the emergency room (ER) in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
7b. If yes, how many times? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+ <input type="checkbox"/> Unsure				
7c. Which ER (check all): <input type="checkbox"/> SMMC <input type="checkbox"/> Stanford <input type="checkbox"/> Kaiser <input type="checkbox"/> Seton <input type="checkbox"/> Sequoia <input type="checkbox"/> Other:				
8. Have you stayed at a hospital for longer than 1 night in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
9a. Not counting the Emergency Room or a hospital stay, have you seen a doctor or a nurse in the last 12 months (outpatient clinic)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
9b. If you responded no, please explain why:				
9c. If you responded yes, where did you receive care (mark all that apply)?				
A San Mateo Medical Center Clinic: <input type="checkbox"/> Ron Robinson Clinic <input type="checkbox"/> Innovative Care Clinic (ICC)				
<input type="checkbox"/> Daly City Clinic <input type="checkbox"/> Fair Oaks Clinic <input type="checkbox"/> Coastside Clinic <input type="checkbox"/> South San Francisco Clinic				
<input type="checkbox"/> Public Health Mobile Clinic	<input type="checkbox"/> Samaritan House Clinic		<input type="checkbox"/> Street Medicine	
<input type="checkbox"/> Sutter	<input type="checkbox"/> Kaiser	<input type="checkbox"/> Ravenswood Family Health Center		<input type="checkbox"/> VA Hospital/Clinic
<input type="checkbox"/> At the shelter		<input type="checkbox"/> Mills-Peninsula		<input type="checkbox"/> Stanford
<input type="checkbox"/> Gardner/Northeast Medical		<input type="checkbox"/> Other:		
10a. Have you seen a dentist in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
10b. If yes, where did you get care? Check all that apply, if other please specify:				
<input type="checkbox"/> Dental Van <input type="checkbox"/> Ravenswood <input type="checkbox"/> San Mateo Hospital <input type="checkbox"/> Fair Oaks Clinic <input type="checkbox"/> Daly City <input type="checkbox"/> Coastside Clinic				
<input type="checkbox"/> Samaritan House Clinic <input type="checkbox"/> Sonrisas Half Moon Bay <input type="checkbox"/> Other: _____				
10c. If you responded no, please explain why:				
11a. Have you gone to therapy or counseling in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure If yes, where? _____				
11b. If you responded no, please explain why (i.e. didn't know where, didn't need it, transportation, etc.)				
12. When I go to get any health-related services (i.e. clinic/dentist/ER), I tell the nurse/doctor/assistant if I am experiencing homelessness.				
<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Unsure				
13. I am treated with respect when I go to get health care (doctor, dentist, therapist, etc).				
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree				
14. There are people I can reach out to if I need help.				
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree				
15. I feel welcome in my community.				
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree				

Thank you for taking this survey!

APPENDIX C

DATA TABLES SUMMARIZING FARMWORKER SURVEYS AND PEOPLE EXPERIENCING HOMELESSNESS SURVEYS

SMC HCH/FH 2019 NEEDS ASSESSMENT: FARMWORKER HEALTH SURVEY RESULTS

SECTION I: GENERAL INFORMATION

Survey location: (n=180)			
Area by Trees	2	1%	
Bakery	1	1%	
Bay City Flowers	1	1%	
Breakfast	3	2%	
Cypress	3	2%	
Filbert St.	1	1%	
HMB	23	13%	
Home	16	9%	
Lacopi	5	3%	
Laundry	2	1%	
LC Ad Sch	7	4%	
Main St.	11	6%	
MB	3	2%	
Miramonte	1	1%	
Montara	1	1%	
Moonridge	27	15%	
Park	3	2%	
Pescadero	14	8%	
Puente	8	4%	
Sr. Coastsiders Breakfast	7	4%	
Work	1	1%	
Blank	40	22%	

Question 1a: What year were you born? (n=180)		
1950-1959	28	16%
1960-1969	33	18%
1970-1979	43	24%
1980-1989	44	24%
1990-1999	23	13%
2000-	6	3%
Blank	3	2%

Question 1b: What is your gender? (n=180)		
Female	95	53%
Male	81	45%
Blank	4	2%

Question 2a: Are you a farmworker or a family member of a farmworker? <i>Mark all that apply.</i> (n=180)		
Family of Farmworker	29	16%
Farmworker	151	84%

Question 2b: If you are a farmworker, how long have you been doing that work? (n=151)		
<2 years	5	3%
2-5 years	9	6%
6-10 years	12	8%
11-20 years	16	11%
21-30 years	18	12%
>30 years	6	4%
Blank	85	56%

Question 2c: If you are a family member, what is your relationship to the farmworker? <i>Open-ended.</i> (n=29)		
Brother	1	3%
Brother, Uncle	1	3%
Daughter	4	14%
Father	2	7%
Mother	1	3%
Son	1	3%
Uncle	1	3%

Wife	3	10%
Blank	15	52%

Question 3a: What do you like about living or working in San Mateo County? *Mark all that apply.*
(n=180)

The weather	138	77%
Job opportunities	58	32%
I feel welcome in my community	72	40%
Schools	38	21%
Friends and family are here	101	56%
Ag/rural areas	1	1%
Insurance	1	1%
Money	2	1%
Pretty, peaceful	1	1%
Work is close	1	1%

Question 3b: What is something that could be better? *Mark all that apply.*
(n=180)

Better public transportation	77	43%
Better schools	43	24%
More grocery stores/access to fresh food	64	36%
More affordable housing	144	80%
More activities for kids and older adults	62	34%
Parks, swings, slides	2	1%
Laundry mat	1	1%
Salary	3	2%
Sidewalks	1	1%

Question 4a: What is your health insurance? *Mark all that apply.*
(n=180)

ACE	52	29%
MediCal	65	36%
MediCare	9	5%
No Insurance	24	13%
Private Insurance	20	11%
I don't know	12	7%
Blank	5	3%

Question 4b: If you have a child/children, what is their health insurance?

Mark all that apply.

(n=180)

ACE	6	3%
MediCal	95	53%
MediCare	3	2%
No Insurance	4	2%
Private Insurance	15	8%
N/A	28	16%
I don't know	13	7%
Blank	22	12%

Question 5: What city do you live in?

(n=180)

Data redacted		

Question 6: What city do you work in?

(n=180)

Data redacted		

	Data redacted	

Question 7a: How would you describe your housing? (n=180)		
Apartment	94	52%
Campsite/tent	2	1%
Dormitory or bunkhouse on farm	6	3%
Garage	2	1%
House	64	36%
House/Apt	2	1%
Prefer Not to Answer	1	1%
Room in Apt	1	1%
Share a House	1	1%
Temp	2	1%
Trailer	1	1%
Blank	4	2%

Question 7b: If you live in a dormitory or bunkhouse on farm, do you feel there is enough space for everyone? (n=40)		
Yes	26	65%
No	12	30%
Prefer Not to Answer	2	5%

Question 8: How would you describe the quality of your housing? (n=180)		
Very Good	14	8%
Good	70	39%
Average	76	42%
Bad	14	8%
Very Bad	4	2%
Blank	2	1%

Question 9: Do you and/or your children attend school or live near a field sprayed with pesticides?
(n=180)

Yes	43	24%
No	58	32%
Not Sure	17	9%
Blank	62	34%

SECTION II: GENERAL HEALTH AND WELL BEING

Question 10: Would you say that in general your health is:
(n=180)

Excellent	4	2%
Very Good	20	11%
Good	58	32%
Average	84	47%
Bad	8	4%
Unsure	5	3%
Blank	1	1%

Question 11a: Have you seen a doctor or a nurse in the last 12 months?
(n=180)

Yes	106	59%
No	45	25%
Unsure	13	7%
Blank	16	9%

Question 11b: Where did you see the doctor or nurse? *Mark all that apply.* *some respondents answered “no” or “unsure” to previous question
(n=180)

Coastside	73	41%
Coastside Clinic at Puente	11	6%
Daly City	5	3%
ED	2	1%
Kaiser	9	5%
Pacifica	1	1%
Pescadero	20	11%

Private	5	3%
RotaCare Free Clinic	1	1%
Seton MC	1	1%
Stanford	6	3%
SMMC	18	10%
Other	1	1%
N/A	42	23%
Blank	4	2%

Question 12: If you are a woman, have you seen a doctor or nurse for women's health in the last 12 months?

(n=95)

Yes	57	60%
No	20	21%
Unsure	11	12%
Blank	7	7%

Question 13a: Have you seen a dentist in the last 12 months?

(n=180)

Yes	87	48%
No	76	42%
Unsure	8	4%
Blank	9	5%

Question 13b: Where did you receive dental services? Mark all that apply.

(n=180) *some respondents answered "no" or "unsure" to the previous question

Coastside	17	9%
Daly City	2	1%
Mexico	2	1%
Private	14	8%
Sonrisas HMB	34	19%
San Francisco	3	2%
Sonrisas Pescadero	21	12%
SMMC	3	2%
N/A	71	39%
Blank	15	8%

**Question 14a: Do you think mental health (depression, stress) is a concern in your community?
(n=180)**

Yes	74	41%
No	47	26%
Not Sure	51	28%
Blank	8	4%

**Question 14b: Do you think alcohol or drug use is a concern in your community?
(n=180)**

Yes	105	58%
No	42	23%
Not Sure	23	13%
Blank	10	6%

**Question 14c: Do you know where someone struggling with mental health or substance use could get help?
(n=180)**

Yes	60	33%
No	112	62%
Blank	8	4%

**Question 14d: If you responded yes to the previous question, where?
(n=60)**

Clinic	7	12%
Coastside	12	20%
HMB	3	5%
Hospital	1	2%
Hotline	1	2%
MD and AA Clinics	1	2%
Pescadero	1	2%
Puente	7	12%
SMC	2	3%
Blank	27	45%

**Question 15a: Has a doctor ever told you that you have diabetes or sugar diabetes?
(n=180)**

Yes	19	11%
No	147	82%
Not Sure	7	4%
Blank	7	4%

Question 15b: If yes, are you currently taking medication for your diabetes?
(n=19)

Yes	16	84%
No	3	16%
Not sure	0	0%

Question 16a: Has a doctor ever told you that you have high blood pressure?
(n=180)

Yes	27	15%
No	143	79%
Not Sure	2	1%
Blank	8	4%

Question 16b: If yes, are you currently taking medication for your high blood pressure?
(n=27)

Yes	23	85%
No	4	15%
Not Sure	0	0%

Question 17a: What days of the week are you most available to go to get medical care? *Mark all that apply.*
(n=180)

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

Question 18a: What times of the year are you more likely to get medical care? *Mark all that apply.*
(n=180)

Spring	12	7%
Summer	15	8%
Fall	8	4%
Winter	46	26%
No Preference	97	54%
Blank	6	3%

Question 19a: In the last 12 months, did you have trouble getting health care if you needed it?
(n=180)

Yes	44	24%
No	112	62%
I don't know	10	6%
Blank	14	8%

Question 19b: If yes, please circle all that apply.
(n=44)

Don't know where services are available	5	11%
They don't treat me with respect/I don't feel welcome	4	9%
Too expensive	15	34%
No insurance	15	34%
Takes too long to get an appointment	6	14%
I'm worried about immigration issues	4	9%
Can't take time off work/I'll lose my job	19	43%
No transportation	8	18%
They don't speak my language	2	5%
Health center not open when needed	4	9%
Hospital/clinic too far	2	5%

SECTION III: FOOD AND DIET

Question 20: In the past 12 months, we worried our food would run out before we got money to buy more.
(n=180)

Often True	15	8%
Sometimes True	46	26%
Never True	86	48%

Prefer not to answer	25	14%
Blank	8	4%

Question 21: In the past 12 months, the food we bought didn't last and we didn't have money to get more.
(n=180)

Often True	12	7%
Sometimes True	43	24%
Never True	89	49%
Prefer not to answer	25	14%
Blank	11	6%

Question 22: Can you get or buy healthy food (vegetables, fruits, other non-processed food) close to where you live or work?
(n=180)

Yes	119	66%
No	34	19%
Sometimes	2	1%
Unsure	18	10%
Blank	7	4%

Question 23: In the past month, how often did you drink juice, soda or pop that has sugar? *Only women.*
(n=95)

More than one drink/day	9	9%
1 drink per day	17	18%
3-4 drinks per week	8	8%
1-2 drinks per week	24	25%
1-2 drinks per month	12	13%
Never	10	11%
I don't know	10	11%
Blank	4	4%

Question 23: In the past month, how often did you drink juice, soda or pop that has sugar? *Only men.*
(n=81)

More than one drink/day	6	7%
1 drink per day	23	28%
3-4 drinks per week	14	17%
1-2 drinks per week	12	15%
1-2 drinks per month	6	7%

Never	8	10%
I don't know	10	12%
Blank	2	2%

Question 24: In the past month, how often did you have 4 or more drinks in one sitting? *Only women.*
(n=95)

Zero times	51	54%
Once	4	4%
I don't know	8	8%
Decline to answer	20	21%
N/A	3	3%
Blank	9	9%

Question 24: In the past month, how often did you have 5 or more drinks in one sitting? *Only men.*
(n=81)

Zero times	20	25%
Once	2	2%
Twice	3	4%
Three times	3	4%
Five times	4	5%
Daily	1	1%
I don't know	12	15%
Decline to answer	26	32%
Blank	10	12%

Question 25: At home, do you have access to a kitchen to prepare food?
(n=180)

Yes	152	84%
No	3	2%
Unsure	3	2%
Blank	22	12%

Question 26: For dinner, do you typically: *Mark all that apply.*
(n=180)

Eat a home cooked meal	163	91%
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Eat takeout/restaurant	21	12%
Blank	7	4%

Question 27: Do you have access to clean running water (i.e. from a faucet) at the below places?		
Do you have access to clean running water (i.e. from a faucet) at home? (n=180)		
Yes	169	94%
No	5	3%
Sometimes	1	1%
Blank	5	3%
Do you have access to clean running water at work? (n=180)		
Yes	122	68%
No	17	9%
Sometimes	13	7%
Blank	28	16%
Among no, does employer provide bottled water? (n=17)		
Yes	5	29%
No	6	35%
Sometimes	3	18%
Blank	3	18%
Do you have access to clean running water at your kid's school? (n=180)		
Yes	47	26%
No	2	1%
Sometimes	1	1%
N/A	46	26%
Blank	84	47%

SECTION IV: AGRICULTURAL RELATED HEALTH

Question 28: What type of agriculture work do you do? Mark all that apply. (n=151)		
Driving	2	1%
Florist	1	1%

Fertilizing	1	1%
Harvesting	64	42%
Horses	2	1%
Irrigating	18	12%
Loading	43	28%
Maintenance	1	1%
Managing other workers	7	5%
Move Straw	1	1%
Nursery	1	1%
Operating Machinery	13	9%
Packing	50	33%
Pruning	37	25%
Ranching	2	1%
Secretary	1	1%
Seeding	62	41%
Sorting	7	5%
Spraying/Fumigating	15	10%
Weeding	33	22%
Blank	6	4%

Question 29: What type of crop(s) or product(s) do you work with? *Mark all that apply.*

(n=151)

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

Question 30a: Describe your work schedule

(n=151)

Full time	132	87%
Part time	9	6%
Seasonal	2	1%
On Call	1	1%
Blank	7	5%

Question 30b: When is your busiest season? *Mark all that apply.*

(n=151)

Spring	23	15%
Summer	31	21%
Fall	7	5%
Winter	24	16%
No difference	61	40%
Blank	20	13%

Question 31: Are you exposed to pesticides at work? (n=151)		
Yes	92	61%
No	35	23%
I'm not sure	17	11%
Blank	7	5%

Question 32: What protection do you wear at work? (n=151)		
Apron/Coveralls	54	36%
Boots	79	52%
Face Shield/Eye Protection	35	23%
Gloves	121	80%
Respirator/Mask	43	28%
Sun protection (hat, long sleeves, sunscreen)	64	42%
Blank	13	9%

Question 33a: Have you sustained injuries from work? (n=151)		
Yes	25	17%
No	100	66%
I'm not sure	10	7%
Decline to answer	9	6%
Blank	7	5%

Question 33b: If yes, please describe the injury(ies): Mark all that apply. (n=25)		
Cuts	12	48%
Falls	3	12%
Feet	2	8%

Girls	1	4%
Knee	2	8%
Splinter in Eye	1	4%
Blank	6	24%

Question 34a: How many hours of sleep do you get a night? (n=151)		
Less than 4 hours	1	1%
4 hours	9	6%
5 hours	1	1%
6 hours	95	63%
7 hours	1	1%
8 hours	41	27%
Blank	3	2%

Question 34b: How many hours a day do you typically work? (n=151)		
6 hours	4	3%
7 hours	1	1%
8 hours	92	61%
9 hours	11	7%
10 hours	2	1%
11 hours	1	1%
12 hours	1	1%
Blank	39	26%

Question 35a: Can you take a break in the shade during the workday? (n=151)		
Yes	126	83%
No	5	3%
Sometimes	9	6%
Decline to Answer	4	3%
Blank	7	5%

Question 36a: Do you get a break during the workday to eat food? (n=151)		
Yes	136	90%
No	4	3%

Sometimes	1	1%
Decline to answer	3	2%
Blank	7	5%

Question 36b: If yes, where do you typically get your food? Mark all that apply (n=136)		
Bring from home	126	93%
Buy on the way to work/during work	16	12%
Employer provides	1	1%
Blank	2	1%

Question 36c: What type of food do you typically eat at work? Mark all that apply. (n=151)		
Beans	23	15%
Bread	3	2%
Burritos	4	3%
Coke	2	1%
Fast Food	10	7%
Food Truck	9	6%
Home Meal	68	45%
Market	18	12%
Mexican	7	5%
Salad	5	3%
Sandwich	8	5%
Soup	8	5%
Tacos	7	5%
Blank	19	13%

Question 37: How do you get to work? Mark all that apply. (n=151)		
Bike	2	1%
Bus	4	3%
Car	84	56%
Carpool	43	28%
Employer	2	1%
Walk	21	14%
Blank	2	1%

SMC HCH/FH 2019 Needs Assessment: Homeless Health Survey Results

Location of Survey: (n=274)		
Bay Rd	4	1.5%
Colma	1	0.4%
EPA	8	2.9%
EPA Library	1	0.4%
Euclid University	1	0.4%
Free at Last	5	1.8%
HMB Cemetary	4	1.5%
HMB Library	1	0.4%
Home Depot	3	1.1%
Maple St	62	22.6%
McDonalds EPA	1	0.4%
OCG	1	0.4%
Other	1	0.4%
Ravenswood	2	0.7%
RFHC	12	4.4%
RWC	11	4.0%
RWC Hoover	1	0.4%
RWC Starbucks	1	0.4%
Safe Harbor	7	2.6%
San Bruno	11	4.0%
San Bruno BART	1	0.4%
Seaport	2	0.7%
Service Connect	9	3.3%
San Mateo	5	1.8%
SM SVDP	1	0.4%
SMC	1	0.4%
SSF	63	23.0%
SSF SVDP	1	0.4%
Street	4	1.5%
SVDP	3	1.1%
We Hope	14	5.1%
Blank	32	11.7%

Question 1a: How old are you? (Original question: What year were you born in?) (n=274)

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

Question 1b: Are you a veteran? (n=274)

No	230	84%
Yes	22	8%
Blank	22	8%

Question 1c: What gender do you identify with? (n=274)

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

Question 2a: How long have you been homeless for? (n=274)

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

Question 2b: Have you been homeless before? (n=274)		
No	129	47%
Unsure	6	2%
Yes	129	47%
Blank	10	4%

Question 3: What is your health insurance? <i>Select all that apply.</i> (n=274)		
Ace	7	3%
MediCal	207	76%
Medicare	18	7%
No insurance	24	9%
Other	2	1%
Private	11	4%
Blank	5	2%

If "Other" (n=52)		
ACE	2	4%
Care Advance	1	2%
Emergency MediCal	1	2%
HPSM	1	2%
Don't know	1	2%
Kaiser	2	4%
Medi-Cal	1	2%
Medicare	34	65%
Pending	2	4%
Private	4	8%
San Mateo	2	4%
United Life Health	1	2%
VA	3	6%

**Question 4: Over the last 12 months, have you have a problem with any of the following? If so, how would you describe the problem?
(n=274)**

	Major Problem		Minor Problem		No Problem		N/A		Blank	
Managing diabetes	14	5%	19	7%	147	54%	76	28%	18	7%
Managing high blood pressure	34	12%	36	13%	133	49%	57	21%	14	5%
Stress/Anxiety	90	33%	90	33%	83	30%			11	4%
Weight management/Eating Healthy	54	20%	77	28%	130	47%			13	5%
Feelings of hunger	25	9%	67	24%	166	61%			16	6%
Moving around, like walking and changing clothes	41	15%	50	18%	175	64%			8	3%
Feeling lonely, sad or isolated	69	25%	77	28%	122	45%			6	2%
Dental (cavities, dentures, pain, etc)	84	31%	65	24%	117	43%	1	0%	7	3%
Affording/Managing Medications	21	8%	48	18%	182	66%	13	5%	10	4%
Issues with kidneys/kidney failure	13	5%	16	6%	234	85%			11	4%
Cancer	5	2%	5	2%	252	92%			12	4%
Caring for wounds/abscesses (boils, sores, blisters)	14	5%	25	9%	222	81%			13	5%
Concerns about personal safety	34	12%	43	16%	174	64%	11	4%	12	4%
Hearing loss	8	3%	36	13%	217	79%			13	5%
Vision loss	30	11%	60	22%	173	63%			11	4%
Feeling depressed	69	25%	74	27%	121	44%			10	4%
Other mental health issues	47	17%	45	16%	172	63%			10	4%
Accidental falls causing physical injury	23	8%	28	10%	212	77%			11	4%
Memory difficulties	24	9%	64	23%	174	64%			12	4%
Bladder or bowel incontinence/toileting	26	9%	26	9%	209	76%			13	5%
Getting in and out of bed	19	7%	37	14%	205	75%			13	5%
Chronic Pain (Joint/back/arthritis/other)	67	24%	49	18%	150	55%			8	3%
Managing alcohol or substance use disorder	44	16%	24	9%	174	64%	21	8%	11	4%

Question 4: Other (please specify). (n=15)		
4, delusions	1	7%
4, HIV positive	1	7%
4, housing	1	7%
4, low energy, antisocial, no friends	1	7%
4, PTSD	1	7%
Bullshit 4	1	7%
Depression, anxiety, arthritis	1	7%
Knee and swelling legs	1	7%
Memory	1	7%
Osteoperosis	1	7%
Pancreatitis, ulcer, COPD, difficulty breathing	1	7%
Probation	1	7%
Pseudobulbar (?) Syndrome	1	7%
Sober, clean, go to AA	1	7%
Ulcer	1	7%

Question 5: Have you ever had trouble getting or keeping a bed at a shelter due to health reasons? (n=274)		
No	159	58%
Yes	27	10%
Blank	88	32%

Question 5: If yes, what health issue? (n=30)		
At times	2	7%
Behavioral	3	10%
Can't walk / move around easily	3	10%
Cellulitis on hand	1	3%
Substance Use	2	7%
Diabetes	1	3%
Don't like / want to be in shelters	4	13%
Don't like shelter location	1	3%
Hard time breathing	1	3%
Mental illness	2	7%
Hernia	1	3%
Incontinence	3	10%
Kicked out because refusal to do chores bcause of bone problems	1	3%

My right leg SH	1	3%
Need special bed because of pain	2	7%
Needed surgery	1	3%
Pet allergy	1	3%
Too old, left due to safety/threats	1	3%
Went to rehab	1	3%
Wife is unable to walk	1	3%

**Question 6: Would you say that in general your health is:
(n=274)**

Excellent	24	9%
Very Good	51	19%
Good	88	32%
Fair	76	28%
Poor	24	9%
Blank	11	4%

**Question 7a: Have you visited the
emergency room (ER) in the past year?
(n=274)**

No	99	36%
Unsure	2	1%
Yes	164	60%
Blank	9	3%

**Question 7b: If yes, how many times?
(n=170)**

1-2 times	78	46%
3-5 times	61	36%
5-10 times	18	11%
>11	6	4%
Unsure	7	4%

**Question 7c: Which ER? *Mark all that apply.*
(n=167)**

CPMC	2	1%
Kaiser	45	27%
Sutter	1	1%
Mills-Peninsula	18	11%
No	1	1%

Other	10	6%
SB Peninsula	1	1%
Seton	13	8%
SMMC	61	37%
Sequoia	5	3%
St. Lukes	1	1%
Stanford	40	24%
VA	4	2%

Question 8: Have you stayed at a hospital for longer than 1 night in the past 12 months?
(n=274)

No	152	55%
Unsure	9	3%
Yes	94	34%
Blank	19	7%

Question 9a: Not counting the Emergency Room or a hospital stay, have you seen a doctor or a nurse in the last 12 months (outpatient clinic)?
(n=274)

No	88	32%
Unsure	11	4%
Yes	160	58%
Blank	15	5%

Question 9b: If you responded no, please explain why.
(n=42)

Afraid to go	1	2%
Busy/no time	3	7%
No primary care doctor	2	5%
Addiction	1	2%
I don't know	1	2%
No ID	1	2%
Just got out of prison	2	5%
Just seen emergency room doctors	1	2%
Lack of memory, forgotten things	1	2%
Missed appointment	1	2%
MP	1	2%
No health insurance	5	12%

No money	1	2%
No need	19	45%
Not sure how	2	5%
Waiting for doctor's appointment	1	2%

Question 9c: If you responded yes, where did you receive care? <i>Mark all that apply.</i> (n=170)		
Alaska	1	1%
C.A.S.	1	1%
Caminar	1	1%
Central County MH	1	1%
Coastside Clinic	3	2%
CPMC	1	1%
Daly City Clinic	6	4%
DMMC	1	1%
Dr. Berger	1	1%
Edison	3	2%
FOC	12	7%
Gardner/Northeast	3	2%
Highland Oaks Oakland	1	1%
HR360	1	1%
Innovative Care Clinic	7	4%
Kaiser	19	11%
Mills-Peninsula	20	12%
Mobile Clinic	16	9%
NCMH	1	1%
Other	1	1%
Pain Mgmt Clinic SMMC	1	1%
PES	1	1%
Planned Parenthood	2	1%
Prison	3	2%
Ravenswood	43	25%
RI Hopsital, Miriam	1	1%
Ron Robinson Clinic	10	6%
Samaritan House Clinic	9	5%
San Jose Behavioral Health	1	1%
SCMH	1	1%
SF General	1	1%
Shelter	13	8%

SMMC	10	6%
South San Francisco Clinic	10	6%
Stanford	23	14%
Street Medicine	9	5%
Sutter	5	3%
VA	8	5%

Question 10a: Have you seen a dentist in the last 12 months? (n=274)		
No	177	65%
Unsure	10	4%
Yes	75	27%
Blank	12	4%

Question 10b: If yes, where did you get care? <i>Mark all that apply.</i> (n=78)		
Allegro Dental	1	1%
DCC	1	1%
Dental Van	7	9%
Family Dental	2	3%
FOC	6	8%
Gentle Dental PA	1	1%
Jail / Prison	6	8%
Lynn Dental	1	1%
Marin Dental	1	1%
MCF	1	1%
Mills-Peninsula	1	1%
Mobile Dental Clinic	2	3%
Modesto	1	1%
Other	1	1%
Personal	1	1%
Precious Dental	1	1%
Private dentist	3	4%
Ravenswood	24	31%
Samaritan House	1	1%
San Mateo Hospital	5	6%
SF University	1	1%
Shelter	1	1%
Sonrisas	3	4%
UCSF	2	3%

UFC	1	1%
Western Dental	8	10%

Question 10c: If you responded no, please explain why. (n=111)		
Afraid / Embarrassed	5	5%
Appointment upcoming	3	3%
Been sick, not on mind	1	1%
Being homeless	1	1%
Cannot get appointment	2	2%
Can't afford it / no money	15	14%
Can't remember	1	1%
Currently don't have a dentist	4	4%
Dentist won't work on him because of osteoperosis	1	1%
Dentures	3	3%
Don't know where / how	4	4%
Don't Know	3	3%
Don't like dentists	2	2%
Don't need it	32	29%
Haven't been referred to a dentist	3	3%
Last time I went to the dentist told me to go to the hospital	1	1%
Move too much	1	1%
Need to re-establish dental exams/treatment	1	1%
No Insurance	19	17%
Only go once a year	1	1%
Other issues	1	1%
Pathologically Irresponsible	1	1%
Pulled own teeth out, have pain but not up to seeing a dentist	1	1%
Put it off too long	1	1%
That is next	1	1%
Too busy / no time	9	8%
Waiting list for MediCal	1	1%

Question 11a: Have you gone to therapy or counseling in the last 12 months? (n=274)		
No	149	54%
Unsure	20	7%
Yes	92	34%
Blank	13	5%

Question 11a: If yes, where? (n=77)		
2415 SMC	1	1%
2950 Alameda	1	1%
Berkeley Free Clinic	1	1%
BHRS EPA	1	1%
BHS	1	1%
Burlingame	1	1%
C.P.	1	1%
Caminar	2	3%
Central County	3	4%
Daly City MH	1	1%
Edison Clinic	1	1%
EPA	1	1%
FOC	2	3%
Home	2	3%
Hope House	9	12%
HR360	2	3%
Kaiser	2	3%
Maple Shelter	3	4%
Mental Health in EPA	2	3%
Mills-Peninsula	1	1%
Morgan Hill	1	1%
North County MH	2	3%
North East Medical Center Daly City	1	1%
OCG	1	1%
Palm Ave. Detox	1	1%
Prison	1	1%
Private	2	3%
Ravenswood	7	9%
Samaritan House	1	1%
San Mateo Pride Center	1	1%
SCMH	1	1%
Sequoia Counseling Center RWC	1	1%
Service Connect	1	1%
SM	3	4%
SMC	1	1%
SMMC	4	5%
South County MH	3	4%

Spruce Clinic	1	1%
Stanford	1	1%
Street Med	1	1%
Telecare	2	3%
VA	3	4%
We Hope	2	3%

Question 11b: If you responded no, please explain why. (n=78)		
Affordability	1	1%
Don't know where / how	7	9%
Don't want to	3	4%
Don't like people	1	1%
Don't need it	47	60%
Forgetting time and date	1	1%
Homeless and in jail	1	1%
I don't know	1	1%
I used to go to AA	1	1%
Just Haven't	1	1%
Lack of transportation	5	6%
Need therapist	1	1%
No insurance	2	3%
No time	2	3%
Pending appointment	1	1%
Too far	1	1%
VA physician for meds	1	1%
Waiting on parole agent	1	1%
Wants to go to MH clinician	1	1%
Wasn't ready	1	1%

Question 12: When I go to get any health-related services, I tell the nurse/doctor/assistant if I am experiencing homelessness. (n=274)		
Always	87	32%
Sometimes	60	22%
Rarely	38	14%
Never	63	23%
Unsure	10	4%
Blank	16	6%

Question 13: I am treated with respect when I go to get health care.
(n=274)

Strongly agree	95	35%
Agree	113	41%
Neutral	43	16%
Disagree	4	1%
Strongly Disagree	7	3%
Blank	12	4%

Question 14: There are people I can reach out to if I need help.
(n=274)

Strongly agree	70	26%
Agree	112	41%
Neutral	56	20%
Disagree	17	6%
Strongly Disagree	6	2%
Blank	13	5%

Question 15: I feel welcome in my community.
(n=274)

Strongly agree	65	24%
Agree	107	39%
Neutral	73	27%
Disagree	13	5%
Strongly Disagree	7	3%
Blank	9	3%

APPENDIX D

2019 HCh/FH CONTRACTED SERVICES

HCH/FH 2019 Contracts and Memorandum of Understanding Entities

Primary Care	Description	Population	Location
Public Health Policy and Street & Field Medicine	Limited scope: blood draws, immunizations, connect to clinic	Both	County-wide
Ravenswood Family Health Center	Full scope	Homeless	East Palo Alto

Dental	Description	Population	Location
Sonrisas	Limited scope	Farmworker	South Coast
Ravenswood Family Health Center	Full scope	Homeless	East Palo Alto

Behavioral	Description	Population	Location
BHRS ARMS (MH)	Screening, link to PC	Homeless	County-wide
El Centro (SUD)	Screening Education/outreach	Both	County-wide
StarVista (SUD + MH)	Screening, E/O, counseling	Both	County-wide

Enabling Services	Description	Population	Location
LifeMoves	Health insurance enrollment, eligibility assistance, regular & intensive care coordination	Homeless	County-wide
Samaritan House		Homeless	Safe Harbor
Ravenswood Family Health Center		Homeless	East Palo Alto
Puente de la Costa Sur		Farmworker	South Coast

APPENDIX E

SAN MATEO COUNTY OUTPATIENT CLINICS

San Mateo Medical Center Outpatient Clinics

Service Delivery Location Name/Address/Services	Clinic Hours
<p>South County Mental Health</p> <p>BPS- H80- 005388</p> <p>802 Brewster Ave, Redwood City, CA 94063-1510</p> <p><i>Population Seen: Homeless children and adults.</i></p> <p><i>Services: Psychiatric emergency services; crisis intervention; case management and support.</i></p>	<p>Monday - Friday: 8:00 am - 5:00 pm</p>
<p>39th Avenue Campus - Outpatient Clinics</p> <p>Site ID: BPS-H80-000595</p> <p>222 W 39th Ave, San Mateo, CA 94403-4364</p> <p><i>Population Seen: Homeless children, dental emergencies, adults, perinatal moms, long-term care patients</i></p> <p><i>Services: Primary care; pediatrics; OB/GYN; vision; medical and surgical specialties; comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i></p>	<p>Monday and Friday: 8:00 am - 5:00 pm</p> <p>Tuesday – Thursday: 8:00 am - 8:00 pm</p> <p>Saturday: 8:00 am - 2:00 pm</p> <p><u>Innovative Care Clinic Hours:</u></p> <p>Monday - Thursday: 8:00 am - 6:30 pm</p> <p>Friday: 8:00 am - 5:00 pm</p> <p>Saturday: 8:00 am - 2:00 pm</p>
<p>Central County Mental Health Ctr</p> <p>BPS- H80- 000785</p> <p>1950 Alameda de las Pulgas, San Mateo, CA 94403</p> <p><i>Population Seen: Homeless children and adults, dental emergencies, perinatal moms</i></p> <p><i>Services: Mental Health and Behavioral Health Rehabilitation Services</i></p>	<p>Monday - Friday: 8:00 am - 5:00 pm</p>
<p>Sequoia Teen Wellness Center</p> <p>BPS- H80- 009159</p> <p>200 James Ave, Redwood City, CA 94062-5123</p> <p><i>Population Seen: Homeless teens.</i></p> <p>Services: Primary Care; Mental Health and Behavioral Health Rehabilitation Services</p>	<p>Monday - Friday: 8:30 am - 4:30 pm</p>
<p>North County Mental Health</p> <p>BPS- H80- 005206</p> <p>375 89th St, Daly City, CA 94015- 1802</p>	<p>Monday - Friday: 8:00 am – 5:00 pm</p>

Service Delivery Location Name/Address/Services	Clinic Hours
<p><i>Population Seen: Homeless children and adults.</i></p> <p><i>Services: Mental Health and Behavioral Health Rehabilitation Services</i></p>	
<p>Edison Clinic</p> <p>BPS- H80- 004798</p> <p>222 W 39th Ave, S-130, San Mateo, CA 94403-4364</p> <p><i>Population Seen: Homeless children and adults.</i></p> <p><i>Services: Primary Care</i></p>	<p>Monday - Friday: 8:30 am - 4:30 pm</p> <p>Appointments are required</p> <p><u>STD Drop-In Clinic:</u></p> <p>Tuesday and Thursday: 4:00 pm - 7:00 pm</p>
<p>Ron Robinson Senior Care Center</p> <p>BPS- H80- 003064</p> <p>222 W. 39TH Ave, S-131, San Mateo, CA 94403-4364</p> <p><i>Population Seen: Homeless adults.</i></p> <p><i>Services: Primary Care.</i></p>	<p>Monday - Friday: 8:00 am - 5:00 pm</p>
<p>South San Francisco Clinic</p> <p>BPS- H80- 001373</p> <p>306 Spruce Street, South San Francisco, CA 94080- 2741</p> <p><i>Population Seen: Homeless children and adults.</i></p> <p><i>Services: Primary Care; Mental Health and Behavioral Health Rehabilitation Services; Podiatry; Vision</i></p>	<p>Monday - Friday: 8:00am - 5:00pm</p> <p><u>Extended Pediatrics Hours:</u></p> <p>Mondays, Wednesdays: 5:00pm - 8:00pm</p>
<p>Health Services Agency Mental Health Division</p> <p>BPS- H80- 001005</p> <p>225 37th Ave Mental Health Services- 3rd Floor, San Mateo, CA 94403-4324</p> <p><i>Patients Seen: Homeless children and adults.</i></p> <p><i>Services: Mental Health and Behavioral Health Rehabilitation Services</i></p>	<p>Monday, Friday: 8:00 am - 5:00 pm</p>
<p>Daly City Clinic</p> <p>Site ID: BPS-H80-005524</p> <p>380 90th St, Daly City, CA 94015-1807</p> <p><i>Population Seen: Homeless children and adults, dental emergencies, perinatal moms</i></p>	<p><u>Medical Clinic Hours:</u></p> <p>Monday - Friday: 8:00 am - 5:00 pm</p> <p><u>Extended Pediatric Hours:</u></p>

Service Delivery Location Name/Address/Services	Clinic Hours
<p><i>Services: Primary care for adults and children; Family planning; Women’s health; Podiatry; Nutrition; Dental services; Mental health services; Sexually transmitted disease screening and therapy; Healthcare for patients with HIV; Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i></p>	<p>Monday: 5:00 pm - 9:00 pm</p> <p><u>Dental Clinic Hours:</u></p> <p>Monday - Friday: 8:30 am - 5:00 pm</p>
<p>Coastside Health Center (Coastside Clinic)</p> <p>Site ID: BPS-H80-006870</p> <p>225 Cabrillo Hwy S Ste 100A, Half Moon Bay, CA 94019</p> <p><i>Population Seen: Migrant farmworkers; homeless children and adults; dental emergencies; and perinatal moms.</i></p> <p><i>Services: Primary care for adults and children; Family planning; Women’s health; OB/GYN; Nutrition; Mental Health and Behavioral Health Rehabilitation Services; Sexually transmitted disease screening and therapy; WIC: Women, Infants and Children Program; RotaCare; Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i></p>	<p><u>Medical Clinic Hours:</u></p> <p>Monday - Wednesday: 8:00 am - 5:00 pm Thursday: 8:00 am - 8:00 pm Friday: 8:00 am - 5:00 pm Saturday: 8:00 am - 4:00 pm</p> <p><u>Dental Clinic Hours:</u></p> <p>Monday - Wednesday: 8:00 am - 5:00 pm Thursday (2x/month): 8:00 am - 8:00 pm Friday: 8:00 am - 5:00 pm * The clinic is closed for lunch from 12:00 pm - 1:00pm</p>
<p>Coastside Mental Health</p> <p>BPS-H80-000552</p> <p>225 Cabrillo Hwy S FL 2, Half Moon Bay, CA 94019-8200</p> <p><i>Population Seen: Migrant farmworkers; homeless children and adults.</i></p> <p><i>Services: Mental Health and Behavioral Health Rehabilitation Services</i></p>	<p>Monday - Wednesday: 8:00 am - 5:00 pm Thursday: 8:00 am - 8:00 pm Friday: 8:00 am - 5:00 pm Saturday: 8:00 am - 4:00 pm</p>
<p>Fair Oaks Health Center</p> <p>Site ID: BPS-H80-005448</p> <p>2710 Middlefield Rd, Redwood City, CA 94063-3404</p> <p><i>Population Seen: Homeless children, dental emergencies, adults, perinatal moms, HIV+/AIDS patients</i></p> <p><i>Services: HCH/FH provides comprehensive oral health and wellness care for patients with HIV at Fair Oaks Health Center. Eligible patients must be HIV positive, a resident of San Mateo County with an income equal to or less than 400% of the Federal poverty limit and be uninsured or underinsured. Additional services include Mental and Behavioral Health Rehabilitation Services; Vision; Podiatry; WIC: Women, Infants and Children Program.</i></p>	<p><u>Medical Clinic Hours:</u></p> <p>Monday - Friday: 8:00 am - 7:00 pm</p> <p>Saturday (Pediatrics Only): 8:00 am - 5:00 pm</p> <p><u>Dental Clinic Hours:</u></p> <p>Monday - Thursday: 8:30 am - 7:00 pm</p> <p>Friday - Saturday: 8:00 am - 5:00 pm</p>

Service Delivery Location Name/Address/Services	Clinic Hours
<p>Daly City Youth Health Center</p> <p>BPS-H80-022195</p> <p>350 90th St., 3rd Floor, Daly City, CA 94015-1880</p> <p><i>Population Seen: Homeless teens.</i></p> <p><i>Services: Primary Care; Mental Health and Behavioral Health Rehabilitation Services</i></p>	<p>Monday - Friday: 9:00 am - 5:30 pm</p>
<p>Mobile Health Clinic (Public Health Mobile Health Clinic)*</p> <p>BPS- H80- 003782</p> <p>225 37th Ave, San Mateo, CA 94403-4324</p> <p><i>Population Seen: Homeless children and adults.</i></p> <p><i>Services: Primary Care.</i></p>	<p>See Schedule below in Table XX: Mobile Health Clinic Schedule.</p>
<p>Mobile Dental Van</p> <p>Site ID: BPS-H80-011967</p> <p>222 W 39th Ave, San Mateo, CA 94403-4364</p> <p><i>Population Seen: Homeless children and adults, dental emergencies, adults, perinatal moms</i></p> <p><i>Services: Comprehensive oral health care including cleanings, oral hygiene education, x-rays, fillings, extractions dentures, and crowns.</i></p>	<p>See Table XX: Mobile Dental Van Schedule.</p>

*HCH/FH has an MOU with Mobile Health Clinic

APPENDIX F

DIAGNOSTIC CODES

Top 20 Diagnoses for Farmworkers with Outpatient Active Encounters for 2018

ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITH ABNORMAL FINDINGS	325
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	209
ENCOUNTER FOR DENTAL EXAMINATION AND CLEANING WITH ABNORMAL FINDINGS	188
ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, THIRD TRIMESTER	167
ESSENTIAL (PRIMARY) HYPERTENSION	167
ENCOUNTER FOR IMMUNIZATION	157
ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	130
TYPE 2 DIABETES MELLITUS	110
BLANK	96
DIETARY COUNSELING AND SURVEILLANCE	96
DENTAL CARIES ON SMOOTH SURFACE PENETRATING INTO DENTIN	92
ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	91
ENCOUNTER FOR SCREENING FOR RESPIRATORY TUBERCULOSIS	82
ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM	71
DENTAL CARIES, UNSPECIFIED	58
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	53
INFLUENZA DUE TO UNIDENTIFIED INFLUENZA VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS	40
DYSURIA	38
HEALTH EXAMINATION FOR NEWBORN	34
HYPOTHYROIDISM, UNSPECIFIED	34

TAB 8

COVID-19 Update



DATE: September 10, 2020

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

FROM: Irene Pasma, Program Planning and Implementation Coordinator

SUBJECT: COVID-19 Updates

Over the past month, some of the COVID-19 initiatives HCH/FH staff has been working on have been delayed due to factors beyond the control of this program. A few high-level updates are provided below and time on the agenda is left to discuss these and other topics on more detail.

1. **On-farm education:** work began in July on a plan to bring COVID-19 education to those farms where growers indicate interest in having someone come out to provide education to their staff. However, due to tremendous impact of the CZU Fire Complex on the Coast, and especially in the South Coast region, this work has been postponed by a few weeks. HCH/FH staff has developed a draft curriculum, a list of fliers, has ordered hand sanitizer and the Department of Agriculture has provided masks all of which will be left with farmworkers after the session. What's left to organize is the logistics of contacting growers to ask if they're interested in having someone come out, and then identifying who will go out among Puente, ALAS, and the Field Medicine team. We have also been contacted by a medical group from Stanford asking how they can help.
2. **Epidemiological Survey sent to growers:** A paper survey was sent to growers in mid August to ask growers about their perception and readiness for COVID-19. The survey was developed in conjunction with County Health Epidemiology and Department of Agriculture. Unfortunately, the survey was put into the mail a week before lightening caused a large number of fires in the region where many growers live. Department of Agriculture has confirmed they have received a dozen surveys, with about 3 growers indicated they'd like on-site education. HCH/FH staff will be reviewing the survey responses and sharing with Health leadership.
3. **COVID-19 Education Materials:** HCH/FH is working with the Health DOC Public Information Office to develop culturally competent COVID-19 education materials for both farmworkers and homeless individuals. Due to personnel transition on the PIO team and delays on the consultant's side, final drafts of the materials have been delayed. The timeline to finalize of the materials is still being determined.