Application Submitted to HRSA

Submitted to HRSA

Organization: SAN MATEO, COUNTY OF, SAN MATEO, California

Grants.gov Tracking Number: GRANT12221343

EHB Application Number: 143099

Grant Number: 3 H80CS00051-15-07

Funding Opportunity Number: HRSA-17-050

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Total Number of Pages Submitted by the Applicant: 157

(Number of pages counted in accordance with program guidance: 99)

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Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	Competing Continuation

* 3. Date Received:	4. Applicant Identifier:
7/26/2016	

* 5.a Federal Entity Identifier:	5.b Federal Award Identifier:
Application #:143099Grants.Gov #:GRANT12221343	H80CS00051

* 6. Date Received by State:	7. State Application Identifier:

8. Applicant Information:

* a. Legal Name	SAN MATEO, COUNTY OF
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000532	625139170

d. Address:

* Street1:	222 W. 39th Ave.,
Street2:	
* City:	San Mateo
County:	San Mateo
* State:	CA
Province:	
* Country:	US: United States
* Zip / Postal Code:	94403-

e. Organization Unit:

Department Name:	Division Name:
HCH/FH Program	San Mateo Medical Center

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:		* First Name:	Jim
Middle Name: Middle Name:			
Last Name:	Beaumont		
Suffix:			
Title:	Project Director		
Organizational Affiliation:			
* Telephone Number:	(650) 573-2459	Fax Number:	
* Email:	jbeaumont@smcgov.org		

9. Type of Applicant 1:
B: County Government
Type of Applicant 2:
Type of Applicant 3:
* Other (specify):

*** 10. Name of Federal Agency:**
N/A

11. Catalog of Federal Domestic Assistance Number:
93.224
CFDA Title:
Community Health Center

*** 12. Funding Opportunity Number:**
HRSA-17-050
* Title:
Service Area Competition

13. Competition Identification Number:

6883

Title:

Service Area Competition

Areas Affected by Project (Cities, Counties, States, etc.):

See Attachment

*** 15. Descriptive Title of Applicant's Project:**

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant	CA-14	* b. Program/Project	CA-14

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date:	1/1/2017	* b. End Date:	12/31/2019

18. Estimated Funding ($):

* a. Federal	$2,550,004.00
* b. Applicant	$0.00
* c. State	$5,890,672.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$5,202,291.00
* g. TOTAL	$13,642,967.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explaination in attachment.)**

☐ Yes ☑ No

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

☑ I Agree

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

Authorized Representative:

Prefix:		* First Name:	Jim
Middle Name:			
* Last Name:	Beaumont		
Suffix:			
* Title:			
* Telephone Number:	(650) 573-2459	Fax Number:	(650) 573-2030
* Email:	jbeaumont@smcgov.org		
* Signature of Authorized Representative:	Jim Beaumont	* Date Signed:	7/26/2016

ABSTRACT

Project Title:	**Service Area Competition**
Applicant Name:	**San Mateo Medical Center**
Address:	222 W. 39th Ave., San Mateo, CA 94403 Jim
Contact Name:	Beaumont, Program Director
Contact Phone Number:	650-573-2459
E-Mail Address:	JBeaumont@smcgov.org
Web Site Address:	http://www.smchealth.org/san-mateo-medical-center
Congressional Districts:	CA-14 and CA-18
Section 330 Funding Requested:	HCH, MH
Current Federal Funding:	HCH, MH

Organization, community to be served and target populations: The mission of SMMC, the public hospital and clinic system for San Mateo County, is to provide timely access to quality care in an integrated service delivery system that improves community health. Since 1990, the Health Care for the Homeless/Farmworker Health Program (HCH/FH) has delivered comprehensive health services for homeless people. The 2013 Homeless Census estimated the annual homeless population at 7,151 service area residents. In 2010, HCH/FH expanded to deliver primary care to migratory and seasonal farmworkers. This population includes 2,100 farmworkers (CA Employment Development Dept., 2014) and their estimated 2,520 family members (based on USDA projections) in the rural, coastal region of the service area.

Major health care needs and barriers to be addressed by the proposed project: 161,950 service area residents with incomes below 200% of FPL experienced disparately high rates of diabetes, hypertension, obesity, asthma and cardiovascular risks. Homeless people also have a disproportionately high incidence of mental health disorders, substance abuse, dental problems, Hepatitis C, upper respiratory and skin infections, and injuries. Migrant and seasonal farmworkers have high rates of mental health conditions, child development problems, and occupational injuries and illnesses. Transportation, cultural, linguistic and other barriers limit access to care for all low income residents especially homeless people and farmworkers.

How the proposed project will address the need for comprehensive primary health care services in the community and target population: The HCH/FH network of front-line mobile and fixed-site services linked to the SMMC system of care engages homeless people and farmworkers who cannot or will not use primary health services in conventional settings. Case management services based in homeless shelters and a community resource center serving farmworkers connect patients to comprehensive services, including SMMC Health Centers and Specialty Clinics and Behavioral Health & Recovery Services programs. HCH/FH emphasizes accessibility, affordability and relationship-building to counter the practical, cultural/linguistic and attitudinal barriers that impede access to healthcare for homeless people and farmworkers.

Number of current and proposed patients, visits, providers, service delivery sites and locations, and services to be provided: In 2015, 6,556 patients utilized HCH/FH services through 37,915 visits; 8.0 FTE medical providers delivered primary care for 6,295 patients through 26,736 visits. By 2018, 10.33 FTE providers will serve 8,800 patients through 41,900 visits annually. HCH/FH will continue to provide primary medical care, dental services, case management, and enabling services at 11 fixed sites and expand mobile clinic visit locations from the current six sites to include nurse practitioner visits to up to five farm employment sites.

OMB Number: 4040-0010
Expiration Date: 01/31/2019

Key Contacts Form

*** Applicant Organization Name:**

County of San Mateo

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

Prefix:

* First Name: Jim

Middle Name:

* Last Name: Beaumont

Suffix:

Title: Project Director

Organizational Affiliation:

* Street1: 222 W. 39th Avenue

Street2:

* City: San Mateo

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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Fax:

* Email: jbeaumont@smcgov.org

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

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: San Mateo County Health Services Agency

* Street1: 222 W. 39th Avenue

Street2:

* City: San Mateo

County: San Mateo

* State: California Province:

* Country United States * ZIP / Postal Code:

94403-

DUNS Number: 625139170

Project/ Performance Site Congressional District:

NEED

1) Describe how the following characteristics of the target population affect access to primary health care, health care utilization, and health status, referencing/citing data sources.

The San Mateo County, Health System, Health Care for the Homeless/Farmworker Health (HCH/FH) Program is implemented within the San Mateo Medical Center (SMMC) and its service area includes all of San Mateo County. The program's target population is the estimated 5,555 to 7,151 people who experience homelessness in San Mateo County annually (2015 and 2013 San Mateo County Homeless Census) and the 2,100 migratory and seasonal farmworkers (California Employment Development Department, 2014) employed in farming and nursery operations in the rural Coastside region of San Mateo County and their estimated 2,520 family members (2,100 X1.2 (multiplier based on USDA estimates)).

While each of these populations has unique characteristics and needs, both struggle to survive economically in an area with among the highest housing and other living costs in the United States. Located between San Francisco and Santa Clara County and bordered by San Francisco Bay to the east and the Pacific Ocean on the west, the HCH/FH service area is in the center of Silicon Valley. However, homeless people and farmworkers are economically, culturally and psychologically isolated from their affluent neighbors. They are concentrated in pockets of poverty that have become more crowded and less livable as gentrification forces more low- income households to the brink of and into homelessness.

At the same time, the ever-increasing cost of housing is worsening existing socio-economic disparities in the service area. Rental costs for one and two bedroom apartments in San Mateo County are consistently ranked in the ten most expensive rental markets in the U.S. (Source: HUD Fair Market Rate Database). As of July 2016, average apartment rent within the city of of San Mateo, CA is $3092, and a one-bedroom apartment rents for $2,640 while a two-bedroom apartment averages $3,405. These totals are up significantly just in the last year as the June 2015 market rent was $2,516/month for a one-bedroom apartment and $2,815/month for a two-bedroom apartment. Approximately 7,500 families are on closed waiting lists for public housing and rental assistance (Source: San Mateo County Dept. of Housing, June 2015). Between June 2015 and 2016, the median cost of a single family home in the county rose by 3.5%, from $1.3 million to $1,345,000 (Source: County Dept. of Housing, July 2016).

As more high-tech firms locate in the service area, e.g. a large Facebook campus near a low income neighborhood, rental units are being torn down and/or upgraded to make way for higher density, mixed use development designed to attract high income renters. In coastal agricultural areas, demand for housing near the scenic shoreline has driven up rents and forced farmworkers into crowded, sometimes substandard housing. The San Mateo County Board of Supervisors recently waived many permitting and development fees for construction of farmworker housing. However, housing remains in short supply.

People experiencing homelessness: Table 1 shows trends in the overall service area homeless population and the sheltered and unsheltered homeless populations based on point-in time counts and the annualized homeless projections during HCH/FH's current project period. Between 2013 and 2015, the number of people experiencing at least one homeless episode annually decreased by 18% from 7,151 to 5,555 (Source: San Mateo Homeless Census, Corporation for Supportive Housing projections). In the 2013 San Mateo County Community Health Needs Assessment, at least 1.4% of respondents who are currently housed or 8,042 adults (0.014 x 574,444 adults) reported having had to live on the streets, in a car, or in a shelter at some time in the past two years.

Table 1: Homeless Population Trends – 2009 to 2015

Point-in-Time Count	**2009**	**2011**	**2013**	**2015**	**% Change 2011-2015**
Total homeless	1,796	2,149	2,281	1,772	-18%
Unsheltered	803	1,162	1,299	775	-43%
Sheltered	993	987	982	997	+1%
Annual Homeless Estimate	NA	6,737	7,151	5,555	6%

Source: 2009, 2011, 2013 and 2015 San Mateo County Homeless Census, Point-in-Time Count; and Annual estimate from Corporation from Supportive Housing projections

In the 2015 Homeless Census Point-in-Time Count, the 1,772 homeless people identified were 53% White, 32% Latino, 21% African-American and 3% other/multiple races. The fact that African-Americans account for 13% of the homeless population but only 3% of the total service area population shows that African-Americans experience homelessness disproportionately. During 2015, 15% of the homeless people counted were adults with children. Extrapolating from the 2015 Homeless Survey, 56% were male, 44% were female.

The 2015 Homeless Census found homeless people living in almost every community in the service area. The highest per capita homeless populations, both sheltered and unsheltered, were concentrated in Redwood City (n=537) where many basic needs services are located, City of San Mateo (n=268), East Palo Alto (n=178), the poorest city in the service area, and Menlo Park (n=173). The largest unsheltered homeless populations were in Redwood City (n=223), Half Moon Bay/Coastside (n=116) and East Palo Alto (n=95). There are no shelter beds in Half Moon Bay or smaller Coastside communities where the MSFW population is concentrated.

Migrant and seasonal farmworkers (MSFW): Agricultural production and therefore farm employment dropped during HCH/FH's current project period. With shifts in crops and the ongoing effects of the recession on nursery operations, more agricultural jobs now provide only temporary employment for migrant and seasonal farmworkers. Farmworkers in San Mateo County work in the production of floral and nursery crops (potted plants, cut flowers, and bedding plants); vegetable crops (leeks, Brussels sprouts, pumpkins, peas, and fava beans); field crops (grain and hay); and fruit crops (wine grapes and strawberries); and in cattle and sheep ranching. The largest agricultural employers grow flowers, Brussels sprouts and leeks (San Mateo County Crop Report, 2012). Agricultural employment is highest during the second and fourth quarters of each year. Although the value of agricultural crops increased between 2010 and 2014, the number of acres in production dropped, resulting in a related decline in farmworkers' hours and wages.

The drought continues for California's agriculture in 2016, but with much less severe and widespread impacts than in the two previous drought years, 2014 and 2015. Winter and spring were wetter in the Sacramento Valley, to the extent of several reservoirs being required to spill water for flood control, but south of the Delta was unusually dry. The much-heralded El Nino brought largely average precipitation north of the Delta, replenishing some groundwater, and drier than average conditions to the southern Central Valley and southern California.

From 2005 to 2015, San Mateo County experienced an overall reduction of 13.3% if Crop based jobs and a reduction of 35.1% in Greenhouse/Floriculture employment (which is one of the largest job segments for our MSFW population). In addition, California has just experienced the most severe drought on record over the past three years.

From January 2002 to March 2014, the average hourly pay for agricultural workers increased from $9.07 to $13.97 (CA Employment Development Department, 2014), totaling $2,402 in gross pay per month. High housing costs force many farmworkers into near homelessness. Two, three or more farmworker families often share cramped single family dwellings. Some single farmworkers live in "agricultural housing," consisting of crowded, shared rooms with the only toilet and running water access in bathhouses in other buildings.

a) Percent of the target population that is uninsured.

The U.S. Census Bureau's 2013 American Community Survey estimated that an estimated 70,106 persons county-wide were uninsured in 2013. Of the 147,450 residents below 200% FPL, 20.3% or an estimated 29,930 were uninsured, including 20,554 below 138% FPL and 9,376 between 138-200% FPL. The County's uninsured population (above/below 200% FPL) had the following characteristics: 57.1% were male, 87.8% were ages 18-64, 49.7% were Latino, and 36.6% had part-time jobs. Most of the uninsured "working poor" were in households with one or more family members employed by small

service businesses that have limited or no coverage for employees. During 2014, 36.4% (n=2,807) of HCH/FH's 7,707 patients were uninsured, including 41.7% of adult patients (2,387/5,720).

b) Unemployment and educational attainment.

Unemployment

Although San Mateo County's overall unemployment rate is low, unemployment is persistent in the communities with large homeless populations and among low-skilled workers. In June 2015, for example, unemployment rates in East Palo Alto and North Fair Oaks (unincorporated area next to Redwood City), two communities with high concentrations of homeless residents, were 5.3% and 5.0% respectively, 60% higher than the countywide rate of 3.3%. Labor market analysis shows that rapid growth in professional and business service jobs in high-tech and finance have driven increases in employment while job growth in industries requiring lower skill levels has lagged. (CA Employment Development Department, 2014). In the 2013 Homeless Survey, respondents most often sited unemployment and high housing costs as the reasons they were homeless. Between 2013 and 2014, farm employment during the second quarter, the time of year when farm employment is highest, dropped from 2,200 to 2,100 jobs or by 4.5% (CA Employment Development Department, 2014).

Educational Attainment

The 2013 American Community Survey (ACS) estimated that 25.4% of the 55,095 County residents 25 years or older without a high school diploma had no health coverage versus 4.9% with a bachelor's degree or higher. In the 2013 San Mateo County Community Health Assessment Survey, 45.5% of the respondents with a high school education or less had incomes below 200% FPL, compared to 13.7% of those with education beyond high school.

c) Income and poverty level.

Poverty

In 2013, 147,450 service area residents or 19.9% of the service area population were in households with incomes below 200% FPL (Source: ACS, 2013). This is higher than the 143,645 people or 19.2% below 200% FPL from the ACS 2008-2012 estimate used for the UDS Mapper.

Income

There are similar disparities in income levels in the service area. While overall household income continues to rise, wages for Latinos and African-Americans have dropped, down 18% for African-Americans and 5% for Latinos between 2009 and 2011 (Source: Joint Venture Silicon Valley, 2013). As noted above, average weekly pay for farmworkers decreased between the 2013 and 2014 growing seasons.

d) Health disparities.

San Mateo County's population experiences significant racial/ethnic and socio-economic health disparities. According to the 2013 American Community Survey, 58.1% of the 742,989 service area residents were non-Caucasian, including 26.5% Asian/Pacific Islander, 25.3% Latino (any race), 2.5% African-American and 3.8% Other/Multiple Races.

Low-income service area residents that include the homeless and farmworkers experience disproportionately high rates of preventable health problems. Many health indicators exceed or equal the national benchmarks and/or countywide averages used to measure disparities and access to care. The data below from the 2013 San Mateo County Community Health Assessment Health and Quality of Life Survey (HQL), UCLA's 2011-12 Community Health Interview Survey (CHIS) for San Mateo County, Centers for Disease Control & Prevention and other sources highlight the significant health disparities affecting San Mateo County.

- Adult Obesity: 36.8% of adults below 200% (vs. 27.6% national benchmark) were obese (BMI 30 or higher) and 41.3% were overweight and at-risk for obesity. Latinos (53.7%) and African-Americans (55.4%) had the highest rates for adult obesity (Source: 2014 CHIS).
- Diabetes: 17.8% of the adults below 200% FPL (vs. 8.1% national benchmark) were diagnosed with diabetes. From 1998 to 2014, the diabetes rate for all Latino adults regardless of income has increased from 5.0% to 21% (Source: 1998 HQL Survey and 2014 CHIS).
- Hypertension: 31.3% of the adults below 200% FPL (vs. 28.7% national benchmark) reported high blood pressure (2014 CHIS). African-Americans had the highest (38.9%) incidence of hypertension (Source: 2013 HQL Survey).
- Asthma: 20.8% of all residents below 200% had been diagnosed with asthma (Source: 2014 CHIS).
- Cardiovascular: 94.8% of the adults below 200% FPL (vs. 85.4% county-wide) exhibited at least one risk cardiovascular risk factor (e.g., obese, smoke, hypertension, etc.). From 2006 to 2010, African-Americans had the highest rate (191.2/100,000) for heart disease mortality (HP 2020 Goal = 100.8/100,000) (Source: 2013 HQL Survey).
- All Cancers: The four most prevalent cancers in San Mateo County were female breast, prostate, lung, and colon/rectum. Breast cancer was the most prevalent and had the highest age-adjusted mortality rate at 24.4/100,000 women from 2008-2010 (vs. 22.1% national benchmark). 13% of adults below 200% FPL (vs. 10.1% county-wide) were current smokers. African-Americans had the highest smoking rate (17.2%) (Source: 2013 HQL Survey).
- Child Health: In 2009, 93.4% of children six years old or younger in San Mateo County were not tested for elevated blood lead levels (vs. 84.1% national benchmark) (Source: CDC, Blood Lead Surveillance Report). Additionally, 26.3% of the low-income children ages 5-19 enrolled in the County's Child Health and Disability Program were obese (Source: California Pediatric Nutrition Surveillance System, 2010), and 32.9% (n=31,485) of the students enrolled during the 2015-16 school year were eligible for free or reduced price meals (Source: CA Dept. of Education, 2016).
- Geriatric Health: The county-wide percentage of older adults (65+) who had not had flu shots in the past year was 38.0% (vs. 32.6% national benchmark) (Source: CHIS, 2011- 12). Among those 65 years or older, the countywide rates for "ever diagnosed with hypertension or diabetes" were 58.7% and 23.1% respectively (Source: HQL Survey).

Other findings further highlight the access barriers to primary care affecting homeless people, farmworkers and other low income residents. The 2013 HQL Survey concluded "limitations in access have a discernible impact on the health status of county residents and in the way that health care is delivered in the community," based on survey findings that 28.2% of respondents, including 30.4% of Latinos, did not have a regular source of medical care; 26% perceived local access to health care as fair/poor, 22.7% cited the cost of medications, 19.1% cited overall costs, and 16.9% had difficulty getting appointments. In addition, 50.4% of uninsured respondents rated access to local health care services as "fair" or "poor" versus 8.5% and 27.0% of privately and publicly insured residents.

Adults without health insurance coverage also reported notably lower utilization of preventive health services when compared to privately insured individuals, including:

- 54.5% of uninsured had their blood pressure checked in the past year (vs. 85.3% of privately insured).
- 44.1% had a routine medical check-up in the past year (vs. 70.9% of privately insured).
- 25.3% had a flu shot in the past year (vs. 25.9% of privately insured).
- 13.9% had pneumonia shot ever (vs. 23.6% of privately insured).

Inadequate or limited access to preventive care also results in the under or late diagnosis of chronic conditions among the uninsured. Uninsured adults below 200% FPL, for example, were less likely to be diagnosed (16.9%) with asthma than insured adults (25.0%) below 200% FPL (Source: 2013 HQL Survey). Respondents living below the 200% poverty threshold more often report "fair" or "poor" health status than do those at higher income levels.

- 30.7% of those below 200% FPL self-reported "fair/poor" health (vs. 12.7% county- wide).

- Reports of "fair/poor" health status were more frequent among Latinos and African- Americans (23% each) compared to Whites (11.0%) and Asian/Pacific Islanders (7.7%).

e) Unique characteristics not previously addressed (e.g., ethnicity, sexual orientation, gender identity, disability, health literacy, language, cultural attitudes and beliefs, veterans' health care).

Cultural and Ethnic Factors

Of the 6,556 total patients who utilized HCH/FH services in 2015, 4,561 or 69.6% were Black/African American, Hispanic, and Asian/Pacific Islander. Of the 4,714 homeless patients, 2,926 (61.2%) were Latino, 541 (11.5%) were African-American, and 551 (11.7%) were Asian/Pacific Islander. Of the 1,947 MSFW patients, 1,700 or 87.3% were Latino. Cultural factors act as barriers to care for Latino, African-American, and Asian/Pacific Islander homeless people and MSFW, as follows:

- Latino: Latino attitudes regarding health and health care, especially among newly arrived immigrants, are often rooted in fatalistic beliefs about life and death, use of folk remedies, language and cost barriers and discrimination. Health services need to be planned and delivered in a culturally competent manner that uses the strong extended family, community and spiritual supports found in Latino cultures.
- African-American: Based on previous experiences, many African-Americans distrust health care providers and fear experiencing discrimination when they seek health care. Some believe, often as a result of their experiences, that health care providers will reject and ridicule home remedies and health beliefs based in African-American culture. Faith and religious institutions can play a pivotal role in increasing access in African-American communities.
- Asian/Pacific Islander: In San Mateo County's large immigrant Filipino community, families are particularly vulnerable to risk factors underlying health disparities. Immigrant parents working multiple jobs also do not have the time to seek healthcare for themselves or their children unless they have severe symptoms. Family and church-based programs have proven effective in improving health practices and healthcare utilization among Filipinos.

2) Describe how the following characteristics of the service area impact access to care for the target population, referencing/citing data sources:

a) Geographical/transportation barriers to include the distance (miles) OR travel time to the nearest primary care provider accepting new Medicaid and uninsured patients (consistent with Attachment 1: Service Area Map and Table).

Occupying 531 square miles, San Mateo County is characterized by its geographic contrasts. Four sub-regions define the service area: North County, South County and Mid-County typify the dense urbanization/suburbanization of the Bay Area Corridor linking Silicon Valley to San Francisco. The rural Coastside features agriculture, mountains and open space.

Homeless people experience financial and other practical barriers to accessing public transportation to attend health care appointments. Public transit fares have increased during the project period and service on intra-county routes has decreased as SamTrans, the local transit authority, focuses resources on routes serving high-tech job centers. Moreover, stress associated with homelessness strains people's planning and coping skills, making it difficult for many homeless people to identify bus routes and schedule travel time to health facilities. In a 2016 HCH/FH survey of 417 respondents, 31% cited a lack of transportation as a barrier to health care. Transportation was most often an obstacle for shelter residents and people experiencing homelessness on the Coastside.

Distance and time create major geographic and transportation barriers for farmworkers employed by agricultural operations along San Mateo County's rugged, 54-mile coastline, which is separated from urban/suburban parts of the service area by the coastal mountain range. Farmworkers on the South Coast where larger agricultural employers are located must travel 18 miles of secondary roads to the Coastside

Health Center and 30 miles over mountain roads to SMMC's main campus. HCH/FH and our partners have worked with the local transit agency to increase service to and from isolated Coastside agricultural communities. However, access to transportation is still limited and only available during weekdays when farmworkers are working. During planting and harvest seasons, they work extremely long hours and either end their workdays after clinics close or are too exhausted to travel the long distances required.

b) Other primary health care services available in the service area, including their location and accessibility by the target population.

As detailed in Attachment 1, in 2014 Health Center Program (HCP) grantees only served 27,973 patients or 18.54% of the estimated 2010-2014 ACS low income population (n=150,837) below 200% FPG. Of these patients, 18,263 were served by the HCH/FH Program and the South County Health Center (dba: Ravenswood Family Health Center), the only two San Mateo County-based FQHC programs.

RFHC, whose South San Mateo County service area includes the County's only MUA, served 9,179 patients, including 600 homeless patients through a HCH/FH contract for primary care and dental services. Most of the remaining 5,739 HCP patients were served by either the Gardner Family Health Network (GFHN) or North East Medical Services (NEMS), two community health centers whose main service areas are Santa Clara County and the City/County of San Francisco respectively. GFHN operates a pediatric clinic on the border of Atherton and Redwood City in South San Mateo County and NEMS has a clinic in the North County city of Daly City. Neither clinic serves homeless or farmworker patients.

Although the San Mateo Medical Center (SMMC) clinics listed in Attachment 1 are an integral part of the HCH/FH network, the UDS Mapper Report does not report the non-HCP low-income patients from the general community utilizing these clinics because the SMMC is not a Section 330(e) community health center. During 2015, 58,391 low-income non-HCH/FH patients utilized the SMMC clinic and hospital system. Samaritan House, the small free clinic located in Redwood City served 1,844 patients in 2015. Adding these 60,235 low-income patients to RFHC's 2015 patient total of 18,897, and HCH/FH's 2015 patient total of 6,556, a total of 101,407 residents or just 70.6% (101,407/143,645) of the low-income population utilized the County's "safety-net" system of care during 2015.

The estimated county-wide percentage of residents living below 200% FPG grew from 13% in 2001 to 19.8% in 2014. As the low-income population continues to grow, the demand for accessible care has become even more pronounced, particularly for homeless people and farmworkers. Based on the continued dramatic increase in the County's cost of living and other socio- economic factors that contribute to homelessness (e.g., behavioral health and continued immigration of unskilled residents), the number of residents who are homeless in any one year is likely to average between 5,500 to 7,000 homeless people or more during the SAC project period. A significant number will be first time homeless residents newly eligible for HCH/FH services. The farmworker population may decrease slightly because of the gradual contraction of the farm and nursery industry on the Coastside, but the number of MSFW and related family members will still exceed 4,000 or more during the SAC project period.

Since the HCH/FH is the only healthcare service provider delivering comprehensive primary care designed specifically for homeless people and MSFW, the continuation of the HCH/FH Program is critical to meeting the on-going and increasing demand for accessible care by these two special populations.

c) The number of individuals in the target population/service area for every one full-time equivalent (FTE) primary care physician as a ratio (i.e., number of patients: 1 FTE primary care physician).

The countywide population to physician rate is 1,413:1. The County's only geographic Health Professional Shortage Area (HPSA) covers East Redwood City, East Palo Alto and East Menlo Park, the areas with the highest concentration of homeless in the County.

3) Describe the health care environment and its impact on your organization's current and future operations, including any recent or anticipated significant changes that affect the availability of health care services and patient characteristics in the service area, such as shifts in the number of patients served, including:

a) Insurance coverage, including Medicaid, Medicare, and Children's Health Insurance Program (CHIP).

To implement the ACA, California expanded eligibility for the state's Medicaid program, Medi-Cal. Expansions of Medi-Cal eligibility include income eligibility up to 138% of FPL, determination of eligibility based on income without consideration of assets, and eligibility for childless adults. State funds will support Medi-Cal coverage for legal immigrants excluded from federal funding. Medi-Cal coverage includes medical, dental, mental health and substance abuse services. The California Department of Health Services has also made changes in eligibility determination and enrollment procedures intended to simplify and streamline processes for getting and staying enrolled in Medi-Cal.

The recently passed 2015-2016 state budget expands eligibility for Medi-Cal for some immigrants who entered the U.S. illegally, including Deferred Action for Parental Accountability (DAPA) and the expanded category of Deferred Action for Childhood Arrivals (DACA) individuals earning up to 138% of FPL. The budget allocated funds for costs of coverage and for enrollment assistance.

Covered California, the state's health benefit exchange, began enrolling individuals, families and small businesses in coverage plans on October 1, 2013. Individuals and families in households with incomes from 138% to 400% of FPL who are citizens or legal residents are eligible for subsidies/premium assistance based on a sliding scale through Covered California. The exchange standardizes benefits plans provided by private insurers at four levels: bronze, silver, gold and platinum. Premiums, copayments, deductibles, coinsurance costs and/or maximum annual out- of-pocket expenses increase at each level.

HCH/FH is an active participant in San Mateo County's efforts to enroll all eligible, uninsured residents in health coverage programs, including Medi-Cal and the local Access and Care for Everyone (ACE) low cost coverage program for low income residents ineligible for Medi-Cal and/or Covered California options and subsidies. Our outreach and enrollment activities are reducing the numbers of uninsured homeless people and MSFW. To date, HCH/FH has enrolled 373 previously uninsured homeless people and MSFW in Medi-Cal and/or Covered California.

b) State/local/private uncompensated care programs.

Changes in state funding have reduced local healthcare funding, especially funds to cover costs of care for undocumented immigrants. Reasoning that many more residents will have coverage through the ACA, the state budget linked Medi-Cal expansion to a major realignment of fiscal and programmatic responsibilities for human services programs, shifting them from the state to the counties. The budget diverted funds from county public hospitals to CalWorks (California's TANF program). Based on the county- by-county formula for reductions in funding, San Mateo County lost $15 million in health realignment revenue in 2014-2015.

c) Economic and demographic shifts (e.g., influx of immigrant/refugee populations; closing of local hospitals, ambulatory care sites, or major local employers).

As described above, extremely high and constantly rising housing costs contribute to homelessness and to economic hardship experienced by MSFW. The need to spend most income on housing puts even low and subsidized health coverage premiums, co-pays and deductibles out of reach for many homeless people striving to transition to stable housing and MSFW struggling to maintain housing.

Two local, private hospitals operated by Daughters of Charity, Seton Medical Center in Daly City and Seton Coastside Medical Center in Moss Beach, are struggling financially, facing bankruptcy and

threatening to close after a potential buyer backed out of a deal to purchase all six Daughters of Charity hospitals in California. Seton, the largest employer in Daly City, and Seton Coastside are reducing workforces and taking other cost-saving measures to attract a new buyer. Need for costly seismic upgrades, labor union disputes and the California Attorney General's requirement that any new buyer commit to operating the hospitals for ten years will complicate any potential sale.

d) Natural disasters or emergencies (e.g., hurricanes, flooding, terrorism).

There have been several severe droughts in California's agricultural history and as the most populous state in the U.S. and a major agricultural producer, a drought in California can have a severe economic as well as environmental impact. The current drought continues for California's agriculture in 2016, but with much less severe and widespread impacts than in the two previous drought years, 2014 and 2015. Winter and spring were wetter in the Sacramento Valley, to the extent of several reservoirs being required to spill water for flood control, but south of the Delta was unusually dry. The much-heralded El Nino brought largely average precipitation north of the Delta, replenishing some groundwater, and drier than average conditions to the southern Central Valley and southern California.

From 2005 to 2015, San Mateo County experienced an overall reduction of 13.3% if Crop based jobs and a reduction of 35.1% in Greenhouse/Floriculture employment (which is one of the largest job segments for our MSFW population). In addition, California has just experienced the most severe drought on record over the past three years.

e) Changes affecting specific populations (e.g., children experiencing homelessness, LGBT).

HCH/FH and the San Mateo County Health System Health Coverage Unit are working together to enroll hard-to-reach homeless and MSFW sub- populations in Medi-Cal. HCH Public Health Mobile Van visits to a reentry service center include services to assist homeless ex-offenders to enroll in Medi-Cal as soon as they are released from local jails and state prisons. Enrollment services based at Puente de la Costa Sur provide the specialized assistance and follow up farmworker families whose members have different immigration statuses need to enroll in health coverage.

4) Applicants requesting special population funding to serve migratory and seasonal agricultural workers (MHC), people experiencing homelessness (HCH), and/or residents of public housing (PHPC):

a) MHC: Describe the specific health care needs and access issues of migratory and seasonal agricultural workers, including the agricultural environment (e.g., crops and growing seasons, demand for labor, number of temporary workers); approximate migratory/seasonal residency period(s), including the availability of local providers to provide primary health care services during these times; occupational factors (e.g., working hours, housing, hazards, including pesticides and other chemical exposures); and significant increases or decreases in migratory and seasonal agricultural workers.

According to the 2015 UDS Report, the most unique and pronounced health care needs in this patient population included the following:

<u>Mental Health</u>

In 2015, higher numbers of farmworker patients were diagnosed with depression (n=102), anxiety (n=64) and other mental health disorders (n=132) than were reported in 2014. The National Migrant Clinicians Network notes and HCH/FH providers have observed that "perpetual mourning" that is often associated with the experience of immigration (National Migrant Clinicians Network, 2012). Loss, grief, isolation, discrimination, confusion and uncertainty add to stressors of poverty, disease and biological predispositions. For some, the pre-migration experiences included violence and upheaval. The migration

journey itself, particularly for the poor or undocumented, was often fraught with violence and risk. At HCH/FH's 2013 farmworker focus group, 90% of attendees said they did not know where to access mental health services.

Child Health

In 2015, HCH/FH delivered care for 503 children of farmworkers, of whom 143 or 28.4% were diagnosed with lack of expected physiological development. The National Migrant Clinician Network has identified common problems of farmworker families that contribute to lack of expected development, including parental poverty, frequent moves, low health expectations, interrupted schooling, overcrowded living conditions, and poor sanitation facilities. These children are at increased risk for respiratory and ear infections, bacterial and viral gastroenteritis, intestinal parasites, skin infections, scabies and head lice. Focus group participants reported delaying care for sick children due to inability to pay and transportation problems and then visiting emergency rooms when symptoms worsened.

Occupational injuries

HCH/FH's experience reflects the findings of the 2010 National Farmworker Health Report on risks for a prevalence of injuries among farmworkers. Factors such as lack of training, poor safety precautions, over representation in dangerous industries, language barriers, piece-rate pay, undocumented worker status, and geographical and cultural isolation put these workers at increased risk for work related injuries and illnesses.

b) HCH: Describe the specific health care needs and access issues of people experiencing homelessness, such as the number of providers treating people experiencing homelessness, availability of homeless shelters, and significant increases or decreases in people experiencing homelessness.

Data from the 2016 HCH/FH's needs assessment points to significant health needs as 82% of respondents identified basic health care as a priority, followed by dental care (70%) and mental health care (43%).

In addition, 27% of respondents reported using SMMC as their primary source for health care, while 24% identified hospital emergency rooms as their usual source of care.

Data on diagnoses of patients served HCH/FH point to specific health care needs and disparities in the homeless population. (Source: 2015 UDS Report) Of the 2,151 homeless patients served in 2015:

- 1,267 or 58.9% were diagnosed with mental health disorders.
- 1,086 or 50.5% had substance abuse disorders.
- 613 or 28.5% were diagnosed with diabetes.
- 847 or 39.4% were diagnosed as overweight or obese.
- 334 or 15.5% were diagnosed with heart disease.

c) PHPC: Describe the specific health care needs and access issues of residents of public housing, such as the availability of public housing and its impact on the residents in the targeted public housing communities served, and significant increases or decreases in residents of public housing.

Does not apply.

RESPONSE

1) Describe the proposed service delivery sites and how they are appropriate for the needs of the service area and target population. Specifically address:

The HCH/FH service delivery model is designed to create a "safety net for the safety net" through an integrated model of care that incorporates primary care, mental health, substance abuse, oral health, optometry, and enabling services. The HCH/FH network of front-line mobile and fixed-site services linked to the SMMC system of care engages and serves homeless people and farmworkers who cannot or will not use primary health services in conventional settings. Case management services based in homeless shelters and a community resource center serving farmworkers connect patients to comprehensive services, including care at SMMC Health Centers and Specialty Clinics. This model emphasizes accessibility, affordability and relationship building to counter the practical, cultural/linguistic and attitudinal barriers that impede access to healthcare for homeless people and farmworkers through:

- Services that reach homeless people and farmworkers "where they are;"
- Provision of all services without regard to ability to pay;
- Assignment of patients to primary care providers to assure patient-centered medical home access;
- Active assistance to get and stay enrolled in health coverage and other benefits programs;
- Recognition and respect for each patient's strengths and autonomy; and
- Communication of compassion, dignity and hope in every patient encounter.

a) Site(s)/location(s) where services will be provided (consistent with Attachment 1: Service Area Map and Table, and Forms 5B: Service Sites and 5C: Other Activities/Locations).

HCH/FH locates health care and enabling services at key sites throughout the service area to provide convenient access for homeless people and farmworkers through our network of County-operated and contracted services.

<u>County-Operated</u>

- Public Health Mobile Clinics: Mobile units make weekly visits to homeless shelters, the Fair Oaks Community Center, a reentry service center and street locations in Redwood City, San Mateo and San Bruno where homeless people congregate, A nurse practitioner provides twice weekly "black bag clinics" at a large shelter for single adults and a family shelter. Mobile services provide convenient, walk-in primary and preventive care, including illness and injury treatment, chronic disease screening, infectious disease testing, vaccinations, emergency contraception, and health education. Please see agreement attached to Form 8: Health Center Agreements.
- The Street and Field Medicine is a new initiative (started in January 2016), that aims to provide high quality medical assessments and treatments, health screening and education, and appropriate Primary Care in the field where they live and work throughout San Mateo County.
- SMMC Dental Mobile Unit: Purchased with ACA Capital Investment Program funds, this mobile dental clinic with four dental chairs visits homeless shelter and service sites to provide comprehensive preventive, treatment and restorative oral health care. The Dental Van makes weekly visits to emergency and interim housing programs.
- Behavioral Health Team: This Behavioral Health and Recovery Services two-person case management team engages and assesses homeless consumers for mental health and substance abuse disorders, facilitates referrals to assure access to appropriate primary care and behavioral health (mental health and substance abuse) treatment, and follows up to promote ongoing participation in and compliance with treatment. The team is headquartered at the BHRS main office in San Mateo, but delivers services at shelter locations and places homeless people congregate throughout the County.
- San Mateo Medical Center Clinics: SMMC health centers located in low-income communities throughout the service area provide comprehensive primary care to homeless and farmworker patients. In March 2015, the Coastside Clinic initiated a pilot primary care clinic for farmworkers one evening weekly at the Puente de la Costa Sur community center in Pescadero. Staffed by a physician, nurse and medical assistant and funded through a special tax measure, the pilot will

expand to more evenings as demand warrants. Specialty Clinics on the main SMMC campus deliver indicated diagnostic and treatment services for patients referred by their primary care providers.

Contractor Services

- Ravenswood Family Health Center (RFHC): Under a contract with HCH/FH, RFHC, a Section 330 community health center located in East Palo Alto, delivers comprehensive primary care, including integrated behavioral health treatment, oral health services, and care coordination services for homeless people. RFHC's Homeless Health Navigator assists patients to access all needed health care and support services. The Primary Care contract with RFHC for primary services delivered at their site is attached in Form 8: Health Center Agreements.
- Legal Aid Society of San Mateo County: HCH/FH contracts with Legal Aid, a public interest law firm, to address the health needs of farmworkers in San Mateo County rural, coastal communities by: 1) performing a Needs Assessment and an Experience Study to identify the continuing barriers to health care for farmworkers and their families; 2) Provide outreach and education to farmworkers and training and technical assistance to health providers and outreach partners ; 3) Provide referrals, eligibility assistance, legal advice, and representation.
- LifeMoves: HCH/FH contracts with LifeMoves, the largest homeless service provider in the region, for care coordination services and eligibility assistance throughout the county to connect homeless people to health coverage and HCH/FH primary care, and to assist chronically homeless people to complete applications for SSI and SSDI benefits. They are also assisting the new Street Medicine initiative that Public Health Mobile Clinic is conducting, to act as liaison between homeless patients and health care organizations to offer support and care coordination services. Please see agreement attached to Form 8: Health Center Agreements.
- Samaritan House: HCH/FH's contract with Samaritan House supports shelter-based care coordination services that actively assist homeless residents of the Safe Harbor emergency shelter located in north San Mateo County to access HCH/FH primary care.
- Puente de la Costa Sur: HCH/FH contracts with this community center located near farm operations on San Mateo County's south coast to provide case management care coordination that educates farmworkers and their families about available health services, assists with enrollment in health coverage, and helps overcome scheduling, transportation, cultural and other barriers to care.
- Sonrisas Community Dental Clinic: HCH/FH contracts with Sonrisas to provide oral health services to MSFW at Puente's community resource center, work sites, and housing locations in the South Coast region. The Sonrisas Registered Dental Hygienist in Alternative Practice (RDHAP) performs basic oral health observations and relays findings back to the Sonrisas Dental Director to determine the most appropriate treatment for the patient. The Field Hygienist provides cleaning, oral health maintenance information and supplies, and works with Puente case managers to coordinate referrals to the Sonrisas clinic in Half Moon Bay.
- Maple Street Shelter: Maple Street Shelter (Site ID: BPS-H80-002922) is currently listed as a site operated by contractor in Form 5B: Service Sites. HCH/FH provides services to homeless patients at the shelter through a MOU with Public Health Mobile Clinics for primary care services and through a contract with LifeMoves (formerly known as InnVision Shelter Network) for care coordination and eligibility assistance services. Agreements are attached in Form 8: Health Center Agreements.

b) How the type (e.g., fixed site, mobile van, school-based clinic), hours of operation, and location (e.g., proximity to public housing) of each proposed service delivery site (consistent with Form 5B: Service Sites) assures that services are, or will be, accessible and available at times that meet the needs of the target population (consistent with Form 5B: Service Sites and 5C: Other Activities/Locations).

HCH/FH network of care includes eight fixed site clinics, one mobile medical unit, and a dental mobile unit with locations at and near places that homeless people and farmworkers frequent. HCH/FH will continue to provide comprehensive primary care during hours convenient for homeless people and farmworkers, as follows. Schedules are reviewed and adjusted based on utilization and feedback from patients and homeless service providers.

Public Health Mobile Clinics

Monday	Tuesday	Wednesday	Thursday	Friday
Service Connect Reentry Center 8:30am-4:30pm	Fair Oaks Community Ctr. 10:00am-2:00pm	Redwood City Street Location 12:00pm-7:00pm	San Mateo Street Location 9:30am-1:30pm	San Bruno Street Location 10:00am-2:00pm
S. San Francisco Street Location 11:00am-4:00pm	San Mateo Street Location 10:00am-2:00pm	S. San Francisco Street Location 10:00am-2:00pm	Service Connect Reentry Center 10:00am-2:00pm	First Step for Families 4:00pm-6:00pm
Maple Street Shelter 4:00pm-6:00pm	Maple Street Shelter 1:00pm-5:00pm	First Step for Families 4:00pm-6:00pm	Safe Harbor Shelter 5:00pm-7:00pm	
	Safe Harbor Shelter 5:00pm-7:00pm			

Dental Mobile Unit

- Monday and Friday: SMMC Main Campus 8:30 am to 4 pm
- Tuesday: South San Francisco street location 8:30 am to 4 pm
- Wednesday: First Step for Families emergency shelter and transitional living program 8:30 am to 4 pm
- 1st and 3rd Thursdays: Maple Street Shelter 8:30 am to 4 pm
- 2nd and 4th Thursdays: Safe Harbor Shelter 8:30 am to 4 pm

SMMC Health Centers

- Coastside Clinic serving the county's rural, agricultural area Monday-Saturday, 8 am to 5 pm and Thursday evening 5 pm to 8 pm
- Daly City Clinic in a working poor North County neighborhood, Monday-Friday 8 am to 5 pm and pediatric clinics Wednesday 5 pm to 9 pm and Saturday 9am to 1 pm
- Daly City Youth Clinic near high schools with concentrations of homeless students, Monday-Friday 9:30 am to 6 pm
- Fair Oaks Clinic in a working poor neighborhood where immigrant families double and triple up, Monday-Thursday 8:30 am to 7pm and Friday 8:30 am to 9 pm
- San Mateo Medical Center Outpatient Clinic, Specialty Clinics and Edison HIV and STD Clinic on bus lines from all county areas, Monday-Friday 8 am to 5 pm
- Sequoia Teen Wellness Center serving South County high schools, Monday-Friday 8:30 am to 4:30 pm
- South San Francisco Clinic in an immigrant neighborhood: Monday-Friday 8am to 5 pm and pediatric clinics Monday and Thursday 5 pm to 8:30 pm

Ravenswood Family Health Center (RFHC)

- RFHC's main clinic is located in East Palo Alto, a community with a high concentration of unsheltered homeless people, and operates Monday, Wednesday and Thursday: 8 am to 7 pm; Tuesday 12:30 pm to 7:30 pm, Friday 8 am to 5 pm and Saturday 8 am to 12 pm.

Ravenswood Family Dentistry

- Monday, Wednesday and Friday 8 am to 5pm; Tuesday 1st and 4th 12:30 to 5pm 2nd and 3rd 9am to 5 pm; Thursday 10 am to 7 pm.

Street and Job Site Locations

HCH/FH is utilizing Expanded Services Supplemental funding to add weekly nurse practitioner visits to street locations with Homeless Outreach Teams, weekly nurse practitioner visits to farmworker job sites with Puente case managers, and weekly RN health assessments at a community center in the north coast region.

c) Capacity at the proposed service site(s) (consistent with Form 5B: Service Sites) to collectively achieve the projected number of patients and visits (consistent with Form 1A: General Information Worksheet).

In calendar year 2015, SMMC provided services to 4,714 individuals through 39,915 visits. SMMC health centers have space and staffing to provide care for the projected number of patients through the projected number of visits. Mobile medical and dental units are configured and staffed to serve additional patients. As a community health center, SMMC is committed to seeing as many patients as our current space will allow, and as the demand for health care has evolved we have changed our services provided, the open hours, the size of the facility, and the number of providers and support staff to meet these needs.

d) Professional coverage for medical emergencies during hours when service sites are closed and provisions for follow-up by the health center for patients accessing after hours coverage. Specifically, discuss how these arrangements are appropriate for the services proposed and the projected number of patients (consistent with Form 1A: General Information Worksheet).

When clinics are closed, patients call any of the clinic phone numbers to be connected to an on-call provider. The on-call provider makes an assessment of the problem. For non-emergency problems, the provider gives advice as appropriate and advises the patient to visit the clinic on the next day it is open. In case of emergency, the physician advises the patient to go immediately to the SMMC emergency department or call 911, and contacts the emergency room to communicate pertinent facts to ER staff. When a HCH/FH patient is seen in the emergency department, the patient's primary care provider receives the ER note and clinical support staff reach out to the patient to schedule follow up. Bilingual coverage and/or translation services are available for after-hours calls to meet the needs of the target population.

2) Describe how the proposed primary health care services (consistent with Form 2: Staffing Profile and Form 5A: Services Provided) and other activities (consistent with Form 5C: Other Activities/Locations) are appropriate for the needs of the target population, including:

a) The provision of required and additional services, including whether these are provided directly or through formal written contracts/agreements or referral arrangements.

PROVISION OF REQUIRED SERVICES

General Primary Medical Care

SMMC provides primary medical care directly. SMMC also has formal written agreements with Ravenswood Family Health Center, Public Health-Moble Health Van, and Public Health-Street Medicine.

Triage: Bilingual Medical Assistants and Nurses measure and record vital signs, interview patients to obtain information on symptoms and history, identify acuity level, and determine disposition (waiting area, exam room, and referral to hospital or other care). Training prepares staff to effectively interview culturally diverse patients with different understandings of health and health problems and to

obtain needed information from patients who may be reluctant to disclose information or have communication problems.

Examination and testing: Primary care providers conduct health histories, physical exams, and testing for HCV, HIV, other STIs, TB, bacterial infections, anemia, pregnancy, and other conditions. Providers and Medical Assistants take care to explain the exam and testing procedures, answer questions, and make patients as comfortable as possible.

Evaluation/treatment: The clinics in HCH/FH's network of care provide diagnosis and treatment of acute illnesses, infectious diseases and minor injuries, including:

- Respiratory: colds, flu, ear infections, sore throat, bronchitis, etc.
- Eye: uncomplicated conjunctivitis and infections, etc.
- Gastrointestinal: vomiting, diarrhea, evaluation of abdominal pain, etc.
- Orthopedic: uncomplicated musculoskeletal injuries and casting
- Skin: rashes, infections, diseases, minor trauma, etc.
- Urologic: uncomplicated urinary tract infections
- Miscellaneous: headaches and other complaints

Pediatric care: All clinics in the network deliver CHDP care (described below) and assessment, diagnosis and treatment of acute and chronic illnesses and minor injuries for children ages birth to 17.

Specialty care: HCH/FH is integrated with other components of the SMMC to assure that homeless and MSFW patients have access to consistent, comprehensive and coordinated care, including specialty care delivered through the Specialty Clinics on the main SMMC campus. Procedures and communication systems are in place to facilitate specialty care referrals and follow-up. EHR has functions to expedite referrals to specialty care and to facilitate communication between primary care providers and specialty providers. In addition to podiatry, Approved SMMC specialty clinics include cardiology, dermatology, ENT, GI, Hepatology, Orthopedics and Pain Management.

Chronic Disease Management: SMMC clinics and Ravenswood Family Health Center provide comprehensive chronic disease management services using the Chronic Care Model. Each chronic disease patient is assigned to a provider-led patient care team. The patient's team provides care, education and support, including self-care education, prescription management, social service referrals/ support, wellness care, and connections to clinic- and community-based chronic disease support and education groups.

Preventive Services: HCH/FH's approach to primary care emphasizes providing education on prevention of health problems and easy access to recommended preventive care for all life cycles for the large number of underserved patients in the target populations who have accessed health care only sporadically for acute symptoms, or not at all.

- Children's wellness care: Clinics provide Child Health and Disability Prevention services for patients ages birth through 17 based on CHDP periodicity schedules. Services, include: immunizations; developmental, oral health, nutritional, and psychosocial/behavioral assessments; physical exams; BMI measurement and related nutrition and physical activity counseling; vision and hearing screening; blood lead, TB and other indicated tests; and culturally and linguistically competent education for parents/caregivers and teens on healthy development, health risks, and the importance of regular preventive health care.
- Women's wellness care: Patient care teams educate women about the importance of and provide preventive services, including: pelvic and breast exams, mammograms, pap tests, HPV testing and vaccinations, voluntary family planning services, pregnancy testing, counseling on the prevention of and screening for sexually-transmitted infections, screening for and counseling on domestic violence, blood pressure and cholesterol checks, colon cancer screenings for women over 50, and appropriate immunizations.
- Men's wellness care: In addition to physical exams, blood pressure and cholesterol checks, immunizations, and colon cancer screening for men over 50, HCH/FH clinics provide STI screening and education and prostate screening, as appropriate.

- Well-senior health care: Preventive care for seniors includes annual physical exams; review of medications; cancer, depression, functional, and cognitive screenings; and vaccines for flu, pneumonia, and shingles. Wellness exams identify senior patients needing more intensive care coordination and case management especially in the growing population of homeless seniors utilizing the HCH/FH mobile clinic and Ron Robinson Senior Care Center.

MSFW Specific Health Services: HCH/FH works with agricultural employers and Puente de la Sur to provide easy access to Tdap vaccines for farmworkers at risk for infections from occupational injuries. Most of the providers and clinical support staff at the SMMC Coastside Clinic which is the main source of care for farmworkers are bilingual (English/Spanish). Translation services are always available for patients with limited English proficiency.

Diagnostic Laboratory

SMMC provides some diagnostic laboratory services directly. SMMC also has formal written agreements with Ravenswood Family Health Center.

Fixed site clinics in the HCH/FH network provide basic lab and pharmacy services and facilitate referrals the SMMC main campus facilities for diagnostic lab studies, pharmacy and x-ray services.

Diagnostic Radiology

SMMC provides diagnostic radiology services directly. SMMC also has a formal written agreement with Ravenswood Family Health Center.

Fixed site clinics in the HCH/FH network provide basic lab and pharmacy services and facilitate referrals the SMMC main campus facilities for diagnostic lab studies, pharmacy and x-ray services.

Screenings

SMMC provides screening services directly. SMMC also has formal written agreements with Ravenswood Family Health Center, Public Health-Mobile Health Van, and Public Health-Street Medicine.

Coverage for Emergencies During and After Hours

SMMC provides emergency medical services directly. SMMC also has formal written agreements with Ravenswood Family Health Center.

Voluntary Family Planning

SMMC provides voluntary family planning directly. SMMC also has formal written agreements with Ravenswood Family Health Center, and the Public Health-Mobile Health Van.

Immunizations

SMMC provides primary immunizations directly. SMMC also has formal written agreements with Ravenswood Family Health Center, Public Health-Mobile Health Van, and Public Health-Street Medicine.

Well Child Services

SMMC provides well child services directly. SMMC also has formal written agreements with Ravenswood Family Health Center, and the Public Health-Mobile Health Van.

Gynecological Care

SMMC provides gynecological care directly. SMMC also has formal written agreements with Ravenswood Family Health Center, and the Public Health-Mobile Health Van.

Obstetrical Care

Prenatal Care, Intrapartum Care (Labor & Delivery), and Postpartum Care: SMMC provides prenatal care directly. SMMC also has formal written agreements with Ravenswood Family Health Center, the Public Health-Mobile Health Van.

SMMC Health Centers, Ravenswood Family Health Center, and the SMMC Pregnancy & Birthing Center of Excellence provide comprehensive perinatal health care and education and labor and delivery services for HCH/FH patients. The Comprehensive Perinatal Services Program provides prenatal care, health education, nutrition services, and psychosocial support during pregnancy and up to 60 days after delivery of their infants.

Preventive Dental

SMMC provides preventive dental services directly. SMMC also has a formal written agreement in place with Sonrisas Community Dental Center.

HCH/FH provides comprehensive oral health services to homeless people through HCH/FH Dental Van visits to homeless shelters and service sites, SMMC fixed site dental clinics, and Ravenswood Family Dentistry contracted services. Farmworkers access dental care at the Coastside Clinic dental clinic and through contracted Sonrisas services. Oral health services include comprehensive oral health exams, treatment planning, dental hygiene education, diagnostic and preventive care, restorative care, and oral surgery.

Pharmaceutical Services

SMMC provides pharmaceutical services directly. SMMC also has formal written agreements for 340B discount pharmacy services with Ravenswood Family Health Center.

Fixed site clinics in the HCH/FH network provide basic lab and pharmacy services and facilitate referrals the SMMC main campus facilities for diagnostic lab studies, pharmacy and x-ray services.

HCH Required Substance Abuse Services

SMMC provides substance abuse services directly. SMMC has a formal written agreement and a formal written referral arrangement with the County Behavioral Health and Recovery Services.

BHRS case managers connect homeless people to appropriate substance abuse treatment programs in the BHRS network, using formal written referral procedures. The network consists of 16 community-based treatment programs operating outpatient, residential and transitional housing programs. It includes addiction medicine services, perinatal treatment, and gender- and culturally-specific treatment programs located throughout San Mateo County.

Substance Abuse Services For Homeless People: BHRS case managers connect homeless people to appropriate substance abuse treatment programs in the BHRS network, using formal written referral procedures. The network consists of 16 community-based treatment programs operating outpatient, residential and transitional housing programs. It includes addiction medicine services, perinatal treatment, and gender- and culturally-specific treatment programs located throughout San Mateo County.

Case Management (Care Coordination)

SMMC provides case management/care coordination services directly. SMMC also has formal written agreements in place with Behavioral Health and Recovery Services, LifeMoves, Puente de la Costa Sur, Samaritan House, and Ravenswood Family Health Center.

HCH/FH contracts with key community partners to provide care coordination services that provide the practical support and motivation farmworkers and homeless people need to connect to medical homes, including information about available services, assistance in making appointments, appointment reminders, assistance arranging transportation, and encouragement to attend appointments and follow treatment and self-care plans. Puente de la Sur provides care coordination for farmworkers and their families, including communication and advocacy with farm operators to reduce environmental and occupational health hazards and make farmworker health a priority, e.g. coordinating tetanus and other

immunizations for farmworkers provided by Coastside Clinic staff at work sites. LifeMoves and Samaritan House provide care coordination for homeless individuals and families, including linkages to substance abuse treatment programs. A County Behavioral Health and Recovery Services team delivers intensive street-and shelter-based case management to assist chronically homeless people with mental health and substance abuse disorders to access primary care coordinated with behavioral health treatment.

Eligibility Assistance

SMMC provides eligibility assistance services directly. SMMC also has formal written agreements with LifeMoves, and Puente de la Costa Sur.

HCH/FH works in partnership with the SMMC Health Coverage Unit to streamline procedures for screening homeless and farmworker patients for eligibility for health coverage and assist them with applications and maintaining enrollment. The Health Coverage Unit has designated specially trained staff to assist HCH/FH patients with enrollment procedures and assigned these staff to work at HCH/FH and core services agency locations. The Health Coverage Unit has also waived the enrollment fee for the San Mateo County Access and Care for Everyone coverage program for homeless people and farmworkers. Please see Response #9 below for more detail.

Outreach

SMMC provides outreach services directly. SMMC also has formal written agreements with LifeMoves, and Puente de la Costa Sur.

HCH/FH conducts outreach through mobile unit visits to places homeless people frequent and partnerships with organizations that have established trust relationships with people experiencing homelessness and farmworkers. This approach reaches and engages underserved people where they are, literally, and in terms of the motivation, information, and assistance they need to access care. Key outreach partnerships include working relationships homeless shelters and transitional housing programs, and the eight community organizations service sites that served as core service centers, providing emergency and basic needs assistance for homeless people, farmworkers and their families, and other low income and working poor County residents: Coastside Hope, Puente de la Sur and Legal Aid Society of San Mateo which serve farmworkers, and Daly City Community Service Center, El Concilio Emergency Services Partnership in East Palo Alto, Fair Oaks Community Center, YMCA Community Resource Center, Samaritan House and Pacifica Resource Center.

Transportation

SMMC does not provide transportation services directly. SMMC also has formal written agreements with SamTrans Redi-Wheels, and MV Transportation.

HCH/FH sites and mobile unit visit locations are situated in neighborhood locations that make it possible for most homeless patients to walk or take bus lines to clinic appointments. SamTrans Redi-Wheels paratransit provides transportation for patients with disabilities and those needing special assistance. HCH/FH provides taxi vouchers that case managers distribute to patients who need to visit a clinic immediately, are not able to arrange Redi-Wheels transit on short notice, and are too ill to take regular public transit. Puente de la Sur works with MV Transportation to coordinate transportation for farmworkers.

Translation

SMMC provides translation services directly. SMMC also has formal written agreements with Health Care Interpreter Network.

PROVISION OF ADDITIONAL CLINICAL SERVICES

Additional Dental Services

SMMC provides pediatric restorative dental services directly. SMMC also has a formal written agreement in place with Sonrisas Community Dental Center.

HCH/FH provides comprehensive oral health services to homeless people through HCH/FH Dental Van visits to homeless shelters and service sites, SMMC fixed site dental clinics, and Ravenswood Family Dentistry contracted services. Farmworkers access dental care at the Coastside Clinic dental clinic and through contracted Sonrisas services. Oral health services include comprehensive oral health exams, treatment planning, dental hygiene education, diagnostic and preventive care, restorative care, and oral surgery. In 2015, 1,108 HCH/FH patients utilized dental care through 3,597 visits.

Behavioral Health Services

Mental Health Services: SMMC provides mental health directly. SMMC also has a formal written agreement with County Behavioral Health and Recovery Services.

To provide linkages to behavioral health care for homeless people, a BHRS Behavioral Health Team provides case management care coordination services. The team contacts homeless people with mental illnesses and addictions on the street and at homeless service centers to conduct screening, assessment, treatment planning, facilitation of treatment linkages and follow-up. Case managers maintain contact with homeless patients participating in treatment to promote compliance, solve problems and connect them with support services. SMMC also provides psychological and psychiatric services directly to homeless patients through the Medical Psychiatry Department. HCH/FH provides access to behavioral health services for farmworkers through the BHRS clinic located at the Coastside Clinic.

Substance Abuse Services: SMMC provides substance abuse services directly. SMMC has a formal written agreement and a formal written referral arrangement with the County Behavioral Health and Recovery Services.

BHRS case managers connect homeless people to appropriate substance abuse treatment programs in the BHRS network, using formal written referral procedures. The network consists of 16 community-based treatment programs operating outpatient, residential and transitional housing programs. It includes addiction medicine services, perinatal treatment, and gender- and culturally-specific treatment programs located throughout San Mateo County.

Optometry

SMMC provides comprehensive eye exams and vision services directly.

Environmental Health Services

SMMC provides environmental health services directly. A CIS has been submitted for this service.

Occupational Therapy

SMMC provides occupational therapy directly.

Physical Therapy

SMMC provides physical therapy services directly.

Nutrition

SMMC provides nutritional services directly. SMMC also has a formal written referral arrangement with Ravenswood Family Health Center.

Additional Enabling/Support Services

SMMC does not provide additional enabling and support services directly. SMMC has a formal written referral arrangement with LifeMoves, Puente de la Costa Sur, and the Legal Aid Society of San Mateo County. The Legal Aid Society provides health related legal services designed to identify barriers to healthcare for farmworkers; outreach and education to farmworkers of legal rights, training and technical assistance to health providers and outreach partners, health access referrals, eligibility assistance, legal advice and representation.

b) How enabling services (e.g., case management, outreach and enrollment activities, transportation) are integrated into primary care. Describe any enabling services designed to increase access for targeted special populations or populations with identified unique health care needs such as translation services for populations with limited English proficiency and accommodations to facilitate veterans' access to care.

Note:

- ***Applicants requesting HCH funding must document how substance abuse services will be made available either directly, through formal written contracts/agreements, and/or via a formal written referral arrangement.***
- ***Applicants requesting MHC funding must document how they will address any specific needs of this population (e.g., provide additional services such as environmental health).***
- ***Applicants requesting PHPC funding must document that the service delivery plan was developed in consultation with residents of the targeted public housing and describe how residents of public housing will be involved in administration of the proposed project.***

Enabling services that are integrated into primary care are a significant focus of the HFH/FH program, and as a direct result the majority of the program's contracts are with local agencies to provide targeted funding to individuals who are not participating in the health care delivery system. The community-and shelter-based case managers and RFHC's Homeless Health Navigator provide a range of services based on each patient's needs to support patients to access primary care and follow treatment plans, including transportation assistance, motivational interventions, and linkages to community services and supports. The HCH/FH Providers Collaborative offers a forum for case managers and healthcare providers to communicate about strategies to meet the needs of individual patients and to plan system-wide communication and access improvements.

3) Describe plans to ensure continuity of care for health center patients, including:

a) Arrangements for admitting privileges for health center physicians to ensure continuity of care for health center patients at one or more hospitals (consistent with Form 5C: Other Activities/Locations). In cases where hospital privileges are not possible, describe other established arrangements to ensure continuity of care (i.e., timely follow-up) for patient hospitalizations.

All hospital admitting is completed through the Health System's Emergency Department, both during clinic hours and after hours. The inpatient unit utilizes hospitalist who manage the inpatient care. Within the Health System, there are three EHRs documenting care and they all communicate with each other and get data from each other routinely to assure that those in charge of all hospital patients have the most current PHI.

b) How these arrangements ensure a continuum of care for health center patients, including discharge planning, post-hospitalization tracking, and patient tracking (e.g., interoperability of electronic health records (EHRs)).

SMMC's EHR and e-messaging system facilitate communication between out-patient physicians and hospitalists, track hospitalizations, and track patient utilization across systems. RFHC participates in the e-messaging system and receives messages on hospitalizations and discharge planning.

4) Describe the proposed clinical staffing plan (consistent with Form 2: Staffing Profile and the Budget Narrative), including how the mix of provider types and support staff is appropriate for:

a) Providing services for the projected number of patients (consistent with Form 1A: General Information Worksheet) at the proposed sites (consistent with Form 5B: Service Sites).

The HCH/FH clinical staffing pattern provides adequate staffing to deliver care for the projected number of patients, including the large number of complex patients and patients who have lacked access to care for long periods. As detailed on Form 2, our system-wide medical team includes 8.96 FTE providers that are split between physicians (6.4 FTE) and mid-level practitioners (2.56 FTE). Other medical staff consist of 4.26 FTE RNs and 6.0 FTE Clinical Support Staff who support provider panels of physicians and mid-levels. An Optometrist (0.20 FTE), Ophthalmologist (0.10 FTE) also provide vision services to HCH/FH patients.

HCH/FH productivity levels are consistent with industry averages. In 2015, the average visits per 1.0 FTE mid-level provider was 2,997. Physician productivity levels (3,054 visits) remained close to the range for the average Section 330 national benchmarks for medical (3,200-3,500 encounters). Although HCH/FH patients are spread across various provider panels, efforts are being made to assign them to the same PCMH team to provide for care coordination that includes health education and referrals to specialty care, behavioral health treatment, and oral health services.

b) Assuring appropriate linguistic and cultural competence (e.g., bilingual/multicultural staff, training opportunities).

Hiring of staff who speak the languages and reflect the cultures of our culturally and linguistically diverse patients is a priority for SMMC which provides a pay differential for bilingual providers and clinical support staff. SMMC requires and provides regular training on cultural competence and use of interpretation services.

c) Carrying out required and additional health care services (as appropriate and necessary), either directly or through established formal written arrangements and referrals (consistent with Form 5A: Services Provided).

The range and depth of services provided by SMMC includes all required primary, preventive, enabling health services, and additional health services as determined necessary by the San Mateo County Board of Supervisors and the Co-Applicant Board through its assessment of unmet community needs in San Mateo County. SMMC maintains a staff sufficient to carry out required services that range from on-site primary care, dental and mental health care, to enabling supportive services and referrals within San Mateo County. All required services are provided directly by SMMC. In addition, SMMC has secured formal written contracts and formal written referral agreements in an effort to meet the identified need of the target population.

As required of all community health centers, SMMC physicians must hold current licensure by the Medical Board of California. Under the guidance of the Medical Director, providers follow national standards set forth for the treatment of chronic illnesses and preventive guidelines set by national regulatory and standards organizations. Mid-level practitioners consult with their preceptor when the scope of services required is beyond their specific training. Specific written policies, procedures and protocols are in place for nurse practitioners and physician's assistants.

When patients are referred for specialty medical and diagnostic consultation/services outside the scope of what SMMC provides, clinical protocols are followed. This includes protocols for referrals whereby the referral coordinator connects patients with needed care and works with the outside providers to ensure patients receive the needed services.

5) Describe policies and procedures used to implement the sliding fee discount program (consistent with Attachment 10: Sliding Fee Discount Schedule), including how these specifically address the following:

a) Definitions of income and family size.

HCH/FH's sliding fee discount program policies and procedures define income "as the total sum of money that is currently typically becomes available, or is projected to typically become available, to the family on a monthly basis for use in their support and livelihood. Irregular income may be assessed on an annual basis and pro-rated as monthly." (SMMC Sliding Fee Discount Program Policy, p. 1)

The definition of family size is based on "those individuals who share a common residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group." (SMMC Sliding Fee Discount Program Policy, p. 1) HCH/FH procedures recognize and account for the likelihood that some homeless and MSFW family members may temporarily find shelter apart from other family members.

b) Assessment of all patients for eligibility for sliding fee discounts based on income and family size only. Note: No other factors (e.g., insurance status) can be considered.

Patient registration procedures at all HCH/FH fixed and mobile sites include assessment and reassessment of all patients for eligibility for discounts based only on income and family size. Multi-lingual staff screen patients to determine their eligibility for health coverage programs and sliding fee scale discounts at every visit. All uninsured patients are referred to Certified Enrollment Counselors to determine eligibility and assist with applications for health coverage.

c) Process for determining patient eligibility for sliding fee discounts, including frequency of re-evaluation of patient eligibility.

Under HCH/FH's sliding fee discount policy and procedures, acceptable income verification includes: recent income tax returns; IRS forms W2 or 990; recent check stubs; recent bank statements; Unemployment, Social Security, Veterans, TANF, SNAP and retirement/pension benefits letters and statements; and court documents. To remove barriers for homeless and MSFW patients who often do not have documents or reasonable options for obtaining documents verifying income, HCH/FH accepts signed self-declarations of income and statements of why patients are unable to obtain documents verifying income. Patients are queried about changes in income and family size during registration for appointments. Reassessments of eligibility for sliding fee discounts are conducted at least annually.

d) Language and literacy level-appropriate methods used for making patients aware of the availability of sliding fee discounts (e.g., signs posted in accessible and visible locations, registration materials, brochures, verbal messages delivered by staff).

Multi-lingual signs posted in clinic reception and waiting areas inform patients in simple English, Spanish, Chinese and Tagalog language terms about the availability of discounts and clearly state that HCH/FH provides health care regardless of ability to pay. HCH/FH also provides information about discounts and that services are available regardless of ability to pay in all registration and outreach materials. Bilingual outreach and front office staff verbally inform patients of the availability of sliding fee discounts.

e) How sliding fee discounts are applied to all services within the approved scope of project (i.e., required and additional services, consistent with the services and service delivery methods indicated on Form 5A: Services Provided, Columns I, II, or III).

Sliding fee discounts are applied to all HCH/FH services.

f) Method and frequency of evaluating the sliding fee discount program from the perspective of reducing patient barriers to care.

Patient surveys and focus groups inform the annual review of the sliding fee discount program by the Co-Applicant Board.

6) Describe the following aspects of the Sliding Fee Discount Schedule(s) (SFDS) (consistent with Attachment 10: Sliding Fee Discount Schedule):

a) Annual updates to reflect the most recent Federal Poverty Guidelines (FPG).

The Co-Applicant Board reviews and approves updates to the SFDS proposed by staff to reflect the most recent FPG. The SFDS was most recently updated and approved by the Co-Applicant Board on June 9, 2016.

b) Adjustment of fees for individuals and families with incomes above 100 percent of FPG, and at or below 200 percent of the FPG, using at least three (3) discount pay classes.

The SFDS in Attachment 10 uses four discount pay classes based on income thresholds by family size: 0-100% FPG no charge, 101-138% FPG 98% discount, 139-170% FPG 95% discount, 171-200% FPG 80% discount.

c) Provision of a full discount (or nominal charge) for individuals and families with annual incomes at or below 100 percent of the FPG.

As shown in Attachment 10, the HCH/FH SDFS provides for a full discount for individuals and families with annual incomes at or below 100% FPG.

d) If a nominal charge is applied for individuals and families with annual incomes at or below 100 percent of the FPG, how the charge is:

- ***Determined to be nominal from the perspective of the patient (e.g., input from patient focus groups, patient surveys).***
- ***A fixed fee (not a percentage of the actual charge/cost) that does not reflect the true cost of the service(s) being provided.***
- ***Not more than the fee paid by a patient in the first SFDS pay class above 100 percent of the FPG.***

HCH/FH does not apply a nominal charge for services to ensure services are accessible to low income people experiencing homelessness and MSFW.

7) Describe the organization's quality improvement/quality assurance (QI/QA) and risk management plan(s) for systematically assuring and improving health care quality, including policies, procedures, and parties responsible for:

a) Addressing patient grievances.

Patient/client grievances and complaints are treated with the highest importance. Complaints and concerns should be resolved at the program level whenever possible. When an issue cannot be resolved, procedures are followed as described in the policy in the SMMC Rights and Responsibilities of the Patient chapter in WorkSite titled RI.01.07.01-B Patient Grievance Procedure. Complaints and grievances, which relate to quality of care issues, are referred to the appropriate department or committee for review and action. The HCH/FH Medical Director and Executive Director share responsibility for ensuring grievances/complaints are addressed.

b) Incident reporting and management.

HCH/FH complies with the SMMC Integrated Patient Safety Plan (in Work Site titled PI.03.01.01-A Integrated Patient Safety Program). In compliance with the Integrated Patient Safety Plan, sentinel events and other significant untoward events, or the risk of such events, will be included in the HCH/FH QI Plan through special reporting. Such events are further defined in the Integrated Patient Safety Plan. These events may also be reportable pursuant to the County's sentinel event reporting ordinance. Actions taken as a result of root causes analyses and focus reviews will be included in the quality improvement program and reported to the HCH/FH Co-Applicant Board, SMMC Board, and SMMC QI Committee. Primary care contractors have in place and comply with their individual risk management plans and all related policies and procedures.

c) Patient records, including maintaining confidentiality of such records.

All SMMC employees must participate in training and demonstrate proficiency on HIPAA requirements. All paper records are maintained in cabinets that are locked at the close of each business day. All computer workstations are password and firewall-protected and computer monitor screens are positioned to reduce the likelihood that an unauthorized person would have visual access. Fax machines that transmit and receive medical information are kept in protected employee-only areas.

d) Periodic assessment by physicians (or other licensed health care professionals under the supervision of a physician) of service utilization, quality of services delivered, and patient outcomes.

Based on SMMC policies and procedures, the HCH/FH Medical Director establishes procedures for and supervises reviews of electronic health records and/or representative samples of SMMC clinic patient charts to measure progress toward selected clinical performance measures and other quality indicators. The QI Plan developed annually by the QI Committee and approved by the Co-Applicant Board identifies clinical performance measures and other indicators. Licensed health professionals conduct reviews of patient records quarterly.

e) Ensuring providers (e.g., employed, contracted, volunteers, locum tenens) are appropriately licensed, credentialed, and privileged to perform proposed health center services.

SMMC primary care providers delivering care for homeless and farmworker patients are subject to SMMC credentialing and privileging policies and procedures. SMMC follows Board-approved policy and procedures to assess and verify the credentials of all licensed and certified health care practitioners it employs and to grant such individuals specific clinical privileges in full compliance with the HRSA requirements. The SMMC Board votes to approve the credentialing of providers whom the QI committee has put forward as having complete credentialing. The credentialing process documents current licensure and verifies appropriate education, training, certification and work history, and includes checks of criminal records, National Practitioner Database, and professional liability claims, as well as signed statements attesting to fitness to work and accuracy of documentation provided. At the time of appointment, providers are privileged based on their skills to perform specific types of care in an ambulatory care setting by the CMO and privileges are reviewed by the QI Committee, signed by the CMO and approved by the Board. Privileges are renewed based on re- credentialing every two years. Re-credentialing includes peer review of patient records for compliance with clinical guidelines and QI target goals. The HCH/FH Executive Director assures that RFHC uses similar policies and procedures to ensure that providers delivering care for homeless patients under contract with HCH/FH are appropriately licensed, credentialed and privileged.

f) Utilization of appropriate information systems (e.g., EHRs, practice management systems) for tracking, analyzing, and reporting key performance data, including 1) reporting required clinical and financial performance measures and 2) tracking diagnostic tests and other services provided to ensure appropriate patient record documentation and follow-up.

SMMC has implemented the eClinical Works (eCW) EHR. During the proposed project period, eCW will track and generate reports on HCH/FH performance measures and patient services. eCW sends orders for lab and radiology tests and incorporates findings in patients' EHRs, including alerts when results are out of range. EHRs also include reminders when patients are due for preventive services. eCW also has payment management features.

g) Developing, updating, and implementing such policies and procedures.

The QI Committee develops and annually updates QI policies and procedures for Co-Applicant Board approval. The Co-Applicant Board most recently approved implementation of updated policies and procedures on May 14, 2015.

h) Communication to all project stakeholders and utilization of QI/QA results to improve performance.

HCH/FH communicates QI/QA findings to stakeholders through open Co-Applicant Board meetings and postings on the Board web page. Based on QI findings, the QI Committee identifies areas for improvement; establishes baseline data; conducts root cause analysis; develops a process improvement plan that specifies tasks, responsibilities, and time lines; revisits the issue through analysis of updated data; and evaluates the results of the redesigned process, using the rapid cycle improvement process (Plan-Do-Study-Act).

i) Accountability throughout the organization, specifically the role and responsibilities of the Clinical Director in providing oversight of the QI/QA program.

The Co-Applicant Board approves QI policies and procedures and annual QI plans; regularly reviews reports on QI findings; and delegates implementation of QI activities to the QI Committee led by the Medical Director. The Medical Director provides clinical leadership for implementation of the QI Plan and is responsible for leadership of the QI Committee, oversight of chart reviews, supervision and review of assessments of progress toward clinical performance measure target goals, oversight of compliance with and participation in quality improvement and risk management plans and activities, and review of and response to any reported incidents.

8) Describe plans for assisting individuals in determining their eligibility for and enrollment in affordable health insurance options available through the Marketplace, Medicaid and CHIP, including:

a) How potentially eligible individuals (both current patients and other individuals in the service area) will be identified and informed of the available options.

Appointment registration procedures include identification of uninsured patients, provision of information to them about potential eligibility for coverage programs, and referral to a Certified Enrollment Counselor for assessment of eligibility and assistance completing applications. To reach other individuals, we use a collaborative approach involving Homeless Outreach Teams, community organizations serving farmworkers, clinics, outreach and enrollment specialists, and Certified Enrollment Counselors to identify potentially eligible individuals and provide the high level of encouragement and

assistance that many homeless people and farmworkers need to navigate and complete the process of enrollment in health coverage.

b) The type of assistance that will be provided for determining eligibility and completing the relevant enrollment process.

Certified Enrollment Counselors provide hands-on assistance to homeless people and farmworkers and their families with eligibility determination and enrollment applications through a regular weekly schedule of visits to clinics, shelters, community service sites, and schools, and periodic events at churches and community events. The Health Coverage Unit provides Certified Enrollment Counselor training for HCH/FH Provider Network members. Working with outreach workers and case managers at other agencies allows us to reach and stay in contact through the application process with hard-to- reach, uninsured homeless and MSFW individuals and families.

Note: If you are a new and competing supplement applicant, you must:
9) Upload a detailed implementation plan to Attachment 13: Implementation Plan (see Appendix C). The plan must include reasonable and time-framed activities that assure that, within 120 days of receipt of the Notice of Award, all proposed sites (as noted on Form 5B: Service Sites) will have the necessary staff and providers in place to begin operating and delivering services to the proposed community and/or target population as described on Forms 5A: Services Provided and 5C: Other Activities/Locations.

Not applicable.

10) Describe plans to ensure that you will:
a) Hire/contract with all providers (consistent with Form 2: Staffing Profile, Form 8: Health Center Agreements, and Attachment 7: Summary of Contracts and Agreements) and begin providing services at all sites for the targeted number of hours within one year of NoA.
b) Minimize potential disruption for patients (as noted in the SAAT) served by the current award recipient that may result from the transition of the award to a new recipient.

Not applicable.

COLLABORATION

1) Describe both formal and informal collaboration and coordination of services with the following community providers in the service area (consistent with Attachment 1: Service Area Map and Table for items a through e below), or explain if such community services are not available:16

HCH/FH actively collaborates with other health care and community service providers to meet the needs of patients and make the most of federal and local resources. The HCH/FH Providers Collaborative facilitates communication among health care providers and community organizations serving homeless people and farmworkers to coordinate services and to identify and solve systems problems.

Information/updates on participation in any new collaborative initiatives with homeless programs/providers and/or MSFW programs.

The program continues to work closely with our Providers of homeless and farmworker services by holding quarterly meetings through our Providers' Collaborative meetings to network and trouble shoot challenges that the providers encounter.

Program staff attends San Mateo County's Continuum of Care meetings that are hosted by SMC's Center on Homelessness. The attendees are a network of organizations that provide services to homeless individuals/families throughout San Mateo County.

Program staff has also started forming relationships and conversing with staff from SMMC's Resources Management Department, involved in Discharge Planning of SMMC clients. Staff from the Resources Management Department have been in attendance of our Providers' Collaborative meetings to establish relationships with our contractors that provide case management services to our clients.

Information on participation in any new collaborative initiatives with other Health Agency/SMMC and/or community health programs (e.g., Pescadero Clinic).

The San Mateo County HCH/FH Program continues to work closely with various Health Agencies/collaborations to provide seamless services to our population as well as establishing new relationships.

We continue to work closely with our Health Coverage Unit Department, which assists with enrolling clients in health insurance/coverage. The close relationship ensures that the HCH/FH Program is kept abreast of health coverage information updates, as well as ensuing that our clients are receiving adequate health insurance services.

The program continues to work with the San Mateo County's Center on Homelessness and Department of Housing/Housing Authority, starting to meet at least quarterly to discuss efforts to collaborate and work together for our target populations.

The Oral Health Coalition, a San Mateo County Collaborative for Dental Education and Access is a group that program staff also works closely with to be kept aware of updates, assisting in planning and to keep others informed of our program.

The Program has also started forming a relationship with staff from the Health Plan of San Mateo (HPSM). We have been communicating with staff from their CareAdvantage program, a Coordinated Care Plan. As HPSM staff has been working with some of our clients that are high utilizers of the Emergency Room, we are encouraging our contractors that provide enabling services (Case Management) to our clients to connect with the CareAdvanage staff to ensure seamless services.

a) Existing health centers (Health Center Program award recipients and look-alikes).

HCH/FH contracts with the Ravenswood Family Health Center, the only Section 330 Community Health Center in San Mateo County, to provide primary care for homeless residents of East Palo Alto. We also have cross-referral agreements with Gardner Family Health Network, a CHC/HCH program based in neighboring Santa Clara County, which recently opened a pediatric clinic in South San Mateo County.

b) State and local health departments.

HCH/FH is a component of the San Mateo Health System, which encompasses the local public health department and San Mateo Medical Center. We work closely with the Health Coverage Unit on enrollment of homeless people and MSFW in health coverage and with the SMMC Resources Management Department, which is involved in discharge planning for SMMC hospital patients. Resource Management staff now attend HCH/FH Providers Collaborative meetings to establish relationships with HCH/FH case management programs.

During the current project period, HCH/FH enhanced our working relationship with the Health Plan of San Mateo (HPSM), the county-organized, local non-profit health care plan that offers health coverage and a provider network to San Mateo County's underserved population and is responsible for administration of Medi-Cal. We are communicating with staff from HPSM's CareAdvantage program, which coordinates care for Medi-Cal/Medicare beneficiaries, including homeless people with disabilities, to facilitate seamless services.

The San Mateo Health System works with the California Department of Health Services on efforts to improve access to care and the health status of homeless people, farmworkers and other low income residents, including outreach and enrollment of uninsured residents in Covered California health coverage options under the Affordable Care, the state immunization registry, and surveillance of maternal and child health and infectious diseases.

c) Rural health clinics.

There are no rural health clinics in the service area.

d) Critical access hospitals.

There are no critical access hospitals in San Mateo County.

e) Free clinics.

HCH/FH does not currently work collaboratively with Samaritan House's two free clinics located in San Mateo and Redwood City. The HCH/FH program does work with Samaritan House to support shelter-based care coordination services that actively assist homeless residents of the Safe Harbor emergency shelter located in north San Mateo County to access HCH/FH primary care.

f) Other federally supported award recipients (e.g., Ryan White programs, Title V Maternal and Child Health programs).

Ryan White funds help support HIV care and support services at the SMMC Edison Clinic, an HCH/FH site which provides health care and support services for homeless people and farmworkers living with HIV/AIDS. HCH/FH facilitates referrals for services for children with special needs to the county's Title V-funded California Children's Services (CCS) program and coordinates primary care with CCS.

g) Private provider groups serving low income/uninsured patients.

No private provider groups in the service area serve low income/uninsured patients.

h) Evidence-based home visiting programs serving the same target population.

HCH/FH coordinates referrals of pregnant women to San Mateo County's Pre to Three home visitation program designed to facilitate early identification and treatment of potential health and developmental problems, improve access to the health care system, and build parenting skills and confidence. The Pre-to-Three multi- disciplinary team provides in-home health screenings, education on healthy growth and development and facilitated referrals to community services and supports. A specialized Perinatal Addiction Outreach Team provides a comprehensive range of case management services; education on child development, parenting, and chemical dependency; developmental screenings; advocacy; and supportive counseling to pregnant and/or parenting women identified as being at risk for substance use.

i) Additional programs serving the same target population (e.g., social services; job training; Women, Infants, and Children (WIC); coalitions; community groups; school districts).

HCH/FH and WIC programs countywide have cross-referral agreements. School district homeless and migrant education programs refer families for services.

j) If applicable, organizations that provide services or support to the special population(s) for which funding is sought (e.g., Migrant Head Start, Public Housing Authority, homeless shelters).

HCH/FH has strong working relationships with all the homeless service providers and community organizations serving farmworkers in the service area, including the following.

Homeless Service Providers

San Mateo County Human Services Agency Center on Homelessness, the entity responsible for coordinating homeless services throughout San Mateo County, directs individuals and families to HCH/FH, provides data to inform HCH/FH planning, and is HCH/FH's forum for participating in implementation of the Housing Our People Effectively (HOPE) plan to address the core causes of homelessness in San Mateo County. HCH/FH provides health services for chronically homeless people identified by Homeless Outreach Teams (HOTs), a collaboration between the Center on Homelessness, homeless service providers, and local law enforcement agencies, to reach out to the chronically homeless people who are the target of the most merchant and residential complaints to police and most frequently visit hospital emergency rooms. HCH/FH has proposed to use Expanded Services Supplemental funds to assign a Nurse Practitioner to work directly with HOTs providing "street medicine" health care services. HCH/FH staff participate in Continuum of Care meetings for homeless service providers hosted by the Center on Homelessness.

LifeMoves, formerly known as InnVision Shelter Network, provides care coordination to link homeless shelter residents to primary care through a contract with HCH/FH; provides space and coordinates referrals for HCH/FH medical and dental mobile unit visits to the Maple Street Shelter; refers participants in transitional living, supportive housing, rapid re-housing and support service programs to HCH/FH; and provides services for homeless patients referred by HCH/FH.

Samaritan House provides care coordination to link shelter residents to primary care through a contract with HCH/FH; provides space and coordinates referrals for HCH/FH mobile unit visits to the Safe Harbor Shelter; refers homeless participants in food assistance and volunteer-based free clinics, as well as homelessness prevention assistance, financial education, a temporary labor program to HCH/FH; and provides services for homeless patients referred by HCH/FH.

Core service centers operated by Coastside Hope, Puente de la Sur, Daly City Community Service Center, El Concilio Emergency Services Partnership in East Palo Alto, Fair Oaks Community Center, YMCA Community Resource Center in South San Francisco, Samaritan House and Pacifica Resource Center, which provide food assistance, housing referrals, and linkages to other community services, refer clients to HCH/FH and provide services for homeless patients referred by HCH/FH.

Organizations Serving Farmworkers

Puente de la Costa Sur, the community resource center serving farmworkers and their families in the isolated South Coast region of San Mateo County, provides care coordination to link farmworkers and their families to primary care through a contract with HCH/FH, including assistance to farmworkers to enroll in health coverage programs and coordination of MY Transportation, an on-demand service that provides low-cost public transportation to health care appointments; refers farmworker participants in youth development, parent education, and employment programs to HCH/FH; and provides services for farmworkers and their family members referred by HCH/FH.

Coastside Hope, the core service center serving farmworker families, informs farmworkers about HCH/FH services and refers farmworker participants in crisis intervention and case management services, emergency and supplemental food assistance, rental and utility assistance, and citizenship classes to HCH/FH.

Legal Aid Society of San Mateo County, a public interest law firm, provides free civil legal services to low-income San Mateo County residents. Under a contract with HCH/FH, Legal Aid

addresses the health needs of farmworkers in San Mateo County rural, coastal communities by conducting a Needs Assessment to identify the continuing barriers to health care for farmworkers and their families, providing outreach and education to farmworkers and training and technical assistance to health providers and outreach partners, and providing referrals, eligibility assistance, legal advice, and representation.

k) If applicable, veterans service organizations, U.S. Department of Veterans Affairs (VA), Veteran's Health Administration community based outpatient clinics, VA medical centers, and other local veteran-serving organizations.

HCH/FH works with the San Mateo County Veterans Services Office (CVSO) to assist homeless veterans with needed health care services.

CVSO is responsible for providing benefit entitlement determinations, claim development, claim filing, advocacy, and case management services to the veteran population of San Mateo County. CVSO is also responsible for administering the College Fee Waiver Program for Veterans' Dependents. The CVSO and SMMC share an agreement to collaborate on services for veterans and have established protocols for information sharing between the offices.

l) If applicable, neighborhood revitalization initiatives such as the Department of Housing and Urban Development's Choice Neighborhoods, the Department of Education's Promise Neighborhoods, and/or the Department of Justice's Byrne Criminal Justice Innovation Program.

There are no federally funded neighborhood revitalization programs in the service area.

2) Document support for the proposed project through current dated letters of support that reference specific coordination or collaboration from all of the following in the service area (as defined in Attachment 1: Service Area Map and Table), or state if such organizations do not exist in the service area:

a) Existing health centers (Health Center Program award recipients and look-alikes).

- South County Community Health Center (dba: Ravenswood Family Health Ctr.)
- Gardner Family Health Network

b) State and local health departments.

- San Mateo County Public Health Dept.
- San Mateo County Behavioral Health & Recovery Services
- San Mateo County Center on Homelessness (on-file)

c) Rural health clinics.

There are no rural health clinics in the service area.

d) Critical access hospitals.

There are no critical access hospitals in San Mateo County.

3) If you are proposing to serve special populations, you must provide current dated letters of support that reference specific coordination or collaboration with community organizations that also serve the targeted special population(s) (e.g., Migrant Head Start, Public Housing Authority, homeless shelters).

- Puente de la Costa Sur
- LiveMoves (formerly Inn Vision Shelter Network)
- Coastside Hope
- Samaritan House

EVALUATIVE MEASURES

1) Within the Clinical Performance Measures form (see detailed instructions in Appendix B), outline realistic goals that are responsive to clinical performance and identified needs. Goals should be informed by contributing and restricting factors affecting achievement.

The attached *Clinical Performance Measures Form* provides required detail for all measures, and identifies key contributing and restricting factors and key planned actions for each measure.

2) Within the Financial Performance Measures form (see detailed instructions in Appendix B), outline realistic goals that are responsive to the organization's financial performance. Goals should be informed by contributing and restricting factors affecting achievement.

The *Financial Performance Measures Form* contains information on goals, measures and contributing and restricting factors.

3) Describe the organization's evaluation process for additional assessment of the health care needs of the target population, including:

a) The frequency and when the last assessment occurred.

A community health needs and health utilization survey is conducted every two years in an effort to improve access and quality of health care for the homeless and farmworker populations in San Mateo County. The aim of the survey is to gather information on how these populations access care and the kind of care and services they need. Results are used to inform decisions on health care planning and delivery.

The most recent assessment was conducted in 2015 and provided an update to the 2013 report. Reference: San Mateo County Health Care for the Homeless and Farmworker Health Program, 2015 Needs Assessment. Published January 2016.

b) Community engagement.

SMMC worked collaboratively with twelve health centers throughout San Mateo County to conduct the above survey. Over 600 surveys, in English and Spanish, were distributed, and 429 were completed with assistance from service providers of homeless patients and farmworkers.

The program continues to work closely with our contracted providers of homeless and farmworker services by holding quarterly meetings through our Providers' Collaborative to network and troubleshoot challenges that the providers encounter.

Program staff attends San Mateo County's Continuum of Care meetings that are hosted by SMC's Center on Homelessness. The attendees are a network of organizations that provide services to homeless individuals/families throughout San Mateo County.

Program staff has also started forming relationships and conversing with staff from SMMC's Resources Management Department, involved in Discharge Planning of SMMC clients. Staff from the Resources Management Department have attended the Providers' Collaborative meetings to establish relationships with contractors that provide case management services to our clients.

We continue to work closely with our Health Coverage Unit Department, which assists with enrolling clients in health insurance/coverage. The close relationship ensures that the HCH/FH Program is kept abreast of health coverage information updates, as well as ensuing that our clients are receiving adequate health insurance services.

The program continues to work with the San Mateo County's Center on Homelessness and Department of Housing/Housing Authority, meeting at least quarterly to collaborate on services for our target populations.

We work with the Oral Health Coalition, a San Mateo County Collaborative for Dental Education and Access, to assist in service planning, obtain updates, and also keep others informed of our program.

The Program has also formed a relationship with the Health Plan of San Mateo (HPSM), CareAdvantage program, which is a Coordinated Care Plan. HPSM staff have been working with our clients who are high utilizers of the Emergency Room, and we are encouraging our contractors that provide enabling services (Case Management) to connect with the CareAdvanage staff to ensure seamless coordination of services.

Through a joint collaborative between San Mateo County and the Community Resource Center, Puente De La Costa, the Pescadero Clinic was opened on March 5, 2015 in Pescadero to provide medical services to the Coastside communities, mainly farmworkers. The new pilot clinic operates Thursday evenings with a medical team staffed with a doctor, nurse and medical assistant from San Mateo County's Coastside Clinic.

c) Assessment tools/methods (e.g., written or verbal patient satisfaction surveys), and analysis, including cultural appropriateness.

San Mateo's HCH/FH program team uses internal data on utilization, diagnoses, clinical and financial performance measures to evaluate its service delivery efforts as well as the quality of care provided to patients. We follow the HRSA guidance on reporting UDS measures, and recently received a HRSA Health Center Quality Improvement FY 2016 Grant Award in excess of $35,000 for the HCH/FH outstanding performance on clinical quality measures. The award also ranks our performance as "best overall clinical performance among all health centers" nationally.

As a balancing measure, the Quality Improvement Committee conducts a program-specific patient satisfaction survey which covers access, quality of care, communications, and cultural competence of services. The survey is conducted at each service location—medical clinic, dental clinic, behavioral health clinic, care coordination/enabling services—with patients completing the survey after the clinical visit.

A Provider Survey is also conducted periodically to ascertain the provider's perspective on access to care. This survey provides the San Mateo leadership with greater detail on capacity issues in each service area, as well as documents the barriers to care that our patients report to the clinical teams.

d) Dissemination of results to board members, health center staff, community stakeholders, project partners, and patients.

The Quality Improvement team reports on a variety of metrics annually, guided by the QI Plan Calendar. Data are first reviewed by the QI team and staff involved in specific metrics, then shared with line staff through routine staff meetings. The Co-Applicant Board receives QI reports on a monthly basis, and these reports are made public on the website for viewing by community stakeholders and patients.

4) Describe how the organization's certified electronic health record (EHR) system will be used to optimize health information technology to achieve meaningful use and improve quality outcomes. If you do not have an EHR system, or have an EHR system that is not yet functional or integrated into proposed sites, you should outline plans for full EHR implementation at all proposed sites (consistent

with Form 5B: Service Sites) within one year of receipt of the Notice of Award.

Since 2009, the HCH/FH program has used eClinicalWorks, which is an ONC-HIT certified electronic health record system. Implementation of the EHR system has been instrumental in standardizing clinical documentation and providing trended data for quality improvement review and action. We utilize an in-house analyst provide data reports for analysis by care teams, and for review with staff, leadership and Board members.

SMCC providers have achieved Meaningful Use incentives on this system. As well, SMCC has received HRSA incentives for improvements in clinical outcomes, made possible by the use of the EHR for data capture, data reporting, trend analysis, and improvement planning.

5) If any additional evaluation activities are planned for the project period, provide a brief description of the additional activities, including data collection tools.

An HCH/FH program representative is a member of the San Mateo Medical Center's Disparities Group, which recently formed to develop an approach to reducing health care disparities throughout all service areas. The data team is preparing reports which will help us understand where disparities exist using a variety of demographic factors, including age, gender, race/ethnicity, socioeconomic status and insurance coverage status. Looking at our services in this new dimension will enable us to understand gaps in care and enhance our ability to provide the right services at the right time for the HCH/FH population.

RESOURCES/CAPABILITIES

1) Describe how the organizational structure (including any subrecipients/contractors) is appropriate for the operational needs of the project (consistent with Attachments 2: Corporate Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements), including:

HCH/FH is a program of the San Mateo Medical Center, a component of the San Mateo County Health System. A Co-Applicant Board governs the program in conjunction with the San Mateo County Board of Supervisors and San Mateo Medical Center Board of Directors (please see the Co-Applicant Board agreement in Attachment 6). The Co-Applicant Board exercises all programmatic and policy-setting authority for the program, except that the Board of Supervisors and SMMC Board of Directors, as appropriate, maintain the sole authority to set policy on fiscal and personnel matters pertaining to all County facilities and programs.

a) How lines of authority are maintained from the governing board to the CEO.

As depicted in the organizational chart in Attachment 3, the Co-Applicant Board sets policies and establishes priorities for HCH/FH and delegates responsibility to manage program implementation to the Executive Director. The Co-Applicant Board makes decisions regarding the selection and continued leadership of the Executive Director; however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements. The Co-Applicant Board annually evaluates and provides feedback to the Executive Director on his/her performance related to HCH/FH. San Mateo County annually evaluates and provides feedback on performance related to County criteria and standards. Both evaluations become part of the Executive Director's personnel file.

b) Whether your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements).

As noted above, HCH/FH is a component of the San Mateo Medical Center, part of the Health System of San Mateo County . It is not part of an affiliate or subsidiary organization.

2) Describe how your organization maintains appropriate oversight and authority over all proposed service sites, including contracted/sub-awarded sites, and services including (as applicable):

a) Current or proposed contracts and agreements summarized in Attachment 7: Summary of Contracts and Agreements.

As summarized in Attachment 7, HCH/FH has memoranda of understanding agreements for enabling services, care coordination, and outreach, and primary care services and dental services. All contracted services remain under the HCH/FH program administration and all contracts state the time period during which the agreement is in effect, the specific services covered, special conditions under which the services are provided, and the terms for billing and payment.

Policy and procedures approved by the Co-Applicant Board implements monitoring and evaluation processes for all executed contracts. These include, at a minimum:

- On a quarterly basis staff reports to the Board on contractor utilization, cost and quality;
- As indicated by invoices and/or reported data, staff confers/negotiates with contractors to achieve performance goals and insure data accuracy and integrity;
- On at least an annual basis, staff conducts an on-site visit to each contractor to determine compliance with contract terms and validate invoice and data reporting. Staff confirms compliance with Section 330 (g & h) requirements; and
- Results of site visits are reported to the Co-Applicant Board. If the Board determines additional action is required, the Board shall direct program staff to take such action.

b) Subrecipient arrangements, subawards, contracts, or parent/affiliate/subsidiary agreements uploaded in Form 8: Health Center Agreements. If you have proposed subrecipient arrangements, you must demonstrate that systems are in place to provide reasonable assurances that the subrecipient organization complies with – and will continue to comply with – all statutory and regulatory requirements throughout the period of award.

The San Mateo County, Health System, HCH/FH Program does not have parent, affiliate, or sub-recipient arrangements. However, due to the inclusion of contractor sites within the scope on Form 5B, SMMC is required to report on their three contracts associated with the program that provide essential primary care and enabling support.

As outlined above, the HCH/FH program has systems in place to provide reasonable assurances that the contracted agencies comply with, and will continue to comply with, all statutory and regulatory requirements.

3) Describe how your organization's management team (CEO, CD, CFO, CIO, and COO, as applicable) is appropriate for the operational and oversight needs, scope, and complexity of the proposed project, including:

HCH/FH's management staffing pattern effectively supports our current operations while maximizing use of resources for the delivery of patient care. The management team currently consists of 1.0 FTE Executive Director, 0.25 FTE Medical Director, 1.0 FTE Program Coordinator, and 1.0 FTE Management Analyst. The SMMC Management Team provides oversight and leadership and assures that adequate resources are available for the program.

a) Defined roles (consistent with Attachment 4: Position Descriptions for Key Management Staff), in particular the CEO's responsibilities for day-to-day program management of health center activities.

Position descriptions in Attachment 4 detail the responsibilities of the Executive Director for overall program leadership and management; the Medical Director's responsibilities in developing strategic clinical approaches for the overall clinical development of the HCH/FH Program, assisting the Director by providing clinical leadership, and for insuring the delivery of quality care for patients and clients receiving HCH/FH services; the Management Analyst's duties related to budget monitoring and financial and program performance reporting; and the Program Coordinator's duties relating to day-to-day management.

b) Skills and experience for the defined roles (consistent with Attachment 5: Biographical Sketches for Key Management Staff).

The biographical sketches in Attachment 5 provide detailed information on the qualifications of management team members which are summarized below.

Executive Director Jim Beaumont: Mr. Beaumont has led HCH/FH for six years. He has over 30 years of highly progressive experience in social service program management and administration including program operations, fiscal management, automation, program reviews, budget development, and program development and coordination. Mr. Beaumont served as an Administrative Services Manager in the San Mateo County Department of Child Support Services for over 20 years before his appointment as HCH/FH Program Director. Mr. Beaumont has a Bachelor of Arts degree in Psychology from Huron College in South Dakota and has completed course work toward a Master's in Public Administration at California State University-Hayward.

Medical Director Frank Trinh, MD: Dr. Trinh has 13 years' experience delivering and supervising primary health care for vulnerable populations and special expertise in infectious diseases that disproportionately affect homeless people and farmworkers. A board-certified internal medicine physician, Dr. Trinh is a graduate of the University of Maryland, School of Medicine and completed clinical training in infectious diseases at the Stanford University School of Medicine. In addition to serving as HCH/FH Medical Director, he delivers primary care to homeless people through the HCH/FH Public Health Medical Mobile Unit and leads the San Mateo County Hepatitis B Free Steering Committee.

Program Coordinator Linda Nguyen, MPA: Ms. Nguyen joined HCH/FH in 2014. She previously worked as a Human Services Analyst II for the San Mateo County Center on Homelessness. She brings strong relationships with homeless service providers and excellent contract management and data analysis skills to the program. Ms. Nguyen has eight years of experience in management and administration. She holds a Master of Public Administration and a Bachelor of Arts in political science from San Jose State University. Ms. Nguyen is bilingual (English/Vietnamese).

Management Analyst Elli Lo: Ms. Lo joined HCH/FH in October 2015, after four (4) years with La Clinica de La Raza, a 330 Program Community Health Center in Oakland. She has experience in grants and contracts management, financial and program data analysis, and program administration and is knowledgeable of the HRSA 330 program requirements. Ms. Lo holds a Bachelor of Arts in economics and geography, and a minor is urban and regional studies, from UCLA. Ms. Lo is bilingual (English/Cantonese).

c) If applicable, shared key management positions (e.g., shared CFO/COO role) and time dedicated to health center activities (e.g., 0.5 FTE).

There are no shared key management positions.

d) If applicable, changes in key management staff in the last year or significant changes in roles and responsibilities.

There were no changes in key management staff in the last year nor were there significant changes in roles and responsibilities.

4) Describe your plan for recruiting and retaining key management staff and health care providers necessary for achieving the proposed staffing plan (consistent with Form 2: Staffing Profile).

SMMC recruits key management staff through internal promotions, web site postings and professional association web sites and events. SMMC recruits providers for HCH/FH through the National Health Service Corps, postings on our website, in professional journals, and on California Primary Care Association, National Association of Community Health Centers and other websites. Because of the high cost of housing and living in the San Francisco Bay Area, a competitive above-average wage structure has also been established to attract/retain managers and providers.

5) Describe your organizational experience in the following areas:

a) Serving the target population.

The HCH component of HCH/FH was first funded through a $150,000 award received in 1991. Over the past 25 years, the program has provided uninterrupted, comprehensive health care services to the homeless population through a multi- disciplinary network centered on primary health care, oral health services and behavioral health treatment. In 2010, HCH/FH established our farmworker or migrant health component in response to the unmet needs of agricultural workers and their families in the rural Coastside region in San Mateo County.

HCH/FH providers and staff are experienced with, sensitive to, and respectful of our patients and their concerns, fears, and barriers. Providers and staff are fluent in the languages and norms of the target populations, and receive ongoing training on issues affecting the health and access to care of homeless people and farmworkers. Providers and staff possess the training, skills and compassion needed to engage hard-to-reach homeless people and farmworkers in comprehensive services, as well as provider expertise in health conditions that homeless persons and farmworkers experience disproportionately. To engage individuals and families who have lacked access to care, providers and staff convey respect and compassion in all interactions, avoid judgment, make patients' self-determined needs priorities, and are appropriately flexible. HCH/FH works in partnership with organizations that provide services needed and valued by our clientele, which serves to enhance trust and credibility.

b) Developing and implementing systems and services appropriate for addressing the target population's identified health care needs.

Throughout the program's history, HCH/FH has developed, adapted, and expanded services and systems to meet the needs of our target populations, including the development of farmworker health services. The development of a structured Provider Network has strengthened linkages among health care and enabling services providers to more effectively engage homeless and farmworker patients in patient-centered medical homes. To address gaps in access identified by the Provider Network, HCH/FH will use Expanded Services Supplemental funds to provide more and more intensive mobile health services for underserved unsheltered, chronically homeless people and field-based primary care for farmworkers at job sites.

6) Describe your organization's ongoing strategic planning process, including:

a) The roles of the governing board and key management staff.

The Co- Applicant Board leads the ongoing strategic planning process and approves all strategic plans and updates/changes to strategic plans. The HCH/FH Executive Director oversees the collection and analysis of data to inform strategic planning, ensure that quality improvement findings guide strategic planning, manage implementation of strategic plan action steps, and regularly report to the Co-Applicant Board on progress. People in the target populations, patients, healthcare providers, and other service providers inform strategic planning through participation in surveys and focus groups. The current strategic plan was finalized by the Co-Applicant Board at the June 2016 Board meeting.

b) The frequency of strategic planning meetings.

The strategic planning meetings are held at least annually.

c) Strategic planning products (e.g., strategic plan, operational plan).

HCH/FH developed a strategic plan in 2016 and is currently working on an update and an annual tactical plan. The strategic plan's program analysis identified major strengths and weaknesses, as follows.

Strengths: San Mateo is an affluent county with financial resources and extensive services. Healthcare Reform has increased the number of people eligible and enrolled in Medi-Cal. SMC has a history of service provision without regard to immigration status and a strong program for low-income population not eligible for Medi-Cal (ACE). Homeless redesign is a priority of the County. HRSA funding has been increasing and allows for program flexibility. San Mateo County has a strong system of medical and behavioral health care with extensive services. SMC has great outreach teams. The HCH/FH Board and Staff are passionate and ready to move forward with new initiatives. The mobile van and street outreach have been providing needed services and have been expanding. New service expansions in Half Moon Bay and Pescadero are increasing services offered to farmworkers.

Weaknesses: The cost of housing is very high and income disparity is increasing. SMC is geographically spread out and separated by a mountain range. County departments are siloed. HRSA requirements are burdensome and hard to navigate. County/SMMC services are not tailored to the unique needs of the homeless or farmworker population. There is limited information and understanding about the location and demographics of the farmworker population. The HCH/FH program has a small staff and does not include clinical (beyond medical director) or service coordination staff. The Board consists primarily of individuals affiliated with a contracted organization and does not have a representation in all desired areas of expertise.

Based on the analysis, the plan established the following strategic goals for HCH/FH.

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

d) Incorporation of needs assessment and program evaluation findings.

The strategic plan was the basis for determining program priorities for each target population.

- Homeless: Medical case management, health navigation, eligibility assistance, psychosocial case management, staff/provider training, and transportation.
- Farmworkers: Eligibility assistance, health navigation, medical case management, support for community organizations serving farmworkers, health education, and transportation.

The update to the strategic plan will set out goals, objectives and strategies to address target population health needs identified through ongoing assessment, including but not limited to:

- Respite care for homeless people discharged from in-patient care,
- Expansion of shelter-based services for homeless patients with complex chronic conditions,
- Targeting of services for the growing population of homeless formerly incarcerated people,

- Mobile health services to reach farmworkers and their families at work and housing sites,
- Access to medications in appropriate community locations for farmworkers and their families, and
- Enhanced integration of primary care and behavioral health treatment.

7) Describe any national quality recognition your organization has received or is in the process of achieving (e.g., Patient-Centered Medical Home, Accreditation Association for Ambulatory Health Care, Joint Commission, state-based or private payer initiatives).

SMMC is fully accredited by the Joint Commission and applied Level 2 PCMH designation status.

8) Describe your current status or plans for participating in related federal benefits (e.g., Federal Tort Claim Act (FTCA) coverage, FQHC Medicare/Medicaid/CHIP reimbursement, 340 Drug Pricing Program, National Health Service Corps providers). If you do not have plans to seek FTCA coverage, describe plans for malpractice insurance. Refer to Section VIII for details.

SMMC participates in FQHC reimbursement, 340B Drug Pricing Program, and National Health Service Corps programs.

9) Describe your billing and collections policies and procedures, including:

a) How the established schedule of charges for health center services (consistent with Form 5A: Services provided) is consistent with locally prevailing rates and is designed to cover the reasonable cost of service operation.

The Board-approved schedule of charges is derived from the County's charge data master and is based on consultation with the Health Plan of San Mateo, the County-organized single managed care entity responsible for administering federal, state and local public health insurance and health coverage programs in San Mateo County, to assure consistency with local prevailing rates and reasonableness.

b) Efforts to collect appropriate reimbursement from Medicaid, Medicare, and other public and private insurance sources (e.g., CHIP, Marketplace qualified health plans) (consistent with Form 3: Income Analysis).

SMMC has in place written procedures for billing public and private insurance programs for reimbursement for services. We continuously review and improve coding and charge capture practices to reduce administrative and clinical denials of billings due to inadequate documentation and non-compliance with payor rules. Written policies and procedures for billing are monitored for compliance, and updated to reflect changes in regulations and requirements as well as systems improvements.

c) Efforts to secure payments owed by patients that do not create barriers to care.

SMMC has in place written procedures for collecting sliding scale payments from patients. To avoid creation of barriers to care, policies and procedures include options for payment plans and waiver of charges.

d) Criteria for waiving charges and staff authorized to approve such waivers.

Changes in patients' eligibility for full discounts based on sliding fee scale policies make them eligible for waivers. Waivers in emergency situations are determined on a case-by-case basis. Billing managers are authorized to approve waivers.

10) Describe how your financial accounting and internal control systems, as well as related policies and procedures:

a) Are appropriate for the size and complexity of the organization.

HCH/FH is organizationally part of the San Mateo County Health System, a financially viable government agency with an annual budget exceeding $500 million. The Health System uses a fully integrated accounting system that is maintained by the County of San Mateo. Accounting processes for the SMMC are centralized and account detail is maintained by program, fund and object code. An independent auditing firm conducts annual audits.

In accordance with County guidelines, HCH/FH prepares an annual budget of revenue and expenditures reviewed and approved by the Co-Applicant Board. HCH/FH has a segregated budget unit or cost center that facilitates accrual of HCH/FH-related revenue and expenditures for HRSA fiscal and other reports. The program's County budget reflects the budget approved by HRSA during the annual grant renewal process. All expenditures charged to HCH/FH must be pre-approved by the Executive Director.

b) Reflect Generally Accepted Accounting Principles (GAAP).

Policies and procedures for accounting, fiscal controls, and financial reporting reflect GAAP.

c) Separate functions/duties, as appropriate for the organization's size, to safeguard assets and maintain financial stability.

The San Mateo County Health System has sound control policies and procedures in place that protect the health center's assets from loss, theft, or misuse. This includes policies, procedures and position descriptions that ensure separation of functions/duties.

d) Enable the collection and reporting of the organization's financial status, as well as tracking of key financial performance data (e.g., visits, revenue generation, aged accounts receivable by income source or payor type, aged accounts payable, lines of credit).

The Executive Director prepares regular reports on all HRSA-required measures for review, approval, and action planning to resolve any problems by the management team and Co-Applicant Board.

e) Support management decision-making.

The management team and Co-Applicant Board review finance reports and use findings to inform financial decisions such as budgeting for service contracts.

11) Describe your organization's current financial status, including profitability (change in net income/total expenses), cash-on-hand (total unrestricted cash/daily expenses), and solvency (total liabilities/total net assets). You may upload source documents (e.g., current income statement and balance sheet) to Attachment 14: Other Relevant Documents, as desired.

The most recent audit submitted through the EHB for FY 2014-2015 confirms the sound financial status of the San Mateo Health System and SMMC.

12) Describe your annual independent auditing process performed in accordance with federal audit requirements. Explain any adverse audit findings (e.g., questioned costs, reportable conditions, cited material weaknesses) and corrective actions that have been implemented to address such findings.

MGO Public Accounting conducts the annual audit and reports its findings to the County Board of Supervisors. The SMMC Chief Financial Officer has primary responsibility for managing the audit process for the SMMC and HCH/FH Program.

13) Describe your status of emergency preparedness planning and development efforts, including plans to participate in state and local emergency planning. If applicable, explain negative responses on Form 10: Emergency Preparedness Report and plans for resolution.

SMMC has in place emergency preparedness policies and procedures compliant with HRSA requirements (See Form 10 – Annual Emergency Preparedness and Management (EMP) Report.) All HCH/FH sites participate in emergency preparedness training and drills and assign staff to attend emergency preparedness planning meetings convened.

GOVERNANCE

1) Describe how Attachments 2: Corporate Bylaws, 6: Co-Applicant Agreement, and 8: Articles of Incorporation demonstrate that your organization has an independent governing board that retains (i.e., does not delegate) the following unrestricted authorities, functions, and responsibilities:

a) Meets at least once a month.

The Co-Applicant Board (CAB) holds regular monthly meetings and special sessions for strategic planning and other purposes. *(Bylaws: Article 12, Section A, page 7)*

b) Ensures that minutes documenting the board's functioning are maintained.

The Executive Director who serves as the non-voting CAB Secretary records and the program maintains minutes of all CAB meetings. (*Bylaws: Article 12, Section A, page 7)*

"The Secretary or the Secretary's designee shall take minutes of the meetings, submit those minutes to the Board in advance of the following meeting for approval of the Board, ensure that notice of meetings is given as required by these Bylaws, and ensure that space is reserved for meetings of the Board." *(Bylaws: Article 13, Section D, page 10*)

c) Determines executive committee function and composition.

The Bylaws do not specifically address the executive committee but does address the establishment of committees.

"The Board may designate one or more committees as the Board sees as appropriate to address specific issues or duties as they arise. Any such committee is limited to a membership of fewer than half the members of the Board. Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.

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

Committees shall operate pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action." (*Bylaws: Article 14, Page 11*).

d) Selects the services to be provided.

The CAB selects the services.

"Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program." (*Bylaws: Article 3, Section E, page 2*)

e) Determines the hours during which services will be provided.

The CAB sets schedules annually and approves any changes in schedules.

"Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program." (*Bylaws: Article 3, Section E, page 2*)

f) Measures and evaluates the organization's progress and develops a plan for the long-range viability of the organization through: strategic planning and periodic review of the organization's mission and bylaws; evaluating patient satisfaction; monitoring organizational performance; setting organizational priorities; and allocating assets and resources.

The CAB evaluates effectiveness of care, services, and financial management. The CAB either as a whole or through committees:

- Reviews, and accepts or rejects periodic reports on the findings, actions, and results of QI activities;
- Assesses organizational structures and systems to improve program and financial performance;
- Reviews bylaws and makes needed revisions; and
- Reviews the findings of patient satisfaction surveys and conducts community meetings to obtain feedback and recommendations for improvements the target populations.

At strategic planning meetings, the CAB sets priorities and defines overall strategies which are assigned to CAB committees and HCH/FH staff for further development and implementation. Board members monitor progress at regular monthly meetings. (*Bylaws: Article 3, Sections A-P, pages 2-3*)

g) Approves the health center's annual budget, federal applications for funding, and selection/dismissal/performance appraisal of the organization's CEO.

The CAB approves the annual budget and all grant applications (*Bylaws: Article 3, page 3*). Because SMMC is a county government entity, the CAB conducts the Executive Director's performance appraisal. However, the County retains authority for all personnel actions. (*Bylaws: Article 3, Page 3, Article 4. page 3, and Co-Applicant Agreement*)

h) Establishes general policies for the organization.

The CAB adopts and reviews general policies and procedures for HCH/FH operations. (*Bylaws: Article 3, Section G, page 2*)

"Setting general policies necessary and proper for the efficient and effective operation of the Program." (*Co-Applicant Agreement: Section 3G, page 6)*

2) Document that the structure of your board (co-applicant board for a public center, if applicable) is appropriate in terms of size, composition, and expertise by describing how the following criteria are met:

a) At least 51 percent of board members are individuals who are/will be patients of the health center (this requirement may be waived for eligible applicants that justify the need for a waiver in Form 6B: Request of Waiver of Board Member Requirements).

CAB Bylaws require that a majority of CAB members be patients unless this requirement is waived by HRSA. (*Bylaws: Article 5, Sections 1a and c, page 4*) The HCH/FH Program is requesting a waiver for the 51% consumer majority requirement (Please see Form 6B).

b) As a group, the patient board members reasonably represent the individuals served by the organization in terms of race, ethnicity, and gender (consistent with Form 4: Community Characteristics and Form 6A: Current Board Member Characteristics). Non-patient board members are representative of the service area and selected for their expertise in any of the following areas: community affairs; local government; finance and banking; legal affairs; trade unions and related organizations; and/or social services.*

CAB Bylaws require that "the Consumer Members shall be representative of the geographical areas served by the Program and, as a group, shall represent the Program's user population in terms of demographic factors such as ethnicity, location of residence, race, gender, age, and economic status.: (*Bylaws: Article 5, Section A1, page 4*)

c) Board has a minimum of nine but no more than 25 members, as appropriate for the complexity of the organization.

CAB Bylaws require that "there shall be between nine (9) and twenty-five (25) voting members of the Board. The Board can set a specific number of voting members within this range by way of an amendment to these Bylaws." (*Bylaws: Article 5, Section A1, page 4*)

d) No more than half of the non-patient board members derive more than 10 percent of their annual income from the health care industry.

CAB Bylaws require that the "remaining voting members of the Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry." (*Bylaws: Article 5, Section A(b), page 4*)

e) No board member is an employee of the health center or an immediate family member of an employee.
**** If you are requesting funding to serve the general community (CHC) AND special populations (MHC, HCH, and/or PHPC), you must have appropriate board representation. At a minimum, there must be at least one representative from/for each of the special population groups for which funding is requested. Board members representing a special population should be individuals who can clearly communicate the target population's needs/concerns (e.g., advocate for migratory and seasonal agricultural workers, former homeless individual, current resident of public housing).***

CAB Bylaws require that "no voting member of the Board shall be an employee of or an immediate family member of an employee of SMMC, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological, adopted, step-, or half-); however, a member of the Board may be an employee of the County of San Mateo. No members shall have a personal financial interest which would constitute a conflict of interest." (*Bylaws: Section A2, page 5*)

CAB Bylaws state that "more than one-half (50% + 1) of the voting members of the Board shall be individuals who are, have been, or will be served by the Program (the "Consumer Members")." (*Bylaws: Article 5, Section A1(a), page 4*)

3) Document the effectiveness of the governing board by describing how the board:

a) Operates, including the organization and responsibilities of board committees (e.g., Executive, Finance, QI/QA, Risk Management, Personnel, Planning).

CAB Bylaws require that "the Board may designate one or more committees as the Board sees as appropriate to address specific issues or duties as they arise. Any such committee is limited to a membership of fewer than half the members of the Board. Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.

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

Committees shall operate pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action." (*Bylaws: Article 14, page 11*)

b) Monitors and evaluates its performance, inclusive of identifying training needs.

On an ongoing basis, the CAB monitors participation in Board activities, diligent performance of required duties, and Board composition. Annually, members conduct self-evaluation of the Board's performance.

c) Provides training, development, and orientation for new members to ensure that they have sufficient knowledge to make informed decisions regarding the strategic direction, general policies, and financial position of the organization.

CAB officers and the management team plan and conduct orientation for new members, including training in responsibilities and requirements of Section 330 grantees. New members receive orientation packets with information on the program, CAB responsibilities, and Section 330 requirements.

<u>Board training received in past year.</u>

- This year our Co-Applicant Board has been provided technical assistance training from HRSA consultants on Board Governance in October 2015, following our Operational Site Visit in March 2015.
- Co-Applicant Board members were also in attendance for three conferences this year:
    - The 2016 Western Forum for Migrant and Community Health in Portland, Oregon the members in attendance were Julia Wilson and Molly Wolfes
    - The 2016 National Health Care for the Homeless Conference in Portland, Oregon; the members in attendance were Tayischa Deldridge and Paul Tunison.
    - The 2016 International Street Medicine Symposium in San Jose, California; the members in attendance were Tayisha Deldridge, Robert Stebbins, Julia Wilson, and Paul Tunison.

4) If you have a parent/affiliate/subsidiary (consistent with Form 8: Health Center Agreements): Describe how this organizational structure/relationship does not impact or restrict your governing

board composition and/or authorities (reference Attachment 2: Corporate Bylaws and other attachments as needed), including:

a) Selection of the board chairperson, a majority of board members (both patient and non-patient), and, if applicable, Executive Committee members.

Under the Co-Applicant Agreement and Bylaws, the CAB elects the chairperson and selects all members.

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

A list of nominees and other applicants shall be presented to the Board at a meeting between two and four months in advance of the expiration of terms for voting membership positions which are up for selection. A nominee may decline nomination. Each proposed new or returning member who is nominated or who applies shall be separately selected by a majority vote of these members present and voting at the meeting designated for such selections. A nominee or applicant who is so selected for voting membership shall begin his or her new term immediately upon the end of the term of the prior holder of the seat for which the selection was held." (*Bylaws: Article 6, page 5*)

"Membership: As set forth in the Co-Applicant Board Bylaws, the Co-Applicant Board Membership will comply with Section 330 Program requirements. The Co-Applicant Board shall consist of at least nine (9) and a maximum of twenty-five (25) voting members. More than one-half of the voting members of the Co-Applicant Board shall be individuals who are served by the Program (the "Consumer Members"). The remaining voting members of the Co-Applicant Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry." (*Co-Applicant Agreement: Section 2A, page 3)*

b) Selection or dismissal of the CEO/Executive Director, including arrangements that combine this position with other key management positions.

Under the HRSA-approved Co-Applicant Agreement, the CAB recommends selection or dismissal of the Executive Director who is a County employee; therefore, the County retains authority to appoint and dismiss the Executive Director.

"Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements." (*Co-Applicant Agreement: Section 3A) (Bylaws: Article 3A, page 2)*

c) Ensuring that no outside entity has the authority to override board approval (e.g., dual or super-majority voting, prior approval process, veto power, final approval).
Note: Upon award, your organization will be the legal entity held accountable for carrying out the approved Health Center Program scope of project.

The Co-Applicant Agreement specifically makes this assurance as it states that the "San Mateo County Ordinance No. 04670 establishes the San Mateo County Health Care for the Homeless/Farmworker Health Program Co-Applicant Board (the "Co-Applicant Board"). The Co-Applicant Board will serve as the governance structure for the Health Care for the Homeless/Farmworker

Health Program, will do so in accordance with its bylaws, will do so in conjunction with the Board of Supervisors and the SMMC Board of Directors, and shall exercise the governance powers for the Health Care for the Homeless/Farmworker Health Program (the "Program") as set forth in this Agreement." (*page 2*)

5) Document that your health center's bylaws (consistent with Attachment 2: Corporate Bylaws) and/or other board-approved policy document(s) and procedures include specific provisions that prohibit real or apparent conflict of interest by board members, employees, consultants, and others in the procurement of supplies, property (real or expendable), equipment, and other services procured with federal funds.

Voting members of the CAB are subject to the same conflict of interest rules and reporting requirements which are applicable to San Mateo County boards, commissions, and advisory committees. A conflict of interest is a transaction with the County of San Mateo Health System, any part of the Health System, or with any other entity in relation to which a Board member has a direct or indirect economic or financial interest.

A conflict of interest or the appearance of conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the County of San Mateo Health System must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form. In situations when conflict of interest exists for a member, the member shall declare and explain the conflict of interest. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member; however, a member of the Board who has a conflict of interest may still provide input regarding the matter that created the conflict. Any member may challenge any other member(s) as having conflict of interest. By roll call vote, properly recorded, the status of the challenged member(s) shall be determined prior to further consideration of the proposed project or issue. (*Bylaws: Article 10, page 7*)

6) Describe how the composition of the governing board will be modified if changes occur in the demographics or needs of the target population and/or service area.

Through the Board's self-evaluation of their performance annually, the Board also reviews its composition to assure it meets the demographics and needs of the target population and service area. Upon identification of needed changes, the board, along with SMMC staff work to recruit the identified patient and non-patient members.

SUPPORT REQUESTED

1) Provide a complete, consistent, and detailed budget presentation through the submission of the following: SF-424A, Budget Narrative, Form 2: Staffing Profile, and Form 3: Income Analysis.

The HCH/FH Program budget request for Years 1 to 3 of the SAC project period is aligned with the projected increase in patients and patient visits over the next three years. Our three-year budget is based on conservative assumptions for service delivery to homeless and farmworker patients that keeps pace with our service capacity. Our goal to serve 8,800 patients by the end of 2018 meets the 100% funding patient total set by HRSA for the HCH/FH Program in the SAC Service Area Announcement Table (SAAT). As detailed in Form 1A, by December 31, 2018, our medical utilization is for 8,000 patients served through 32,000 medical visits. The average number of medical visits per patient will equal 4.0 visits per patients, which exceeds the generally accepted definition for a "medical home" of 3.0 visits per patient, however due to the expanded needs of the target population the projections are appropriate. These utilization projections also assume continued growth in patients receiving behavioral health, dental

and enabling services as services in these areas are integrated into primary care and will continue to expand.

2) describe how your total budget is appropriate for the proposed project and the total number of unduplicated patients projected to be served (consistent with Form 1A: General Information Worksheet, Table 1: Funding Reduction by Patients Projected to Be Served, and the Summary Page).

As presented, the budget proposed and federal funding requested for this SAC application is based on no funding reduction in the current federal grant. As demonstrated throughout this project narrative, the HCH/FH program has a firm plan to meet their planned patient target by December 31, 2018. In addition, the proposed budget comprehensively addresses the scope of services that apply to the organization. As shown in the budget narrative details there are necessary cost centers for each of the proposed services and that staffing within each cost center represents an appropriate mix of staff to perform the type of service proposed.

The budget and projected numbers of patients are reasonable and based on the HCH/FH Program's historic and anticipated payor mix under the ACA, as well as the expected increase in patients and patient utilization through outreach/enrollment activities, and improved provider productivity.

3) Describe how your proportion of federal funds requested in this application is appropriate given other sources of funding, including those specified in Form 3: Income Analysis (e.g., in-kind donations) and the Budget Narrative.

As presented, the budget proposed and federal funding requested for this SAC application is based on no funding reduction in the current federal grant. As demonstrated throughout this project narrative, SMMC has a firm plan to meet their planned patient target by December 31, 2018. The proportion of Section 330 federal funds represents 18.66% the total HCH/FH budget for Year 1.

4) Describe expected shifts in your payer mix (consistent with payer categories listed on Form 3: Income Analysis) and the potential impact on the overall budget, including plans to mitigate any expected adverse impacts.

SMMC strives to maintain a variety of revenue streams, including third-party payers for patient service revenue, other Federal and state funds and local government support from San Mateo County. Program income for patient services represents 81.34% of budgeted revenue. Third party payers include Medicare, Medi-Cal, Private Insurance, and Self-Pay. All of HCH/FH's funding sources are vital to the continued success of the organization

Our growth projections for utilization and third-party income are intentionally conservative to mitigate overly optimistic enrollment projections in expanded Medi-Cal or Covered California resulting from the ACA. None of this will impact patient care because all homeless and MSFW patients will be able to access care regardless of ability to pay.

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

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	$0.00	$0.00	$2,013,377.00	$8,758,528.00	$10,771,905.00
Migrant Health Centers	93.224	$0.00	$0.00	$536,627.00	$2,334,435.00	$2,871,062.00
Total		**$0.00**	**$0.00**	**$2,550,004.00**	**$11,092,963.00**	**$13,642,967.00**

SECTION B - BUDGET CATEGORIES

Object Class Categories	Federal	Non-Federal	Total
a. Personnel	$490000.00	$3108049.00	$3598049.00
b. Fringe Benefits	$250000.00	$1926991.00	$2176991.00
c. Travel	$25000.00	$0.00	$25000.00
d. Equipment	$0.00	$0.00	$0.00
e. Supplies	$10500.00	$1106157.00	$1116657.00
f. Contractual	$1753004.00	$0.00	$1753004.00
g. Construction	$0.00	$0.00	$0.00
h. Other	$21500.00	$4951766.00	$4973266.00
i. Total Direct Charges (sum of a-h)	**$2550004.00**	**$11092963.00**	**$13642967.00**
j. Indirect Charges	$0.00	$0.00	$0.00
k. TOTALS (sum of i and j)	**$2550004.00**	**$11092963.00**	**$13642967.00**

SECTION C - NON-FEDERAL RESOURCES

Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	$0.00	$4,651,029.00	$4,107,499.00	**$8,758,528.00**
Migrant Health Centers	$0.00	$1,239,643.00	$1,094,792.00	**$2,334,435.00**
Total	**$0.00**	**$5,890,672.00**	**$5,202,291.00**	**$11,092,963.00**

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	**$2,550,004.00**	$637,501.00	$637,501.00	$637,501.00	$637,501.00

Non-Federal	**$11,092,963.00**	$2,773,241.00	$2,773,241.00	$2,773,241.00	$2,773,240.00
Total	**$13,642,967.00**	**$3,410,742.00**	**$3,410,742.00**	**$3,410,742.00**	**$3,410,741.00**

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Health Care for the Homeless	$2,013,377.00	$2,013,377.00	$2,013,377.00	$0.00
Migrant Health Centers	$536,627.00	$536,627.00	$536,627.00	$0.00
TOTAL	**$2,550,004.00**	**$2,550,004.00**	**$2,550,004.00**	**$0.00**

SECTION F - OTHER BUDGET INFORMATION

Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

BUDGET JUSTIFICATION

REVENUE

	FEDERAL			NON-FEDERAL			TOTAL YEAR 1	TOTAL YEAR 2	TOTAL YEAR 3
	HCH	MH	Total	HCH	MH	Total			
Federal Section 330 Grant	2,013,377	536,627	2,550,004	0	0	0	2,550,004	2,550,004	2,550,004
Program Income	0	0	0	8,758,528	2,334,435	11,092,963	11,092,963	11,536,682	11,998,149
Other	0	0	0	0	0	0	0	0	0
TOTAL REVENUE	**2,013,377**	**536,627**	**2,550,004**	**8,758,528**	**2,334,435**	**11,092,963**	**13,642,967**	**14,086,686**	**14,548,153**

Year 1: The total projected revenue for Year 1 is $13,642,967. Of this revenue, around 18.69% or $2,550,004 is from the federal Section 330 grant. The $11,092,963 in Non-Federal Program Income is from the revenue sources and payor mix presented in Form 3: Income Analysis. As detailed in the SAC FOA chart, the federal revenue allocation for Migrant Health is 21.04% and the Health Care for the Homeless (HCH) is 78.96%. Migrant health is referenced as Farmworker Health (FH) for the remainder of this budget justification.

Years 2 and 3: Total project revenue increases by 4% in Year 2 and 4% in Year 3. The increased revenue is from program income that reflects increased utilization each year. Although it will change, the Section 330 grant revenue has to stay constant for all three years for the purpose of this SAC proposal.

EXPENSES

	FEDERAL			NON-FEDERAL			TOTAL YEAR 1	TOTAL YEAR 2	TOTAL YEAR 3
	HCH	MH	Total	HCH	MH	Total			
A. PERSONNEL									
Administration	386,884	103,116	490,000	0	0	0	490,000	509,600	529,984
Medical Staff	0	0	0	2,114,165	437,814	2,551,979	2,551,979	2,654,058	2,760,220
Dental Staff	0	0	0	176,000	37,331	213,331	213,331	221,864	230,739
Behavioral Health Staff	0	0	0	242,737	50,246	292,983	292,983	304,702	316,890
Enabling Staff	0	0	0	41,223	8,533	49,756	49,756	51,746	53,816
Other Staff	0	0	0	0	0	0	0	0	0
TOTAL PERSONNEL	**386,884**	**103,116**	**490,000**	**2,574,125**	**533,924**	**3,108,049**	**3,598,049**	**3,741,970**	**3,891,649**

Year 1: As summarized on Form 2: Staffing Profile, 27.93 FTE are hired for this program, 5.25 FTE are direct hire positions and 22.68 FTE are funded in non-federal funding in the above categories. The 5.25 FTE federal funded positions are broken down as follows:

Under Administration, this includes Jim Beaumont, the 1.0 FTE Executive Director who supervises project operations, reporting, data collection,

and liaison with the HCH/FH Co-Applicant Board. Dr. Frank Trinh, the 0.25 FTE Medical Director, provides administrative and clinical oversight for HCH/FH services. Elli Lo, the 1.0 FTE Management Analyst, supports the Director and Co-Applicant Board and coordinate various administrative activities such as the UDS submission, reports and budget development. Linda Nguyen, the 1.0 FTE Program Coordinator, coordinates system-wide outreach and planning with HCH/FH contract providers and other homeless service agencies. Program is planning to add two (2) new 1.0 FTE Program Coordinator positions to support and coordinate system-wide outreach and planning with HCH/FH contract providers and other homeless/farmworker service agencies. One (1) FTE is expected to be hired by the end of 2016 and the other 1 FTE is expected to be hired in 2017.

Years 2 and 3: Personnel costs will increase 4% in Year 2 and 4% in Year 3 through the Consumer Price Index (CPI).

B. FRINGE BENEFITS									
Personnel x 0.6050	**197,390**	**52,610**	**250,000**	**1,595,958**	**331,033**	**1,926,991**	**2,176,991**	**2,264,071**	**2,354,634**

Year 1: The fringe benefit rate for the County personnel varies by position, but the combined federal and non-federal average benefit for the HCH/FH service sites is 60.50%. Benefits included are: FICA, Retirement, Medical/Dental and Vision, State Disability and Workers Compensation.

Years 2 and 3: Fringe benefit costs will increase 4% in Year 2 and 4% in Year 3 through the Consumer Price Index (CPI).

C. TRAVEL									
HCH/MH Conference @ $1,500/trip x 3 trips x 4 attendees	10,500	7,500	18,000	0	0	0	18,000	18,720	19,469
Regional Conference @ $600/trip x 1 trip x 4 attendees	1,200	1,200	2,400	0	0	0	2,400	2,496	2,596
Local Mileage @ $100/MO x 12	600	600	1,200	0	0	0	1,200	1,248	1,298
Patient Transportation @ $283.33/MO x 12	1,700	1,700	3,400	0	0	0	3,400	3,536	3,677
TOTAL TRAVEL	**14,000**	**11,000**	**25,000**	0	0	0	**25,000**	**26,000**	**27,040**

Year 1: This includes funds budgeted for the required attendance at two HCH and FH national meeting and one HCH regional meeting. Local Mileage is also budgeted for travel to/from HCH/FH sites by the Executive Director, Community Program Specialists and Management Analyst. Patient transportation includes the costs for ambulance, cab and bus fares to/from HCH and FH service sites. Local mileage and patient transportation are split equally because of the longer distances for FH related travel on the rural Coastside.

Years 2 and 3: Travel costs will increase 4% in Year 2 and 4% in Year 3 through the Consumer Price Index (CPI).

D. EQUIPMENT									
Furniture/Equipment (>$5,000/item)	0	0	0	0	0	0	0	0	0
E. SUPPLIES									
Office & Business @ $4.81/patient	8,290	2,210	10,500	22,108	5,892	28,000	38,500	38,500	38,500
Medical/Dental Supplies @ $28/patient	0	0	0	185,584	38,416	224,000	224,000	224,000	224,000
Lab Supplies @ $5.77/patient	0	0	0	38,242	7,915	46,157	46,157	46,157	46,157
Drugs/Pharmaceuticals @ $101/patient	0	0	0	669,428	138,572	808,000	808,000	808,000	808,000
TOTAL SUPPLIES	**8,290**	**2,210**	**10,500**	**915,362**	**190,795**	**1,106,157**	**1,116,657**	**1,116,657**	**1,116,657**

Year 1: Office supplies (printers, business cards, notebooks) used for HCH/FH and clinic-wide administration are budgeted at $3.50/patient for the 8,000 patients. Medical/Dental supplies for clinics are budgeted at $28/patient, Lab supplies at $5.77/patient, and drugs/pharmaceuticals are budgeted at $101/patient. All of these costs are based on pro-rated averages for the HCH/FH program.

Years 2 and 3: The cost per patient for the various line items will remain the same in Years 2 and 3.

F. CONTRACTUAL									
1. Other County Agencies									
Public Health Mobile Van	600,750	108,500	709,250	0	0	0	709,250	709,250	709,250

The Public Health Department's Mobile Health Van delivers screening and acute care to homeless individuals residing in shelter and transitional living programs, on the street and at the reentry service site and farmworker individuals @ 1,935 patients x $366.54/patient and/or 3,407 encounters x $208.17/encounter.

Behavioral Health & Recovery Services	97,500	0	97,500	0	0	0	97,500	97,500	97,500

Assessment and case management services coordinated by the Division of Behavioral Health and Recovery Services (BHRS) target the homeless

mentally ill @ 300 consumers x $325/consumer and/or 900 encounters x $108.33/encounter.									
Total – County MOU's	**698,250**	**108,500**	**806,750**	**0**	**0**	**0**	**806,750**	**806,750**	**806,750**
2. Community Providers									
Ravenswood Family Health Center – Primary Care	96,000	0	96,000	0	0	0	96,000	96,000	96,000
RFHC delivers primary care to homeless patients @600 patients x $160.00/patient and/or 1,900 encounters x $50.53/encounter.									
Ravenswood Family Health Center – Dental	52,000	0	52,000	0	0	0	52,000	52,000	52,000
RFHC delivers oral health services targeting homeless patients @ 200 patients x $260/patient and/or 600 encounters x $86.67/encounter.									
Ravenswood Family Health Center – Care Coordination	82,000	0	82,000	0	0	0	82,000	82,000	82,000
RFHC provides care coordination, health navigation and other enabling services to homeless patients @ 400 patients x $205/patient and/or 1200 encounters x $68.33/encounter.									
Subtotal	**230,000**	**0**	**230,000**	**0**	**0**	**0**	**230,000**	**230,000**	**230,000**
Legal Aid Society of San Mateo County	0	67,100	67,100	**0**	**0**	**0**	**67,100**	**67,100**	**67,100**
Conduct a Needs Assessment and an Experience Study to identify health care barriers for farmworkers and families @ $18,000, provide outreach, education, training and technical assistance to farmworkers, health providers and outreach partners @ $15,600, provide referrals, eligibility assistance, legal advice, and representation @ 20 patients x $1,675/patient and/or 30 encounters x $1,116.67/encounter. 100% of this contract is budgeted under FH.									
LifeMoves (formerly InnVision Shelter Network) – Care Coordination & Benefits	260,310	0	260,310	0	0	0	**260,310**	**260,310**	**260,310**

Enrollment									
Provide on-going care coordination and eligibility assistance services to shelter and street homeless individuals and families @ 710 clients x $366.63/client and/or 1,800 encounters x $144.62/encounter.									
Samaritan House – Safe Harbor Shelter	63,500	0	63,500	**0**	**0**	**0**	**63,500**	**63,500**	**63,500**
Provide shelter-based health-related case management, navigation and health education services @ 175 clients x $362.86/clients and/or 300 encounters x $211.67/encounter.									
Puente de la Costa Sur	0	118,050	118,050	**0**	**0**	**0**	**118,050**	**118,050**	**118,050**
Provide on-going case management eligibility assistance, health education, and other enabling services to farm workers and their family members @ 330 clients x $357.73/client and/or 200 encounters x $590.25/encounter. Under Federal funding, 100% of this contract is budgeted under FH.									
Sonrisas Dental Clinic	0	31,250	31,250	**0**	**0**	**0**	**31,250**	**31,250**	**31,250**
This is for the personnel that will deliver dental hygiene and oral health services to the migrant farm workers @ 50 patients x $625/patient and/or 150 encounters x $208.33/encounter. 100% of this contract is budgeted under FH.									
Other Contractors	78,560	22,484	101,044	**0**	**0**	**0**	**101,044**	**113,831**	**127,129**
Program is currently working with multiple external community partners for potential new enabling services programs and contracts that will possibly extend to next two years. In addition, the 2016 Strategic Plan directs the Program to expand services that will fill in the gap in services, including increasing medical respite care services for homeless, increasing dental services for adult farmworkers etc. Program anticipates additional contracts with other community partners to fulfill the service gaps for the homeless and farmworker. Years 2 and 3: Amount increases due to additional contract and re-bids, any changes will be reflected in the budget period renewals for each year.									
Total – Community Contracts	632,370	238,884	871,254	**0**	**0**	**0**	**871,254**	**884,041**	**897,339**
3. Program Consultants									
Program Consultants	59,217	15,783	75,000	**0**	**0**	**0**	**75,000**	**75,000**	**75,000**
Program works with multiple consultants for assistance in grant writing and consulting in FQHC operations. In addition, Program is expected to									

work with a consultant on the research and development of a medical respite services, as listed as one of the priorities in the 2016 Strategic Plan.

Total - Program Consultants	59,217	15,783	75,000	**0**	**0**	**0**	**75,000**	**75,000**	**75,000**
TOTAL CONTRACTUAL	**1,389,837**	**363,167**	**1,753,004**	**0**	**0**	**0**	**1,753,004**	**1,765,791**	**1,779,089**

Year 1: As indicated on the Federally Supported Contractor Form that follows the budget justification, 14.9 FTE staff that work for various contractors are supported with federal grant dollars.

Years 2 and 3: Contract amounts will remain the same in Years 2 and 3, except Other Contractors due to additional contracts and re-bids. Any changes will be reflected in the budget period renewals for each year.

G. CONSTRUCTION	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H. OTHER									
Staff Training @$3,833/MO	4,737	1,263	6000	31,582	8,418	40,000	46,000	47,840	49,754
Memberships @$2,167/MO	4,737	1,263	6000	15,791	4,209	20,000	26,000	27,040	28,122
Information Technology @ $38,439/MO	7,501	1,999	9500	356,696	95,070	451,766	461,266	479,717	498,905
Rent/Utilities @ $291,667/MO	0	0	0	2,526,829	973,171	3,500,000	3,500,000	3,640,000	3,785,600
Printing/Copying @ $4,167/MO	0	0	0	39,478	10,522	50,000	50,000	52,000	54,080
Maintenance @ $8,333/MO	0	0	0	78,956	21,044	100,000	100,000	104,000	108,160
Custodial @ $30,417/MO	0	0	0	288,189	76,811	365,000	365,000	379,600	394,784
Recycling & Bio Waste @ $1,250/MO	0	0	0	11,843	3,157	15,000	15,000	15,600	16,224
Communication @ $29,167/MO	0	0	0	276,345	73,655	350,000	350,000	364,000	378,560
Miscellaneous @ $5,000/MO	0	0	0	47,374	12,626	60,000	60,000	62,400	64,896
TOTAL OTHER	**16,976**	**4,524**	**21,500**	**3,673,083**	**1,278,683**	**4,951,766**	**4,973,266**	**5,172,197**	**5,379,085**

Year 1: Line items under this category include direct and pro-rated expenses to support HCH/FH operations across the SMMC clinic system. This includes program consultants to assist with service planning and grant compliance, staff training, memberships, rent and utilities, printing,

facility/equipment maintenance, custodial services, information technology, recycling and hazardous waste disposal, communication (phone, internet), and other miscellaneous costs.

Years 2 and 3: Costs for this budget category will increase 4% in Year 2 and 4% in Year 3 through the Consumer Price Index (CPI).

I. DIRECT SERVICES	**2,013,377**	**536,627**	**2,550,004**	**8,758,528**	**2,334,435**	**11,092,963**	**13,642,967**	**14,086,686**	**14,548,153**
J. INDIRECT	0	0	0	0	0	0	0	0	0

Since the San Mateo Health System and the San Mateo Medical Center do not have a current HHS approved indirect rate, non-clinical operations expenses are only partially presented in this budget. HCH/FH estimates that another $4 million is spent on costs not allocated to the HCH/FH Program in this budget.

K. GRAND TOTAL	**2,013,377**	**536,627**	**2,550,004**	**8,758,528**	**2,334,435**	**11,092,963**	**13,642,967**	**14,086,686**	**14,548,153**

Federally–Supported Personnel Justification Table – Year 1					
Name	**Position Title**	**% of FTE**	**Base Salary**	**Adjusted Annual Salary**	**Federal Amount Requested**
Beaumont, J.	HCH/FH Executive Director	1.00	$122,000	No adjustment needed	$122,000
Lo E.	HCH/FH Management Analyst	1.00	$91,100	No adjustment needed	$91,100
Nguyen, L.	HCH/FH Program Coordinator	1.00	$91,500	No adjustment needed	$91,500
Trinh, F.	HCH/FH Medical Director	0.25	$183,000	No adjustment needed	$45,750
TBD	HCH/FH Program Coordinator	1.00	$78,000	No adjustment needed	$78,000
TBD	HCH/FH Program Coordinator *(Partial year hire)*	1.00	$78,000	No adjustment needed	$61,650
Total		**5.25**			**$490,000**
Federally-Supported Contractor Personnel Justification – Year 1					
Public Health Mobile Van					
Trinh, F.	Medical Director	0.25	$183,000	No adjustment needed	$45,750
Greicus, L	Nurse Practitioner	0.50	$165,546	No adjustment needed	$82,773
Takaki, M.	RN	0.25	$127,176	No adjustment needed	$31,794
O'Connell, J.	Sr. Public Health Nurse	0.25	$137,482	No adjustment needed	$34,371

Lopez, M.	Medical Office Asst. II	0.25	$55,359	No adjustment needed	$13,840
Roth F.	Driver/Community Worker	0.25	$58,419	No adjustment needed	$14,605
Ramirez, L.	Patient Services Asst.	0.25	$59,028	No adjustment needed	$14,757
Sayegh, A.	Nurse Practitioner	0.75	$125,403	No adjustment needed	$94,052
Leus, A.	Driver/Community Worker	0.50	$52,584	No adjustment needed	$26,292
King, C	Nurse Practitioner	0.75	$146,536	No adjustment needed	$109,902
Beltran, R.	Medical Specialist Assistant II	1.00	$57,183	No adjustment needed	$57,183
O'Connell, J.	Registered Nurse Coordinator	0.10	$131,862	No adjustment needed	$13,186
Behavioral Health and Recovery Services					
Field, P.	Mental Health Counselor II	0.81	$66,816	No adjustment needed	$54,121
TBD	Community Worker II	0.74	$48,277	No adjustment needed	$35,725
Ravenswood Family Health Center – Primary Care					
TBD	Family Practice Physician	0.40	$175,403	No adjustment needed	$70,161
Ravenswood Family Health Center – Dental Care					
TBD	General Dentist	0.24	$155,827	No adjustment needed	$37,398
Ravenswood Family Health Center – Enabling Services					
TBD	HCH Care Manager	0.60	$106,090	No adjustment needed	$63,654
Legal Aid Society of San Mateo County					
Nakamura, H.	Directing Attorney	0.10	$92,000	No adjustment needed	$9,200
TBD	Staff Attorney	0.50	$60,000	No adjustment needed	$30,000
TBD	Administrative Assistant	0.50	$35,000	No adjustment needed	$17,500
LifeMoves (formerly InnVision Shelter Network)					
Molla, C.	Community Health Outreach Worker	1.00	$45,760	No adjustment needed	$45,760
Retter, P.	HCH Program Director	1.00	$52,000	No adjustment needed	$52,000
TBD	HCH Health Navigator	1.00	$43,680	No adjustment needed	$43,680
Sabin, M.	Director of Programs & Services	0.10	$79,000	No adjustment needed	$7,900
Puente de la Costa Sur					
Ranz, B.	Community Outreach Coordinator	0.50	$62,005	No adjustment needed	$31,003
Rodriguez, L.	Community Resource Navigator	1.00	$45,760	No adjustment needed	$45,760
Samaritan House					
Parmer, J.	Health Case Manager	1.00	$45,462	No adjustment needed	$45,462
Sonrisas Dental Clinic					

Contract	Dentist	0.08	$100,800	No adjustment needed	$8,064
Contract	Hygienist	0.10	$70,000	No adjustment needed	$7,000
Contract	Dental Asst.	0.08	$42,200	No adjustment needed	$3,216
Contract	Office/Front Desk	0.05	$33,300	No adjustment needed	$1,665

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SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007

Expiration Date 06/30/2014

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of

nondiscrimination provisions in the specific statute(s)under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Jim Beaumont	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
SAN MATEO, COUNTY OF	8/30/2016

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OMB Approval No. 0348-0046

Expiration Date 12/31/2013

DISCLOSURE OF LOBBYING ACTIVITIES

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

1. * Type of Federal Action:
- ☐ a. contract
- ☑ b. grant
- ☐ c. cooperative agreement
- ☐ d. loan
- ☐ e. loan guarantee
- ☐ f. loan insurance

2. * Status of Federal Action:
- ☐ a. bid/offer/application
- ☐ b. initial award
- ☐ c. post-award

3. * Report Type:
- ☐ a. initial filing
- ☐ b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

☑ Prime ☐ SubAwardee Tier If Known:

*Name: SAN MATEO, COUNTY OF

*Street 1: 222 W. 39th Ave.,

Street 2:

* *City*: San Mateo *State*: CA

* *Zip*: 94403- Congressional District, if known:

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

6. * Federal Department/Agency:

U.S Department of Health

7. * Federal Program Name/Description:

Health Center Program

CFDA Number, *if applicable*: 93.224

8. Federal Action Number, *if known*:

HRSA-17-050

9. Award Amount, *if known*:

10. a. Name and Address of Lobbying Registrant:

Prefix * *First Name* *Middle Name*

* *Last Name* *Suffix*

* *Street 1*: 222 W. 39th Ave., * *Street 2*

* *City*: San Mateo *State*: CA * *Zip*: 94403-

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

Prefix * *First Name* *Middle Name*

* *Last Name* *Suffix*

* *Street 1* *Street 2*

* *City* *State* * *Zip*

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

*** Signature:**

*** Name** *Prefix:* * *First Name*: Jim *Middle Name*

** Last Name*
Beaumont

Suffix

Title:

Telephone No.: (650) 573-2459

Date: 8/30/2016

Federal Use Only:

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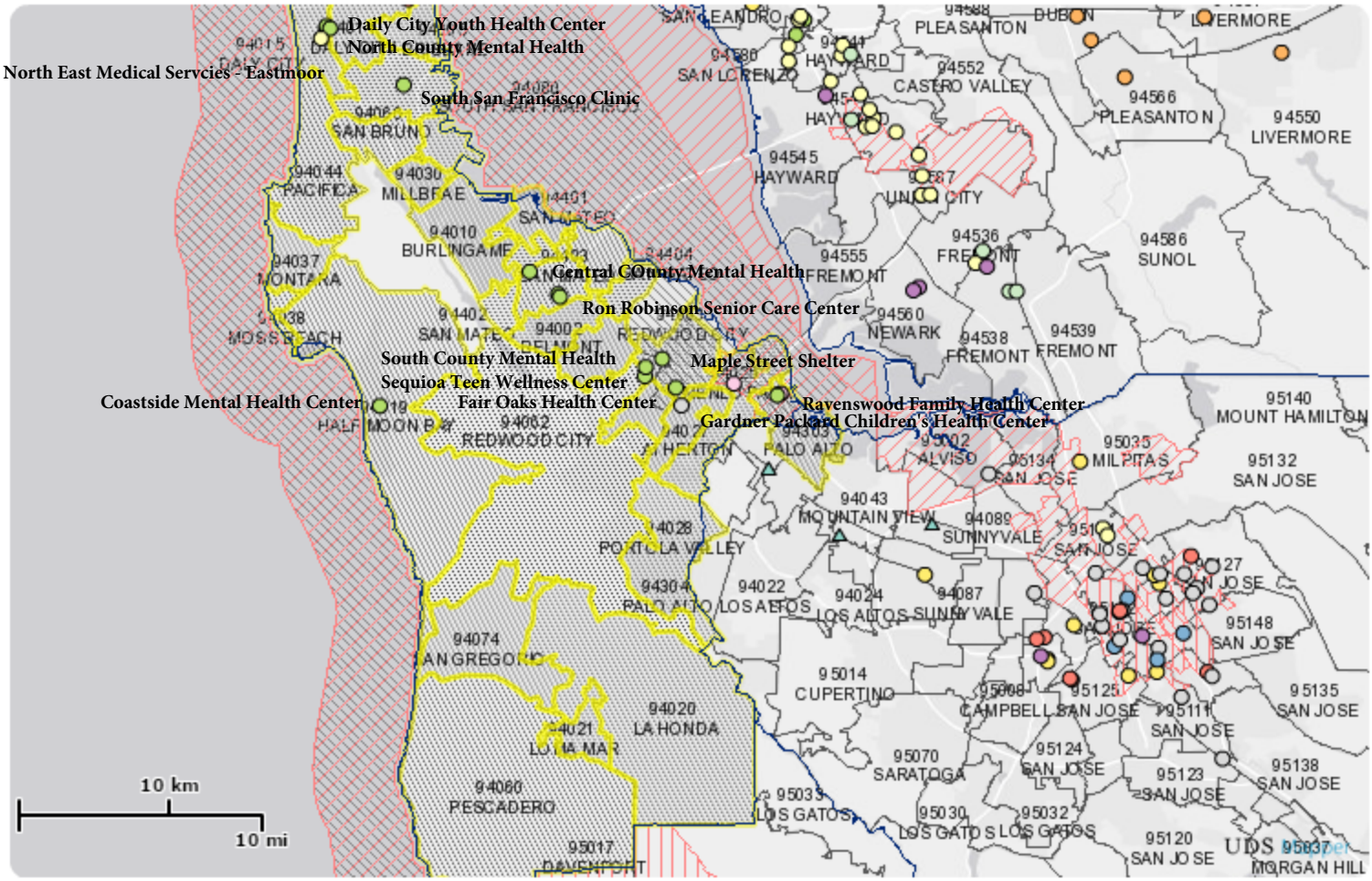
Standard Form - LLL

UDS Mapper



Counties

ZCTAs

Health Professional Shortage Areas

Geographical Area | Single County

Population Group

Medically Underserved Areas/Populations

Medically Underserved Area | Governor Designated

Medically Underserved Population

Selected ZCTAs

HCP Grantee Service Access Points

HCP Look-Alike Service Access Points

August 17, 2016 www.UDSMapper.org

ZCTA	Post Office Name	State	Health Center Count, 2014	Dominant Health Center, 2014	Total Population, 2010-2014	Low-Income Pop, 2010-2014	Total # Health Center Patients, 2014	Penetration of Low-Income	Penetration of Total Pop
Summary:					758,266	150,837	27,973	18.54 %	3.68 %
94002	Belmont	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	26,679	3,401	195	5.73 %	0.73 %
94403	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	40,032	5,845	630	10.77 %	1.57 %
94404	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	35,045	3,176	175	5.51 %	0.49 %
94402	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	24,306	2,553	236	9.24 %	0.97 %
94401	San Mateo	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	36,838	11,433	1,548	13.53 %	4.20 %
94010	Burlingame	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	42,223	5,417	220	4.06 %	0.52 %
94030	Millbrae	CA	3	NORTH EAST MEDICAL SERVICES	22,203	2,900	305	10.51 %	1.37 %
94128	San Francisco	CA	0		83	42	0		
94066	San Bruno	CA	5	NORTH EAST MEDICAL SERVICES	42,100	8,103	631	7.78 %	1.49 %
94044	Pacifica	CA	3	NORTH EAST MEDICAL SERVICES	38,416	5,117	276	5.39 %	0.71 %
94037	Montara	CA	0		2,880	155	0		
94019	Half Moon Bay	CA	3	SAN MATEO COUNTY HEALTH SERVICES AGENCY	18,382	3,196	1,070	33.47 %	5.82 %
94070	San Carlos	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	29,879	3,659	169	4.61 %	0.56 %
94065	Redwood City	CA	2	SAN MATEO COUNTY HEALTH SERVICES AGENCY	11,585	747	34	4.55 %	0.29 %
94063	Redwood City	CA	4	SAN MATEO COUNTY HEALTH SERVICES AGENCY	31,881	15,717	2,706	17.21 %	8.48 %
94025	Menlo Park	CA	4	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	40,945	5,742	2,054	35.77 %	5.01 %
94027	Atherton	CA	1	GARDNER FAMILY HEALTH NETWORK, INC.	7,230	458	12	2.62 %	0.16 %
94061	Redwood City	CA	3	GARDNER FAMILY HEALTH NETWORK, INC.	37,667	8,674	1,224	14.11 %	3.24 %
94028	Portola Valley	CA	1	GARDNER FAMILY HEALTH NETWORK, INC.	6,720	449	13	2.89 %	0.19 %
94062	Redwood City	CA	3	SAN MATEO COUNTY HEALTH SERVICES AGENCY	27,014	4,129	248	6.00 %	0.91 %
94074	San Gregorio	CA	0		320	26	0		
94020	La Honda	CA	0		1,483	141	0		
94060	Pescadero	CA	2	SAN MATEO COUNTY HEALTH SERVICES AGENCY	1,650	867	528	60.89 %	32.00 %
94021	Loma Mar	CA	0		211	92	0		
94080	South San Francisco	CA	6	SAN MATEO COUNTY HEALTH SERVICES AGENCY	66,002	14,722	1,386	9.41 %	2.09 %

ZCTA	Post Office Name	State	Health Center Count, 2014	Dominant Health Center, 2014	Total Population, 2010-2014	Low-Income Pop, 2010-2014	Total # Health Center Patients, 2014	Penetration of Low-Income	Penetration of Total Pop
94005	Brisbane	CA	2	SAN MATEO COUNTY HEALTH SERVICES AGENCY	4,421	846	143	16.90 %	3.23 %
94014	Daly City	CA	4	NORTH EAST MEDICAL SERVICES	48,536	13,700	1,442	10.52 %	2.97 %
94015	Daly City	CA	5	NORTH EAST MEDICAL SERVICES	62,941	13,102	1,351	10.31 %	2.14 %
94038	Moss Beach	CA	1	SAN MATEO COUNTY HEALTH SERVICES AGENCY	3,435	486	91	18.72 %	2.64 %
94303	Palo Alto	CA	7	SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.	47,159	15,942	11,286	70.79 %	23.93 %

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

Article 1: Name

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

Article 2: Purpose

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

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

Article 3: Responsibilities

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

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

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

A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements;

B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;

C. Providing recommendations to the SMMC Board of Directors regarding the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services;

D. Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;

E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;

F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget to the extent that the budget is provided by the Section 330 grant funds, and reviewing and accepting any appropriations made available by the County Board of Supervisors;

G. Setting general policies necessary and proper for the efficient and effective operation of the Program;

H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;

I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;

J. Setting and reviewing separate procedures for hearing and resolving grievances relating to the Program if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for hearing and resolving patient grievances relating to its patients, including those being served by the Program;

K. Setting and reviewing separate procedures for ensuring quality of care under the Program, including any quality audit procedures, if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for ensuring quality of care to its patients, including those being served by the Program and including any quality audit procedures;

L. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications;

M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;

N. Making the Co-Applicant Board's records available for inspection at all reasonable times as required by law and/or upon request by the Board of Supervisors, the SMMC Board of Directors, or either body's duly authorized agents or representatives;

O. Amending the Bylaws, as necessary and as permitted by (1) the ordinance of the County of San Mateo Board of Supervisors that established the Board and (2) these Bylaws; and

P. Filling vacancies, selecting voting members by majority vote, and removing voting members pursuant to the ordinance of the County of San Mateo Board of Supervisors that established the Board and as permitted by these Bylaws.

Article 4: Limitations of Authority

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

Article 5: Members

Section A - Member Qualifications

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

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

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

(c) Modification to Consumer and Community Membership Numbers

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

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

Section B - Responsibilities and Rights of Members

1. All voting members of the Board must attend all Board meetings.

2. Voting members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may Chair Board committees.

Section C - Non-Voting *Ex Officio* Members

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

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

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

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

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

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

Article 7: Term of Office

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

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

Article 8: Vacancies

The Board shall have the ability to appoint members to fill vacancies to complete a term, following the procedures outlined in Article 6. Anyone selected to fill a vacancy shall fill the remainder of the term.

Article 9: Removal

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

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

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

Article 10: Conflict of Interest

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

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

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

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

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

Article 11: Compensation

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

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

Article 12: Meetings

Section A - Regular Meetings

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

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

Section B - Conduct of Meeting

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

Section C - Notice, Agenda, and Supportive Materials

1. Written notice of each regular meeting of the Board, specifying the time, place, and agenda items, shall be sent to each member not less than four (4) days before the meeting. Preparation of the Agenda shall be the responsibility of the Program Director.

2. The agenda of each meeting shall be posted in a public notice area in accordance with the Brown Act and not less than seventy-two (72) hours prior to the meeting except as permitted by the Brown Act.

3. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.

4. Items which qualify as an emergency, pursuant to the Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote of the

members present at the hearing.

Section D - Special Meetings

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

Section E - Format of Meetings

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

Section F - Quorum and Voting Requirements

1. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence (either physical presence or participation by telephone, videoconference, or other similar electronic means as permitted by the Brown Act) of a majority of the members of the Board then in existence.

2. A majority vote of those Board members present is required to take any action.

3. Each member shall be entitled to one vote. Only members who are present (as defined in Subsection F.1, above) are permitted to vote; no proxy votes will be accepted.

4. Attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet, except that the Secretary shall sign in any members attending via electronic means. The names of members attending shall be recorded in the official minutes.

5. The Program Director shall have direct administrative responsibility for the operation of the Program and shall attend all meetings of the Board but shall not be entitled to vote.

Article 13: Officers

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

Section A - Nomination & Election

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

Section B - Term of Office

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

Section C - Vacancies

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

Section D - Responsibilities

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

1. Chair

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

2. Vice-Chair

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

3. Secretary

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

Article 14: Committees

The Board may designate one or more committees as the Board sees as appropriate to address specific issues or duties as they arise. Any such committee is limited to a membership of fewer than half the members of the Board. Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.

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

Committees shall operate pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

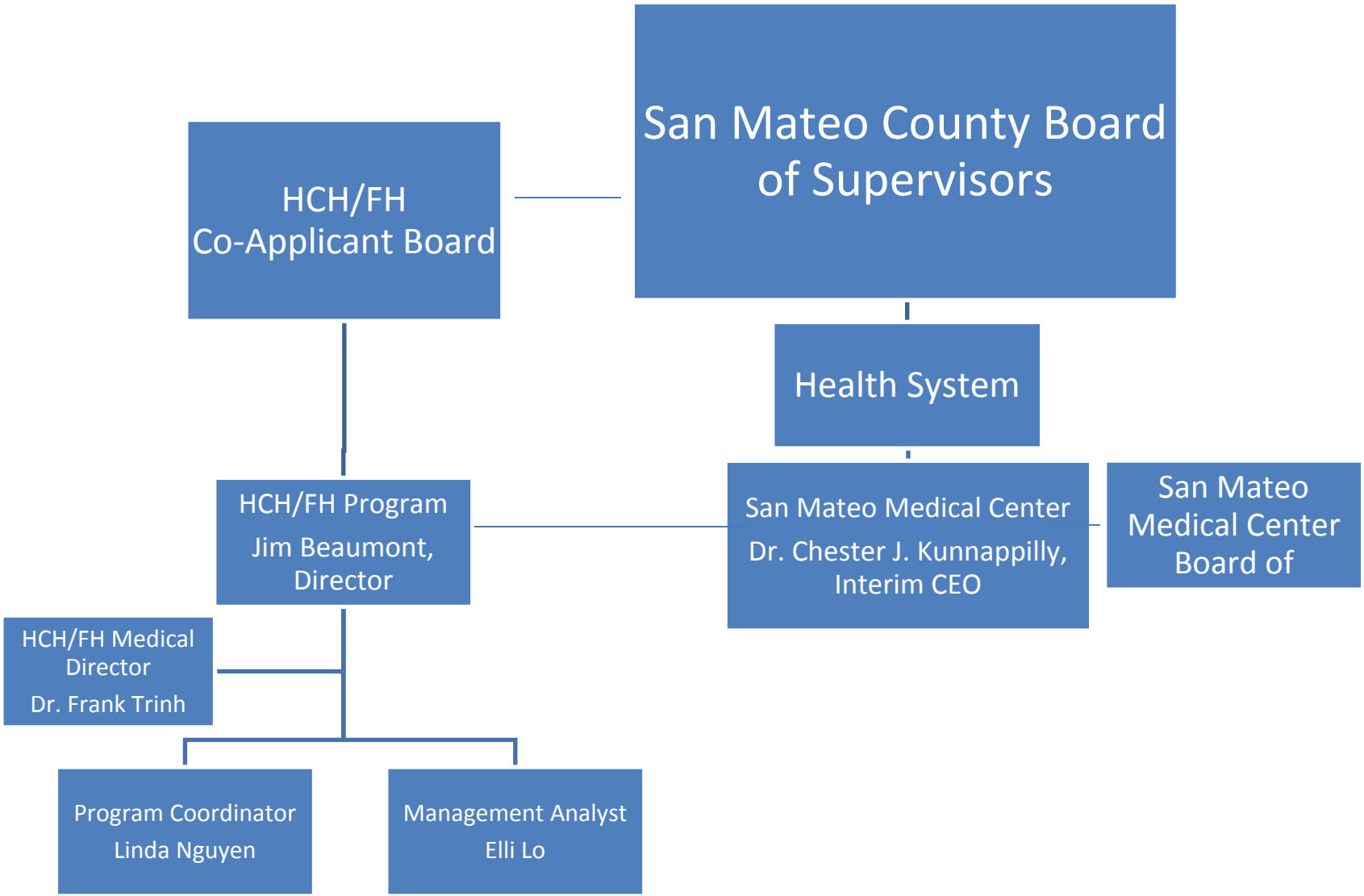
Article 16: Amendments

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

Article 17: Program Termination

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

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


San Mateo County Board of Supervisors
HCH/FH Co-Applicant Board
Health System
HCH/FH Program
Jim Beaumont, Director
San Mateo Medical Center
Dr. Chester J. Kunnappilly, Interim CEO
San Mateo Medical Center Board of
HCH/FH Medical Director
Dr. Frank Trinh
Program Coordinator
Linda Nguyen
Management Analyst
Elli Lo

ATTACHMENT 4:

Position Descriptions for Key Management Staff

- HCH/FH Program Director (Program Services Manger II)
- HCH/FH Medical Director
- HCH/FH Program Coordinator (Community Program Analyst II)
- HCH/FH Management Analyst

HCH/FH PROGRAM DIRECTOR (PROGRAM SERVICES MGR. II) – 1.0 FTE

Supervisory Relationships: Reports to CEO, San Mateo Medical Center
Receive administrative direction from the HCH/FH Co-Applicant Board. Exercise direct and indirect supervision over managerial, professional, technical and clerical staff.

Duties/Responsibilities: Plan, organize, direct and coordinate the functions and activities of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program as funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS) Section 330 Grant; develop, monitor and maintain strategic and tactical plans to support and improve health care for homeless and farmworker patients in the County; develop criteria to identify and award funds for programs; recommend to the HCH/FH Co-Applicant Board a program budget; develop criteria and evaluate funded programs for effectiveness in delivering primary health care and other health services and for cost effectiveness in that service delivery; coordinate Program activities with County departments, non-profit providers and other agencies; and provide highly complex administrative and staff assistance to the HCH/FH Co-Applicant Board. Duties include:

- Plan, organize, direct and evaluate the functions, services, and the distribution of funds under the Program to improve primary health care and other health services to the homeless and farmworker communities in the County.
- Act as liaison between the HCH/FH Co-Applicant Board, County departments, outside agencies and HHS/HRSA/BPHC.
- Properly interpret and explain applicable laws and regulations related to the Program.
- Direct, coordinate and participate in the development and delivery of Program goals, objectives, policies, procedures and priorities consistent with HRSA/BPHC Program Requirements, and other Federal, State and County requirements.
- Direct the preparation of the Program budget; administer and monitor the budget to ensure the accomplishment of objectives within budget restrictions.
- Represent the program to interested groups and organizations; coordinate health care for the homeless and farmworker communities with other County departments and public and private agencies.
- Develop criteria for award of funds; develop methods to evaluate the effectiveness of funded programs both in terms of improved delivery of and access to primary health care and other health services, and cost effectiveness; recommend changes to methods of program service delivery; recommend increased or terminated funding.
- Research, prepare and interpret clinical, technical and administrative reports; prepare written correspondence as necessary.
- Select, supervise, train and evaluate managerial, professional, technical, and clerical subordinate personnel.
- Provide administrative support to the HCH/FH Co-Applicant Board.
- Perform related duties as assigned.

Qualifications/Skill/Experience Requirements: Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

- Education: Equivalent to a Bachelor's degree from an accredited college or university with major course work in public administration, public health, psychology, social work or a related field. Master's Degree preferred.
- Experience: Three years of increasingly responsible experience in health, health care administration, public health, social services or a related field, including significant administrative experience in program development and management and including significant experience working with community and advocacy organizations.

HCH/FH MEDICAL DIRECTOR - .25 FTE

Supervisory Relationships: Director, Healthcare for the Homeless / Farmworker Health Program, San Mateo County

Duties/Responsibilities: Primarily responsible for developing strategic clinical approaches for the overall clinical development of the HCH/FH Program, assisting the Director by providing clinical leadership, and for insuring the delivery of quality care for patients and clients receiving HCH/FH services. Responsible for own clinical practice (if assigned) and overall supervision of all physicians, mid-level providers nurse managers, and other clinical staff of the HCH/FH Program. The HCH/FH Medical Director will ensure the essentials of quality assurance and credentialing of the clinical staff, and the development and utilization of necessary and appropriate policies, guidelines, protocols & procedures for the provision of medical & health care to the homeless and farmworkers.

As directed by the overall policies and directives of the HCH/FH Co-Applicant Board, the HCH/FH Medical Director is responsible for implementing clinical policy, for quality of care & clinical oversight, for developing policies, protocols, guidelines & procedures for medical services for HCH/FH patients, and acts as liaison with outside medical care resources developing linkages to promote improved patient care and encourage support for homeless & farmworker health care.

The HCH/FH Medical Director works closely with the HCH/FH Director, duties include:

- Accountable for the planning, organization, monitoring, evaluation and oversight of the medical services and care for the homeless and farmworkers patients of the HCH/FH Program. The HCH/FH Medical Director is responsible for quality indicators (analyzing and tracking quality indicators), prioritization of performance improvement activities, and assuring that quality improvement projects are being conducted (including documenting the reasons for conducting those projects and the measurable progress achieved on the projects). The Medical Director is responsible for Quality Improvement / Quality Assurance committee and its activities.
- Attends the HCH/FH Co-Applicant Board meetings and provides information on clinical aspects of the program to the Co-Applicant Board for policy making and is responsible for implementing clinical policy as direct by the Co-Applicant Board.
- Provides oversight of all HCH/FH clinical staff and support via telephone consultations and electronic health records messaging for homeless and farmworker patient medical care across the Health System. The Medical Director is expected to maintain skills providing direct clinical services in an ambulatory setting either through the HCH/FH program or other clinic settings.
- Supervises physicians, mid-level practitioners, nurses, medical assistants and clinical support staff of the HCH/FH Program; participates in the recruitment and selection process for these positions, conducts formal performance evaluation of assigned staff using the criteria-based performance evaluation documents in accordance with county, Health System and, if applicable, HCH/FH policies and procedures; and provides for staff training and professional development; implements discipline as necessary. In addition, the Medical Director ensures providers and clinical staff are credentialed and privileged as necessary & appropriate for the HCH/FH Program.
- Provides education and support to the HCH/FH staff, medical providers, and other staff on the medical needs of the homeless and farmworkers within San Mateo County; provides consultations to other physicians, nurses, mid-level practitioners, behavioral health clinicians, case management staff and other health providers on the diagnosis, evaluation, care and treatment of HCH/FH clients/patients. The HCH/FH Medical Director is responsible for the development, promulgation, administration and implementation of policies, guidelines, protocols, procedures and clinical practices for the necessary and appropriate delivery of health and medical care services for the HCH/FH homeless and farmworker patients/clients.
- Build and establish relationships, and acts as a liaison, between HCH/FH and other hospitals, clinics, and health care services to address the medical needs of the homeless and farmworker population in San Mateo County. In addition, the Medical Director liaisons with the Behavioral Health Recovery Services of San Mateo Health System to coordinate HCH/FH Services with the Mental Health, Alcohol and Other Drugs (AODS) and Homeless and Farmworker Programs.

HCH/FH PROGRAM COORDINATOR (COMMUNITY PROGRAM ANALYST II) – 1.0 FTE

Supervisory Relationships: Reports to Program Director, HCH/FH

Duties/Responsibilities: Perform a variety of technical tasks and community development work related to the planning, implementation and coordination of the SMC Health Care for the Homeless/ Farmworker Health (HCH/FH) Program. Duties include but are not limited to:

- Plans, organizes and coordinates activities of the HCH/FH Provider Network.
- Coordinates training for HCH/FH service providers.
- Collects, analyzes and reports data on HCH/FH services.
- Provides liaison with other San Mateo County departments and programs and community organizations that provide services to homeless people and farmworkers.
- Coordinates HCH/FH activities with the SMMC Health Coverage Unit.
- Assists the Program Director in monitoring of contracts for service provision.

Qualifications/Skill/Experience Requirements: 4 years of experience in an organization providing social services which has included responsibility for community service program development such as planning, evaluating, monitoring or coordinating projects. Skills/ability to: Make independent judgments and work independently; prepare concise reports and recommendations; communicate effectively in writing and orally; coordinate multiple facets of a program function.

HCH/FH MANAGEMENT ANALYST – 1.0 FTE

Supervisory Relationships: Reports to Program Director, HCH/FH

Duties/Responsibilities: Perform a wide variety of highly complex analytical and administrative support activities and provide high level support for the Health Care for the Homeless/Farmworker Health (HCH/FH) Program**.** Duties include but are not limited to:

- Budget Development-Develop and prepare assigned agency program budgets in
- Agency Budget Monitoring-Make financial projections, monitor expenditures and revenues, monitor claiming and financial reporting
- Financial Analysis- Compile, analyze, present and make recommendations regarding the fiscal impact of operating or organizational changes.
- Analyze and interpret data collected, study financial trends and issues, make recommendations to superiors and, as directed, to senior management, and prepare periodic or special reports based on conclusions
- Prepare quarterly financial summaries and supplemental information in order to distribute and present budget information to program management Developing Fiscal Impact statements and claiming instructions for Contracts, MOU's and staffing requests
- Grant and Program Budgeting- Develop and prepare budgets for grant and program funding requests in accordance with Agency policies and procedures and funding requirements
- Contracts development and invoice approval of contractors/vendors

Qualifications/Skill/Experience Requirements: At least 3 years of increasingly responsible experience performing a wide variety of financial duties and data analysis in a public agency with at least one year experience in budgeting or area of financial responsibility. Education: Bachelor's degree from an accredited college or university in business or public administration, finance, accounting or a closely related field. Master's degree in a related field is highly desired. Local government experience is helpful.

ATTACHMENT 5. BIOGRAPHICAL SKETCHES FOR KEY MANAGEMENT STAFF

Executive Director Jim Beaumont: Mr. Beaumont has directed HCH/FH for six years. He has over 30 years of highly progressive experience in social service program management and administration including program operations, fiscal management, automation, program reviews, budget development, and program development and coordination. Mr. Beaumont served as an Administrative Service Manager in the San Mateo County Department of Child Support Services for 20 years before his appointment to HCH/FH. He has a Bachelor of Arts degree in Psychology from Huron College in South Dakota and has completed course work toward a Masters in Public Administration at California State University-Hayward.

Medical Director Frank Trinh, MD: Dr. Trinh has 13 years experience delivering and supervising primary health care for vulnerable populations and special expertise in infectious diseases that disproportionately affect homeless people and farmworkers. A board-certified internal medicine physician, Dr. Trinh is a graduate of the University of Maryland School of Medicine and completed clinical training in infectious diseases at the Stanford University School of Medicine. In addition to serving as HCH/FH Medical Director, he delivers primary care to homeless people through the HCH/FH Public Health Medical Mobile Unit and leads the San Mateo County Hepatitis B Free Steering Committee.

Linda Nguyen, MPA: Ms. Nguyen joined HCH/FH in 2014. She previously worked as a Human Services Analyst II for the San Mateo County Center on Homelessness. She brings strong relationships with homeless service providers and excellent contract management and data analysis skills to the program. Ms. Nguyen has eight years of experience in management and administration. She holds a Master of Public Administration and a Bachelor of Arts in political science from San Jose State University. Ms. Nguyen is bilingual (English/Vietnamese).

Elli Lo: Ms. Lo joined HCH/FH in October 2015, after four (4) years with La Clinica de La Raza, a 330 Program Community Health Center in Oakland. She has experience in grants and contracts management, financial and program data analysis, and program administration and is knowledgeable of the HRSA 330 program requirements. Ms. Lo holds a Bachelor of Arts in economics and geography, and a minor is urban and regional studies, from UCLA. Ms. Lo is bilingual (English/Cantonese).

AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND THE SAN MATEO COUNTY HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

This Agreement supersedes the Agreement approved on May 20, 2014

THIS AGREEMENT, entered into this 13 day of January , 2015, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and the San Mateo County Health Care for the Homeless/Farmworker Health Program, hereinafter called "Program";

W I T N E S S E T H:

WHEREAS, the San Mateo County Health System (Health System), through San Mateo Medical Center ("SMMC"), has applied for and received grants from the United States Department of Health and Human Services Health Resources and Services Administration ("HRSA") pursuant to Sections 330(g) and 330(h) (collectively, "Section 330") of the Public Health Service Act (the "Act") to support the planning for and delivery of services to medically underserved populations, including migratory/seasonal farmworkers and their families and the homeless; and

WHEREAS, SMMC has created the Health Care for the Homeless/Farmworker Health Program which, in conjunction with various community partners and at various locations, provides care to migratory/seasonal farmworkers and the homeless based on financial support from the Section 330 grant; and

WHEREAS, based on the provision of care to migratory/seasonal farmworkers and the homeless in connection with these grants, SMMC has been designated as a Federally Qualified Health Center ("FQHC") in relation to services provided at certain

parts of the San Mateo Medical Center (SMMC) system, qualifies as an FQHC to receive enhanced reimbursement from Medicare and Medi-Cal for certain services, and operates seven (7) FQHC health clinics and other facilities, helping to serve as a safety net and providing access to quality healthcare to these historically vulnerable and underserved populations; and

WHEREAS, as a condition of the receipt of the Section 330 grant funds, the Health Care for the Homeless/Farmworker Health Program must have a governance structure that complies with HRSA requirements, including establishment of a co-applicant board with certain powers relating to the Program; and

WHEREAS, for the mutual benefit of the parties, the County and the Program wish to enter an agreement reaffirming the co-applicant board's powers and obligations, consistent with HRSA requirements.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

SECTION 1. Establishment of Co-Applicant Board.

San Mateo County Ordinance No. 04670 establishes the San Mateo County Health Care for the Homeless/Farmworker Health Program Co-Applicant Board (the "Co-Applicant Board"). The Co-Applicant Board will serve as the governance structure for the Health Care for the Homeless/Farmworker Health Program, will do so in accordance with its bylaws, will do so in conjunction with the Board of Supervisors and the SMMC Board of Directors, and shall exercise the governance powers for the Health

Care for the Homeless/Farmworker Health Program (the "Program") as set forth in this Agreement.

SECTION 2. Co-Applicant Board Membership and Meetings

A. Membership: As set forth in the Co-Applicant Board Bylaws, the Co-Applicant Board Membership will comply with Section 330 Program requirements. The Co-Applicant Board shall consist of at least nine (9) and a maximum of twenty-five (25) voting members. More than one-half of the voting members of the Co-Applicant Board shall be individuals who are served by the Program (the "Consumer Members"). The remaining voting members of the Co-Applicant Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry.

All voting members of the Co-Applicant Board shall be residents of San Mateo County. No voting member of the Co-Applicant Board shall be an employee of or an immediate family member of an employee of the San Mateo County Health System, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological,

adopted, step-, or half-); however, a member of the Co-Applicant Board may be an employee of the County. No members shall have a personal financial interest which would constitute a conflict of interest.

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

B. **Meetings:** The Co-Applicant Board shall meet monthly at a location provided for or arranged by the County of San Mateo. All meetings of the Co-Applicant Board, including, without limitation, regular, special, and adjourned meetings, shall be called, publicly noticed, held, and conducted in accordance with the provisions of the Ralph M. Brown Act (commencing with Section 54950 of the California Government Code), as amended. Minutes of each meeting shall be kept and digitally stored by the Program.

C. **Quorum:** A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the voting members of the Co-Applicant Board then in existence. A majority vote of those voting Co-Applicant Board members present is

required to take any action and each voting member shall be entitled to one vote.

SECTION 3: Co-Applicant's Board's Roles and Responsibilities

The Co-Applicant Board shall exercise all programmatic and policy-setting authority for the Program except as set forth in Section 4. Responsibilities shall specifically include:

A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements.

B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;

C. Establishing the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services, and establishing billing and collection policies for the Program;

D. Working with the Program and the Grantee to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;

E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;

F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget covering all Program services and including all Program income, with reimbursement for costs incurred, and reviewing and accepting any appropriations made available by the County Board of Supervisors;

G. Setting general policies necessary and proper for the efficient and effective operation of the Program;

H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;

I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;

J. Setting and reviewing separate policies and procedures for hearing and resolving grievances relating to the Program;

K. Setting and reviewing separate policies and procedures for ensuring quality of care under the Program, including any quality audit procedures;

L. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications;

M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;

N. Making the Co-Applicant Board's records available for inspection at all reasonable times as required by law;

O. Filling vacancies, selecting voting members by majority vote, and removing voting members as permitted by the Bylaws;

P. Engaging in long-term strategic planning, including regular updating of the Program's mission, goals and plans.

SECTION 4. Grantee's Roles and Responsibilities

The San Mateo County Board of Supervisors and The Health System, through the SMMC Board of Directors, as appropriate shall provide certain governance responsibilities and authorities with respect to the Program.

The San Mateo County Board of Supervisors and the SMMC Board of Directors, as appropriate, shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all County facilities and programs (including SMMC and its facilities and clinics), including but not limited to policies related to financial management practices, non-Program charging and rate setting, labor relations, and conditions of employment. The Co-Applicant Board may not adopt any policy or practice, or take any action, which is inconsistent with or which alters the scope of any policy set by the Board of Supervisors and/or the SMMC Board of Directors on fiscal or personnel issues or which asserts control over any non-Program funds. The Parties acknowledge that capitation payments that reimburse SMMC for the cost of providing services outside the Program's scope of project are not Program income. The Co-Applicant Board does not have any authority to direct hiring, promotion, or firing decisions regarding any County employee.

Specific responsibilities of the County or the Health System as appropriate shall include:

A. Developing, adopting and periodically updating policies for financial management practices including policies and procedures to ensure sound financial management of the Program, and procurement policies and standards.

B. Providing for an annual financial audit.

C. Preparing monthly financial and operational reports for the Program and any other reports reasonable requested by the Co-Applicant Board to enable the Co-Applicant Board to fulfill its responsibilities for the Program.

D. Providing input and recommendations related to other financial policies including charge schedules, sliding fee discounts and billing and collection policies that are established by the Co-Applicant Board.

E. Establishing and periodically updating personnel policies and procedures applicable to all County employees assigned to the Program. All Program personnel shall be employees of the County and shall be subject to all County policies and procedures, including personnel policies and procedures. The County shall be responsible for the payment of wages, fringe benefits, workers' compensation and unemployment compensation for Program personnel.

F. Disbursing Section 330 Grant funds in accordance with the Federally approved budget. The parties understand and agree that the Section 330 funds shall be used solely for the purposes allowed by the Grant. Any Section 330 Grant funds remaining after the end of the fiscal year shall be disbursed at the direction of the granting authority.

Section 5: Shared Responsibilities

The County Board of Supervisors or the Health system as appropriate and the Co-Applicant Board (Parties) will collaborate and coordinate as needed to ensure successful implementation of the Program.

The Chair of the Co-Applicant Board or the Program Director on behalf of the Chair and the Director of the Health System or their designee shall coordinate the Parties' efforts to meet their respective obligations under this agreement and shall cooperate to communicate and resolve any issues between the Parties. Each of the aforementioned individuals will be reasonably accessible and available for consultation regarding operations of the program.

Shared responsibilities include:

A. Selecting, evaluating and dismissing the Program Director as follows:

A.1. Selection/Hiring: The Program Director will be recruited according to County policies and procedures and selected by the Co-Applicant Board. All candidates will be initially screened by the County for conformance with minimum criteria specified in the job announcement. The County and Co-Applicant Board will form a joint search committee which shall conduct initial interviews of acceptable candidates and present a slate of 3-5 candidates to the County for determination of eligibility based on County criteria. At least 3 final candidates who meet County criteria will be presented to the Co-Applicant Board, which will make the final selection. If not already a County employee, the candidate selected by the Co-Applicant Board will be hired by the County.

A.2. Annual evaluation: It shall be the Co-Applicant Board's responsibility to evaluate and provide feedback to the Program Director on his/her

performance related to the Program. It shall be the County's responsibility to evaluate and provide feedback to the Program Director related to his/her performance related to County criteria and standards and related to any functions performed outside the Program. Both evaluations will become part of the Program Director's personnel file.

A.3. Removal/dismissal: The Co-Applicant Board has authority to remove the Program Director from his/her Program responsibilities but has no authority to terminate County employment. The Co-Applicant Board will establish objective criteria for guiding any recommendation to dismiss the Program Director. Any recommendation to dismiss the Program Director, whether emanating from the Co-Applicant Board or the County, will require a documented determination by the Co-Applicant Board based on the established criteria. If the Co-Applicant Board decides to dismiss the Program Director, the County will remove the Program Director from his/her position in the Program and the recruitment process described in Section 5.A.1 will commence. The County will make the final decision whether to terminate his/her employment with the County or reassign the individual to another position.

B. Developing long range and operational plans for the Program. SMMC or other County staff may participate in the planning process. The Co-Applicant Board will approve all long range, strategic and operational plans.

C. Determining the locations, hours and services provided for farmworker and homeless clients. The Co-Applicant Board will recommend to the SMMC Board of Directors policies relating to such issues in SMMC facilities. The Co-Applicant Board will have final authority to determine acceptable hours, locations and services. If the Co-Applicant Board and SMMC do not agree on hours, locations and services, the dispute resolution process described in this agreement will be implemented.

D. Developing the Program's annual operating and capital budgets. All Program budgets will be approved by the Co-Applicant Board and forwarded to SMMC Board and the County Board of Supervisors for approval. The SMMC Board and the County Board of Supervisors may not unilaterally revise the budgets approved by the Co-Applicant Board without approval by the Co-Applicant Board.

E. Implementing the Program's policies and procedures for ensuring quality of care under the Program. The Co-Applicant Board will approve the Program's Quality Improvement ("QI") plan and procedures. SMMC staff will assist in implementing the plan including conducting QI audits, collecting and reporting QI data to the Co-Applicant Board and preparing required data for submission to HRSA.

F. Assuring that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations.

SECTION 6: County Support of Co-Applicant Board.

In addition to providing the location for regularly-scheduling meetings of the Co-Applicant Board, the County is permitted but not required to provide incidental support for the Program, such as personnel and equipment for taking minutes of meetings, noticing meetings of the Co-Applicant Board, and maintaining archives of Co-Applicant Board documents as required by law. To the extent that County employees otherwise provide operational support for aspects of the Program or the Co-Applicant Board in the usual course of their employment, such support is permitted but not required to be provided by the County. The County undertakes no obligation to provide financial or

other support for the Program or the Co-Applicant Board.

SECTION 7. Modification or Termination of the Co-Applicant Agreement.

Notwithstanding any other provision in this Agreement to the contrary, if the Program no longer receives funding under Section 330 of the Public Health Services Act or any successor to or substitute Act(s), this Agreement shall terminate.

Modifications, amendments or waivers of any provision of this Agreement may be made only by written mutual consent of the parties, signed by their duly authorized representatives.

Any party may terminate this Agreement upon sixty (60) days written notice to the other parties. A copy of any notice of termination shall be provided to the HHS as the granting authority.

SECTION 8. Bylaws.

The Bylaws attached to San Mateo County Ordinance No. 04670 shall constitute the initial Bylaws of the Co-Applicant Board, which may be modified thereafter pursuant to the terms of the Bylaws.

SECTION 9. Dispute and Conflict Resolution.

The HCH/FH Co-Applicant Board and the County will use their best efforts to carry out the terms of this Agreement in the spirit of cooperation and will resolve by negotiation any disputes or conflicts occurring hereunder.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: Carole Groom
President, Board of Supervisors, San Mateo County

Date: January 13, 2015

ATTEST:

By:
Clerk of Said Board

HEALTH CARE FOR THE HOMELESS/FARM WORKER HEALTH PROGRAM

Program Board Chair

Date: 11/25/2014

Resolution #073589

HCH/FH Program services 2016 (for internal County use)

Contact Person	Contact Info	Contractor	Target Population	Patient/ visit target	Geographic Area	Services	Objectives/Outcomes
ENABLING SERIVCES- CARE COORDINATION AND OUTREACH & ENROLLMENT							
Peter Field	650-573-2075; PField@smcgov.org	Behavioral Health and Recovery Services	Homeless: Street, shelter, transitional, Doubling up	300 unduplicated clients/ 900 visits	County-wide	Care Coordination	Behavioral health assessment, case management, establish a medical home
Paige Retter	650.340.6733 ext 710; pretter@lifemoves.org	LifeMoves (formerly IVSN)	Homeless: Street, shelter, transitional, Doubling up	550 unduplicated clients/ 1500 visits	County-wide	Care Coordination, Intensive Care Coordination, elgibility assistance, health insurance enrollment	Initial assessments, establish medical home, SSI/SSDI enrollment, health insurance enrollment, transportation
Molly Wolfes	650-262-5989; mwolfes@mypuente.org	Puente de la Costa Sur	Farmworkers	330 clients/ 350 visits	Coastside South-Pescadero	Care Coordination, Intensive Care Coordination, health insurance enrollment	Health insurance enrollment, Transportation, translation, education
Julia Parmer	650-351-5034; julia@samaritanhousesanmateo.org	Samaritan House	Shelter Homeless	175 Unduplicated clients/ 300 visits	Safe Harbor Shelter. South San Francisco	Care Cooridnation, Intensive Care Coordination	Assessment, establish medical home, health education, transportation
Tayisha Deldridge	650-330-7426; tdeldridge@ravenswoodfhc.org	Ravenswood Family Health Center	Homeless: Street, shelter, transitional, Doubling up	400 Unduplicated clients/1,200 visits	East Palo Alto	Care Coordination	Outreach, assessment, health navigation, education, expediated registration/intake, transportation, translation and discharge care/housing transitions coordination
Paige Retter	650.340.6733 ext 710; pretter@lifemoves.org	LifeMoves (formerly IVSN)	Street homeless	160 unduplicated clients/ 300 visits	County-wide	Care Coordination	In partnership with H.O.T. team act as liaison between the Street Medicine Team and homeless, and provide transportation, translation, scheduling appointments.
PRIMARY CARE SERVICES							
Anita Booker	650-573-2493;abooker@smcgov.org	Public Health-Moble Health Van	Homeless: Street, shelter, transitional, Doubling up	1,250 unduplicated patients/ 2,500 visits	County-wide. Sites are in Redwood City, South San Francisco, San Mateo, and San Bruno.	Primary care services	Provide health screening for chronic disease and other health conditions, and referrals for other health and social services as needed.
Anita Booker	650-573-2493;abooker@smcgov.org	Public Health-Mobile Health Van- Expanded Service Contract	Homeless and formerly incarcerated	626 unduplicated clients/ 782 visits	Service Connect and Maple Street Shelter, San Carlos and Redwood City	Primary health services	Primary Care to formerly incarcerated homeless, serve patients with chronic/complex health issues
Tayisha Deldridge	650-330-7426; tdeldridge@ravenswoodfhc.org	Ravenswood Family Health Center	Homeless: Street, shelter, transitional, Doubling up	600 Unduplicated patients/ 1,900 visits	East Palo Alto	Primary health services	Health Screening for chronic diseases, behavioral health screening, pap test and prenatal care
Anita Booker/Frank Trinh	650-573-2493; abooker@smcgov.org	Public Health-Street Medicine	Street homeless and farmworkers	120 Unduplicated	Countywide and Pescadero	Primary care services	Provide medical assessments, health sceenings and education, as well as appopriate referrals.
SMMC- general contact	650-573-2222	**San Mateo Medical Center**	Homeless and Farmworkers	5,932 Unduplicated patients with 31,242 visits (2015 data)	County-wide	Primary care, Dental Services, OBGYN, Pediatric and other speciality services	
DENTAL SERVICES							
Dirk Alvarado	(650) 712-0325; dirk@sonrisasdental.org	Sonrisas Community Dental Center	Farmworkers	50 Unduplicated patients/ 150 visits	Coordinate with Puente to outreach to farmworkers in Pescadero area	Dental Services	Major restorative servies that include dental exam, cleaning and dental treatment plan and dentures as needed
Tayisha Deldridge	650-330-7426; tdeldridge@ravenswoodfhc.org	Ravenswood Family Health Center	Homeless: Street, shelter, transitional, Doubling up	200 Unduplicated Patients/ 600 visits	East Palo Alto	Dental Services	Major restorative servies that include dental exam, cleaning and dental treatment plan and dentures as needed
Dental van- Raul Ramirez; SMMC general number	(SMMC) 650-573-2222; Raul-RaRamirez@smcgov.org	**San Mateo Medical Center**	Homeless and Farmworkers	5,932 Unduplicated patients with 31,242 visits (2015 data)	County-wide	Dental clinics and Mobile Dental Van	
OTHER SERVICES							
Maria Vazquez Mata	mvazquezmata@legalaidsmc.org	Legal Aid Society of San Mateo County	Farmworkers	Legal Services: 16 unduplicated clients/ 30 visits Outreach: 50 Farmworkers & Providers	Coastside South-Pescadero	Health Related Legal Services, Needs Assessment, Experience Study, Provider Outreach, Farmworker Outreach	To identify barriers to healthcare for farmworkers; Outreach & education to farmworkers of legal rights, training and technical assistance to health providers and outreach partners; Health access referrals, eligibility assistance, legal advice and representation

Ravenswood
Family Health Center

South County Community Health Center, Inc.
dba Ravenswood Family Health Center

Friday, August 05, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 VV. 39th Avenue
San Mateo, CA 94403

Dear Jim,

I am writing to express the South County Community Health Center's (dba: Ravenswood Family Health Center (RFHC)) strong support for the San Mateo Medical Center Health Care for the Homeless/Farmworker Health Program (HCH/FH)'s Service Area Competition application for funds to continue services for homeless people and farmworkers in San Mateo County. HCH/FH provides vital services for vulnerable, underserved individuals and families who would otherwise not have access to health care services.

RFHC works in partnership with HCH/FH to deliver comprehensive primary care for the large population of homeless people in East Palo Alto, including many homeless ex-offenders with co-occurring chronic medical and behavioral health conditions. As a component of the HCH/FH network of care, RFHC provided primary care, integrated behavioral health services, and oral healthcare for 700 homeless patients in 2015. Our collaboration with HCH/FH facilitates access to indicated specialty care at SMMC clinics for the large number of homeless patients who have lacked access to care and developed serious, complex health problems.

Our staff are active members of the HCH/FH Co-Applicant Board and Provider Network. This aspect of our partnership provides opportunities for RFHC and HCH/FH to work together and with other health care and homeless service providers to create an accessible system of care for people experiencing homelessness, and to troubleshoot system problems and resolve access barriers.

RFHC will continue our collaboration with HCH/FH by delivering services for homeless people, working on joint efforts to eliminate barriers that prevent homeless people and farmworkers from receiving health care, and making the most of the local and federal resources. We look forward to continuing our positive collaborative relationship with HCH/FH during the program's upcoming project period.

Sincerely,

Luisa Buada, RN, MPH
Chief Executive Officer

1885 Bay Road
East Palo Alto, CA 94303
Tel: 650.330.7400 Fax: 650.321.4552

COUNTY OF SAN MATEO
HEALTH SYSTEM

Dr. Scott Morrow, Health Officer
Cassius Lockett, PhD, Director

Public Health, Policy & Planning
225 37th Avenue,
San Mateo, CA 94403
www.smchealth.org
www.facebook.com/smchealth

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim:

This letter confirms that the San Mateo County Public Health Division is committed to continued participation in the San Mateo Medical Center (SMMC) Health Care for the Homeless/ Farmworker Health Program (HCH/FH). Specifically, the Public Health Mobile Clinic will continue to deliver front line primary care and enabling services for people experiencing homelessness and farm workers and their families.

Section 330 funds support Public Health Mobile Clinic weekly visits to homeless shelters, community programs serving homeless people, and street locations where homeless people congregate to reach underserved homeless individuals and families where they live and work. During HCH/FH's current project period, the Mobile Clinic initiated visits to sites providing reentry services for formerly incarcerated homeless people. HCH/FH has further expanded mobile services to provide "street medicine" services for hard-to-reach chronically homeless people targeted by collaborative Homeless Outreach Teams and "backpack medicine" at farm worker job sites.

We are committed to working with HCH/FH to meet the needs of underserved homeless people and farm workers. The Mobile Clinic will continue to serve as the front-line entry point into the SMMC HCH/FH system of care for homeless individuals and families and for farmworkers and their families.

Sincerely,

Cassius Lockett, PhD
Director of Public Health, Policy and Planning
San Mateo County Health System

COUNTY OF SAN MATEO
HEALTH SYSTEM

Behavioral Health & Recovery Service

Mental Health & Substance Abuse
Recovery Commission
225 37th Avenue
San Mateo, CA 94403
650-573-2544 T
650-573-2841 F
www.smchealth.org
www.facebook.com/smchealth

August 9, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim:

San Mateo Behavioral Health and Recovery Services (BHRS) supports the San Mateo Medical Center (SMMC) Health Care for the Homeless/Farm worker Health Program (HCH/FH)'s Service Area Competition application for continuing federal funds. We value our partnership with HCH/FH and are committed to continuing our work together to meet the inter-related behavioral and physical health needs of homeless people and farm workers.

During HCH/FH's upcoming project period, BHRS will continue to collaborate with the program to reach and engage homeless people and farmworkers with behavioral health problems in appropriate services. A BHRS case management team will conduct screenings at shelters to identify homeless people needing mental health and substance abuse treatment services and to actively assist those identified to obtain services through the BHRS network of community mental health and addiction treatment services. BHRS clinicians working at the SMMC Coastside Clinic deliver mental health services for farm workers.

Symptoms of mental illness and effects of substance abuse can lead to homelessness and make it extremely difficult for homeless people to overcome transition to safe, stable housing. Similarly, stressful living and working conditions increase risks for behavioral and physical health problems among farm workers. Working together, BHRS and HCH/FH help these vulnerable populations fulfill their promise and pursue their dreams in healthier communities.

Sincerely,

Scott Gruendl
Assistant Director

COUNTY OF SAN MATEO
HUMAN SERVICES AGENCY

Iliana Rodriguez
Agency Director

1 Davis Drive
Belmont, CA 94002
650-802-7500 T
650-631-5771 F
www.smchsa.org

August 25, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim:

The San Mateo County Human Services Agency Center on Homelessness strongly endorses the San Mateo Medical Center Health Care for the Homeless/Farmworker Health Program (HCH/FH)'s Service Area Competition application for federal funds to continue urgently needed health services for homeless individuals and families. The Center on Homelessness is the lead Continuum of Care (CoC) agency for San Mateo County and works closely with a broad group of stakeholders to plan and coordinate the system of homeless services in the County.

The Center on Homelessness will continue to work with HCH/FH and homeless service providers to assure that our programs works together as a team, providing pathways to housing for homeless families and individuals. We will provide data on the service needs of homeless people and patterns in homelessness from the Homeless Census and Survey.

HCH/FH is an important component of the forward-thinking, coordinated and cost-effective collaborative action needed to ensure access to health care and housing for vulnerable, homeless individuals and families. We look forward to continuing to work with HCH/FH to end homelessness in our community.

Sincerely,

Selina Toy Lee, MSW
Director of Collaborative Community Outcomes
San Mateo County Human Services Agency

PUENTE
SINCE | DESDE 1998

August 18, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim:

Puente de Ia Costa Sur, the community resource center serving farmworkers and their families in the isolated South Coast region of San Mateo County, supports the San Mateo Medical Center (SMMC) Health Care for the Homeless/Farmworker Health Program (HCH/FH)'s Service Area Competition application for funds to continue urgently needed health services for agricultural workers. Our partnership with HCWFH will continue to be a high priority.

Our outreach team and case managers inform farmworkers and their families about the availability of HCH/FH service and the importance of utilizing primary care, especially preventive services. We facilitate referrals to HCH/FH, conduct outreach and provide assistance to farmworkers to enroll in health coverage programs, and coordinate low-cost public transportation to health care appointments at the SMMC Coastside Clinic and SMMC facilities in San Mateo.

Puente coordinates access to flu shots and TDAP vaccinations for farm workers at job sites. The success of our joint efforts is evident in annual increases in the number of farmworker patients served by HCH/FH. In March 2015, Puente partnered with SMMC open to open a clinic on our site to bring direct care to farmworkers and their families. Since then, services have increased and many farmworker have seen the doctor for the first time.

Puente provides information from community surveys and focus groups to aid HCWFH in developing and improving farm worker health services. The HCWFH Co-Applicant Board periodically meets in our area to assure farm worker voices are heard in program planning and evaluation. Community input informed HCHIFH's proposal to assign a nurse practitioner to provide "backpack medicine" services at job sites to reach male farmworkers who underutilize health care. HCH/FH helps assure that farmworkers living and working in isolated coastal communities have access to health care services on par with the rest of San Mateo County. We look forward to continuing to work with HCH/FH to improve the health of our community.

Sincerely,

Rita Mancera
Executive Director

P.O. Box 554 ♦ Pescadero, CA. 94060 ♦ www.mypuente.org ♦ 650.879.1691

LifeMoves
Breaking the Cycle of Homelessness

Formerly InnVision Shelter Network

August 8, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim,

As the largest provider of shelter, housing and supportive services for homeless people in San Mateo County, LifeMoves (formerly InnVision Shelter Network) recognizes that San Mateo Medical Center Health "Care for the Homeless/Farmworker Health Program" (HCH/FH) services are critical to helping homeless individuals and families stabilize and be able to regain permanent housing and self-sufficiency. HCH/FH and LifeMoves collaborate on multiple strategies to ensure that homeless people have full access to healthcare services.

Under contract with HCH/FH, LifeMoves provides homeless people with case management assistance to access primary care and behavioral health treatment. The LifeMoves Homeless Outreach Teams of specially-trained case managers focused on helping chronically homeless individuals move off the streets coordinate access to HCH/FH services for this vulnerable, hard-to-reach population. In the upcoming project period, a nurse practitioner from HCH/FH's mobile clinic will work directly with these teams to provide immediate access to "street medicine." HCH/FH Medical and Dental Mobile Units visit our housing facilities in Redwood City and San Mateo.

Our partnership with HCH/FH is an essential component of the success of our "Breaking the Cycle of Homelessness" services, a proven model with a 90% success rate in returning program graduates to permanent housing and self-sufficiency. We are committed to continuing to work with HCH/FH to empower those in our community struggling with poverty, homelessness, and health disparities.

Sincerely,

Bruce Ives
Chief Executive Officer
LifeMoves

COASTSIDEHOPE
Neighbors helping neighbors for 40 years!

99 Avenue Alhambra
PO Box 1089
El Granada, CA 94018
Tel: 650.726.9071
Fax: 650.726.7096

August 9, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Mr. Beaumont:

I am writing on behalf of Coastside Hope to express our organization's support for San Mateo Medical Center Health Care for the Homeless/Farmworker Health Program (HCH/FH)'s Service Area Competition application for funds to continue services for homeless people and farmworkers in San Mateo County. Coastside Hope provides crisis intervention and case management services, emergency and supplemental food assistance, rental and utility assistance, citizenship classes, and help to navigate service systems. Working poor individuals and families employed in local farming and nursery operations and people experiencing homelessness make up a significant portion of Coastside Hope's clients. We see firsthand their urgent needs for health care services. HCH/FH has a major positive impact on access to health care for geographically, linguistically and culturally isolated farmworkers and homeless people in Coastside communities. To ensure the ongoing success of HCHIFH's services targeting these vulnerable populations, Coastside Hope will continue to educate our clients about the availability of HCH/FH services regardless of ability to pay and immigration status, refer farmworkers and homeless people to HCHIFH services, and provide community needs assessment information to assist HCH/FH in planning and continuous improvement of services.
We look forward to continuing to work with HCH/FH to help our neighbors in need meet their most basic needs, including access to health coverage and health care. Thank you for your consideration.

Sincerely,

Fatima Soares
Executive Director

SAMARITAN HOUSE

August 5, 2016

Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program
San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403

Dear Jim:

This letter is to confirm Samaritan House's ongoing partnership with the San Mateo Medical Center Health Care for the Homeless/Farmworker Health program and our support for HCHJFH's Service Area Competition application for federal funds. Samaritan House operates volunteer-based, free clinics in San Mateo and Redwood City which provide care for homeless and other working poor people who lack health coverage. Our free clinics refer homeless patients to HCH/FH for more comprehensive primary care and indicated specialty care that our clinics do not provide.

Samaritan House has served homeless individual and families in San Mateo County since 1974 and collaborated with HCHIFH since the program's inception. In addition to our free clinics, Samaritan House operates an emergency shelter, food assistance, homelessness prevention assistance, financial education, a temporary labor program and case management services. Under a contract with HCH/FH, Samaritan House case managers connect homeless people to comprehensive primary care services by providing motivational interventions and practical assistance with scheduling, transportation and reminders. HCH/FH Mobile Medical and Dental Units visit our Safe Harbor Shelter.

We are committed to continuing to work with HCH/FH to meet homeless people's basic human need for healthcare to enable them to raise their levels of self-sufficiency and transition to stable housing.

Sincerely,

Bart Charlow
Chief Executive Officer

Administrative Office • 4031 Pacific Boulevard • San Mateo, CA 94403 • (650) 341-4081 • Fax (650) 341-0526
www.samaritanhousesanmateo.org

FOOD • SHELTER • CLOTHING • HEALTHCARE • COUNSELING

San Mateo County

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

(HRSA 330 Program/FQHC)

Sliding Fee/Discount Schedule

Effective June 09, 2016

Monthly Income Thresholds by Family Size for Sliding Fee/Discount Policy Coverage for Service Charges

Poverty Level[+]	0 - 100%	101% - 138%	139% - 170%	171% - 200%	>200%
Family Size					
1	$990	$1,366	$1,683	$1,980	$1,981
2	$1,335	$1,842	$2,270	$2,670	$2,671
3	$1,680	$2,318	$2,856	$3,360	$3,361
4	$2,025	$2,795	$3,443	$4,050	$4,051
5	$2,370	$3,271	$4,029	$4,740	$4,741
6	$2,715	$3,747	$4,616	$5,430	$5,431
7	$3,061	$4,224	$5,203	$6,122	$6,123
8	$3,408	$4,702	$5,793	$6,815	$6,816
For each additional person, add	$347	$478	$589	$693	$694
Patient Cost ==>	**No Charge**	**98% Discount**	**95% Discount**	**80% Discount**	**No Sliding Fee Discount[++]**

[+] Based on 2016 HHS Poverty Guidelines (https://aspe.hhs.gov/poverty-guidelines)

[++] Reduced payments may be available through other state/local funded discount programs.

Form 1A - General Information Worksheet

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

View

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As of 08/30/2016 06:09:03 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

1. Applicant Information

Applicant Name	SAN MATEO, COUNTY OF
Fiscal Year End Date	June 30
Application Type	Competing Continuation
Grant Number	H80CS00051
Business Entity	[_] Tribal [_] Urban Indian [_] Private, non-profit (non-Tribal or Urban Indian) [X] Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	[_] Faith based [_] Hospital [_] State government [X] City/County/Local Government or Municipality [_] University [_] Community based organization [_] Other If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP
(Each ID must be an integer that is at least 5 but not greater than 12 digits. Use commas to separate multiple IDs, without spaces)

Find an MUA/MUP

[X] Medically Underserved Area (MUA) ID # 00354
[_] Medically Underserved Population (MUP) ID #
[_] Medically Underserved Area Application Pending ID #
[_] Medically Underserved Population Application Pending ID #

2b. Service Area Type

Choose Service Area Type

[X] Urban
[_] Rural
[_] Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients are projected to be served by December 31, 2018?
Refer to the Patient Target in the Service Area Announcement Table (SAAT) for the service area proposed in this application to ensure your total unduplicated patient projection meets eligibility requirements. The SAAT is available at the SAC/SAC-AA Technical Assistance web site.

8800

Population Type	UDS / Baseline Value		Projected by December 31, 2018 (January 1 - December 31, 2018)	
	Patients	Visits	Patients	Visits
Total	6556	37915	8800	41900
General Underserved Community (Include all patients/visits not reported in the rows below)	0	0	0	0
Migratory and Seasonal Agricultural Workers and Families	1947	9700	2900	13808

Public Housing Residents	0	0	0	0
People Experiencing Homelessness	4714	28213	5900	28092

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2018 (January 1 - December 31, 2018)	
	Patients	Visits	Patients	Visits
Total Medical Services	6295	26736	7500	30000
Total Dental Services	1108	3597	1300	3900
Behavioral Health Services				
Total Mental Health Services	324	1270	500	2000
Total Substance Abuse Services	0	0	0	0
Total Enabling Services	1031	4920	1200	6000

Form 1C - Documents On File

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:07 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Need	Date of Latest Review/Revision (Maximum 100 characters)
Needs Assessment (Program Requirement 1)	2015

Management and Finance	Date of Latest Review/Revision (Maximum 100 characters)
Personnel Policies and/or Procedures, including related Conflict of Interest Provisions (Program Requirements 3, 9, 17, and 19)	2009
Data Collection and Confidentiality (Clinical and Financial) Policies and/or Procedures (Program Requirements 8 and 15)	2010
Billing and Collection Policies and/or Procedures and Schedule of Fees for Services (Program Requirement 13 and Policy Information Notice 2014-02)	2016
Procurement Policies and/or Procedures, including related Conflict of Interest Provisions (Program Requirements 10, 12, and 19 and Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75)	2016
Emergency Preparedness and Management Plan (Policy Information Notice 2007-15)	2015
Financial Management/Accounting and Internal Control Policies and/or Procedures (Program Requirements 10 and 12 and Policy Information Notice 2013-01)	2010
Contracts and/or Sub-recipient Agreements, as applicable (Program Requirement 10)	2016

Services	Date of Latest Review/Revision (Maximum 100 characters)
Sliding Fee Discount Program Policies and/or Procedures (Program Requirement 7 and Policy Information Notice 2014-02)	2016
Clinical Protocols/Clinical Care Policies and/or Procedures (Program Requirements 2, 6, and 8)	2015
Patient Grievance Policies and/or Procedures (Program Requirements 8 and 17)	2010
Quality Improvement and Quality Assurance Plan, including Incident Reporting System and Risk Management Policies and/or Procedures (Program Requirement 8)	2014
Malpractice Coverage Plan - e.g., Includes FTCA Coverage for deemed award recipients or other malpractice coverage (FTCA Health Center Policy Manual)	2016
Credentialing and Privileging Policies and/or Procedures (Program Requirement 3 and Policy Information Notices 2001-16 and 2002-22)	2015
After-Hours Coverage Policies and/or Procedures (Program Requirements 4 and 5)	2013
Hospital Admitting Privileges Documentation and/or Arrangements (Program Requirement 6)	2012

Governance	Date of Latest Review/Revision (Maximum 100 characters)
Organizational/Board Bylaws, including Conflict of interest Provisions for Board Members (Program Requirements 17,18, and 19 and Policy Information Notice 2014-01)	2014
Co-Applicant Agreement, if a public agency (Program Requirement 17 and Policy Information Notice 2014-01)	2015

Form 4 - Community Characteristics

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:11 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Race and Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	178118	24.79%	36839	26%
Native Hawaiian	2836	0.39%	170	0.12%
Other Pacific Islanders	7481	1.04%	1961	1.38%
Black/African American	20436	2.84%	8194	5.78%
American Indian/Alaska Native	3306	0.46%	368	0.26%
White	383535	53.38%	79340	56%
More than One Race	38210	5.32%	8237	5.81%
Unreported/Declined to Report (if applicable)	84529	11.77%	6570	4.64%
Total	718451	100%	141679	100%

Hispanic or Latino Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino	182502	25.4%	83308	58.8%
Non-Hispanic or Latino	535949	74.6%	58371	41.2%
Unreported/Declined to Report (if applicable)	0	0%	0	0%
Total	718451	100%	141679	100%

Income as a Percent of Poverty Level	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Below 100%	53165	7.4%	53165	37.52%
100-199%	88514	12.32%	88514	62.48%
200% and Above	576772	80.28%	0	0%
Unknown	0	0%	0	0%
Total	718451	100%	141679	100%

Primary Third Party Payment Source	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	81903	11.4%	81903	57.81%
Medicare	104175	14.5%	18418	13%
Other Public Insurance	9124	1.27%	5482	3.87%
Private Insurance	480141	66.83%	8658	6.11%
None/Uninsured	43108	6%	27218	19.21%
Total	718451	100%	141679	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	2520	0.35%	2520	1.78%
People Experiencing Homelessness	7000	0.97%	7000	4.94%
Residents of Public Housing	0	0%	0	0%
School Age Children	113412	15.79%	23391	16.51%
Veterans	30079	4.19%	2136	1.51%
Lesbian, Gay, Bisexual and Transgender	22271	3.1%	2267	1.6%
HIV/AIDS-Infected Persons	1436	0.2%	483	0.34%
Individuals Best Served in a Language Other Than English	161938	22.54%	31934	22.54%
Other	0	0%	0	0%

Form 2 - Staffing Profile

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:14 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Key Management Staff/Administration

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	1.00	NO
Finance Director/Chief Fiscal Officer (CFO)	0.00	NO
Chief Operating Officer (COO)	0.00	NO
Chief Information Officer (CIO)	0.00	NO
Clinical Director/Chief Medical Officer (CMO)	0.25	NO
Administrative Support Staff	4.00	NO

Facility and Non-Clinical Support Staff

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Staff	0.00	NO
IT Staff	0.00	NO
Facility Staff	0.00	NO
Patient Support Staff	0.00	NO

Physicians

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	1.01	NO
General Practitioners	0.22	NO
Internists	1.57	NO
Obstetricians/Gynecologists	0.34	NO
Pediatricians	2.02	NO
Other Specialty Physicians - Cardiology, Orthopedics	1.23	NO

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	2.15	NO
Physician Assistants	0.41	NO
Certified Nurse Midwives	0.00	NO

Medical

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	4.26	NO
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	6.00	NO

Laboratory Personnel	0.00	NO
X-Ray Personnel	0.00	NO

Dental Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	1.28	NO
Dental Hygienists	0.00	NO
Dental Therapists	0.00	NO
Other Dental Personnel	0.00	NO

Behavioral Health (Mental Health and Substance Abuse)

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.00	NO
Other Licensed Mental Health Providers	0.00	NO
Other Mental Health Staff	0.00	NO
Substance Abuse Providers	0.00	NO

Professional Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Staff	0.00	NO

Vision Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.10	NO
Optometrists	0.00	NO
Other Vision Care Staff	0.00	NO

Pharmacy

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	NO

Enabling Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.00	NO
Patient/Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	0.73	NO
Interpretation Staff	0.00	NO
Community Health Workers	0.00	NO
Other Enabling Services Staff	0.00	NO

Other Programs and Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Staff	0.00	NO

Other Programs and Services Staff	0.00	NO

Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	26.57	N/A

Form 3 - Income Analysis

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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SAC FY 2017 User Guide | Funding Opportunity Announcement | SAC TA

As of 08/30/2016 06:09:18 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 (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	4500.00	18000.00	$235.00	$4,230,000.00	$3,323,679.00
2. Medicare	720.00	4320.00	$170.00	$734,400.00	$1,428,751.00
3. Other Public	0.00	0.00	$0.00	$0.00	$160,795.00
4. Private	80.00	320.00	$50.00	$16,000.00	$6,549.00
5. Self Pay	2200.00	7360.00	$30.15	$221,891.00	$282,500.00
6. Total (Lines 1 - 5)	7500	30000	N/A	$5,202,291.00	$5,202,274.00
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	$5,890,672.00	$5,890,672.00
9. Local Government	N/A	N/A	N/A	$0.00	$0.00
10. Private Grants/Contracts	N/A	N/A	N/A	$0.00	$0.00
11. Contributions	N/A	N/A	N/A	$0.00	$0.00
12. Other	N/A	N/A	N/A	$0.00	$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	$0.00	$0.00
14. Total Other (Lines 7 - 13)	N/A	N/A	N/A	$5,890,672.00	$5,890,672.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6 + 14)	N/A	N/A	N/A	$11,092,963.00	$11,092,946.00

Comments/Explanatory Notes (if applicable)

Self-Pay Billable Visits X Income Per Visit does equal the total.

Form 5A - Required Services Provided

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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SAC FY 2017 User Guide | Funding Opportunity Announcement | SAC TA

As of 08/30/2016 06:09:21 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]	[_]
Preventive Dental	[X]	[X]	[_]
Pharmaceutical Services	[X]	[X]	[_]
HCH Required Substance Abuse Services	[X]	[X]	[X]
Case Management	[X]	[X]	[X]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[X]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[X]	[X]	[_]
Translation	[X]	[X]	[_]

Form 5A - Additional Services Provided

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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SAC FY 2017 User Guide | Funding Opportunity Announcement | SAC TA

As of 08/30/2016 06:09:24 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 Abuse Services	[_]	[_]	[_]
Optometry	[X]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[X]	[_]
Occupational Therapy	[X]	[_]	[_]
Physical Therapy	[X]	[_]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[X]	[_]	[X]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[X]

Form 5A - Specialty Services Provided

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:27 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	[_]	[_]	[_]
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

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

View

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As of 08/30/2016 06:09:31 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

NORTH COUNTY MENTAL HEALTH (BPS-H80-005206) **Action Status: Picked from Scope**

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

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

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
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	94403

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	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

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	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

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

Coastside Health Center (BPS-H80-006870) — **Action Status: Picked from Scope**

Site Name	Coastside Health Center	Physical Site Address	225 Cabrillo Hwy, HALF MOON BAY, 94019
Site Type	Service Delivery Site	Site Phone Number	(650) 573-3941
Web URL	www.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/5/1998	Site Operational By	1/5/1998
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

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	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	94080

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	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	94062

39th Avenue Campus - Outpatient Clinics (BPS-H80-000595) — **Action Status: Picked from Scope**

Site Name	39th Avenue Campus - Outpatient Clinics	Physical Site Address	222 W 39th Ave, San Mateo, CA 94403-4364
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2222
Web URL	www.co.sanmateo.ca.us		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/1/1994	Site Operational By	1/1/1970
FQHC Site Medicare Billing Number Status	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

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		

Organization Information

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

Service Area Zip Codes	94063

DALY CITY YOUTH HEALTH CENTER (BPS-H80-004460) — **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	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

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	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	94061, 94098, 94065, 94019, 94401, 94063, 94066, 94060, 94096, 94064, 94067, 94402, 94403, 94083

HCH Mobile Dental Clinic (BPS-H80-008946) — **Action Status: Picked from Scope**

Site Name	HCH Mobile Dental Clinic	Physical Site Address	795 Willow Rd, Menlo Park, CA 94025-2539
Site Type	Service Delivery Site	Site Phone Number	(650) 573-2651
Web URL	www.co.sanmateo.ca.us		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/29/2009	Site Operational By	7/1/2010
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	16
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	94025

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

EDISON CLINIC (BPS-H80-004798) — **Action Status: Picked from Scope**

Site Name	EDISON CLINIC	Physical Site Address	222 W 39th Ave, 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	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

South County Community Health Center (Dba; Ravenswood Family Health Center) (BPS-H80-005603) — **Action Status: Picked from Scope**

Site Name	South County Community Health Center (Dba; 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 (Dba; Ravensw	1798 Bay Rd Palo Alto, CA 94303-1611		94-3372130	

Service Area Zip Codes	94303, 94025

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

Form 5C - Other Activities/Locations

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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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 clinis 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.

Form 6A - Current Board Member Characteristics

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:42 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Kathryn Barrientos	Member	Homeless Services	No	No	Live, Work	Yes (HCH)
Christian Hansen	Member	Finance Homeless Services	No	No	Live, Work	Yes (HCH)
Daniel Brown	Member	Homeless	No	Yes	Live	Yes (HCH)
Steve Carey	Member	Formerly Homeless	No	No	Live, Work	Yes (HCH)
Julia Wilson	Member	Retired Nurse	No	No	Live, Work	Yes (MHC)
Molly Wolfes	Member	Farmworker Outreach	No	No	Live, Work	Yes (MHC)
Theresa Sheats	Member	Formerly Homeless	No	No	Live, Work	Yes (HCH)
Tayischa Deldridge	Member	Homeless Outreach	Yes	No	Live, Work	Yes (HCH)
Brian Greenberg	Member	Behavioral Health	No	No	Live, Work	Yes (HCH)
Paul Tunison	Vice Chair	Formerly Homeless Veteran	No	No	Live, Work	Yes (HCH)
Robert Stebbins	Chair	Retired Physician	No	No	Live	Yes (MHC, HCH)

Patient Board Member(s) Classification

Gender	Number of Patient Board Members
Male	1
Female	0
Unreported/Refused to Report	0
Ethnicity	**Number of Patient Board Members**
Hispanic or Latino	0
Non-Hispanic or Latino	1
Unreported/Declined to Report	0
Race	**Number of Patient Board Members**
Native Hawaiian	0
Other Pacific Islanders	0
Asian	0
Black/African American	0

American Indian/Alaska Native	0
White	1
More Than One Race	0
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?

(•) Yes ( ) No ( ) N/A

Form 6B - Request for Waiver of Board Member Requirements

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:45 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

1. New Waiver Request	
Name of Organization	SAN MATEO, COUNTY OF
Are you requesting a new waiver of the 51% patient majority governance requirement?	[X] Yes [ ] No
2. For Applicants With Previous Waiver	
2a. Do you currently have a waiver of the 51% patient majority governance requirement?	[X] Yes [ ] No
2b. Are you requesting the patient majority waiver to be continued? (This question is required if you answered Yes to question 2a.)	[X] Yes [ ] No (Governing Board is in Full Compliance) [ ] Not Applicable
3. Demonstration of Good Cause for Waiver (demonstrate good cause for the waiver request by addressing the following areas)	
3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver. (This question is required if you answered Yes to question 1 or 2b.)	**HCH/FH serves homeless people and farmworkers. Most patients struggle with surviving homelessness, working arduous, transient agricultural jobs, and other life challenges that make it extremely difficult for them to commit to and carry out the responsibilities of Co-Applicant Board membership.**
3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful. (This question is required if you answered Yes to question 1 or 2b.)	**HCH/FH has recruited one current homeless patient and four formerly homeless people to serve on the Co-Applicant Board. Outreach to homeless people and farmworkers through our community partners has failed to attract other potential members due to the time involved in Co-Applicant Board membership.**
4. Alternative Mechanism Plan for Addressing Patient Representation	
Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center. (This question is required if you answered Yes to question 1 or 2b.)	**The 11 voting members of the Co-Applicant Board include one current homeless patient and members familiar with the needs of homeless people and farmworkers, including three members who have experienced homelessness, seven homeless providers, one farmworker service provider and one active in homelessness and farmworker advocacy. HCH/FH conducts surveys and focus groups with homeless people and farmworkers to gather patient input which informs strategic planning and service delivery. Efforts will be made to increase patient membership and farmworker representation. The Co-Applicant Board has a standing meeting agenda item to collect reports, data & other consumer input.**

Form 8 - Health Center Agreements

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:09:49 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

PART I: Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization?	[ ] Yes [X] No
2. Do you have, or propose to make as part of this application, any subawards to subrecipients and/or will you contract with another organization to carry out a substantial portion of the proposed scope of project? Contracts for a substantial portion of the award include contracting for the majority of core primary care services and/or contracting for the Chief Executive Officer (CEO) and/or the entire key management team inclusive of the CEO. **Note(s):** • **Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must also be addressed in this form.** • **This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).** If Yes, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No, Part II is Not Applicable.	[X] Yes [ ] No
2a. Number of contracts for a substantial portion of the proposed scope of project for any of the following: the majority of core primary care services and/or contracting for the CEO and/or the entire key management team inclusive of the CEO.	3
2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward.	0
2c. Total number of contracts and/or subawards for a substantial portion of the proposed scope of project	**3**

Part II: Attachments

All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit

Organization Name	LIfeMoves
Type of Agreement	Contract

Attachments

Document Name	Size	Date Attached	Description
IVSN 2016.pdf	6 MB	08/26/2016	

Organization Name	San Mateo County Mobile Van
Type of Agreement	Affiliation Agreement

Attachments

Document Name	Size	Date Attached	Description
Mobile Van - Expanded Services.pdf	158 kB	08/26/2016	

Organization Name	Ravenswood Family Health Center
Type of Agreement	Contract

Attachments

Document Name	Size	Date Attached	Description
RFHC Primary Care.pdf	2 MB	08/26/2016	

Form 10 - Emergency Preparedness Report

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

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As of 08/30/2016 06:09:54 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Section I : Emergency Preparedness and Management (EPM) Plan	
1. Has your organization conducted a thorough Hazards Vulnerability Assessment? **If Yes, date completed: 03/01/2013**	[X] Yes [ ] No
2. Does your organization have an approved EPM plan? **If Yes, date that the most recent EPM plan was approved by your Board: 07/01/2015** **If No, skip to Readiness section below.**	[X] Yes [ ] No
3. Does the EPM plan specifically address the four disaster phases? This question is mandatory if you answered Yes to Question 2.	
3a. Mitigation	[X] Yes [ ] No
3b. Preparedness	[X] Yes [ ] No
3c. Response	[X] Yes [ ] No
3d. Recovery	[X] Yes [ ] No
4. Is your EPM plan integrated into your local/regional emergency plan? This question is mandatory if you answered Yes to Question 2.	[X] Yes [ ] No
5. If no, has your organization attempted to participate with local/regional emergency planners? This question is mandatory if you answered Yes to Question 2 and No to Question 4.	[X] Yes [ ] No
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? This question is mandatory if you answered Yes to Question 2.	[X] Yes [ ] No
Section II : Readiness	
1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during emergency?	[X] Yes [ ] No
2. Does your organization conduct annual planned drills?	[X] Yes [ ] No
3. Does your organization's staff receive periodic training on disaster preparedness?	[X] Yes [ ] No
4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	[X] Yes [ ] No
5. Does your organization have arrangements with Federal, State and/or local agencies for the reporting of data?	[X] Yes [ ] No
6. Does your organization have a back-up communication system?	
6a. Internal	[X] Yes [ ] No
6b. External	[X] Yes [ ] No
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	[X] Yes [ ] No
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines and medical supplies?	[X] Yes [ ] No
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. Insurance coverage for short-term closure)	[X] Yes [ ] No
10. Does your organization have an off-site back up of your information technology system?	[X] Yes [ ] No

11. Does your organization have a designated EPM coordinator?	[**X**] Yes [ ] No

Form 12 - Organization Contacts

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

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As of 08/30/2016 06:09:57 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Contact Information

Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Mr. Jim Beaumont	BA	jbeaumont@smcgov.org	(650) 573-2549

Contact Person	Name	Highest Degree	Email	Phone Number
HCH/MH Program Director	Jim Beaumont	BA	jbeaumont@smcgov.org	(650) 573-2459

Clinical Director	Name	Highest Degree	Email	Phone Number
Clinical Director	Frank Trinh	M.D.	ftrinh@smcgov.org	(650) 240-6183

Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Ann Marie Silvestri	DDS	asilvestri@smcgov.org	(650) 573-2651

Clinical Performance Measures

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:10:00 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Focus Area: Farmworker immunizations

Performance Measure Description: Percentage of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year with documented, current tetanus, diphtheria, acellular pertussis (Tdap) immunizations. (Additional Measure)

Target Goal Description	By the end of the project period, 70% of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year will have documented, current Tdap vaccinations.
Numerator Description	Number of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year with documented, current Tdap vaccinations.
Denominator Description	Total number of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 725.00 **Denominator** 1775.00 **Calculated Baseline** 40.85%
Progress	This will be the first year of tracking this measure.
Projected Data (by End of December 31st, 2018)	70.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Baseline and progress data were derived from E.H.R. report of all farmworker patients in the age range.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Puente de la Sur, an HCH community partner, conducts outreach to educate farm workers and employers about the importance of Tdap immunizations to prevent bacterial diseases for which farm workers are at high risk. **Major Planned Action Description** Coordinate outreach and immunization clinics with Puente de la Sur and agricultural employers.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Latino adults (who comprise almost all local farm workers) have low rates of Tdap immunizations due to lack of awareness of the importance and availability of immunizations, and beliefs that vaccinations are only important for children. **Major Planned Action Description** Check farm worker patients' Tdap status at all medical visits and provide education and vaccinations at visits made for any reason.
Comments	2015 Data more accurately reflects where SMMC is with this measure.

Focus Area: Voluntary family planning.

Performance Measure Description: 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. (Additional Measure)

Target Goal Description	By the end of the project period, 60% of female farm worker patients ages 13 to 50 with one or more medical visits during the measurement year will have documented family planning education. and counseling.

Numerator Description	Number 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.
Denominator Description	Total number of female farm worker patients ages 13 to 50 with one or more medical visits during the measurement year.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 193.00 **Denominator** 796.00 **Calculated Baseline** 24.25%
Progress	Family Planning 2014 : 195/563= 34.64% and 2015 : 193/796=24.25%, performed slightly worse than previous year of reporting.
Projected Data (by End of December 31st, 2018)	60.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Baseline and progress data were derived from E.H.R. report of all farmworker patients in the age range.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Bilingual providers and clinical support staff provide family planning counseling and bilingual education materials designed for low literacy levels with an emphasis on preventing teen pregnancies and reducing repeat, unplanned pregnancies. **Major Planned Action Description** : Provide, reinforce and document family planning counseling and education for female patients in the age range during all medical visits.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Latino cultural norms, including cultural concepts of Marianismo which emphasize sexual morality and women's roles as mothers, result in low rates of use of family planning services among foreign-born and first generation farm worker teen and adult women. **Major Planned Action Description** Follow U.S. Office of Family Planning guidelines to provide culturally and linguistically appropriate family planning education and counseling.
Comments	From review of the the totals, 2015 data is more accurate then the 2014 data.

Focus Area: Weight Assessment and Counseling for Children and Adolescents	
Performance Measure Description: Percentage of patients aged 3 -17 years of age who had evidence of BMI percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement year. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percentage of patients who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year to 85%.
Numerator Description	Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement year.
Denominator Description	Number of patients who were 3 years of age through adolescents who were aged 17 at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 18th birthday.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 52.00 **Denominator** 70.00 **Calculated Baseline** 74.29%
Progress	HCH/FH's child and adolescent BMI & counseling rate exceeds the statewide average of 56.03% and national average of 57.89% for HCPs.
Projected Data (by End of December 31st, 2018)	85.00%
	[X] EHR **[_]** Chart Audit

Data Source & Methodology	**[_]** Other: Baseline data and progress data were derived from review of representative samples charts of 70 patients in the of age range. EHR will provide progress data for all patients in the age range for future reports.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** SMMC has adopted Healthy Weight for Life guidelines as part of pediatric and adolescent exams, including BMI documentation and culturally appropriate counseling techniques. **Major Planned Action Description** Update training on BMI documentation and counseling on nutrition and physical activity for pediatric care teams.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** As EHR is implemented, patient care teams have encountered some confusion about documentation of BMI and counseling. **Major Planned Action Description** Modify EHR to document calculated BMI and counseling, and provide patient care teams with training on documentation.
Comments	

Focus Area: Adult Weight Screening and Follow-Up

Performance Measure Description: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal parameters: Age 18 - 64 years BMI => 18.5 and < 25 kg/m², and Age 65 years and older BMI => 23 and < 30 kg/m². (Required Measure)

Target Goal Description	By December 31, 2018, increase the percentage of adult patients who received weight screening and follow-up to 75%.
Numerator Description	Number of patients in the denominator who had their BMI (not just height and weight) documented during their most recent visit or within 6 months of the most recent visit and if the most recent BMI is outside of normal parameters, a follow-up plan is documented.
Denominator Description	Number of patients who were 18 years of age or older during the measurement year who had at least one medical visit during the reporting year.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 35.00 **Denominator** 70.00 **Calculated Baseline** 50.00%
Progress	The percentage of adult patients with calculated BMI and appropriate follow-up plans increased from 44.29% in 2014 to 50% in 2015.
Projected Data (by End of December 31st, 2018)	75.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline and progress data were for derived from review of representative samples of 70 charts of patients in the age range. EHR will provide progress data on all patients in the age range for future reports.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Medical assistants document BMI at each primary care appointment and alert providers to needs for follow up planning over/underweight patients. **Major Planned Action Description** Develop templates for developing and documenting follow up plans.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Patient care teams inconsistently document follow-up plans for overweight/underweight patients. **Major Planned Action Description** Provide a template for documenting follow-up plans in EHR.

Comments	

Focus Area: Coronary Artery Disease (CAD): Lipid Therapy	
Performance Measure Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) who were prescribed a lipid-lowering therapy. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percent of adult patients with CAD who were prescribed lipid lowering therapy to 96%.
Numerator Description	Number of patients - who received a prescription for or were provided or were taking lipid lowering medications.
Denominator Description	Number of patients who were seen during the measurement year after their 18th birthday, who had at least one medical visit during the measurement year, at least two medical visits ever, and who had an active diagnosis of coronary artery disease (CAD) including any diagnosis for myocardial infarction (MI) or who had had cardiac surgery in the past , excluding patients whose last LDL lab test during the measurement year was less than 130 mg/dL, individuals with an allergy to or a history of adverse outcomes from or intolerance to LDL lowering medications.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 242.00 **Denominator** 301.00 **Calculated Baseline** 80.40%
Progress	HCH/FH's rate of 80.4% of patients with CAD prescribed lipid lowering therapies is higher than the statewide average of 75.05% and national average of 77.88% for HCP grantees in 2015.
Projected Data (by End of December 31st, 2018)	96.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: This is the first year that reports were derived from E.H.R. for data on all population to determine baseline and progress data for CAD.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Providers follow clinical practice guidelines for prescribing lipid therapy for patients with CAD. **Major Planned Action Description** Conduct quality improvement checks and provide training to ensure ongoing compliance with clinical standards.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** High rates of liver damage from HCV and alcohol abuse among chronically homeless patients complicates prescriptions of lipid lowering therapies for some patients. **Major Planned Action Description** Train providers on best practices in primary care for patients with CAD and liver damage.
Comments	

Focus Area: Colorectal Cancer Screening	
Performance Measure Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percentage of patients age 50 to 75 years who received colorectal cancer screening to 60%.
Numerator Description	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: fecal occult blood test (FOBT) during the measurement period; flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; or colonoscopy during the measurement period or the nine years prior to the measurement period.
Denominator Description	Patients 50-75 years of age with a visit during the measurement period, excluding patients with a diagnosis or past history of total colectomy or colorectal cancer.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 803.00 **Denominator** 1652.00 **Calculated Baseline** 48.61%

Progress	The percentage of HCH/FH patients with colorectal cancer screening exceeds the 2015 statewide average of 41.25%% and national average of 38.35% for HCP grantees in 2015.
Projected Data (by End of December 31st, 2018)	60.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: This is the first year that reports were derived from E.H.R. for data on all population to determine baseline and progress data for Colorectal Cancer Screening in 2015.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** SMMC's GI clinic provides colonoscopy and sigmoidoscopy procedures for HCH/FH patients. **Major Planned Action Description** Use SMMC's E-communications systems to facilitate and follow up on referrals of homeless and MSFW patients for screening procedures.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** HCH/FH patients face many barriers to screening. Living/working conditions make collection of fecal occult blood test samples and preparations for colonoscopy and sigmoidoscopy procedures challenges both homeless people and MSFW. **Major Planned Action Description** HCH/FH will work with homeless shelters and service providers and organizations providing services o assist patients with access to bathroom facilities and refrigerators.
Comments	

Focus Area: Depression Screening and Follow Up	
Performance Measure Description: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. (Required Measure)	
Target Goal Description	By December 31, 2018, Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented to 65%.
Numerator Description	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Denominator Description	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period, excluding patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder, or patient refuses to participate, or medical reason(s), such as patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status orsituations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 19.00 **Denominator** 70.00 **Calculated Baseline** 27.14%
Progress	The percentage of patients in the age range with Depression screening and follow up increased from 8.57% in 2014 to 27.14% in 2015.
Projected Data (by End of December 31st, 2018)	65.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline data was derived from review of a representative sample of 70 charts of patients in the age range.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** SMMC is developing a protocol, including age-appropriate, evidence-based screening tools, for depression screening. **Major Planned Action Description** Train providers and clinical support staff on the depression screening protocol.

Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Documentation of depression screening and follow up has been inconsistent. **Major Planned Action Description** EHR will prompt documentation of screening and follow up. QI checks will monitor progress.
Comments	

Focus Area: HIV Linkage to Care	
Performance Measure Description: Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis to 100%.
Numerator Description	Patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.
Denominator Description	Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 4.00 **Denominator** 5.00 **Calculated Baseline** 80.00%
Progress	The percentage of HCH/FH patients with newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis exceeds the 2015 national average of 74.73% for HCP grantees in 2015.
Projected Data (by End of December 31st, 2018)	100.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: This is the first year that reports were derived from E.H.R. for data on all population to determine baseline and progress data.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** The SMMC Edison Clinic, a site in the HCH/FH network of care staffed by infectious disease specialists, provides best practice HIV care. **Major Planned Action Description** Assign a nurse case manager to maintain contact with each referred patient and facilitate transition to care and case management at the Edison Clinic.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Denial, fear and other factors combine with practical barriers to prevent some patients newly diagnosed with HIV from attending care appointments. **Major Planned Action Description** Edison Clinic case managers will contact and actively assist newly diagnosed patients to get to care appointments.
Comments	

Focus Area: Diabetes: Hemoglobin A1c Poor Control	
Performance Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. (Required Measure)	
Target Goal Description	By December 31, 2018, reduce the percentage of adult patients whose most recent hemoglobin A1c level during the measurement year is greater than 9% to 25%.
Numerator Description	Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.
Denominator Description	Patients 18-75 years of age with diabetes with a visit during the measurement period.
	Baseline Year 2015

Baseline Data	**Measure Type** Percentage **Numerator** 202.00 **Denominator** 654.00 **Calculated Baseline** 30.89%
Progress	The percentage of uncontrolled diabetic patients in the age range decreased from 51.43% in 2014 to 30.89% in 2015.
Projected Data (by End of December 31st, 2018)	25.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: This is the first year that reports were derived from E.H.R. for data on all population to determine baseline and progress data for diabetes patients.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** : HCH/FH works with each diabetic patient to develop individualized treatment and self-care plans and provide personalized health education. **Major Planned Action Description** Continue to provide bilingual self-care planning and monitoring tools and educational materials designed for patients with low literacy levels.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Many newly diagnosed diabetic homeless and MSFW patients have lacked access to care and developed complications of un/under-treated diabetes that impede blood glucose control. **Major Planned Action Description** The SMMC endocrinology clinic provides specialty evaluation and treatment coordinated with primary care for diabetic patients with persistently high blood glucose levels not controlled by medication and lifestyle changes.
Comments	

Focus Area: Hypertension: Controlling high blood pressure	
Performance Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percent of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90 to 80%.
Numerator Description	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.
Denominator Description	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period, excluding patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.
Baseline Data	**Baseline Year** 2014 **Measure Type** Percentage **Numerator** 43.00 **Denominator** 70.00 **Calculated Baseline** 61.43%
Progress	The percentage of patients diagnosed with hypertension with controlled blood pressure levels decreased slightly from 64.29% in 2014 to 61.43% in 2014. This reflects more accurate sampling of patient charts from all service sites and an increase in patients newly diagnosed with hypertension.
Projected Data (by End of December 31st, 2018)	80.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline and progress data were derived from review of representative samples of 70 charts of patients diagnosed with hypertension. Future progress data will be based on EHR for all patients with hypertension in the age range.
	Key Factor Type:

Key Factor and Major Planned Action #1	**[X]** Contributing **[_]** Restricting **Key Factor Description** HCH/FH provides personalized education on use of medications and helps patients set appropriate, achievable goals for weight loss. **Major Planned Action Description** Work with homeless and MSFW basic needs service providers to increase access to healthy foods and communicate messages that reinforce medication compliance and lifestyle changes.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Many hypertension patients have multiple chronic health conditions and co-occurring behavioral health disorders that interfere with control of blood pressure. **Major Planned Action Description** HCH/FH actively assists homeless and MSFW patients to access appropriate specialty care and provides motivational interventions to encourage patients to quit smoking, choose healthy foods and exercise.
Comments	

Focus Area: Cervical cancer screening	
Performance Measure Description: Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percent of female patients receiving cervical cancer screening to 70%.
Numerator Description	Women with one or more Pap tests during the measurement period or the two years prior to the measurement period.
Denominator Description	Women 23-64 years of age with a visit during the measurement period, excluding women who had a hysterectomy with no residual cervix.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 45.00 **Denominator** 70.00 **Calculated Baseline** 64.29%
Progress	The percentage of women patients in the range with timely cervical cancer screening increased from 57.14% in 2014 to 64.29% in 2015. The percentage of HCH/FH women patients in the range for cervical cancer screening goal exceeded the 2015 statewide average of 57.32% and national averages of 56.03% for HCPs.
Projected Data (by End of December 31st, 2018)	70.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline and progress data were derived from review of representative samples of charts of 70 women patients in the age range. Future progress data will be based on EHR for all female patients in the age range.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** EHR will alert providers and clinical support staff when patients are due for pap tests. **Major Planned Action Description** Provide pap tests for patients due/overdue for screening during visits for other purposes.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Many Latina MSFWs are reluctant to have pap tests due to cultural modesty and rumors that tests reveal information about numbers of current and past sexual partners. **Major Planned Action Description** HCH/FH patient care teams will sensitively explain testing procedures, respond to patients' concerns and fears, and make patients as comfortable as possible during testing.
Comments	

Focus Area: Access to prenatal care

Performance Measure Description: Percentage of prenatal care patients who entered treatment during their first trimester. (Required Measure)	
Target Goal Description	By the end of the project period, at least 80% of women who receive prenatal care each year will initiate prenatal care during the first trimester of pregnancy.
Numerator Description	Women entering prenatal care at the health center or with the referred provider during their first trimester.
Denominator Description	Women seen for prenatal care during the year.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 110.00 **Denominator** 123.00 **Calculated Baseline** 89.43%
Progress	The percentage of pregnant patients who received first trimester prenatal care over the years has steadily increased: 2010 at 61%, 2011 at 73%, 2012 at 71%, 2013 at 75%, 2014 at 84.51% and 2015 at 89.43% in 2015, also exceeding our target goal.The percentage of HCH/FH prenatal care patients who entered treatment during their first trimester patients goal exceeded the 2015 statewide average of 77% and national averages of 73.02% for HCPs.
Projected Data (by End of December 31st, 2018)	80.00%
Data Source & Methodology	[_] EHR **[X]** Chart Audit [_] Other: Review of charts for all patients who received perinatal care.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** HCH/FH conducts pregnancy testing and initiates benefits enrollment and scheduling of prenatal care appointments through mobile and fixed site clinic visits for any purpose. **Major Planned Action Description** Continue to conduct pregnancy tests and expedite initial prenatal care appointments.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Due to a combination of denial and fear, some homeless women delay seeking prenatal care until late in pregnancy. **Major Planned Action Description** Target outreach and education to inform all homeless women of childbearing age of the importance and availability of prenatal care regardless of ability to pay.
Comments	

Focus Area: Low birth weight	
Performance Measure Description: Percentage of patients born to health center patients whose birth weight was below normal (less than 2,500 grams). (Required Measure)	
Target Goal Description	By December 31, 2018, no more than 5% of women seen for prenatal care will deliver a child/children weighing under 2,500 grams.
Numerator Description	Children born with a birth weight of under 2,500 grams.
Denominator Description	Live births during the measurement year for women who received prenatal care from the health center or by a referral provider.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 6.00 **Denominator** 75.00 **Calculated Baseline** 8.00%
Progress	The percentage of women whose child weighed less than 2,500 grams decreased from 11.21% in 2014 to 8% in 2015.
Projected Data (by End of December 31st, 2018)	5.00%
Data Source & Methodology	[_] EHR **[X]** Chart Audit [_] Other: Review of birth records for all prenatal care patients who delivered infants.

Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** The SMMC specialty obstetrics clinic delivers prenatal care for HCH/FH patients with high risk pregnancies to manage risks and prevent premature births. **Major Planned Action Description** Strengthen linkages between specialty obstetrics care and Comprehensive Perinatal Services Program education, case management and support services to meet the needs of homeless and MSFW pregnant women.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Stress of living in poverty/homelessness and exposure to domestic violence increase risks of premature birth for all HCH/FH patients, especially those carrying twins. **Major Planned Action Description** Assign nurse case managers to coordinate indicated specialty obstetrics care, substance abuse treatment, housing and domestic violence services, nutrition assistance (WIC), and behavioral health services, as indicated.
Comments	

Focus Area: Childhood immunization status (CIS)	
Performance Measure Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percentage of children among those included in the denominator who were fully immunized before their 3rd birthday to 90%.
Numerator Description	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.
Denominator Description	Children who turn 2 years of age during the measurement period and who have a visit during the measurement period.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 60.00 **Denominator** 70.00 **Calculated Baseline** 85.71%
Progress	HCH/FH's child immunization rate exceeds the statewide average (78.09%) and national average (77.55%) for HCP grantees and the Healthy People 2020 goal of 80%.
Projected Data (by End of December 31st, 2018)	90.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline and progress data were derived from reviews of 70 charts. Future progress data will be based on EHR for all two-year old patients.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Expansion of the pediatric clinic at the SMMC Coastside Clinic with ACA funds increased utilization of well-baby care, including immunizations, by MSFW. **Major Planned Action Description** Continue immunization clinics and CHDP services targeting children in MSFW families.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Homeless and MSFW families are hard to reach with reminders that children are due for immunizations. **Major Planned Action Description** Work with homeless and MSFW service providers to communicate messages to families about the importance of complete immunizations for children.
Comments	

Focus Area: Dental sealants	
Performance Measure Description: Percentage of children, age 6 through 9 years, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period. (Required Measure)	
Target Goal Description	By December 31, 2018, 65% of dental patients ages 6-9 will receive sealants.
Numerator Description	Patients who received a sealant on a permanent first molar tooth in the measurement year.
Denominator Description	Dental patients aged 6- 9 who had an oral assessment or comprehensive or periodic oral evaluation visit during the measurement year and documented as having moderate to high risk for caries, excepting children for whom all first permanent molars are non-sealable.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 16.00 **Denominator** 70.00 **Calculated Baseline** 22.86%
Progress	This is the first year that HCH/FH has started collecting and reporting on this measure in 2015, we do not currently have a dental E.H.R. to track progress.
Projected Data (by End of December 31st, 2018)	65.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline and progress data were derived from review of representative samples of charts of 70 patients in the age range. Future progress data will be based on EHR for all patients in the age range.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** HCH/FH provides sealants and other preventive oral health care for children through mobile clinic visits to homeless sites, fixed site SMMC health centers, and contracts with fixed site community dental clinics. **Major Planned Action Description** Modify EHR to track the number of dental pages ages 6-9 with sealants.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Many homeless and farm worker families believe oral health care for children is only necessary for painful conditions that home remedies do not relieve and fear dental care will cause pain for their children. **Major Planned Action Description** Schedule recall appointments for children treated for acute dental conditions to provide sealants and other preventive services.
Comments	

Focus Area: Tobacco use screening and cessation intervention	
Performance Measure Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percentage of patients for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within 24 months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user to 96%.
Numerator Description	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.
Denominator Description	All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period, excluding patients whose medical record reflects documentation of medical reason(s) for not screening for tobacco use.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 4218.00 **Denominator** 4584.00 **Calculated Baseline** 92.02%
Progress	HCH/FH's tobacco use and cessation screening rate exceeds the state average of 82.08% and national average of 82.83%.

Projected Data (by End of December 31st, 2018)	96.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: EHR was used to provide progress data on all patients in the age range, the first time year we have used all population reports in 2015.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Medical assistants query patients about tobacco use and alert providers to tobacco users; providers offer cessation counseling and pharmacotherapy **Major Planned Action Description** Use EHR to document tobacco use queries, cessation counseling and pharmacotherapy.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Providers do not consistently document cessation counseling. **Major Planned Action Description** Conduct quality improvement checks to ensure proper documentation.
Comments	

Focus Area: Asthma: Use of appropriate medications	
Performance Measure Description: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period. (Required Measure)	
Target Goal Description	By December 31, 2018, increase the percentage of patients in the denominator who received a prescription for or were provided inhaled corticosteroid or an accepted alternative medication to 100%.
Numerator Description	Patients who were dispensed at least one prescription for a preferred therapy during the measurement period.
Denominator Description	Patients 5-64 years of age with persistent asthma and a visit during the measurement period, excluding patients with emphysema, COPD, cystic fibrosis, or acute respiratory failure during or prior to the measurement period.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 70.00 **Denominator** 70.00 **Calculated Baseline** 100.00%
Progress	HCH/FH goals for pharmacologic therapy screening have increased steadily over the years from in 2011 at 83%, 2012 at 88% and 100% in 2013 to 2015.HCH/FH's pharmacologic therapy screening rate exceeds the state average (82.7%) national average (84.15%) and the Healthy People 2020 goal of 95.9%.
Projected Data (by End of December 31st, 2018)	100.00%
Data Source & Methodology	**[_]** EHR **[X]** Chart Audit **[_]** Other: Baseline and progress data were derived from review of representative samples of charts of 70 patients in the age range with diagnosed persistent asthma, as there was no code to identify persistent asthma. In future, EHR will provide progress data for all patients in the age range with diagnosed persistent asthma.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** SMMC provides regular training updates for providers on clinical practice guidelines on prescribing medications for asthma. **Major Planned Action Description** Conduct quality improvement checks and provide training to ensure ongoing compliance with standards.
	Key Factor Type: **[_]** Contributing **[X]** Restricting

Key Factor and Major Planned Action #2	**Key Factor Description** Homeless patients experience challenges remembering and obtaining prescription refills. **Major Planned Action Description** Contact patients overdue for prescription refills and assist with transportation planning to get to pharmacies.
Comments	

Focus Area: Ischemic vascular disease (IVD): use of aspirin or another antithrombotic

Performance Measure Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period. (Required Measure)

Target Goal Description	By December 31, 2018, increase the percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) in the prior year OR who had a diagnosis of ischemic vascular disease (IVD) during the measurement year who had documentation of use of aspirin or another antithrombotic to 96%.
Numerator Description	Patients who have documentation of use of aspirin or another antithrombotic during the measurement period.
Denominator Description	Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period.
Baseline Data	**Baseline Year** 2015 **Measure Type** Percentage **Numerator** 207.00 **Denominator** 233.00 **Calculated Baseline** 88.84%
Progress	The percentage of HCH/FH patients with heart attack, stroke, or IVD with documented aspirin therapy exceeds the 2015 statewide average of 78.15% and national average of 77.98% for HCP grantees in 2015.
Projected Data (by End of December 31st, 2018)	96.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Baseline and progress data were derived from E.H.R. report of all patients in the age range, first year using report for all population in 2015.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** SMMC patient care teams educate patients on the importance of aspirin therapy. **Major Planned Action Description** Query patients about and reinforce guidance on aspirin therapy at every primary care appointment.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** Some homeless and MSFW patients report problems obtaining and remembering to take aspirin. **Major Planned Action Description** Patient care teams will reinforce the importance of aspirin therapy and assist patients with strategies for obtaining and remembering to take aspirin.
Comments	

Financial Performance Measures

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:10:07 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Focus Area: Costs

Performance Measure Description: Ratio of total cost per patient served in the measurement calendar year. (Required Measure)

Target Goal Description	By the end of the project period, to maintain the rate of increase in the total cost per patient cost to no more than 7% annually such that the cost per patient is equal to or less than $2,258.77.
Numerator Description	Total accrued cost before donations and after allocation of overhead.
Denominator Description	Total number of patients.
Baseline Data	**Baseline Year** 2015 **Measure Type** Ratio **Numerator** 12934336.00 **Denominator** 6556.00 **Calculated Baseline** 1,972.90 : 1 Ratio
Progress	Between the 2014 and 2015 UDS, the cost per patient increased by 29.43%, from $1,524.28 to $1,972.90.
Projected Data (by End of December 31st, 2018)	2258.77 : 1 Ratio
Data Source & Methodology	2016-2017 UDS Reports.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** The implementation of the patient centered medical homes (PCMH) and other QI/QA improvements should keep growth in the total cost per patient below our 7% annual target. **Major Planned Action Description** HCH/FH will continue to manage and contain the costs through improved provider productivity resulting from QI improvements. And PCMH that promote greater access to preventive care, chronic disease management, specialty care and offsite enabling service referrals.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** During 2015, 35% of the HCH/FH adult patients (1,741/4,950) were uninsured. Even more so than the general patient population, the lack of coverage could result in episodic or emergency care that only addresses an undiagnosed health condition when it has become serious and costly. In addition, the ever-increasing cost of housing is driving up the cost of living rapidly for both patients and staff, which drives up the staffing salary and cost. **Major Planned Action Description** Outreach and enrollment to increase the number and percentage of HCH/FH patients and their families covered by MediCal and/or Covered California will be ongoing. This will also be linked to the assignment of HCH/FH patients to patient centered medical homes (PCMH) to assure access to continuous care and care management.
Comments	

Performance Measure Description: Ratio of total medical cost per medical visit in the measurement calendar year. (Required Measure)

Target Goal Description	By December 31, 2018, maintain rate of increase for medical cost per medical encounter not exceeding 7% per year such that cost is less than or equal to $452.57.
Numerator Description	Total accrued medical staff and other medical cost after allocation of overhead, excluding medical lab and x-ray cost.
Denominator Description	Non-nursing medical visits, excluding nurse visits.

Baseline Data	**Baseline Year** 2015 **Measure Type** Ratio **Numerator** 8215678.00 **Denominator** 20784.00 **Calculated Baseline** 395.29 : 1 Ratio
Progress	Between 2014 and 2015, the “total cost per medical encounter” increased from $357.09 to $395.29 or 10.70%.
Projected Data (by End of December 31st, 2018)	395.29 : 1 Ratio
Data Source & Methodology	2016-2017 UDS Reports
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** Quality improvement (QI) activities to improve provider productivity and manage utilization are being carried out across the SMMC-HCH/FH system of care to reduce and contain costs. **Major Planned Action Description** HCH/FH is controlling costs through the identification and assignment of patients, including high cost/risk patients to medical homes, achieving EHR meaningful use goals to improve care, and creating greater access to primary and preventive care, health education and chronic care management.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** As the SMMC transitions to the ACA, the growing number of un-under compensated medical visits by uninsured and indigent HCH/FH patients could create short-term increases in the cost per medical visit. In addition, the ever-increasing cost of housing is driving up the cost of living rapidly for both patients and staff, which drives up the staffing salary and cost. **Major Planned Action Description** In addition to stepped-up insurance application assistance and enrollment, HCH/FH will continue to benefit from the SMMC’s redesign of clinic services to assign every patient to a PCMH; reduce no-show appointments and waiting times through efficiency improvements; and reduce unnecessary visits through greater access to preventive care/care management.
Comments	

Focus Area: Grant Costs	
Performance Measure Description: Ratio of total BPHC section 330 grant funds per patient served in the measurement calendar year. (Required Measure)	
Target Goal Description	By the end of the project period, to maintain the rate of increase in the Health Center grant cost per patient to 7% or less annually, such that the total cost per patient does not exceed $321.57.
Numerator Description	BPHC section 330 grants drawn-downs for the period from January 1 to December 31, of the measurement calendar year.
Denominator Description	Total number of patients.
Baseline Data	**Baseline Year** 2015 **Measure Type** Ratio **Numerator** 1841390.00 **Denominator** 6556.00 **Calculated Baseline** 280.87 : 1 Ratio
Progress	The Health Center grant cost of federal funds spent per patient increased from $240.06 per patient in the 2014 UDS to $280.87 in the 2015 UDS. Cost per patient data for 2016 to date is not available.
Projected Data (by End of December 31st, 2018)	321.57 : 1 Ratio
Data Source & Methodology	2016-2017 UDS Reports
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]** Contributing **[_]** Restricting **Key Factor Description** The implementation of the patient-centered medical homes (PCMH) and other QI/QA improvements should keep growth in the total cost per patient below our 7% annual target. **Major Planned Action Description** The HCH and MSFW patients served are often higher risk patients with undiagnosed or complex health conditions that require more frequent and costly visits. The Mobile Clinic is doing a better job of identifying and referring these patients to the SMMC system, but the result is a higher number of visits and related costs per patient. Between 2014 and 2015, the average number of medical visits

	per patient increased from 4.0 to 4.25 visits per patient.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]** Contributing **[X]** Restricting **Key Factor Description** The late identification of one or more chronic conditions among the homeless or MSFW could result in higher costs per patient to address and treat previously undiagnosed conditions. In addition, the ever-increasing cost of housing is driving up the cost of living rapidly for both patients and staff, which drives up the staffing salary and cost. **Major Planned Action Description** The assignment of HCH/FH patients to patient centered medical homes (PCMH) to assure access to continuous care and care management will help manage and contain costs for patients with multiple or costly chronic conditions.
Comments	

Summary Page

00143099: SAN MATEO, COUNTY OF **Due Date: 08/31/2016 (Due In: 0 Days)**

Announcement Number: HRSA-17-050
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Target Audience: Not Available

Resources

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As of 08/30/2016 06:10:11 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Service Area

1. What is the identification number in the Service Area Announcement Table of the service area that you are proposing to serve?	Service Area ID #: 015 Service Area City: San Mateo State: California (CA)

Patient Projection

2. What is the total number of unduplicated patients projected to be served by December 31, 2018? **Note: If changes are required, revisit Form 1A.**	8800
3. What is the Patient Target from the Service Area Announcement Table for the proposed service area?	9250
4. Percent of the service area Patient Target proposed to be served by December 31, 2018. **Note: The value must be at least 75 percent for the application to be considered eligible for funding.**	95.14%

5. [X] By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see Item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2018 (i.e., patient commitments from awarded applications, if any).

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	$0.00
Health Care for the Homeless – HCH-330(h)	$2,013,377.00
Migrant Health Centers – MHC-330(g)	$536,627.00
Public Housing Primary Care – PHPC-330(i)	$0.00
Total	$2,550,004.00

Note: Ensure this value does not exceed the total annual federal request for funding under the Health Center Program that is available for the service area from the Service Area Announcement Table (Total Funding column). If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. See the Summary of Funding section of the FOA for details.

Scope of Project: Sites and Services

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

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

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

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

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

[X] By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.
[_] By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.

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

[X] By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.
[_] By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.