

**MEMORANDUM OF UNDERSTANDING
BETWEEN
SAN MATEO COUNTY HEALTH
AND
SAN MATEO HEALTH COMMISSION d/b/a HEALTH PLAN OF SAN MATEO**

This MEMORANDUM OF UNDERSTANDING (“MOU”) is entered into as of the 1st day of December 2025, by and between **San Mateo County Health** (“Provider or provider”) and **San Mateo Health Commission dba the Health Plan of San Mateo** (“HPSM” or “Plan”). San Mateo County Health and HPSM may be referred to individually as a “Party” and collectively as “Parties”. This MOU is entered into by both parties to facilitate successful implementation of San Mateo County’s Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) forth by Department of Health Care Services (“DHCS”).

WHEREAS, the PARTIES wish to enter into an MOU dated December 1, 2025, to memorialize the understanding that the Parties will work cooperatively on San Mateo County’s CHIP activities and the development and launch of the next CHA process; and

NOW THEREFORE, the Parties agree as follows:

1. **Term.** This MOU shall be in effect from December 1 2025 through December 31 2026.
2. **Termination With or Without Cause.** This MOU may be terminated by either party consistent with 90 day written notice and cause.
3. **Scope.** The PROVIDER is responsible for overseeing the CHA/CHIP programs for San Mateo County. The PLAN is required to align HPSM’s Population Needs Assessment (PNA) with CHA/CHIP work and meaningfully participate in the CHA/CHIP process. While HPSM provides in-kind staffing to support San Mateo County’s CHIP activities through representation or co-leading all workgroups, San Mateo County Health will utilize additional HPSM dollars for:
 - 3.1 Support of the Community Health Needs Assessment is associated with efforts of the Community Health Assessment (CHA) and Mental Health (MH) workgroups (see Exhibit 1 for more details).
 - 3.2 San Mateo County Health, Public Health, Policy & Planning will provide formal updates in both April and October 2026.
4. **Confidentiality.** The Plan and Provider collaboration in support of the one-time grant may require the exchange of confidential or proprietary information (“Confidential Information”) as may be identified by either Party.
5. **Corrective Action.** In recognition of the need for program flexibility, the Plan may utilize a Corrective Action Plan, or other mutually agreed upon or DHCS-required mechanism, for modifying the program terms to facilitate the Provider’s compliance with terms or to adjust program goals and objectives and related payments, as necessary. Provider noncompliance with modified program terms may result in termination of this MOU consistent with Section 2, (Termination) of this MOU.
6. **Plan Responsibilities:**
 - 6.1 **Monitoring Measures.** The Plan will collect and evaluate all information related to the deliverables noted in Exhibit 1 as part of the grant payment.

11. Severability. If any paragraph, term, condition or provision of this MOU shall be found by a court of competent jurisdiction to be invalid or un-enforceable, or if any paragraph, term, condition or provision is found to violate or contravene the substantive laws of the State of California, then the paragraph, term, condition or provision so found shall be deemed severed from this Agreement, but all other paragraphs, terms conditions and provisions shall remain in full force and effect.

12. Headings. No headings in this MOU affect its interpretation.

13. Electronic Copy. The Parties to this MOU agree that a copy of the original signature (including an electronic copy) may be used for any and all purposes for which the original signature may have been used. The Parties further waive any right to challenge the admissibility or authenticity of this document in a court of law based solely on the absence of an original signature.

14. Assignment. No Party shall assign, transfer, or otherwise substitute its interest or obligations in this MOU without the prior written consent of the other Parties.

IN WITNESS WHEREOF, the parties hereto have executed this MOU as of December 1, 2025.

Attest:

PROVIDER

PLAN

Executed by:

Executed by:

Signature

Signature

Name & Title

Trent Ehrgood - CFO

Name & Title

Date

Date

ATTACHMENTS:

Included in MOU	Exhibit/Attachment
X	Exhibit 1: CHA/CHIP Payments and Deliverables

**Exhibit “1”
CHA/CHIP grant funding**

In consideration of the milestones achieved by Provider in Exhibit 1, Table 1, Plan shall pay Provider based on the following fee schedule:

Table 1: Provider Milestones

Milestone	Fee Schedule
Provider to submit evidence of signed contract between San Mateo County Health and HPSM.	\$170,000
Provider to complete April 2026 meeting with update on deliverables noted below.	\$170,000

Table 2: Provider Approved Budget

Description	Approved Amount
Progress toward deliverables related to CHA/CHIP process	\$340,000
TOTAL Approved Amount	\$340,000

- In accordance with the term on this MOU, Provider may submit invoices via email to Finance_AP@hpsm.org.
- Payment will be made to Provider within (60 days) of receipt of approved invoice from Provider. Each payment shall be conditioned on the performance of the services described in Exhibit “1” to the full satisfaction of the Chief Executive Officer or his/her designee.

In consideration of the San Mateo County Health CHA/CHIP deliverables covered in funding:

Workgroup	High Level Deliverable(s)
CHA	<ul style="list-style-type: none"> • Conduct a Community Health Assessment for San Mateo County; use a mixed-methods approach (quantitative+ qualitative data) to obtain a more comprehensive understanding of health issues in the county. • As part of quantitative data collection, conduct another Health and Quality of Life (HQoL) survey; release an RFP and contract with a qualified vendor to perform this work.

	<ul style="list-style-type: none"> • Capture information from sub-groups of interest (racial/ethnic, LGBTQ+, low- income, elderly, etc.) via oversampling, focus groups, and other methodologies to obtain disaggregated data for these populations. Ensure information is gathered in a culturally informed and appropriate manner.
<p>Mental Health</p>	<ul style="list-style-type: none"> • County will conduct RFP to identify and award 3-5 community-based organizations (CBOs) that serve marginalized groups (e.g., Latine, Pacific Islander, African American/Black, LGBTQ, Chinese). • CBOs will co-create survey questions to supplement the Community Health Assessment for San Mateo County and ensure similar questions are being asked of all groups to allow for comparisons. • CBOs will lead culturally responsive collection of data to address barriers to data collection (i.e., fear of randomized phone calls in Latine community, asking questions in a way that resonates with communities). • County will conduct data analysis and review results with the CBOs to ensure it resonates (analysis would not be conducted by CBOs).