

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

Co-Applicant Board Meeting Agenda

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March 11, 2021, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA	Irene Pasma		
C. PUBLIC COMMENT			
<p>Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.</p>			
D. CONSUMER INPUT			9:05am
1. Community Updates	Board Members		
E. CONSENT AGENDA			
1. Approve meeting minutes from February 11, 2021	Irene Pasma	Tab 1	9:15am
F. BUSINESS AGENDA			
1. Approve recommendation for vendor awards in response to the HCH/FH RFP (further information to be provided at meeting)	Sofia Recalde		9:18am
2. Approve Sliding Fee Scale and Poverty Level	Sofia Recalde	Tab 2	
3. Approve Board's Grant Management Policy	Jim Beaumont	Tab 3	
4. Approve New Board Member application for Gabriel García	Robert Anderson	Tab 4	
H. REPORTING & DISCUSSION AGENDA			
1. QI/QA Subcommittee Update	Danielle Hull	Tab 5	10:00am
2. BHRS and Dental MOU Update	Irene/Sofia	Tab 6	
3. Program Director's Report	Jim Beaumont	Tab 7	
4. Program Budget/Finance Report	Jim Beaumont	Tab 8	
5. COVID Update & Discussion	Team	Tab 9	10:45
a. On-farm vaccine efforts and people experiencing homelessness			
b. No Cost Extension/Carry Over			
H. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			10:55am
<p>Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.</p>			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
a. Next Regular Meeting: March 11, 2021; 9:00AM – 11:00AM			
I. ADJOURNMENT			11:00am

TAB 1

Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (February 11th, 2021)
Teams Meeting**

<p><u>Co-Applicant Board Members Present</u> Robert Anderson Steven Kraft Michael Vincent Hollingshead Suzanne Moore Brian Greenberg Tony Serrano Tayischa Deldridge Steve Carey Victoria Sanchez De Alba Eric Debode Janet Schmidt Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><u>County Staff Present</u> Irene Pasma, Program Implementation Coordinator Danielle Hull, Clinical Coordinator Sofia Recalde, Management Analyst Frank Trinh, HCH/FH Medical Director John Nibbelin, County Counsel Shireen Malekazali, County Public Health Equity Officer</p>	<p><u>Members of the Public</u></p> <p><u>Absent Board Members/Staff:</u> Mother Champion</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call To Order</u>	Brian Greenberg called the meeting to order at 9:00A.M.	
<u>Changes to Order of Agenda</u>		
<u>Regular Agenda</u> <u>Public Comment</u>	None	
<u>Closed Session</u>	No closed session	
<u>Consumer Input:</u> COVID-19 Vaccination and Equity Efforts in San Mateo County	Shireen Malekazali, San Mateo County's Public Health Equity Officer, gave a presentation on the County's COVID-19 vaccination efforts and described the County's approach to embedding equity into the planning and implantation of countywide vaccination. This effort includes providing transparency, prioritizing those at most risk, explicitly acknowledging the current state and history of health care in the US in communities of color and engaging the community to understand their concerns and to communicate effectively and to mitigate as many barriers as possible to make the vaccine accessible to those who are prioritized for vaccination.	
Community Updates	Suzanne Moore reported that 1,500 families from Westlake Apartments in Day City in 2020. According to Faith in Action, families did not reach out for legal aid and that some families are doubling up and couch surfing.	

	<p>State Bill 91 was recently signed into law, extending the eviction moratorium. San Mateo County Board of Supervisors voted to allocate rental assistance funding to Local Initiatives Support Corp. Tenants can seek assistance by contacting San Mateo County Legal Aid or one of the Core Service agencies.</p> <p>2 RVs in Pacifica were placed in a San Francisco RV park, and Pacifica Resource Center is looking for a location to place two additional RVs. Since the City oversized vehicle ordinance went into effect, 3 vehicularly housed residents were placed into long-term housing and approximately 10 vehicularly housed households were displaced from the community.</p> <p>Brian Greenberg reported that LifeMoves continues to operate three COVID-19 motels for people experiencing homelessness. Since the eviction moratorium went into effect, there have been vacancies, anywhere from 2-5 per night, at the family shelters, indicating that the moratorium has been effective in preventing homelessness. Unhoused families should contact a Core Service Agency as needed.</p> <p>Tony Serrano reported that there was a COVID-19 outbreak at one of the mushroom farms and farmworkers who were unable to work have not been able to access unemployment benefits. There is a critical need to vaccinate farmworkers so that they can continue to earn income safely.</p> <p>Victoria Sanchez De Alba reported that the California Labor Commission shut down Castillo Seed farm in Half Moon Bay for not having worker's compensation insurance and is investigating other labor violations, including employee claims that they have not received pay for work in over several weeks.</p>	
<p><u>Consent Agenda</u> Meeting Minutes from January 14th, 2020</p>	<p>Please refer to TAB 1 All items on Consent Agenda (meeting minutes from January 14th, 2020) were approved.</p>	<p>Request to approve Consent Agenda Amendment was <u>MOVED</u> by Suzanne M. <u>SECONDED</u> by Tayischa D. and APPROVED by all Board members present.</p>

<p><u>Business Agenda:</u> Approve Funding for SMMC Hypertension and Colorectal Cancer Screening Disparity Elimination Project</p>	<p>Please refer to TAB 2</p> <p>HCH/FH recently joined SMMC's efforts to reduce health disparities amongst its patients. The SMMC Disparity Elimination Workgroups identified disparities in hypertension and colorectal cancer screening in the general African-American SMMC population, as well as among African-American patients experiencing homelessness. The Workgroup is implementing a outreach and education program for African-Americans with uncontrolled hypertension and overdue colorectal cancer screenings. SMMC will hire a Patient Navigator to outreach the target population. Staff is requesting Board approval to partially fund the project up to \$35,550 over the next 12 months. Funds will be used to support the Patient Navigators personnel costs, training and transportation for homeless individuals to travel to an SMMC clinic.</p>	<p>Request to approve funding of Disparity Elimination Project was <u>MOVED</u> by Steve C. <u>SECONDED</u> by Suzanne M. and APPROVED by all Board members present.</p>
<p><u>Reporting & Discussion Agenda:</u> Quarter 4 Contractor Report</p>	<p>Please refer to TAB 3</p> <p>In 2020, HCH/FH contracted service providers spent 86% of the \$1,979,897 allocated for contracted service delivery, compared to 88% in 2019. In addition, contracted service providers saw a total of 3,870 clients in 2020 over 9,428 visits. COVID-19 impacted delivery of many health-related services, but especially the delivery of enabling service due to the inability to meet clients in person for the safety of both clients and staff. Nonetheless, service providers utilized telehealth when possible and several contracted service providers, including El Centro, LifeMoves, PHPP and Puente, were able to strengthen community partnerships to continue provide services for farmworkers and people experiencing homelessness.</p>	
<p>Board Decision-Making Practices around Contracts and MOUs</p>	<p>Historically the HCH/FH Board is involved in every step of contract decision-making from selecting services, vendors and the contract award amount to specifying and approving the contract language that details the scope of services, outcome measures and payment terms. Staff proposed an alternative that would retain the Board's responsibility in selecting the scope of services, outcome measures, vendors and budget without requiring HCH/FH Board to approve Exhibits A and B of the contracts. This change would streamline the process of executing contracts, starting services and reduce conflict of interest issues while maintaining Board's responsibility in carrying out the services prioritized in the strategic planning process. HCH/FH will implement this change moving forward and continue to update the Board on contract performance through quarterly updates. In addition, any new projects that are over \$25,000 and do not require a RFP will be presented to the Board for discussion and approval.</p>	
<p>Quality Improvement Memo</p>	<p>Please refer to TAB 4</p> <p>HCH/FH is continuing to work out the logistics of the telehealth pilot at Coastside Clinic in Pescadero and Maple Street Shelter.</p> <p>HCH/FH staff and Brian Greenberg met with Public Health Epidemiology to discuss how to collect death data for people experiencing homelessness and farmworkers in San Mateo County can be collected on an ongoing basis. Data will be collected twice a year and staff will meet with County</p>	

	Counsel to understand how external agencies can share death data with Epidemiology as a data quality control measure.	
Program Director's Report	<p>Please refer to TAB 5</p> <p>HCH/FH continues to monitor COVID-19 relief funding being considered by Congress and is working with our project officer to adjust our current COVID-19 award budget to align with eventual actual expenses. HCH/FH continues to engage with SMMC and SMC Health in the areas of testing, outreach, vaccination, and other support for the homeless and farmworker populations during the pandemic.</p> <p>HCH/FH received seven proposals in response to the RFP issued for Promotores services in Half Moon Bay, Care Coordination to support the Mobile Clinic, Street and Field Medicine and the New Patient Connection Center. We are currently in the process of scheduling Board and County subject matter expert review and evaluation of the proposals. Staff is also working on completing the Uniform Data System (UDS) report to HRSA on the clients served, services provided, financials and clinical metrics. UDS is due on February 15th.</p>	
Budget & Finance Report	<p>Please refer to TAB 6</p> <p>Preliminary expenditure numbers for January 2021 show a total expenditure of \$350,201 of which \$331,887 is claimable against the grant. We have continued to work on closing the books for GY 2020, which are not yet quite finalized. In addition, we are working through the fiscal documents required by HRSA and the necessary carry-over documents.</p>	
COVID-19 Update	Please refer to TAB 7	
<u>Announcements</u>	None	
<u>Adjournment</u>	Victoria Sanchez De Alba adjourned the meeting at 11:03AM.	

HCH/FH Board Contracting Process

Prepared by staff for the February 2021 Board Meeting



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Previous HCH/FH Board participation in contracting process

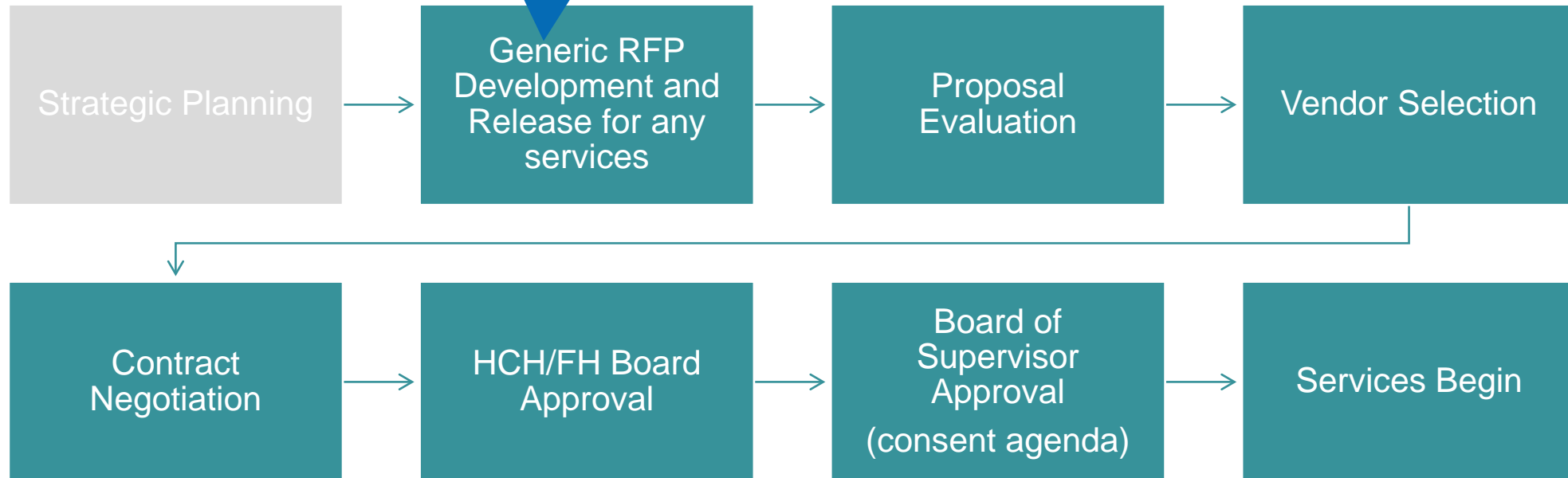
Board members participate in:

1. proposal evaluation
2. vendor selection, and
3. approval of specific details of contract terms



Contracting Process

Board approves a generic RFP before it is released



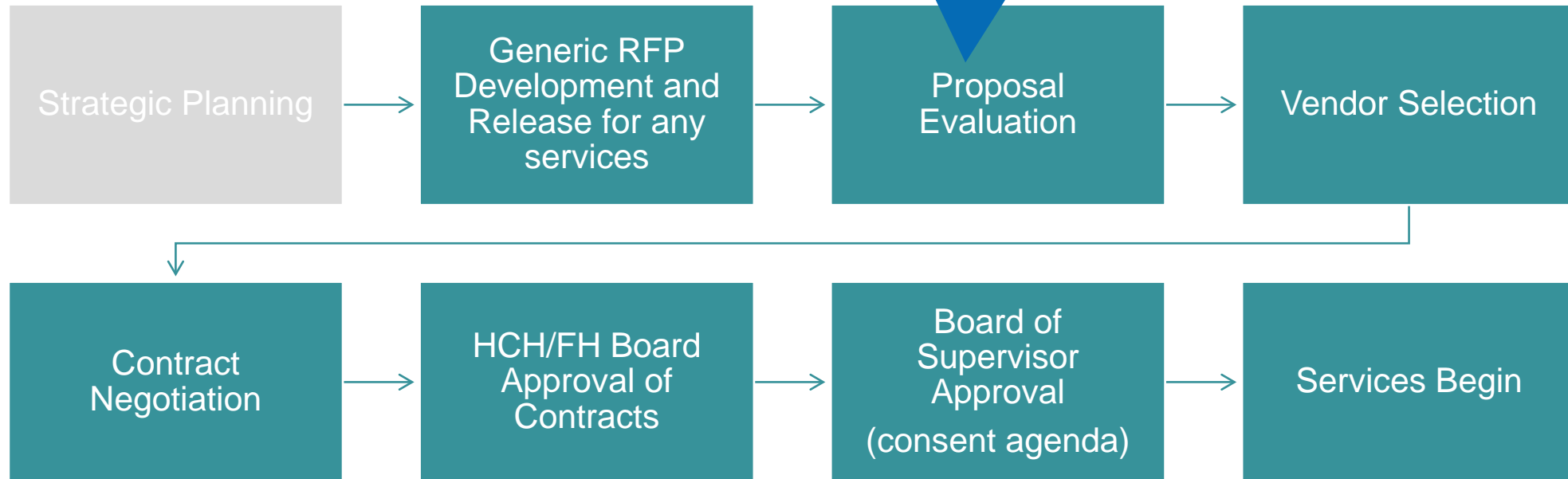
Previous Process



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Contracting Process

Selected Board Members review and rate proposals.

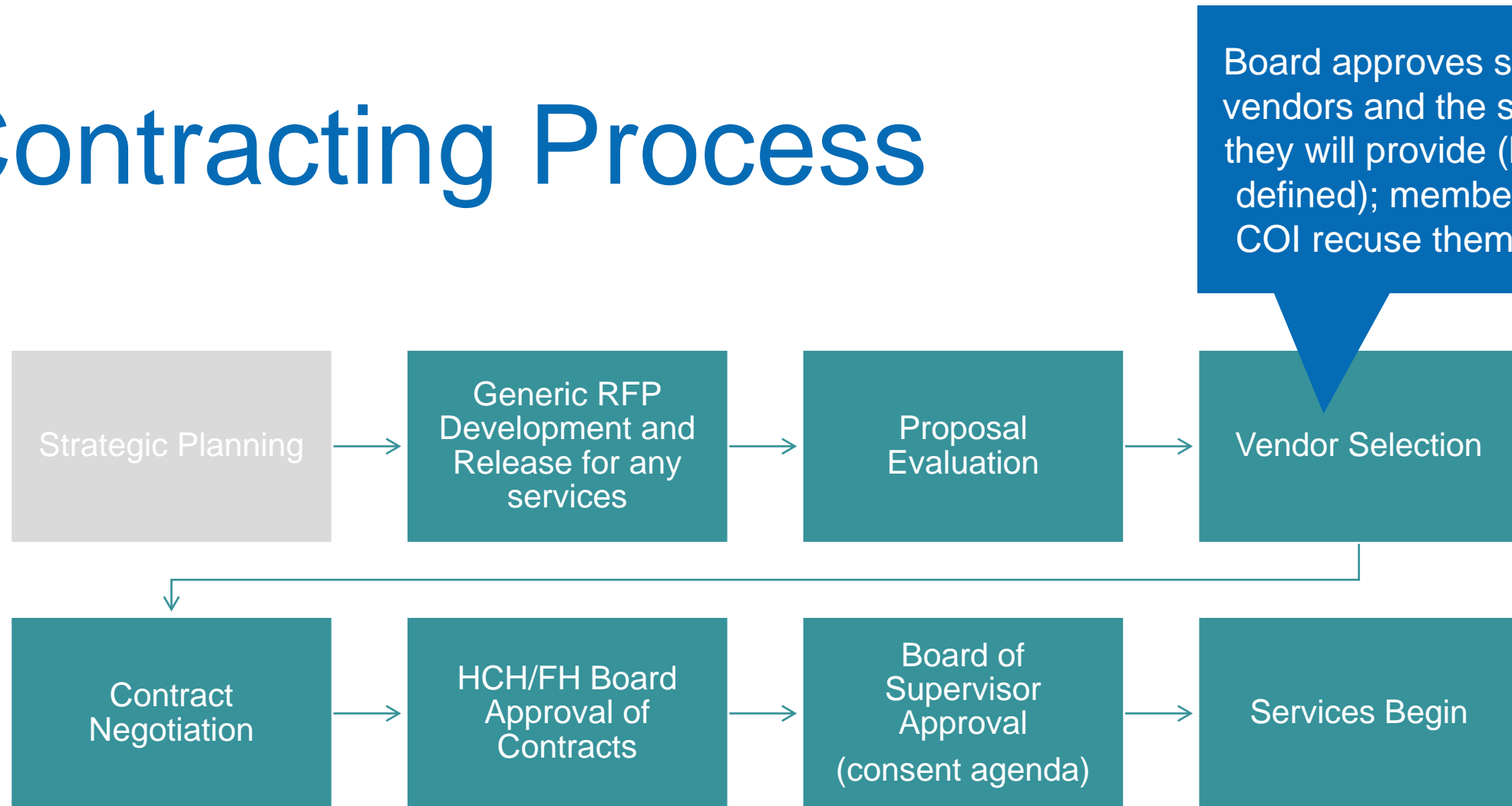


Previous Process



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Contracting Process

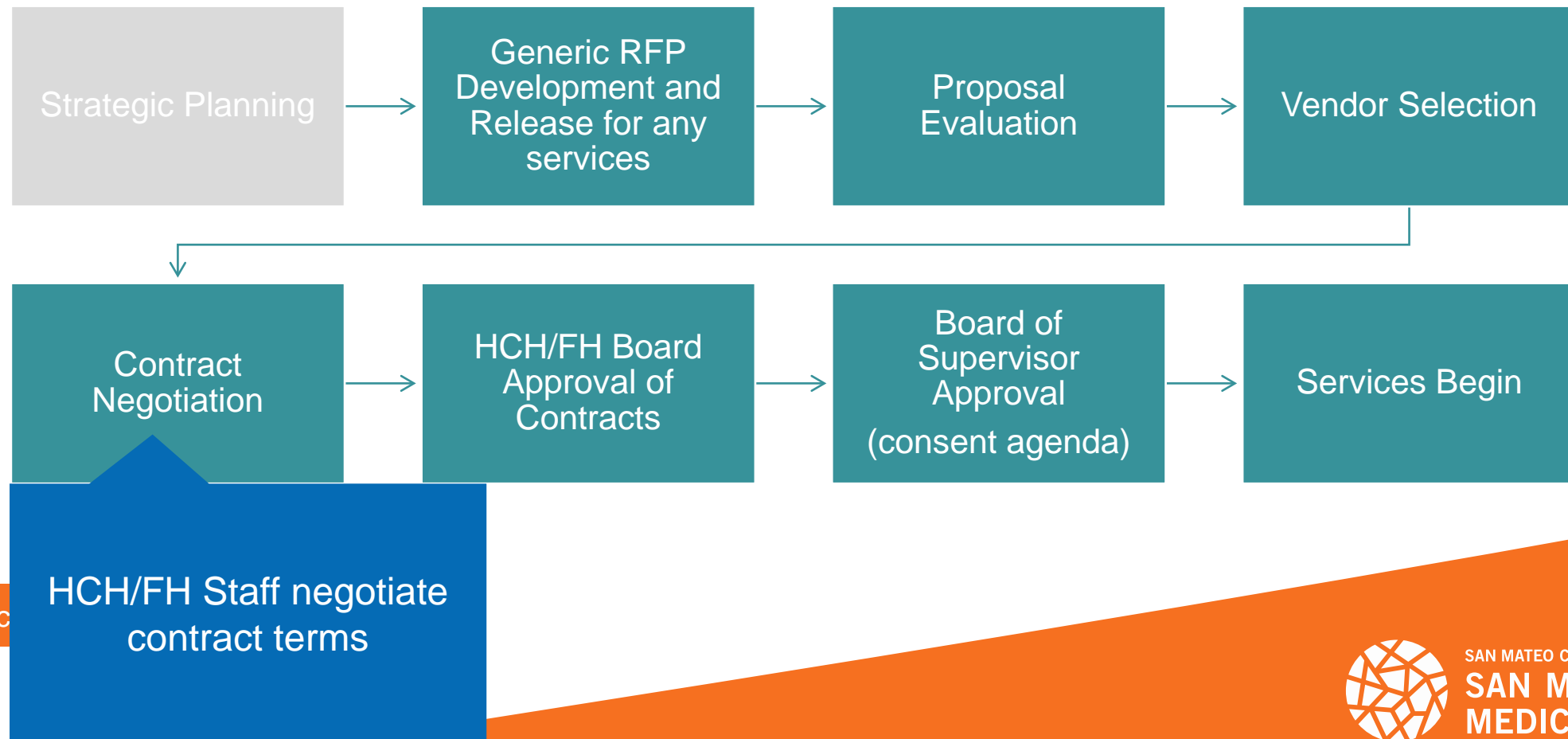


Previous Process

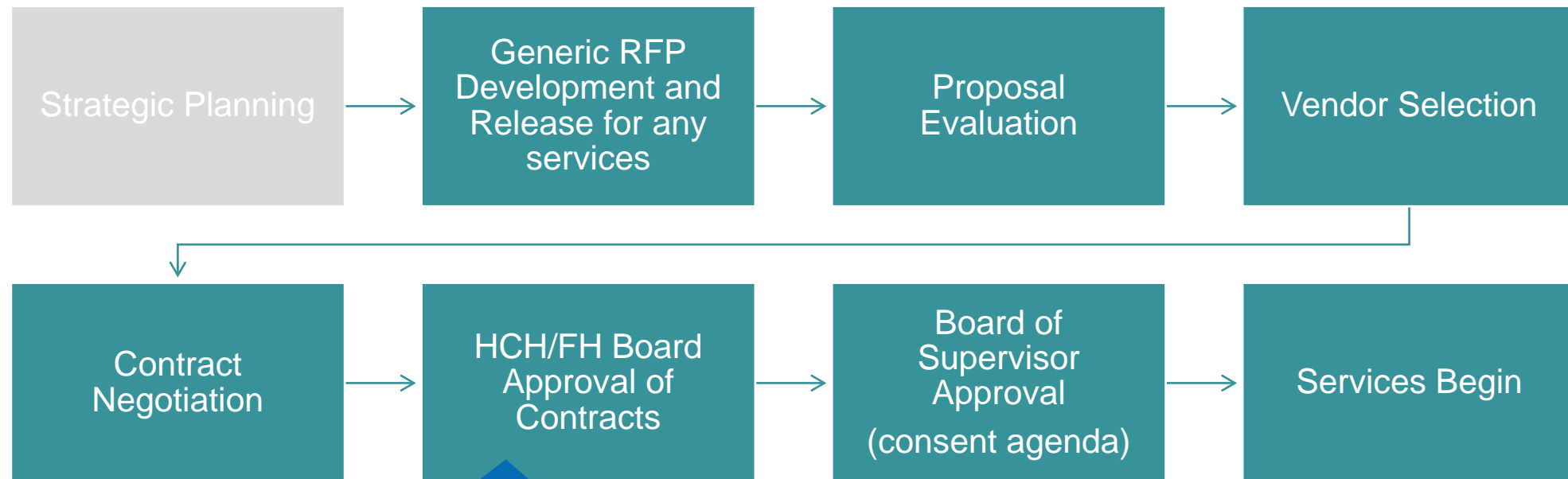


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Contracting Process



Contracting Process



Board approves contracts (Exhibit A and Exhibit B), Board Members with COI would recuse themselves

Previous Process



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Exhibit A

Objectives and Outcome Measures

Exhibit A

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

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Legal Aid Society of San Mateo County (Legal Aid) for a full range of enabling services to farmworker individuals, centered on Needs Assessment, Experience Study, direct legal assistances, outreach and patient and community education. Legal Aid will provide legal assistance, including eligibility assistance, legal advice, follow-up, translation services, and referral services for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate, and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least **20 unduplicated farmworker individuals per reporting period** who meet Bureau of Primary Health Care (BPHC) criteria for Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who have not been previously served and invoiced for that service during the specified reporting period. The HCH/FH Program will continue to monitor the number of "cases" that are provided legal services, even as Legal Aid will invoice for unduplicated individuals.

The services to be provided by Legal Aid will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide direct legal services to a minimum of **20** unduplicated farmworker individuals or family members of farmworkers each reporting period to support eligibility assistance in securing access to available health, social services, pharmacy and other assistance programs including Medi-Cal, Medicare, MCE, ACE Healthy Kids, and related assistance programs related to the access of medical, dental, mental health or substance abuse services. A minimum of **30** on-going encounters will be provided to these 20 individuals.

These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in encounters.

OBJECTIVE 1.1.: 80% of the farmworker clients provided legal services will receive favorable outcomes in addressing issues related to health coverage or health care access.

Outcome Measure 1.A: Of the farmworker individuals, a minimum of 80% will receive coverage or reduce out-of-pocket expenses through access to available coverage programs.

Outcome Measure 1.B: Of the farmworker clients provided legal services 65% will be uninsured, not having current health coverage.

OBJECTIVE 2: Complete a regional **Needs Assessment**, and develop a plan to systematically address identified barriers to accessing health care affecting farmworkers in San Mateo County.

Outcome 2.A: To complete a Needs Assessment of the region to determine the number and location of farmworkers, their greatest areas of need, and the legal barriers they are currently

These are the outcome measures HCH/FH staff reports on to the Board during Quarterly Contractor Reports



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Exhibit B

Payment Terms

Exhibit B

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

County shall pay Contractor \$8,000 total over the term of the agreement for the Needs Assessment project. County shall pay \$2,500 upon Contractor submission of Needs Assessment detailed plan with questionnaire and/or tool for review and acceptance, and \$5,500 upon Contractor submission of the Needs Assessment final report for review and acceptance.

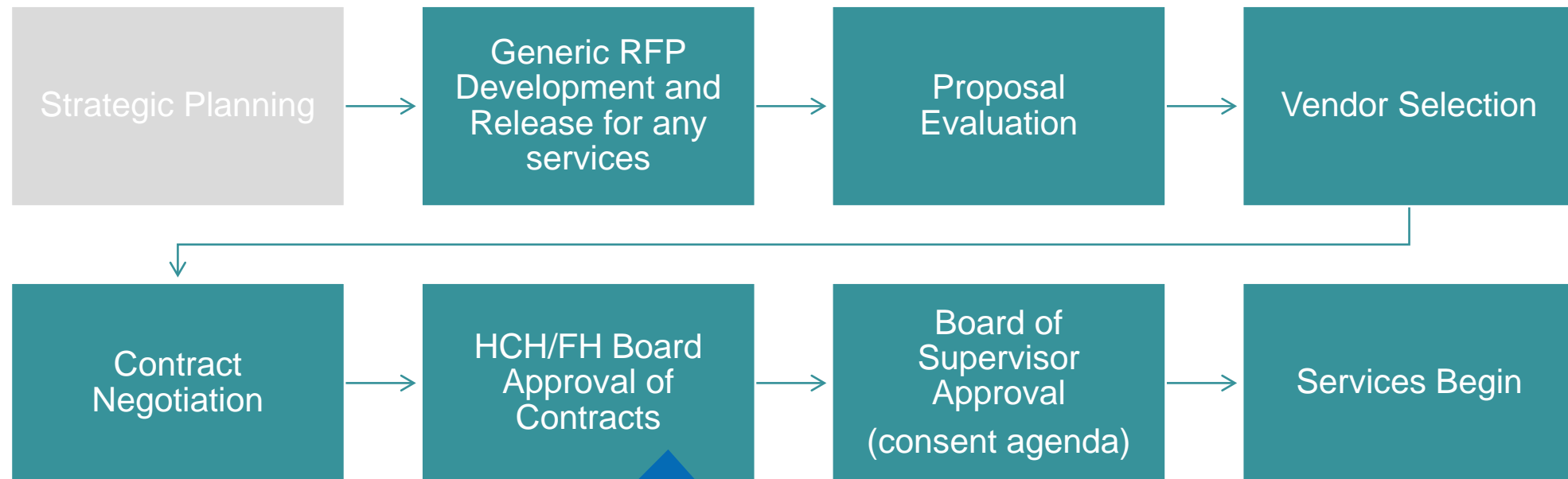
County shall pay Contractor \$10,000 total over the term of the agreement for the Experience Study project. County shall pay \$2,000 upon Contractor submission of Experience Study detailed plan with selection criteria for review and acceptance, and \$8,000 upon Contractor submission of the Experience Study final report for review and acceptance.

County shall pay Contractor \$9,200 total over the term of the agreement for the Provider Outreach project. County shall pay \$6,000 upon Contractor submission of Provider Outreach plan and materials including PowerPoint presentations and LIBRE flyers and handouts for review and acceptance, and \$3,200 upon Contractor submission of the Provider Outreach final report showing at least 50% completion of plan.

County shall pay Contractor \$6,400 total over the term of the agreement for the Farmworker Outreach project. County shall pay \$2,000 upon Contractor submission of Farmworker Outreach plan and materials for review and acceptance, and \$4,400 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of plan.



Contracting Process

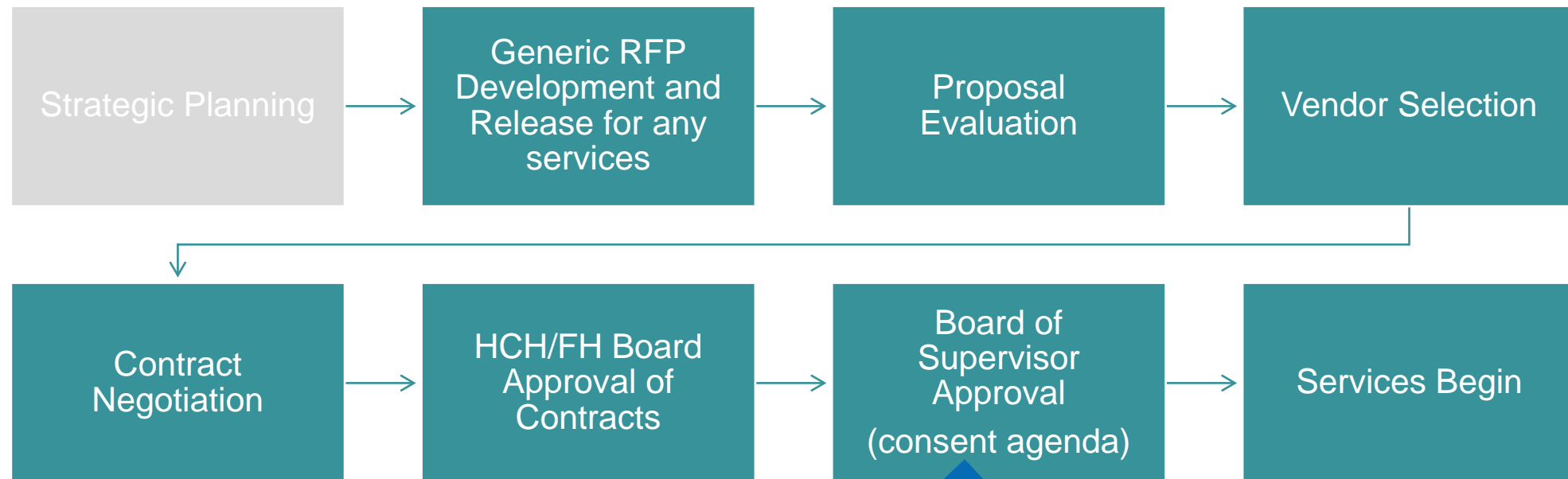


If Board didn't approve contract, staff re-negotiates it with vendor, and brings it back to Board for approval at a subsequent Board Meeting

Previous Process



Contracting Process



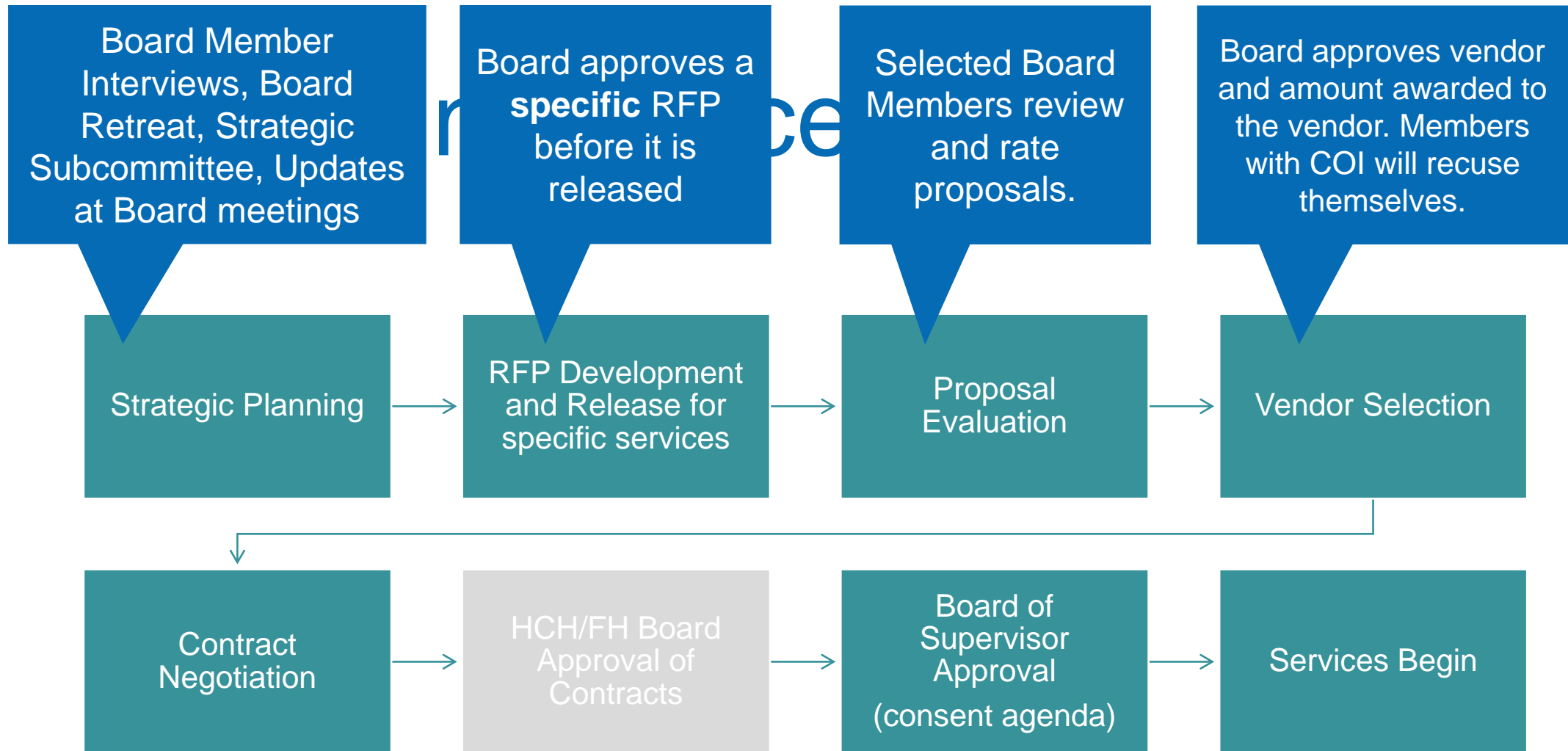
Timing HCH/FH Board contract approval with getting it on BOS agenda creates significant contract finalization delays

Previous Process

Proposed process

- Board members specify the services they want to pay for via the strategic planning process
- Board members participate in proposal evaluation and vendor selection
- Board does not approve detailed contract terms





Proposed Process

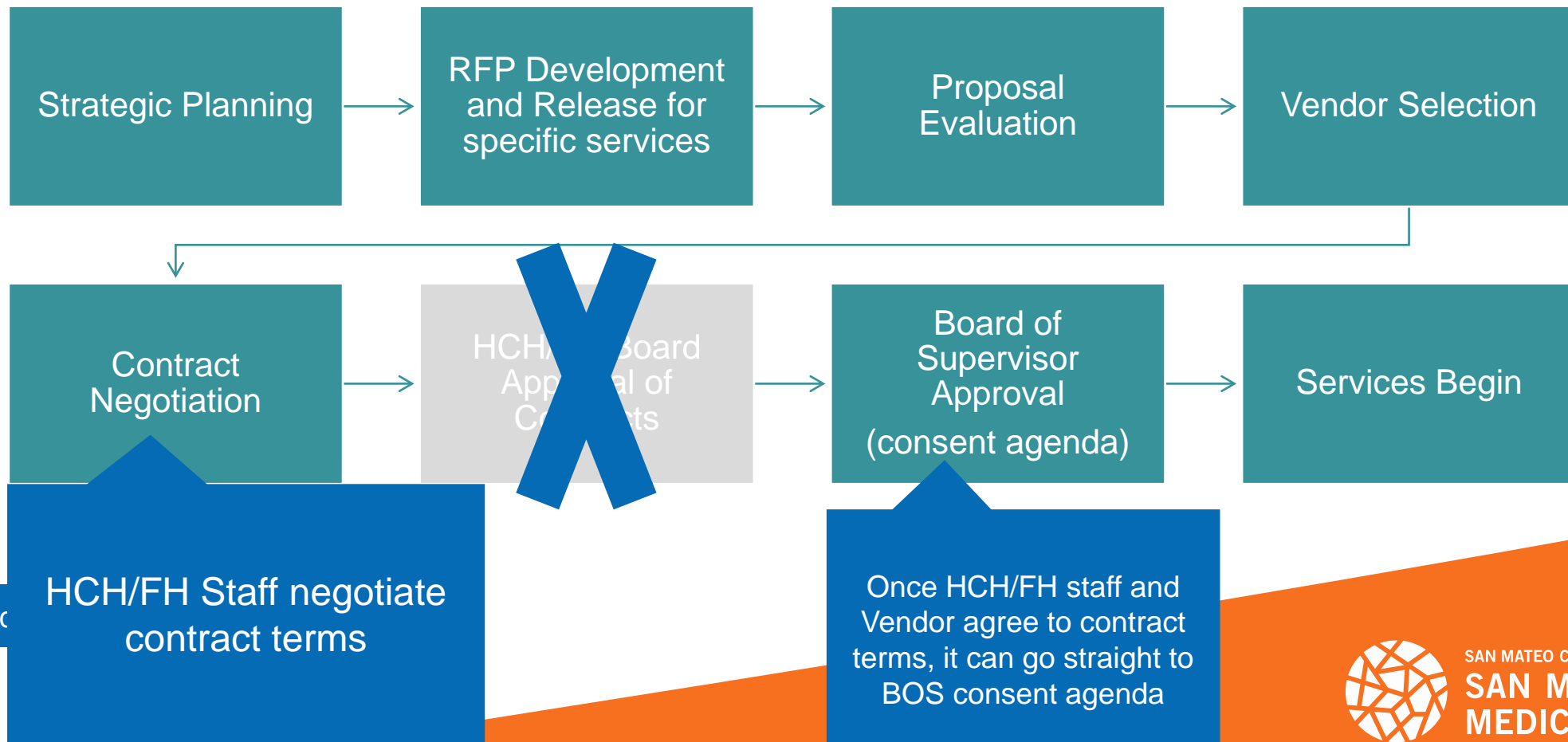


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Level of detail Board expected to approve:

Service	Vendor	Contract not to exceed \$ per year
Promotores in Half Moon Bay/North Coast		\$
Care Navigation linked to Street/Field Medicine, Mobile Clinic, and NPCC	<i>*This may result in more than one vendor</i>	\$
Care Navigation linked to newly housed individuals		\$

Contracting Process



Summary

- Board members specify the services they want to pay for via the strategic planning process
- Board members participate in proposal evaluation and vendor selection
- Board does not approve detailed contract terms
- **Pros:** minimize conflict of interest issue, significantly expedite contract finalization and services beginning
- **Cons:** Board does not approve detailed final contract terms



Discussion:

- How do Board Members feel about not reviewing & approving specific contract terms i.e. objectives, outcomes, and payment terms?

HCH/FH

Q4 Contractor Quarterly Review

January 2020 – December 2020



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Contractor Financial Performance CY 2020

Contractor	Contract Amount	Amount Spent	% YTD 2020
ALAS	\$71,000	\$58,010	82%
BHRS	\$90,000	\$59,000	66%
El Centro de Libertad	\$73,500	\$51,900	71%
LifeMoves	\$295,750	\$283,705	96%
PHPP Mobile Clinic & ES	\$482,250	\$437,715	91%
PHPP Street & Field Medicine	\$249,750	\$249,750	100%
Puente de la Costa Sur	\$183,500	\$176,600	96%
Ravenswood - Medical	\$80,757	\$68,657	85%
Ravenswood - Dental	\$41,387	\$37,067	90%
Ravenswood - Enabling	\$49,328	\$26,634	54%
Samaritan House - Safe Harbor	\$81,000	\$77,850	96%
Sonrisas Dental	\$131,675	\$72,135	55%
StarVista	\$150,000	\$113,200	75%
TOTAL	\$1,979,897	\$1,711,953	86%



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Services Provided in 2020

Service	Homeless Pts	Farmworker Pts	Combined	Visits
Primary Care	~1,400	~50	1,454	2,873
Dental	167	63	230	551
Behavioral Health	203	20	223	653
Enabling Services	1,505	458	1,963	5,351

3,870 Patients
88% of contract total

9,428 Visits

Health Outcomes

- Over 350 clients received individualized health care plans
- 138 farmworkers and 87 homeless individuals were enrolled (or maintained) into health coverage program
- 47 homeless individuals received SSI/SSDI coverage
- 100% of PHPP clients received a comprehensive health screening
- Room for improvement
 - Establishing a medical home
 - Client appointment scheduling and appointment attendance
 - Referrals

Highlights & Successes

- El Centro outreach
- LifeMoves collaboration with HCU
- PHPP collaboration with community partners during COVID
- Puente COVID testing and continues to provide food to 250 households weekly
- Daybreak – COVID-19 education and testing
- Ravenswood new scheduling system for dental appointments

Looking ahead:

- Site visits scheduled Feb-April
- Piloting new quarterly reporting
- Transitioning services

**TAB 2 Sliding
Fee Scale &
Poverty Level**



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www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: March 11, 2021

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST TO APPROVE REVISIONS TO THE SLIDING FEE DISCOUNT SCHEDULE

One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014 and has been updated on an annual basis with the last update approved by the HCH/FH Board on April 9, 2020.

According to the HCH/FH Sliding Fee Discount Program Policy "The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level". The attached revisions to the Sliding Fee Scale Schedule are based on the updates to the 2021 (FPL) guidelines.

This request is for the Co-Applicant Board to approve revisions to its approved Sliding Fee Discount Program Policy Schedule to adjust for the new FPL for 2021. A majority vote of the members present is necessary and sufficient to approve the request.

ATTACHMENTS:

- 2021 Federal Poverty Guidelines
- Revised 2021 Sliding Fee Scale Discount Schedule

U.S. Department of Health & Human Services



OFFICE OF THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION

2021 POVERTY GUIDELINES

01/26/2021

HOME • 2021 POVERTY GUIDELINES

U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs

[Federal Register Notice, February 1, 2021 - Full text]

[Prior Poverty Guidelines and Federal Register References Since 1982]

[Frequently Asked Questions(FAQs)]

[Further Resources on Poverty Measurement, Poverty Lines, and Their History]

[Computations for the 2021 Poverty Guidelines]

There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau**. The thresholds are used mainly for **statistical** purpose — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) Poverty thresholds since 1973 (and for selected earlier years) and weighted average poverty thresholds since 1959 are available on the Census Bureau's Web site. For an example of how the Census Bureau applies the thresholds to a family's income to determine its poverty status, see "How the Census Bureau Measures Poverty" on the Census Bureau's web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs.

The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty's web site.

The following figures are the 2021 HHS poverty guidelines which will be published in the Federal Register

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660

For families/households with more than 8 persons, add \$4,540 for each additional person.

2021 POVERTY GUIDELINES FOR ALASKA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$16,000
2	\$21,700
3	\$27,400
4	\$33,100
5	\$38,800

For families/households with more than 8 persons, add \$5,680 for each additional person.

PERSONS IN FAMILY/HOUSEHOLD	PO
6	\$44,4
7	\$50,1
8	\$55,8
For families/households with more than 8 persons, add \$5,680 for each additional person.	

2020 POVERTY GUIDELINES FOR HAWAII

2021 POVERTY GUIDELINES FOR HAWAII	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$14,820
2	\$20,040
3	\$25,260
4	\$30,480
5	\$35,700
6	\$40,920
7	\$46,140
8	\$51,360
For families/households with more than 8 persons, add \$5,220 for each additional person	

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility. For a more detailed list of programs that do and don’t use the guidelines, see the Frequently Asked Questions(FAQs).

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2021 are designated the 2021 poverty guidelines. However, the 2021 HHS poverty guidelines only reflect price changes through calendar year 2020; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2020. (The 2020 thresholds are expected to be issued in final form in September 2021; a preliminary version of the 2020 thresholds is now available from the Census Bureau.)

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

+1 202.690.7858

San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
(HRSA 330 Program/FQHC)

Sliding Fee Discount Schedule (Effective March 11, 2021)

Monthly Income Thresholds by Family Size for Sliding Fee Discount Policy

Poverty Level *	0-100%	101-138%	139-160%	160-200%	>200%
Family Size					
1	\$1,073	\$1,481	\$1,717	\$2,147	\$2,148
2	\$1,452	\$2,003	\$2,323	\$2,903	\$2,904
3	\$1,830	\$2,525	\$2,928	\$3,660	\$3,661
4	\$2,208	\$3,048	\$3,533	\$4,417	\$4,418
5	\$2,587	\$3,570	\$4,139	\$5,173	\$5,174
6	\$2,965	\$4,092	\$4,744	\$5,930	\$5,931
7	\$3,343	\$4,614	\$5,349	\$6,687	\$6,688
8	\$3,722	\$5,136	\$5,955	\$7,443	\$7,444
For each additional person add:	\$378	\$522	\$605	\$757	\$757
Patient Cost	No Charge	\$20	\$25	\$30	No sliding fee discount**

* Based on 2020 HHS Poverty Guidelines (<https://aspe.hhs.gov/2021-poverty-guidelines>)

** Reduced payments may be available through other state or locally funded discount programs

**TAB 3 Grant
Management
Policy**



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

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

DATE: March 11, 2021

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH PROGRAM AMENDED GRANTS MANAGEMENT POLICY

Under the Bylaws, the Board has the authority and responsibility to set general program policies and to ensure that the Program remains in compliance with all required laws, regulations and policies.

In addition to the Program Compliance Manual, HRSA reviews the Program's compliance with other federal mandates that may be derived from other general legislation, including budget authorizations. These later items are generally referred to as Legislative Mandate. HRSA began doing specific Legislative Mandate Reviews (LMR) in 1981, at which time, the Board approved the Program's Grants Management Policy which address these Legislative Mandates.

In the current LMR by HRSA, additional language was identified as being necessary to address the current set of federal Legislative Mandates. All of the changes are clarifying in nature and there are no new actual mandates. Attached is an updated amended Grants Management Policy for the Board's review and approval.

This request is for the Board to approve the attached Grants Management Policy, dated 03/11/2021. This action requires approval of a majority of Board members voting to be accepted.

Attached: Amended Grants Management Policy (03/11/21)

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Grant Management Policy	Effective Date: October 11, 2018
Subject: Federal Legislative Mandates	Amended Date: March 11, 2021
	Approved by: Co-Applicant Board
I. Rationale or background to policy: It is the responsibility of the HCH/FH Co-Applicant Board to establish operational policies as necessary for the appropriate operation of the HCH/FH Program. As the Co-Applicant Board has the sole authority for the expenditure of grant funds received from the Health Services and Resources Administration (HRSA), and such funding may carry specific expenditure or other restrictions, it is incumbent on the Co-Applicant Board to establish policies for the expenditure of HRSA grant funds. The purpose of this policy is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141). Signed into law on March 23, 2018. The intent of this policy is to describe HCH/FH policy on the following statutory provisions that limit the use of funds from HRSA grant funding. In no manner are any of the following restrictions meant to restrict health center patient access to health care services including syringe exchange and harm reduction services or abortion or related services. The HCH program may continue to provide access to said services within applicable laws, however, this HRSA-mandated Policy solely serves to describe specific areas in which expenditures of federal grant funds are prohibited by federal law. II. Policy Statement: The scope and coverage of this policy applies to all services within the HRSA-approved Scope of Project of the HCH/FH Program whether delivered directly by San Mateo County employees or under contract, Memorandum of Understanding or subrecipient agreements. 1. Salary Limitation No HRSA health center grant funds shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of federal Executive Level II.	

2. Gun Control

No HRSA health center grant funds may be used, in whole or in part, to advocate or promote gun control.

3. Anti-Lobbying

No HRSA health center grant funds shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

No HRSA health center grant funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government

The above prohibitions shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control. No federal grant funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

4. Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Alameda County HCH program shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources."

5. Restriction on Abortions

No HRSA health center grant funds shall be expended for any abortion. No HRSA health center grant funds shall be expended for health benefits coverage that includes coverage of abortion. The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement."

6. Exceptions to Restriction on Abortions

The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds). Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

The San Mateo County Health Care for the Homeless/Farmworker Health Program shall not subject any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. The term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

7. Ban on Funding of Human Embryo Research

No HRSA health center grant funds may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

8. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

No HRSA health center grant funds may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

9. Restriction on Purchase of Sterile Needles

No HRSA health center grant funds shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

10. Restriction of Pornography on Computer Networks

No HRSA health center grant funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography. This limitation shall not limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

11. Restrictions on Funding ACORN

No HRSA health center grant funds may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

12. Confidentiality Agreements

The San Mateo County Health Care for the Homeless/Farmworker Health Program shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information. This limitation shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

III. Procedures:

The HCH/FH Program staff shall ensure that no grant funds are expended in divergence to this policy.

The HCH/FH Co-Applicant Board shall review this Grant Management Policy at least annually to ensure that it is fully compliant with HRSA and all other federal requirements for grant expenditures.

Approved _____

Board Chair

Program Director

**TAB 4 New
Board Member
Application**



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

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

DATE: March 11, 2021

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: HCH/FH BOARD NOMINATION FOR GABRIEL GARCIA

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

A member of the HCH/FH Board Recruitment/Membership committee interviewed Gabriel Garcia on March 5th, 2021. Gabriel is a former Professor of Medicine at Stanford University with expertise in community health, migration and farmworker communities. He is a founding member and co-chair of the San Mateo County LGBTQ Commission and a member of Puente de la Costa Sur's Advisory Board. In addition, Gabriel is a grandchild of farmworkers and has relatives that continue to operate a dairy farm that has been in his family for more than 2 centuries.

The Board Recruitment/Membership Committee nominates Gabriel Garcia for a seat on the HCH/FH Co-Applicant Board.

This request is to approve Gabriel Garcia as a new HCH/FH Board member to expand the knowledge and expertise available to the Board for its review, guidance and strategic planning functions.

ATTACHMENT:

- Gabriel Garcia HCH/FH Board member application



Board Recruitment Committee Nomination to Board

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant: Board Application for Board Membership.

1. Please state your name

Gabriel García

2. Your contact information (email and phone number).

Redacted for privacy

3. What city/county do you reside in?

Portola Valley, San Mateo County, CA

4. What is your place of employment and title, (if applicable)?

I retired last year from Stanford University, where I was a Fellow in Undergraduate Education and Professor of Medicine, now emeritus, since 1989.

5. What experience and/or skills do you have that would make you an effective member of the Board?

- I have taught a class since 2007 (both on campus and in Mexico) about migration and health entitled *Community Health in Oaxaca*, which examines the impact of migration on the health and wellbeing of Mexican migrants and their sending and receiving communities, using a transborder community lens and examining Mexican migration as a multi-ethnic process.
- I was the Faculty Director for 4 years of the *Haas Center for Public Service at Stanford*, helping students engage with communities to bring about real and positive changes. Among other similar initiatives, in one of our community engagement projects I supervised a student who performed a health care needs assessment in Pescadero in collaboration with *Puente de la Costa Sur*. Her report supported the establishment of a health care partnership between San Mateo County and Puente for weekly on-site health services focused on their farm worker community, and help make the case for Puente's community health worker program. I now sit on Puente's advisory board.

- I was a founding member and co-chair of San Mateo County LGBTQ Commission for 2 consecutive 3-year terms, and I am familiar with the expectations of the role. I helped the commission design and implement an online health and wellness survey of the LGBTQ community that was presented to the board of supervisors with our findings and recommendations.
- Two of the community partners for my *Community Health Advocacy Program* at Stanford were organizations that provide services for the unhoused populations of Silicon Valley, the *Opportunity Center* and *Next Door Solutions*.
- I chair the advisory board of an organization in Oaxaca, Mexico called *Puente a la Salud Comunitaria* that build sustainable food systems grounded in agroecological principles for health and economic well-being.

6. Briefly describe why you would like to join the HCH/FH Board

I am the grandchild of farmers, and my cousins continue to operate a small dairy that has been in the family for more than 2 centuries. This work is important to me.

7. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker?

No.

We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

The Board requires a member to be a **resident of San Mateo County**.

Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

- No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board. (45 CFR Part 74.42 and 42 CFR Part 51c.304b)

TAB 5
QI/QA Update



DATE: March 11th, 2020

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

FROM: Frank Trinh, Medical Director HCH/FH Program
Danielle Hull, Clinical Services Coordinator
Irene Pasma, Planning and Implementation Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee met on Thursday, March 4th, from 1 to 2:30pm.

- Committee Members: Recruitment
 - HCH/FH to seek new members from Co-Applicant Board and Primary Care QI Committee
- Patient Satisfaction Survey
 - Worked with the Patient Experience Department to integrate Homeless and Farmworker flags into the NRC Health Survey Portal
 - Patient Experience is working with vendor to get 2020 homeless/farmworker patient survey response data - share out at Q2 meeting
- Homeless and Farmworker Death Data
 - HCH/FH reached out to San Mateo County (SMC) Legal to confirm external organizations can send data to PHPP Epidemiology
 - PHPP Epidemiology will use external data to evaluate the quality of death certificate data
 - Could potentially pay graduate students small grant to collect and analyze data to help us standardize process
- Hypertension Disparity Pilot
 - Effort to engage AA/Black hypertensive patients into care
 - Will also address hypertensive patients due for CRC Screening
 - Separate workflow has been developed for homeless patients
 - Scripted Interview Guide, Post Survey
 - Patients will receive gift card incentives for participating
 - Patient Navigator will provide 8-10 hours of work weekly specifically for homeless patients
- Depression Screening and Follow-up
 - Depression Screening report shows if a patient is successful in this measure

- If successful, it means either the screening was performed and patient did not experience depression, or that they did experience depression and follow-up was documented
 - Cannot designate whether or not patient is failing follow-up or no screen performed
 - Next steps:
 - Request amendment to report from BI to indicate if:
 - Screen performed
 - Follow-up completed (if necessary)
 - Check with ICC and FOHC to see how depression screenings were performed in 2020 during virtual care
- Trauma informed Self-Care Training for FW Service Providers
 - Facilitated by Health Outreach Partners on March 2nd, 2021 from 9-12:30 PM
 - Training was in Spanish
 - ~11 participants
 - Coastside BHRS
 - Puente de la Costa Sur
 - Evaluations sent out, pending results
 - Subsequent trainings to be held in English
- Reviewed IBHS Grant AOD Counselor Questionnaire Form
 - Reviewed form to determine if there's any data from it that the Committee would like to track
 - Discussed automizing how data is entered for easier aggregate data visualization and analysis
- Telehealth Pilot
 - Virtual Care Innovations Grant
 - Clinic Connections Track
 - Will be connected to other HCH programs nationally who are also trying to do telehealth for homeless
 - Provides collaborative information network, telehealth support and webinars, toolkits, monthly calls to connect and problem-solve
 - Total Award: \$17,000
 - Budget
 - Self-Measured Blood Pressure Devices (150 @ \$30 each)
 - Phones and Payment Plans (20 @ \$450 each)
 - Outreach/Education Materials and Printing (\$2000)
 - Patient Incentives (150 @ \$10 each)

- Grant funding and project is aimed at homeless patients only; will look at Maple Street to streamline services
 - Does not need to be Medical services only, could be behavioral as well
 - Timeline and Targets
 - 15-month project
 - Patient Volume Target
 - 150 self-measured BP devices distributed
 - 150 patients to have utilized the desktop for Doxy.Me visits
 - 150 patient incentives at \$10 each
 - Report data at baseline, midpoint, follow-up
 - More information to come from Virtual Care Innovations Project
 - % F2F Visits, % Phone Visits, % In-person
- Maple Street Shelter
 - Committee would like to see no-show rates of patients
 - Could potentially do same-day instant visits on intake into shelter for Mental Health Primary Care (MHPC) patients
 - Would be for assigned patients only
 - HCH/FH to think through how to trigger process for shelter patients to access virtual care
- Cervical Cancer Screening
 - Committee to review survey to assess beliefs and barriers of getting cervical cancer screenings for patients experiencing homelessness in shelter and street settings
 - HCH/FH to facilitate information sharing between Contra Costa HCH and PHPP Street Medicine in planning self-administered pap/HPV testing for select street homeless patients
 - HCH/FH to discuss referral of unassigned homeless patients to OB/GYN to see if this would be amenable for high-risk patients

TAB 6
BHRS and
Dental MOU
Update



DATE: March 11, 2021

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

FROM: Irene Pasma, Program Planning & Implementation Coordinator

SUBJECT: BHRS and Dental MOU

HCH/FH Staff has been working with BHRS and SMMC's Dental Department to move forward MOUs. Below is a description of each and a status update.

Behavioral Health & Recovery Services

The HCH/FH Board indicated through the strategic planning process that behavioral health services were a top priority for them. Additionally, numerous conversations led to the understanding that many services already exist for our populations but are not necessarily utilized and that BHRS is well-positioned to provide those services. Based on this, the MOU with BHRS is intended to expand beyond just the ARM team, increasing the total sum to ~\$300,000 split 80%/20% between people experiencing homelessness and farmworkers. While not finalized, below are the services being discussed:

1. **For People Experiencing Homelessness:**
 - a. Conduct behavioral health screening via referral
 - i. Provide individualized case management/ care coordination plan
 - ii. Help patients execute care coordination plan
 - b. Provide on-site education/ outreach at shelter
 - c. One Licensed Psychiatric Social Worker attached to HOT
2. **For Farmworkers:**
 - a. SUD Outreach and community engagement, in collaboration with local nonprofit
 - b. SUD Screenings and individual intervention
 - c. SUD Psycho-education support groups for families and community of diverse age groups
 - d. SUD Linkages/referrals to Behavioral Health and Recovery Services

Saturday Dental Clinic at Coastside Clinic

For ~\$100,000 HCH/FH plans to establish an MOU to open Coastside Clinic's dental clinic on Saturdays to farmworkers and their families (as the primary target) and to people experiencing homelessness (as a secondary target). HCH/FH staff is talking to the SMMC dental team, Coastside Clinic management, SMMC financial team to finalize the MOU. In parallel, HCH/FH staff is meeting with Puente and Sonrisas later in March to discuss how Sonrisas patients would be able to access Coastside Clinic, how people in Pescadero can be notified, and how to raise awareness more broadly in the community about the availability of the service. The intent is for the dental clinic to be open by Summer of 2021.

TAB 7
Director's
Report



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: March 11, 2021

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the February 11, 2021 Co-Applicant Board meeting:

The next Covid Relief Bill is moving through congress and it does appear that it will be passed. While we understand that there is additional funding for Health Centers in the bill, it is not yet clear what that might mean for us. We continue to work with HRSA to close-out the two (2) previous COVID awards that have been fully expended, and to extend the CARES Act funding for another year as there is still substantial funding available in that award.

HRSA/BPHC has open a funding opportunity for service expansion at new or existing school-based service sites. It is highly competitive (25 awards of \$200,000 for each of two (2) years). We have inquired with SMMC Ambulatory Services to determine if there is anything we could work on collaboratively. It may not be feasible with current bandwidth for both us and them (Brighton Ncube, Deputy Director for Ambulatory Services has recently left).

HRSA/BPHC has also initiated a program to provide supplemental vaccine supplies directly to Health Centers. The roll-out currently has ~250 health centers involved, with more to hopefully come. The HCH/FH Program has not yet been contacted by HRSA/BPHC about participation.

We continue to engage productively with SMMC and SMC Health in the areas of testing, outreach, vaccination, and other support for the homeless and farmworker populations during the pandemic. We have seen some substantial success in vaccination efforts for farmworkers. Specific updates are provided elsewhere in today's meeting.

The technical experts, Board members assigned, and staff have been reading and evaluating the proposals (7 total) that were received across the three (3) service streams included in the RFP. There is a specific update elsewhere on today's agenda.

Program submitted timely the 2020 Uniform Data System (UDS) Report. As the Board is aware, this is our singularly important annual federal report covering comprehensively the program operations, clinical activity and financial status of the program. We have heard back on the initial review of our report and were requested to address a total of six (6) issues (the fewest we have ever had). The responses and updates were submitted as requested on March 8th.

All Program staff have completed their COVID -19 vaccination regimen.

Seven Day Update

ATTACHED:

- Program Calendar



TAB 8
Program
Budget/
Finance
Report



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

DATE: March 11, 2021

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary expenditure numbers for February 2021 show a total expenditure of \$222,603 of which \$190,592 is claimable against the grant. These numbers are below expectation due to not all contractors having gotten their invoices processed through accounting as of the running of the report. In general, we would expect to have average expenditures around \$250,000 per month to fully expend the budget. Based on that, we are running a little behind so far during the year.

However, given how early in the year we are, there is no real basis for a true end-of-year projection.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 01/31/21



GRANT YEAR 2021

allocated to
SUD-MH or
IBHS

Details for budget estimates	Budgeted [SF-424]	February \$\$	To Date (02/28/21)	Projection for end of year		Projected for GY 2021
EXPENDITURES						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	631,050	45,595	90,272	585,000		631,050
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	171,990	12,501	23,871	157,000		171,990
<u>Travel</u>						
National Conferences (2500*8)	25,000			10,000		25,000
Regional Conferences (1000*5)	5,000			7,500		5,000
Local Travel	1,500			500		1,500
Taxis	1,000			1,000		1,000
Van & vehicle usage	2,000	706	706	1,500		2,000
	34,500		706	20,500		34,500
<u>Supplies</u>						
Office Supplies, misc.	12,000		208	10,000		12,000
Small Funding Requests	12,000	10,730	23,271	147,000		12,000
			23,479	157,000		
<u>Contractual</u>						
2019 Contracts			129,225	129,225		
2019 MOUs			125,400	125,400		
Current 2020 MOUs	872,000			800,000		872,000
Current 2020 contracts	1,034,000	119,710	119,710	930,000		1,034,000
ES contracts (SUD-MH & IBHS)	150,000			115,000	115,000	150,000
---unallocated---/other contracts						
	2,056,000		374,335	2,099,625		2,056,000
<u>Other</u>						
Consultants/grant writer	30,000			8,000		30,000
IT/Telcom	20,000	1,350	2,816	24,000		20,000
New Automation				0		-
Memberships	5,000			2,500		5,000
Training	10,000		7,000	15,000		10,000
Misc	500			500		500
	65,500		9,816	50,000		65,500
TOTAL	2,971,040	190,592	522,479	3,069,125	115,000	2,971,040
GRANT REVENUE						
Available Base Grant	2,625,049			2,625,049		2,691,632
Carryover	132,709			400,000		167,000 IBHS
Available Expanded Services Awards **	317,000					235,850 carryover
HCH/FH PROGRAM TOTAL	3,074,758			3,025,049		3,094,482
BALANCE	103,718		PROJECTED AVAILABLE	(44,076)		123,442
	(213,282)		BASE GRANT PROJECTED AVAILABLE	70,924		based on est. grant of \$2,678,621 before reduction
** includes \$150,000 of SUD-MH (allocated) & \$167,000 for IBHS not yet allocated						
Total special allocation required	\$ 138,446					
<u>Non-Grant Expenditures</u>						
Salary Overage	13750	1442	2,884	15,800		16,500
Health Coverage	57000	3979	7,895	51,000		57,000
base grant prep	-					45,000
food	2500		300	750		1,500
incentives/gift cards	1,000					1,500
	74,250	5,421	11,079	67,550		121,500
TOTAL EXPENDITURES	3,045,290	196,013	533,558	3,136,675	NEXT YEAR	3,092,540
	BUDGETED	<i>This month</i>	TO DATE	PROJECTED		

TAB 9
COVID-19
Update



DATE: March 11, 2021

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

FROM: Irene Pasma, Program Planning & Implementation Coordinator

SUBJECT: COVID-19 Update

Over the past month, the major COVID-19 focus areas for the program have been on vaccination efforts:

1. Farmworkers

- a. With California Department of Health opening vaccination to the Food and Agricultural sectors, HCH/FH supported County Health in bringing vaccines to farms in Half Moon Bay and Pescadero the last week of February and the first week of March. Over those weeks, 780 farmworkers have been vaccinated on-farms and more through the Our Lady of the Pillar community vaccine events Feb 25 and 26, and at Pescadero High School on March 4.
- b. Additionally, the PHPP Street/Field Medicine and Mobile Clinic team providers are staffing a weekly Friday evening vaccine clinic at Puente's administering ~40 doses/per to farmworkers, 65+, and health workers in Pescadero

2. People Experiencing Homelessness

- a. HCH/FH is convening a group of internal and external stakeholders to discuss how to bring vaccines to those people experiencing homelessness who are eligible for the vaccine (i.e. 65+ and soon those with underlying health conditions). Discussion of how/whether to vaccinate everyone experiencing homelessness in shelters, as other counties have done, is underway.

3. No Cost Extension/Carry Over

- a. HRSA has allowed COVID-specific funding slated to expire March 2021 to be carried over for what's anticipated another year-period (i.e. expiring March 2022). HCH/FH staff updated and submitted a COVID-19 budget to reflect the expectation of using these funds to also support COVID-19 vaccination efforts for people experiencing homelessness and farmworkers, in addition to items initially listed in the budget such as COVID-19 testing, outreach materials, and supporting the Public Health lab.