

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

Co-Applicant Board Meeting Agenda

455 County Center, Redwood City, CA 94063 (Room 101)

May 9th, 2024, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at

455 County Center, Redwood City, CA 94063 (Room 101)

Remote participation in this meeting will not be available. To observe or participate in the meeting please attend in-person at above location.

*Written public comments may be emailed to masfaw@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting.

***Please see instructions for written and spoken public comments at the end of this agenda.**

A. CALL TO ORDER & ROLL CALL	Robert Anderson	10:00am
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B. PUBLIC COMMENT
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.

C. ACTION TO SET THE AGENDA & CONSENT AGENDA	Robert Anderson	10:02am
1. Approve meeting minutes from April 11 th , 2024, Board Meeting		Tab 1
2. Budget and Finance Report		Tab 2
3. HCH/FH Director's report		Tab 3
4. Contractor and MOU's update		Tab 4
5. Quality Improvement/Quality Assurance Update		Tab 5
6. Contractors Financial Report Update		Tab 6

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER		
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.		
1. Community updates	Board members	10:05am
2. Enhanced Care Management (ECM) and Community Support services to Medi-Cal beneficiaries	Amy Scribner, HPSM's Chief Health Officer & Gale Carino, Director of Integrated Care	10:15am

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Community Program Coordinator at least five working days before the meeting at masfaw@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smchealth.org/smmc-hfhfh-board>

E. BUSINESS AGENDA			
Request for Board to approve adding sites to the HCH/FH Project Scope	Jim Beaumont	11:00 am	Tab 7

F. REPORTING & DISCUSSION AGENDA			
Uniform Data System (UDS) Reporting	Jim Beaumont, Gozel Kulieva, & Alejandra Alvarado	11:15am	
San Mateo Medical Center (SMMC) Annual Audit	Jim Beaumont	11:40 am	
HCH/FH Board Approval for 2025-2027 RFP	Jim Beaumont	11:55 am	

G. ADJOURNMENT	12:00pm
Future meeting: June 13th, 10am-12pm 455 County Center, Redwood City, CA 94063 (Room 101)	

***Instructions for Public Comment During Meeting**

Members of the public may address the Members of the HCH/FH board as follows:

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

1. Your written comment should be emailed to masfaw@smcgov.org.
2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the HCH/FH board and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, HCH/FH board will make every effort to either (i) provide such emailed comments to the HCH/FH board and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

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Tab 1
Meeting Minutes



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

Co-Applicant Board Meeting Agenda
 455 County Center, Redwood City, CA 94063 (Room 101)
 April 11th, 2024, 10:00am - 12:00pm

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
<ul style="list-style-type: none"> • Robert Anderson, Chair • Victoria De Alba Sanchez, Vice Chair • Steve Carey • Judith Guerrero • Tony Serrano • Steve Kraft • Brian Greenberg • Janet Schmidt • Tayischa Deldridge • Suzanne Moore • Gabe Garcia • Jim Beaumont (Ex officio) 	<ul style="list-style-type: none"> • Gozel Kulieva • Frank Trinh • Alejandra Alvarado • Jocelyn Vidales • Meron Asfaw • Anessa Farber • Linda Franco • Brooke Satre, PHPP 	<ul style="list-style-type: none"> • Sandra, ALAS 	<ul style="list-style-type: none"> • Amanda Hing Hernandez • Francine Serafin-Dickson

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:01 am and did a roll call.	
B. Public comment	<p>Sandra, ALAS The ALAS director Sandra provided an update regarding lawsuit filed on behalf of a survivor of the Half Moon Bay shooting. The lawsuit is being filed on behalf of the survivor and his brother.</p> <p>ALAS has also been offering transportation to farmworker clients, noticing that they're able to build dental appointments and clinic visits attendance if they support with transportation. They also transport clients to mental health appointments in-house, where ALAS works with a full time culturally competent bilingual therapist, free of charge to all community members. They also offer group therapy to various groups at the farms or at the ALAS facility. They started their 1st very male mental health cohort and are starting their second cohort, which has been impactful culturally for the community. ALAS wants to prepare a presentation for the board to review their services in the future. The equity express bus is coming back in May for Mental Health Awareness Month. Transportation cars are limited for ALAS staff due to having to transport groceries, client rides, etc. They're</p>	

	<p>looking for funding for a second vehicle due to a high need for ALAS drivers.</p> <p>Tony recognizes that ALAS has a food pantry but also delivers food to the farms- Sandra clarifies the weekend food party takes place the 2nd and 3rd Saturday of the month. This started as a food delivery due to COVID, but ALAS needed to expand their pantry services due to increasing need. Sandra says ALAS also has a truck that brings food to farms to assist with the lack of farmworker transportation. These types of visits have increases recently due to harsh winter weather conditions.</p> <p>Anessa, PHPP Anessa provided an update that PHPP filled up their provider staffing position. She also stated that the Coast street medicine day will move from Tuesday to Monday. Also, the shelter medicine at coast house will now be alternating between Monday and Wednesday each week.</p>	
<p>C. Action to set the agenda & consent agenda</p>	<ol style="list-style-type: none"> 1. Approve meeting minutes from February 8th, 2024, Board Meeting 2. Budget and Finance Report 3. HCH/FH Director's Report 4. Quality Improvement and Quality Assurance (QI/QA) update 	<p>Request to approve the Consent Agenda was MOVED by Steve Kraft and SECONDED by Susanne Moore Approved by all members present.</p>
<p>D. Community Announcements / Guest Speaker</p> <p>1. Community Announcements</p>	<p>Suzanne Moore Suzanne reminded the board about the SB 1011 (Encampment Ordinance) and recommended to the board a letter of opposition for the encampment ordinance which has been set for a hearing on April 16th. Suzanne has supplied a link to the board to state their position, this link provides information regarding the upcoming committee hearings and a place to submit their letter of opposition.</p> <p>Robert Anderson At the last meeting, Suzanne mentioned people living in containers along the coast in Pacifica and Robert stated he's explored this situation. He expressed a conflict with having this area be shut down because this could cause individuals to become homeless. Porta-potties have been brought in for the residents living in the containers, to improve their essential needs. He reminded the board this is a work in progress and the county has been made aware of this issue and is trying to get onto the premise to inspect further.</p>	

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<p>E. BUSINESS AGENDA</p> <ol style="list-style-type: none"> 1. Proposal to Create a Temporary Subcommittee for Detailed Discussion on Healthcare Access 2. HCH/FH Board decision on the Services and Programs for 2025-2027 RFP cycle 	<p>Suzanne Moore During the meeting, the question was raised regarding the potential impact of the ordinance on individuals who choose not to enter shelters and how their health may be affected. Suzanne proposed the formation of a temporary subcommittee tasked with evaluating the health implications of the ordinance. The objectives of this subcommittee include conducting a literature review to ascertain the veracity of claims regarding limited health access, identifying areas for improvement, and fostering collaboration with stakeholders. Suzanne emphasized the importance of addressing these concerns in accordance with the HCH/FH bylaws and suggested studying all individuals affected by the ordinance. She stressed the need to ensure that individuals opting for shelters receive increased access to resources and that there is a thorough understanding of the reasons behind those who opt out of shelter accommodations.</p> <p>During the meeting, Gabe inquired about the establishment of a process mandated by the law to maintain certain statistics. Judith clarified that in case of displacement, efforts would be made to ensure the safe storage of individuals' belongings. However, the response system is yet to be developed, with the primary aim being to provide services to those entering shelters. Brian recommended that a committee member should possess familiarity with the Clarity process. He further suggested involving a Stanford student, given the resemblance of the initiative to a research study evaluating the health impact of the ordinance. Janet echoed the sentiment that this initiative resembles a research study, presenting an opportunity to engage additional support.</p> <p>Frank reminded the board that enforcement of the ordinance would be challenging if shelters reach full capacity, noting the current lengthy waitlist for shelter accommodation. Tayischa confirmed the current wait time to be approximately three weeks. Robert clarified that the intention is for law enforcement to collaborate with unhoused residents, contingent upon the availability of shelter space. Suzanne expressed hope for the allocation of a few beds specifically designated for this ordinance. She emphasized the importance of transparency and aligning efforts with best practices, particularly regarding the impact of displacement on healthcare access. Brian inquired about the possibility of HCH/FH allocating funding to support beds for this issue, highlighting the absence of baseline data due to the novelty of the matter. Jim proposed the formation of a subcommittee</p>	<p>Request to approve the Consent Agenda was MOVED by Janet Schmidt and SECONDED by Victoria Sanchez De Alba Approved by all members present.</p>
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	<p>comprising Frank, Suzanne, Janet, and Brian to delineate the specifics of each point discussed in the provided letter.</p> <p>Jim Beaumont During the meeting, Jim outlined plans to clarify with the board the services to be provided by the program, aligning with the upcoming RFP cycle. The board holds responsibility for determining the allocation of grant funds, including designating services and delivery methods. Jim presented a chart detailing required, specialty, and additional services, highlighting existing agreements with PHPP and contracts with agencies such as the Nav Center, BHRS, and PHPP. He emphasized that while the chart represents current and potential services, the board retains the authority to modify them.</p> <p>A second chart delineated the recipients of services, encompassing street outreach, mobile services, case management, preventative care, and dental services. Jim noted a projected decrease in available funds over the next three years, attributing this decline of \$2.2 million to \$1.8 million to rollover funding and staff turnover. Along with this, the program received specific grant funding for the COVID-19 pandemic which was circumstantial, and not contributing to the normal amount of funding the program would get.</p> <p>Anessa provided updates on staffing for the mobile van, revealing plans to increase access to farmworkers through scheduling modifications. Board members asked questions regarding street/field medicine staff capacity to expand the hours or number of days that PHPP sees patients, specifically along the coast. Frank discussed past efforts to serve farmworkers, including visits to coastal areas like Pescadero, and the low number of patients they've had during these efforts. Anessa highlighted ongoing efforts to expand field medicine visits to more farms, with support from promotores guiding their outreach efforts.</p>	<p>Request to approve the Consent Agenda was MOVED by Janet Schmidt and SECONDED by Robert Anderson Opposed by Steve Carrey Approved by all members present.</p>
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	<p>Victoria advocated for equitable distribution of awards between homeless and farmworker patients and stressed the importance of culturally appropriate staffing. The board acknowledged the disparity in service availability for farmworkers and discussed potential expansions of services through PHPP as part of the upcoming RFP. Jim and Gozel clarified to the board members the process HRSA uses to allocate funds appropriately to homeless and farmworker patients, stating this calculation is completed based off the number of patients reported in the UDS. HCH/FH reports a higher number of homeless versus farmworker patients which is why HRSA allocated the program funding distribution the way it does. Steve Carrey expressed concerns about reducing the funding amount from case management, with concerns about these clients receiving less enabling services and putter them at higher risk for lack of services.</p> <p>The board also deliberated on supporting funding for a public health nurse to extend street medicine visits. The board deliberated about this possibility, keeping in mind that increasing distribution of funding from one patient group likely means reducing the funding from another patient group.</p> <p>Ultimately, Jim proposed a tentative vote to reduce \$200,000 from the case management component for people experiencing homelessness in the RFP process, with further discussions on reallocating remaining funds. All areas of services will receive a 10% deduction of funding due to the funding amount being received for this RFP cycle totaling \$1.8million.</p>	
<p>F. BUSINESS AGENDA</p> <p>1. Uniform Data System (UDS) Reporting</p>	<p>Jim Beaumont, Gozel Kulieva, & Alejandra Alvarado</p> <p>The board ran out of time to review this section of the agenda and will go over this topic at a future meeting.</p>	
<p>G. ADJOURNMENT</p>	<p>Future meeting:</p> <p>May 9th, 10am-12pm 455 County Center, Redwood City, CA 94063 (Room 101)</p>	<p>The meeting was adjourned at 12:04pm</p>

Meeting Minutes submitted by Alejandra Alvarado

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Health Care for Homeless/Farmworker Health (HCH/ FH) 2024– 2027 Strategic Plan

<p style="text-align: center;">Mission</p> <p>Serve homeless and farmworker individuals and families by ensuring they have access to comprehensive primary, dental, and behavioral health services in a supportive, welcoming, and accessible environment.</p>	<p style="text-align: center;">Vision</p> <p>Provide patient-centered health care services at optimal locations and advocate for the health needs of our target populations by addressing access barriers and reducing health disparities that affect them.</p>	<p style="text-align: center;">Values</p> <ul style="list-style-type: none"> • <i>Access:</i> Homeless and farmworker individuals and their families have full access to the continuum of health care and social services. • <i>Dignity:</i> Services provided are respectful, culturally competent, and the treat the whole person’s physical health and behavioral health. • <i>Integrity:</i> Homeless and farmworker individuals and their families are valued and considered a partner in making decisions regarding their health care. • <i>Innovation:</i> Services will continuously evolve to reflect current best practices and technological advances.
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Priority Areas

<p>Decrease barriers to accessing health care services.</p> <ul style="list-style-type: none"> • Fund and coordinate enabling services. • Fund and coordinate delivery of primary care, dental, and behavioral health • Collaborate with SMMC, BHRS, and PHPP to optimize clinic operations and reduce patient grievances • Collaborate with Health Coverage Unit (HCU) and other partners to ensure patients have and maintain insurance coverage 	<p>Improve health outcomes for homeless individuals and farmworkers (and their families).</p> <ul style="list-style-type: none"> • Follow work outlined in HCH/FH Quality Improvement/Quality Assurance Plan • Provide outreach & health education to patients • Identify sub-populations for additional data analysis and efforts to reduce health disparities • Ensure social determinants of health are embedded in clinic and HCH/FH workflows 	<p>Support health care and service providers.</p> <ul style="list-style-type: none"> • Develop and provide relevant training • Provide financial support for professional development and well-being initiatives • Connect SMMC, BHRS, and PHPP care teams with external case managers and community resources 	<p>Meet and exceed all HRSA compliance requirements.</p> <ul style="list-style-type: none"> • Pass HRSA Site Visit audits with minimal to no findings • Timely and accurate annual Uniform Data System (UDS) reporting • Have a well-functioning Co-Applicant Board with consumer representation • Regularly monitor and evaluate financial performance of contracted services/contractors, • Maximize all available HRSA opportunities and relationships 	<p>Seek innovation and expansion opportunities.</p> <ul style="list-style-type: none"> • Continuously explore and engage partnerships that align with the program goals and apply for supplemental awards when appropriate • Be active thought partners and leaders in the County's program evaluation efforts • Be an active partner in the County's EPIC implementation initiatives • Collect data and advocate for medically fragile homeless individuals' needs • Partner, engage, and collaborate with relevant stakeholders to explore impacts of CalAIM and other policies on quality of care and finance
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HCH/FH PROGRAM

2025 - 2027

Funding Allocation Determination

Co-Applicant Board Meeting - April 11, 2024

Required Services

PROVIDERS OF SERVICES

General Primary Care SMMC HCH/FH By agreement for field services HIA

Preventive Dental SMMC HCH/FH by agreement

HCH Required SUD Tx BHRS HCH by agreement

Enabling Services

Case Management/Care Coordination/
PromotoresHealth Ed/Outreach HCH/FH by agreement SMMC/BHRS/HPSM/DOH/Community Programs

Eligibility Assistance HCU HCH/FH by agreement HSA

Transportation HCH/FH by agreement Community Programs

Translation SMMC

Approved Additional Services

Additional Dental Services SMMC HCH/FH bt agreement

BH Services (Particularly MH) BHRS HCH/FH by agreement

Optometry SMMC

Environmental Health Health

Physical & Occupational Therapy SMMC

Nutrition SMMC

Approved Specialty Services

Various Medical Specialty Services SMMC
(Podiatry, cardiology, etc.)

Psychiatry SMMC BHRS

Current HCH/FH Services	How much for whom	
	Homeless	Farmworkers
General Primary Care		
Street & Field Medicine	\$ 280,000	\$ 120,000
Mobile Van & Service Connect	\$ 525,000	
Preventive & Additional Dental		\$ 158,500
HCH Required SUD Tx		
Case Management/Care Coordination/ Promotores/Health Ed/Outreach	\$ 499,999	\$ 345,980
Eligibility Assistance (incl. above)		
Transportation (incl. above)		
BH Services	\$ 240,000	\$ 91,469
Total \$ 2,260,948	\$ 1,544,999	\$ 715,949
	68.3%	31.7%
Actual Funding Available each year (estimate) \$ 1,800,000		
Award Distribution from HRSA Funding Source	79%	21%

Tab 2
Budget and Finance
Report



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: May 09, 2024

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 grant expenditures for April 2024 total \$382,685. This amount does not include some of the routine monthly service charges from county departments as they are accounted for during the month-end closing process (which doesn't complete until around the 10th). For the year-to-date, expenditures total \$999,804.

This current projection continues to show that the Program will expend a little over \$3.3M for the 2024 Grant Year (GY). Based on the total amount authorized by HRSA and the amount expected to be carried over for the GY, this will leave around \$208K of unexpended funds that would be available for carryover into the 2025 GY. As the Program goes through the upcoming RFP and contracting process for the next 3 years, we will be refining the unexpended funds amount to spread it across the contract period to ensure sufficient funding for the period.

The first quarter drawdown of grant funds based on total expenditures for the quarter (thus picking up those expenditures that may not show up in the monthly reports) has been submitted for a total of \$617,119.

Attachment:

- GY 2024 Summary Grant Expenditure Report Through 04/30/24



GRANT YEAR 2024

April \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (04/30/24)	Projection for end of year	Projected for GY 2025
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	745,000	56,731	206,023	725,000	795,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	245,000	17,722	65,099	220,000	290,000
<u>Travel</u>					
National Conferences (2500*8)	30,000		5,202	30,000	25,000
Regional Conferences (1000*5)	10,000			5,000	5,000
Local Travel	1,500			1,000	1,000
Taxis	500			500	500
Van & vehicle usage	1,500			1,500	1,500
	43,500		5,202	38,000	33,000
<u>Supplies</u>					
Office Supplies, misc. Small Funding Requests	10,000	1,081	12,846	15,000	10,000
	10,000		12,846	15,000	10,000
<u>Contractual</u>					
2022 Contracts			185,329	185,329	
2022 MOUs			26,571	26,571	
Current 2023 MOUs	1,200,000	264,342	306,488	1,185,000	1,100,000
Current 2023 contracts	875,000	35,772	158,428	850,000	775,000
---unallocated---/other contracts					
	2,075,000		676,816	2,246,900	1,875,000
<u>Other</u>					
Consultants/grant writer	20,000		11,996	15,000	15,000
IT/Telcom	25,000	1,251	8,765	30,000	25,000
New Automation				0	-
Memberships	7,500			5,000	5,000
Training	5,000			5,000	5,000
Misc	1,000	5,786	13,057	25,000	1,000
	58,500		33,818	80,000	51,000
TOTAL	3,177,000	382,685	999,804	3,324,900	3,054,000
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Prior Year Unexpended to Carryover	675,000 est.		675,000	675,000	
Other					208,732 carryover
HCH/FH PROGRAM TOTAL	3,533,632		3,533,632	3,533,632	3,067,364
BALANCE	356,632	Available	2,533,828	208,732	13,364
			Current Estimate	Projected	based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	20,000	250	2,340	20,000	30,000
Health Coverage	85,000	9,159	35,757	85,000	90,000
base grant prep	0			0	
food	2,500	300	1,231	2,500	3,000
incentives/gift cards	1,000			1,000	1,500
	108,500		39,328	108,500	124,500
TOTAL EXPENDITURES	3,285,500	392,394	1,039,132	3,433,400	NEXT YEAR 3,178,500

Tab 3
HCH/FH's Director
Report



DATE: May 09, 2024

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 April 11, 2024, Co-Applicant Board meeting.

HCH/FH continues to work through issues with establishing the dental services at the Navigation Center under a contract with University of Pacific (UoP). UoP has encountered delays in securing their necessary staff, which has delayed opening of the clinic.

HRSA/BPHC has released two (2) Notices of Funding Opportunity (NOFO).

One is for Transitions in Care for Justice-Involved Populations (CJI). This is a very limited opportunity (only 51 awards out of a potential ~1,400 health centers), focused on strengthening transitions in care for individuals who will soon be released from incarceration, increasing their access to community-based, high-quality primary care services. Through this **one-time** investment, health centers will build upon existing evidence-based models to **pilot** innovative approaches that connect or reconnect justice-involved individuals reentering the community (JI-R) to in-scope health center services that address critical health and health-related social needs. The awards are for up to \$1 million across the two-year grant period. {This would be a separate award, not tied into our base grant, and would end after the two-year pilot.}

The second NOFO is for Behavioral Health Services Expansion (BHSE). This is also competitive, but with 400 awards available. The funding is for \$1.1M across two (2) years (\$500,000 operational costs each year, plus possibly up to \$100,000 in year 1 for start-up costs). This award is targeting increasing the services in both Mental Health Services **and** Alcohol and Other Drug Services. This funding would potentially roll-forward into our Base Grant (i.e., increase our total base grant funding).

Program is currently reaching out to what we believe to be those partners – in and out of county – that could support either of these awards' goals. Because it would have an ongoing impact on our base grant, we are particularly interested in the behavioral health NOFO. Initial application dates (in Grants.gov) is May 24 for the Behavioral Health Service Expansion and June 10th for the Criminal Justice Transitions application, with final applications due in HRSA's electronic handbook (EHB) by June 21st for the BHSE application and July 2nd for the CJT application. We will have an update for the Board at the June meeting.

These NOFOs are the initial outcomes from Congress passing the final appropriation bills for the 2024 federal fiscal year (October 1, 2023, to September 30, 2024/December 31, 2024). Overall, the Health Center Program saw an increase of \$400M. We anticipate hearing later in the year – possibly for action on the October to December quarter, on any additional opportunities from HRSA on their funding priorities for the remainder of Y2024. The NOFOs above appear to account for \$291M of the \$400M increase.





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

Program has also been working to package the required RFP for services in 2025 through 2027 based on the Board's direction at the April meeting.

HCH/FH staff continue to engage with Epic/Integr8 implementation team to ensure that data requirements are as expected. We anticipate continued discussions throughout the implementation process leading up to "go live" on November 2nd.

Seven Day Update

ATTACHED:

- Program Calendar



**County of San Mateo Health Care for the Homeless & Farmworker
 Health (HCH/FH) Program**

Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm

MONTH	AREA		
	Programmatic	Learning/Conferences	Recognition (Health, DEI, Holidays and Misc.)
JANUARY			<ul style="list-style-type: none"> • Glaucoma Awareness Month • Cervical Cancer Screening Month • International Holocaust Remembrance Day • New Year's Day • Martin Luther King Day (15)
FEBRUARY	<ul style="list-style-type: none"> • UDS submission 	<ul style="list-style-type: none"> • NCFH Western Forum for Migrant and Community Health (Seattle, WA, Feb 22-24) 	<ul style="list-style-type: none"> • National Children's Dental Health • American Heart Month • National Cancer Prevention Month • World Day of Social Justice • Lunar New Year (Feb 10) • National Wear Red Day • Lincoln's Birthday • Valentine's Day • Washington's Birthday • Lent begins (14)
MARCH	<ul style="list-style-type: none"> • Sliding Fee Scale Update 	<ul style="list-style-type: none"> • Innovations and Solutions for Ending Unsheltered Homelessness. (San Francisco, CA - Mar 4-6) 	<ul style="list-style-type: none"> • Colorectal Cancer Awareness Month • Self-Injury Awareness Month • Developmental Disabilities Awareness Month
APRIL	<ul style="list-style-type: none"> • SMMC Annual Audit 	<ul style="list-style-type: none"> • Conference for Agricultural Worker Health (Atlanta, GA - April 23-25) • 2024 Midwest Stream Forum- Agricultural Worker Conference (Albuquerque, NM- April 16-18, 2024) 	<ul style="list-style-type: none"> • Alcohol Awareness Month • Counseling Awareness Month • National Minority Health Month
MAY		<ul style="list-style-type: none"> • National Healthcare for the Homeless Conference. (Phoenix, AZ – May 13-16) • NRHA Health Equity Conference. (New Orleans, LA – May 6-7) 	<ul style="list-style-type: none"> • American Stroke Awareness Month • High Blood Pressure Education Month • Mental Health Awareness Month
JUNE	<ul style="list-style-type: none"> • Services/Locations Form 5A/5B – Approve 		<ul style="list-style-type: none"> • PTSD Awareness Month • Cancer Survivor's Month
JULY	<ul style="list-style-type: none"> • Budget Renewal (Program) Approve 		<ul style="list-style-type: none"> • Healthy Vision Month
AUGUST			<ul style="list-style-type: none"> • National Breastfeeding Month • National Immunization Awareness Month
SEPTEMBER	<ul style="list-style-type: none"> • Program Director Annual Review 	<ul style="list-style-type: none"> • September 15-18 International Street Medicine Symposium. Kansas City, MO 	<ul style="list-style-type: none"> • Healthy Aging Month • National Suicide Prevention Month • Sexual Health Awareness Month
OCTOBER	<ul style="list-style-type: none"> • Board Chair/Vice Chair Nomination 		<ul style="list-style-type: none"> • Breast Cancer Awareness Month • Depression Awareness Month • Domestic Violence Awareness Month



NOVEMBER	<ul style="list-style-type: none"> • Board Chair/Vice Chair Elections • Strategic Plan Target Overview 	<ul style="list-style-type: none"> • East Coast Migrant Stream- Agricultural Worker Conference Forum (Date TBA, previously Nov. 2023) (Winston-Salem, NC- Nov 29-Dec 1, 2023) 	<ul style="list-style-type: none"> • American Diabetes Month • Diabetes Awareness Month
DECEMBER		<ul style="list-style-type: none"> • December 8-11 Institute for Healthcare Improvement (IHI) Forum for 2024. Orlando, FL 	<ul style="list-style-type: none"> • Seasonal Affective Disorder Awareness Month

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

Tab 4
Contractor and MOU's
Update



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

FROM: Meron Asfaw, Community Program Coordinator

DATE: May 9th, 2024

SUBJECT: HCH/FH Program Contractors and MOUs Status Update – January - April
2024

I am writing to provide you with a comprehensive update on the status of the contractors and Memoranda of Understanding (MOUs) associated with the HCH/FH program for the months of January - April 2024. The HCH/FH program has entered into contractual agreements with several County departments and community-based organizations to deliver primary care, behavioral health, enabling, and dental services to individuals experiencing homelessness, farmworkers, and their dependents. Please find below a detailed description of each contractor's status update for January – April 2024.

1. Abode Services:

- Abode commenced 2024 with strength by accepting new clients to provide medical care coordination for newly housed individuals. Currently, Abode is conducting a patient satisfaction survey to identify gaps and barriers within the program.
- HCH/FH allocated funds for medical-related health expenses for Abode's clients, addressing various needs such as pill organizers, blood pressure machines, and diagnostic test devices to assist clients in monitoring their health at home.
- Abode has identified a challenge regarding distant vision appointments.

2. Ayudando Latinos a Soñar (ALAS):

- ALAS is currently evaluating the promotores program funded under HCH/FH. The results will be presented to the HCH/FH board, potentially at the June board meeting.
- Promotores from ALAS requested a training session on women's health, which HCH/FH is coordinating with field medicine and other agencies. Additionally, a training on heart disease is scheduled for June, facilitated by the American Heart Disease association.

3. Behavioral Health & Recovery Services (BHRS):

- BHRS submitted a quarterly report covering three key programs: HEAL, HCH, and El-Centro.

HEAL Program:

- Individual Mental Health Interventions: 37 homeless individuals received personalized mental health interventions.
- Group Mental Health Interventions: 32 homeless individuals participated in supportive group sessions.



- Encounters Provided: 334 encounters were conducted to ensure ongoing support and care.

Outcome of HEAL Program:

- Behavioral Health Workshops: 27 workshops focusing on stress management and coping skills were conducted for sheltered homeless individuals.

Program Narrative Highlights:

- Successes include effective mental health services delivery, leading to successful housing placements for seriously mentally ill homeless individuals.
- Challenges persist in housing options availability, health insurance coverage, and access to care.
- Emerging trends such as survivors' guilt and difficulty in accessing care among homeless individuals are observed.

Conclusion:

The Field-Based Behavioral Health Care Services program continues to play a crucial role in addressing the mental health needs of unsheltered homeless individuals. Efforts focus on providing individual and group interventions, conducting behavioral health workshops, and addressing emerging trends and challenges to enhance access to essential services and promote well-being.

HCH

Objective 1 - Screening:

- Unduplicated Homeless Individuals Served: The report indicates that 98 homeless individuals received behavioral health screening assessments during the quarter, demonstrating a proactive approach to identifying behavioral health needs.
- Encounters Provided: With 412 encounters provided, there's evidence of consistent engagement with homeless individuals, indicating ongoing support and care.

Objective 2 - Care Plan:

- Individualized Care Plans: While 16% of homeless individuals have individualized care plans, there's room for improvement in increasing the development and implementation of these plans to enhance care coordination and outcomes.
- Attendance at Scheduled Appointments: The low attendance rate (16%) at scheduled appointments suggests the need for strategies to improve attendance, such as appointment reminders and transportation assistance.
- Establishment of Medical Home: Only 10% of homeless individuals established a medical home, indicating the need to intensify efforts to connect them with primary medical care and behavioral health services.

Objective 3 - Referral:



- **Referral to Behavioral Health Treatment Services:** The successful referral and connection of 15 patients to behavioral health treatment services demonstrate effective facilitation of referrals. Continuing this effort is crucial to ensure homeless individuals receive appropriate care.

Program Narrative:

- **Successes:** Collaboration with other providers and resource identification in multidisciplinary team meetings have facilitated preparation for permanent housing, indicating a holistic approach to addressing homelessness.
- **Challenges:** Difficulties in linking individuals with out-of-county Medi-Cal insurance to local clinics and challenges in locating individuals who have lost phones highlight logistical barriers to accessing care.
- **Emerging Trends:** Lengthy waitlists for permanent housing pose a significant challenge, indicating a need for increased efforts to address housing insecurity among homeless individuals.
- **Successful Encounters:** Two individuals receiving housing vouchers and being linked to mental health services and primary care demonstrate successful engagement in healthcare, highlighting the positive impact of coordinated services.
- **Access to Care Challenges:** Difficulties faced by individuals with out-of-county Medi-Cal insurance and delays in accessing care due to SSI/SSDI application processes underscore systemic challenges in healthcare access.
- **Staffing Issues:** Short staffing at the Navigation Center impacts service delivery, emphasizing the importance of adequate staffing to meet the needs of homeless individuals effectively.
- **Requested Assistance:** While no immediate assistance is requested, expressions of appreciation for previous support with undergarments and hygiene kits indicate the value of community support in addressing the needs of homeless individuals.

Conclusion:

The quarterly report highlights both successes and challenges in providing behavioral health care coordination services to individuals experiencing homelessness. While there are notable achievements in screening assessments, successful referrals, and collaborative efforts, there are also areas for improvement, particularly in developing individualized care plans and addressing access barriers. Moving forward, continued collaboration, proactive strategies, and advocacy efforts will be essential to enhance the effectiveness and impact of behavioral health care coordination services for homeless individuals.

EI-Centro

The following is a summarized overview of the quarterly report analysis:



Client Data:

- Seven unduplicated individuals were screened for co-occurring substance use case management during the quarter, with a total of seven individuals assessed year-to-date.
- Referrals were made to AOD outpatient services for all screened individuals, indicating proactive steps towards addressing substance use issues.

Psychoeducation Classes:

- Thirty-one psychoeducation classes covering various topics such as prevention education, motivational interviewing, harm reduction practices, and medication assistance treatment education were conducted during the quarter.

Provider Information:

- Issac Vazquez and Cynthia Gonzalez served as stable staffing providers delivering contracted services during the quarter, ensuring consistent service delivery.

Successes:

- Consistency in staffing and increased outreach efforts to the community and other community-based organizations were highlighted.
- A successful encounter led to the potential organization of an education night event for farmworkers, showcasing proactive community engagement.

Challenges:

- The need to increase outreach efforts and improve familiarity with farms among staff members was identified, suggesting areas for improvement in effectively reaching the target population.

Emerging Trends & Concerns:

- Trends such as housing insecurity, the expressed need for mental health services, and food insecurity among farmworker/homeless individuals were identified, highlighting additional areas of support required.

Program Improvement & Support:

- No specific income or revenue was reported for services provided via the contract during the quarter.
- No significant programmatic issues impacting service delivery were reported, indicating overall smooth operations.

Conclusion:

The Q1 2024 report demonstrates a proactive approach towards addressing substance use issues among farmworkers and their dependents. While successes such as consistent staffing and community outreach efforts are noted, challenges such as enhancing outreach and improving staff familiarity with farms are identified. Addressing emerging trends such as housing and food insecurity, and continuing proactive community engagement efforts, will be crucial for the program's success moving forward.

4. LifeMoves:

- LifeMoves continues collaboration with the Street Medicine team. Staffing issues were resolved by April, and the team is fully staffed.



- LifeMoves now has access to the county's team channel, facilitating communication with county staff and providers for increased case management efficiency.
- HCH/FH is seeking resources to support LifeMove's clients needing respite care for surgery.
- A delay in medical applications was reported, attributed to a state issue currently being investigated by HCU.

5. Public Health Policy & Planning (PHPP):

- PHPP provides field, mobile, and street medicine for both farmworkers and homeless clients. LifeMoves is attached to the street medicine team to provide case management.
- HCH/FH provided educational materials for field medicine to offer diabetic education for farmworkers.

6. Puente:

Below is the summary of the quarterly report for Puente:

Puente de la Costa Sur, under the County's Healthcare for the Homeless/Farmworker Health Program, has successfully provided care coordination and health insurance assistance to farmworker individuals in the Pescadero/South Coast region during the first quarter of 2024. This report provides an analysis of the activities conducted and highlights areas of success, challenges faced, and recommendations for improvement.

Key Metrics:

1. **Unduplicated Individuals Served:** Puente served 125 farmworker individuals, ensuring that each interaction was unique and tailored to individual needs.
2. **Care Coordination Services:** 61 farmworker individuals received comprehensive care coordination services, including the development and adherence to care management plans and connections/referrals to county health services.
3. **Health Insurance Assistance:** Puente assisted 31 farmworker individuals with health insurance applications, with all applications approved except for 3, which were denied due to over-income status.
4. **Connections/Referrals to County Health Services:** Despite challenges, Puente facilitated connections/referrals to county health services, including dental, primary care, and field medicine, demonstrating a commitment to holistic healthcare for farmworker individuals.

Program Narrative:

1. **Challenges and Solutions:**
 - **Advocacy for ACE Income Limits:** Puente is advocating for increased ACE income limits to ensure accessibility to healthcare for farmworker individuals.
 - **Access to Kaiser:** Challenges accessing Kaiser due to location and participant familiarity necessitate exploration of alternative options and continued education about available services.
 - **Preference for Medi-Cal or ACE:** Participants' preference for Medi-Cal or ACE over Kaiser underscores the importance of tailoring services to individual needs and preferences.
2. **Emerging Trends and Concerns:**



- Housing Needs: The continued need for housing among farmworker individuals highlights the intersecting challenges faced by this population and the importance of addressing broader social determinants of health.
- 3. Success Stories:
 - Medication Reconnection: Puente successfully reconnected a participant with medication through collaboration with the Street & Field Medicine Team, demonstrating effective coordination and support.
- 4. Access Challenges:
 - Seasonal Work Constraints: Seasonal fluctuations in work hours present challenges for attending appointments, emphasizing the need for flexible scheduling and alternative service delivery models.

Conclusion: Puente de la Costa Sur has demonstrated a strong commitment to providing high-quality care coordination and health insurance assistance to farmworker individuals in the Pescadero/South Coast region. By addressing challenges, leveraging successes, and implementing recommendations, Puente can continue to effectively serve this vulnerable population and contribute to improving health outcomes in the community.

7. Sonrisas:

- Sonrisas relocated dental services from Puente to La Honda due to space constraints, with successful clinic attendance at La Honda.

8. Saturday Dental Clinic at Coastside Clinic:

- The clinic expanded from one Saturday a month to two Saturdays a month due to high demand, with a newly hired dentist.
- Currently, there are about 35 patients on the waiting list after ALAS and HCH/FH cleared up the waiting list by calling and asking the patients if they are still interested, and by connecting clients who are now eligible for full medical scope and referring them to the dental clinic. HCH/FH anticipate reaching all 35 patients on the waiting list by the end of 2024.

Tab 5

Quality Improvement and Quality Assurance (QI/QA) update



DATE: May 9th, 2024

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
Alejandra Alvarado, Clinical Services Coordinator HCH/FH Program

SUBJECT: QI/QA COMMITTEE REPORT

- **2024 Q1 Outcome Measures Data**

- HCH/FH has been working alongside of the SMMC business analytics team (BI team) to generate the 2024 Q1 outcome measures data for the program. Once this data is received, it will be reviewed and assessed for performance of the beginning of the 2024 calendar year. This data will also help guide projects and determine prioritization of efforts in 2024, as well as the upcoming QI/QA Plan. This data will be shared in the upcoming QI/QA subcommittee meeting in June.

- **2024 Annual Report**

- HCH/FH has begun completing its annual report, where program performance and upcoming goals are detailed. Among this annual report, current quality improvement efforts are listed as well as future goals for improvement effort accomplishments. This report also describes outcome measure performance as it reflects to partnership management and partner performance with the program.

Tab 6
Contractors Financial Report
Update



DATE: May 9th, 2024

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

FROM: Gozel Kulieva, Management Analyst

SUBJECT: Contracts Financial Progress Report Q1 2024

Contractor Financial Progress Report

The table below provides an overview of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program agreements with eight community-based providers and two County-based programs for Calendar Year 2024. Contracts are for primary care services, behavioral health, dental care services, and enabling services such as care coordination and eligibility assistance.

The following is a summary of HCH/FH Contractor financial performance for Q1 2024

Contracts & Agreements Overview

Contractor	Services
Abode	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Helping to establish medical home • Assisting client with scheduling and attending healthcare appointments • Transportation Assistance • Assisting client with completion and renewal eligibility benefits • Providing health related resources
ALAS Promotores Model	Enabling Services: <ul style="list-style-type: none"> • Health Navigation Assistance • Health Education Classes • Transportation Assistance
Behavioral Health & Recovery Services (BHRS)	1. Homeless Care Coordination (HCH)
	2. Homeless Engagement Assessment and Linkage (HEAL)
	3. El Centro Substance Use Services for Farmworkers and their Dependents
Life Moves	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Health Insurance Assistance • Transportation Assistance • Assisting clients with scheduling and attending healthcare appointments
Public Health Policy and Planning (PHPP)	Primary Care: <ul style="list-style-type: none"> • Mobile Clinic • Street & Field Medicine
	Alcohol and Other Drug (AOD) Services

	<ul style="list-style-type: none"> • Counseling • Referral to services • Case management
Puente	<p>Enabling Services:</p> <ul style="list-style-type: none"> • Medical Care Coordination • Health Insurance Assistance • Transportation Assistance
Coastside Clinic – Saturday Dental Clinic	Dental Services
Sonrisas	Dental Services



SAN MATEO COUNTY HEALTH

2024 Contract & MOU Expenditures

Updated

4/29/2024

Contract	Contract Amount	YTD	% YTD
Abode	\$ 149,999	\$ 40,309	27%
ALAS	\$ 182,200	\$ 43,282	24%
<i>Care Coordination</i>	200	62	31%
<i>Health Education Classes</i>	50	3	6%
<i>Transportation</i>	120	4	3%
Life Moves	\$ 350,000	\$ 72,225	21%
<i>Care Coordination</i>	400	83	21%
<i>Health Insurance Assistance</i>	75	9	12%
<i>Transportation (one way)</i>	145	17	12%
<i>Medical Visits (in person)</i>	100	27	27%
<i>Medical Visits (telehealth)</i>	20	0	0%
<i>Medical Visits (street medicine)</i>	100	21	21%
Puente	\$ 173,126	\$ 44,946	26%
<i>Care Coordination</i>	200	61	31%
<i>Health Insurance Assistance</i>	160	31	19%
<i>Transportation (round trip)</i>	50	33	66%
BHRS HCH	\$ 90,000	\$ 58,800	65%
<i>BHRS HCH Patients</i>	150	98	65%
<i>BHRS HCH Visits (Televisit)</i>		182	
<i>BHRS HCH Visits (In-person)</i>		153	
BHRS HEAL	\$ 150,000	\$ 37,100	25%
BHRS EI Centro	\$ 91,469	\$ 91,469	100%
PHPP	\$ 825,000	\$ 206,250	25%
Saturday Dental Clinic	\$ 70,000	\$ 4,338	6%
Sonrisas	\$ 123,000	\$ 28,700	23%
<i>Dental Visit</i>	384	75	20%
<i>Dental Visit No-Show</i>		7	
<i>New Patients</i>		2	
TOTAL	\$ 2,204,794	\$ 627,419	28%

Tab 7

**Request for The BOARD to take action
to approve HCH/FH program revised
form 5B- sites**

DATE: May 09, 2024

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE HCH/FH PROGRAM REVISED FORM 5B – SITES

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

The new Cordilleras Campus site in Redwood City will be opening in a few months. Per SMC Health, *The goal of the project is to transform Cordilleras into a center for consumer wellness, rehabilitation and recovery that leverages every aspect of the built and natural environment. The center will utilize best practices for treatment and bring together the expertise of providers, family members, consumers and community members.* More information can be found at <https://www.smchealth.org/article/cordilleras-campus-redesign>

The site will include the delivery of primary care on site. SMMC has requested we add Cordilleras to the HCH/FH scope as it will have homeless and/or farmworkers as potential patients and doing so will provide the possibility of being reimbursed for the services on site at the enhanced FQHC rate.

Similarly, University of Pacific will begin providing dental care on site at the Navigation Center under contract with HCH/FH. As a service delivery of the Program, we need to add the Navigation Center as a service site for the Program.

This request is for the Board to direct the Program to add service sites at Cordilleras Center and the Navigation Center, updating Form 5B accordingly. Approval of this item requires a majority vote of the Board members present.

