

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

Co-Applicant Board Meeting Agenda

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May 13, 2021, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
<b>A. CALL TO ORDER</b>	Victoria Sanchez Alba		9:00am
<b>B. CHANGES TO ORDER OF AGENDA</b>	Irene Pasma		
<b>C. PUBLIC COMMENT</b> 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.			
<b>D. UPDATES FROM BOARD MEMBERS AND CONSUMER INPUT</b> 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.	Board Members & Consumers		9:03am
<b>E. CONSENT AGENDA</b> 1. Approve meeting minutes from March 11, 2021	Irene Pasma	<b>Tab 1</b>	
<b>F. BUSINESS AGENDA</b> 1. Approve Legislative Mandate	Jim Beaumont	<b>Tab 2</b>	9:10am
<b>G. REPORTING &amp; DISCUSSION AGENDA</b> 1. QI/QA Subcommittee Update 2. Annual Report and Strategic Plan Update 3. Quarterly Report and Contractor Site Visits Summary 4. Program Director's Report 5. Program Budget/Finance Report 6. American Rescue Plan Funding Brainstorming: discuss how staff should allocate \$1.6M in ARP funding	Danielle Hull Irene Pasma Irene Pasma Jim Beaumont Jim Beaumont Sofia Recalde	<b>Tab 3</b> <b>Tab 4</b> <b>Tab 5</b> <b>Tab 6</b> <b>Tab 7</b> <b>Tab 8</b>	9:20am 9:35am 9:55am 10:10am 10:20am 10:25am
<b>H. ADJOURNMENT</b>			11:00am

Future meetings – every 2<sup>nd</sup> Thursday of the month (unless otherwise stated).

Next Regular Meeting: June 10, 2021; 9:00AM – 11:00AM



**TAB 1**

**Consent Agenda**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (April 8<sup>th</sup>, 2021)  
Teams Meeting**

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson          Steven Kraft          Christian Hansen          Suzanne Moore          Brian Greenberg          Tony Serrano          Tayischa Deldridge          Steve Carey          Victoria Sanchez De Alba          Eric Debode          Janet Schmidt          Gabe Garcia          Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><b><u>County Staff Present</u></b>          Irene Pasma, Program Implementation Coordinator          Danielle Hull, Clinical Coordinator          Sofia Recalde, Management Analyst          Frank Trinh, HCH/FH Medical Director          John Nibbelin, County Counsel          Lucinda Dei Rossi, Whole Person Care Manager</p>	<p><b><u>Members of the Public</u></b>          Dayani Waas, Health Plan of San Mateo, HPSM          Nina Javate, Bay Area Community Services, BACS</p> <p><b><u>Absent Board Members/Staff:</u></b>          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>	None	
<u>Regular Agenda</u> <u>Public Comment</u>	None	
<u>Guest Speaker</u>	<p>Dayani Waas (HPSM) and Nina Javate (BACS) provided an update on the new 6-bed Recuperative Care Site in South San Francisco, which became operational in December 2019. The site is a partnership is a partnership between WPC Bridges to Wellness, SMMC and HPSM, and is operated by BACS. In 2020, the goals were to establish and refine referral sources, eligibility guidelines and house policies and improve external partner collaborations and member experience. In addition, the site had to implement COVID-19 safety protocols shortly after the site came online.</p> <p>Of the 35 clients who stayed at the recuperative care site, the average stay was 39 days and nearly 50% were discharged to more stable housing situations. Clients reported a decrease in hospitalization and ED admissions 3 months post-recuperative care compared to the 3 months prior.</p> <p>Looking ahead, the recuperative care site is planning to expand to additional hospitals, license for mental health support and explore a transitional housing model.</p>	

	<p>Questions from Board Members that Dayani answered via email after the meeting:</p> <p><b>Is the cost /person/day calculated based on the operating part of the budget or the total budget?</b> The cost/person/day is calculated based off the total budget</p> <p><b>What benchmarks would be useful from experience in other agencies for the cost?</b> National Institute on Respite programs said that currently there aren't national benchmarks for respite sites and to use our current program as a baseline and improve from there.</p>	
<p><u>Consumer Input:</u> <b>Community Updates</b></p>	<p>Suzanne Moore reported that five unhoused Pacificans filed a complaint in the US District Court for the Northern District of California to challenge Pacifica's Oversize Vehicle Ordinance. A preliminary injunction requesting the city to cease enforcement will be heard by Judge Chhabria on May 27.</p>	
<p><u>New Board Member Oath</u></p>	<p>John Nibbelin conducted the oath of office for new HCH/FH Board members, Janet Schmidt and Gabe Garcia.</p>	
<p><u>Consent Agenda Meeting Minutes from March 11<sup>th</sup>, 2020</u></p>	<p><b>Please refer to TAB 1</b> All items on Consent Agenda (meeting minutes from March 11<sup>th</sup>, 2021) were approved.</p>	<p><b>Request to approve Consent Agenda</b> Amendment was <u>MOVED</u> by Steve K. <u>SECONDED</u> by Suzanne M. and <u>APPROVED</u> by all Board members present.</p>
<p><u>Reporting &amp; Discussion Agenda:</u> <b>QI/QA Subcommittee Update</b></p>	<p><b>Please refer to TAB 2</b> HCH/FH is hosting a training facilitated by Health Outreach Partners on April 14 entitled "Outreach in the time of the COVID-19 Pandemic". The next QI/QA meeting is scheduled for June 24 1-2:30pm.</p>	
<p><b>Uniform Data System Report Overview</b></p>	<p><b>Please refer to TAB 3</b> Through services provided via SMMC, BHRS and PPHP via MOU, and by external contracted service providers, HCH/FH saw 5,134 unique patients in 2020, which represents a 10% decrease compared to 2019. Most of the decrease can be attributed to a drop in clients experiencing homelessness. Ninety-one percent of clients experiencing homelessness and 66% of farmworkers or their dependents received primary care services in 2019, 20% received dental care and 47% received enabling services.</p> <p>Out of 16 clinical outcome measures, 4 saw an improvement, including lipid therapy in CAD patients, babies with normal birth weight, first trimester prenatal care and depression screening and follow-up. Five stayed relatively the same and 4 declined by 5% or more, including pap test in last 3 years,</p>	

	child and adolescent BMI, colorectal cancer screening, hypertension control and diabetes control. Three measures, depression remission, breast cancer screening and HIV screening, were new measures in 2020.	
<b>MOU and Contracts Update</b>	<b>Please refer to TAB 4</b> HCH.FH has begun contract negotiations with ALAS, LifeMoves, Puente and Abode Services for the services requested in the RFP. PHPP is also working with PHPP to create a new 3-year MOU for the Mobile Clinic and Street & Field Medicine programs and with BHRS to build upon the existing MOU to provide behavioral health case management to include more onsite education and outreach at shelters and direct services to unsheltered homeless individuals, as well as substance use outreach, education, screenings and referrals services to farmworkers on the Coast. HCH/FH is also working with SMMC Dental program and Coastside Clinic to launch a Saturday Dental Clinic for farmworkers. It is anticipated that services will begin in Summer 2021.	
<b>Program Director's Report</b>	<b>Please refer to TAB 5</b> Congress passed the America Rescue Plan Act (ARP), and HCH/FH received 1%1.6M for a two-year performance period to prevent, mitigate and respond to COVID-19 and maintain/enhance health center capacity.  Dr. Frank Trinh, HCH/FH Medical Director, has accepted a work out of class opportunity to lead Communicable Disease. Dr. Trinh will continue to provide support to HCH/FH around COVID-19, and HCH/FH is in the process of recruiting an Interim Medical Director.	
<b>Program Budget/ Finance Report</b>	<b>Please refer to TAB 6</b> Preliminary expenditure numbers for March 2021 show a total expenditure of \$529,654 of which \$524,233 is claimable against the grant. The expenditures for March are higher than a typical month because of catch-up invoicing for the Mobile Clinic and Street & Field Medicine programs, along with Small Funding Request invoices from last year being paid. In general, the program is on track for annual expenditures at the end of the first quarter.	
<b>COVID-19 Update &amp; Discussion</b>	<b>Please refer to TAB 7</b> HCH/FH received \$1.6M in ARP funding to prevent, mitigate and respond to the COVID-19 pandemic and enhance health care services and infrastructure. Staff is considering projects and activities that focus on bringing people experiencing homelessness and farmworkers and their dependents into SMMC and County Health. Staff led the board through a brainstorming exercise with the Board and guests. The ideas listed below are under consideration and staff will bring this back to the HCH/FH Board at the May meeting:  <ul style="list-style-type: none"> <li>- Increase SMMC Call Center and NPCC capacity to manage increased volumes to both schedule clients for vaccination and regular health services.</li> <li>- Support SMMC and Public Health Lab COVID-19 testing and sequencing</li> <li>- Supporting County in transition from WPC to the State's CalAIM enhanced case management program</li> <li>- Directing resources to reach agricultural workers who have not connected with the health system.</li> </ul>	

	<ul style="list-style-type: none"> <li>- Providing additional medical and behavioral health services at non-congregate shelters, outreach teams, and parking lot programs.</li> <li>- Enhancing electronic health record systems</li> </ul> <p>HCH/FH continues to support the County's vaccination efforts. Almost 900 farmworkers were vaccinated on farms, and this number does not include those who were vaccinated at other community events. Additionally, approximately 200 shelter residents and 100 staff have been vaccinated since March 15<sup>th</sup>. PHPP Street Medicine team continues to conduct small 10-20 person vaccination clinics throughout the County targeting unsheltered clients.</p>	
<u>Announcements</u>	None	
<u>Adjournment</u>	Brian Greenberg adjourned the meeting at 11:00AM.	

# The San Mateo Recuperative Care Site Update

04/08/2021



## Agenda

- Definition and Value
- Historical Context
- House Set-up and Member Experience
- Successes
- Pilot Outcomes
- Funding
- Areas of Further Exploration and Focus

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## Defining Recuperative Care and its Value



- Alternative to street discharge while continuing hospital-recommended care in a **safe, stable, dignified environment**
- **For homeless (or at risk) members** that no longer require full scope of hospital level care, too sick for emergency shelters, but need recovery time and minor assistance
- Allows for **continued recovery**, treatment of minor illnesses, and access to case management support
- **Facilitates access** to primary care, behavioral health services, social support, transportation, food, and **housing**
- Costs significantly less than extended hospital stays and preventable readmissions

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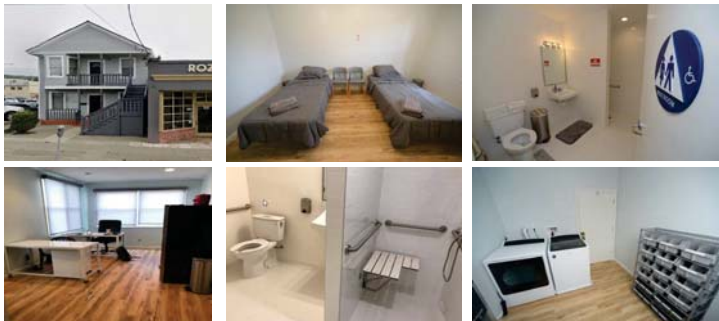
## Historical Context



- **Problem:** Homelessness exacerbates chronic & acute health problems, complicates treatment & recovery, and disrupts the effectiveness & continuity of care
- **2016 Needs Assessment:** 25 recuperative care beds/day across 5 hospitals
- **Bay Area Community Services (BACS)** selected as provider in 2018
- **6-bed home** operational by December 2019
- Primary Partners: Whole Person Care **Bridges to Wellness Team (BWT)**, **San Mateo Medical Center**
- Funding Sources: **Measure K and Whole Person Care**

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## San Mateo Recuperative Care Site: 314 Baden Avenue



## Member Experience



- Referred to HPSM for **review and approval** with BACS/referral source
- Made aware of house rules and **must consent** to participate
- **Independent** in choosing their daily activities given house rules
- **Bridges to Wellness Care Navigator supports member** with social service needs
- **BACS operates facility and provides clinical oversight**
  - Nurses able to provide medication and disease management education
  - Residential counselors provide assistance with daily activities

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## 2020 Success Snapshot



1. Establish Referral Sources	2. Eligibility Guidelines
3. COVID Response	4. House Policies/ Operations
5. External Partner Collaborations	6. Member Experience

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## 2020 Successes



- 1. Establish Referral Sources with County Partnership**
  - Inpatient Expansion
  - Community referral expansion
- 2. Eligibility Guidelines given Staffing and Clinical Model**
  - Referral Education
  - Adapting Eligibility Criteria
  - Referral Form Clarity

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## 2020 Successes



### 3. COVID Response

- Sanitation
- Testing
- Layout
- Resident Safety
- 2<sup>nd</sup> floor utility

### 4. House Policies and Operations

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## 2020 Successes



### 5. External Partner Collaborations

- Behavioral Health and Recovery Services Substance Abuse Counseling
- Bridges to Wellness Team
- Voices of Recovery

### 6. Member Experience

- Positive feedback about staff and living environments
- Friendships and social support
- 100% of members who completed survey (N=8) would recommend Recuperative Care services
- 88% of members rated overall stay with 'most satisfied' outcome

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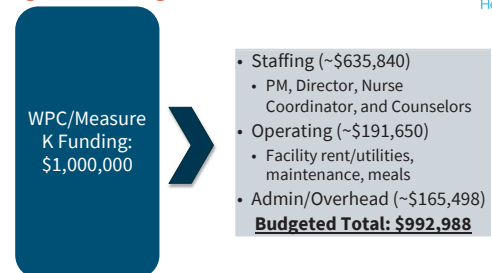
## Outcomes



1. % Admitted (N=49, n=35): 71%	2. Top 3 Referrers (N=49): SMMC (n=24, 49%), Stanford (n=10, 20%), DCC, LM, SM (n=6, 12%)	3. Avg LOS (N=29): 39 Days
4. Discharge Location (N=29): RB/SSH/SLE (n=14, 48%), Streets/Shelter (n=9, 31%), ED/Unknown (n=6, 21%)	5. % Change in Hospitalization Rate 3 months pre/post RC (N=15) 73.3% → 20% 72.7% ↓	6. % Change in ED Admission 3 months pre/post RC (N=15) 60% → 46.7% 22.2% ↓

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## Funding and Budget for CY2021



CaAIM is in 2022 budget for DHCS and will create sustainability pathway for Recuperative Care

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## 2021 Areas of Focus and Exploration



### 2021 Focus Areas

1. Continued Program Response to COVID
2. Continued Education to Referral Sources
3. Robust Program Evaluation against Performance Benchmarks

### 2021 Topics for Further Exploration

1. Additional Hospital Expansion
2. Licensing for Mental Health Support
3. Transitional Housing Model

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**TAB 2**

**Legislative**

**Mandate**



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](http://www.sanmateomedicalcenter.org)  
[www.facebook.com/smchealth](https://www.facebook.com/smchealth)

**DATE:** May 13, 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 2018, at which time, the Board approved the Program's Grants Management Policy which address these Legislative Mandates.

At its March 11, 2021 meeting, this Board approved an amended version of the HCH/FH Grants Management Policy intended to conform to the requirements of HRSA's Legislative Mandate Review. Since that time, HRSA's consultant contractor has identified some additional elements they want to see included in the policy. Attached is an updated draft of the HCH/FH Grants Management Policy with the requested changes included. The updated section has been highlighted for ease in identifying.

This request is for the Board to approve the attached Grants Management Policy, dated 05/13/2021. This action requires approval of a majority of Board members voting to be accepted.

Attached: Amended Grants Management Policy (05/13/21)

**SAN MATEO COUNTY**

**HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM**

**Program Policy**

<b>Policy Area:</b> Grant Management Policy	<b>Effective Date:</b> October 11, 2018
<b>Subject:</b> Federal Legislative Mandates	<b>Amended Date:</b> May 13, 2021
	<b>Approved by:</b> Co-Applicant Board
<b>I. Rationale or background to policy:</b>  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.	
<b>II. Policy Statement:</b>  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.  <b>1. Salary Limitation</b>  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 when the program has received signed documentation from a law enforcement agency or public health service stating:

(a) That the person upon whom the medical procedure was performed was reported to have been the victim of an incident of rape or incest;

(b) The date on which the incident occurred;

(c) The date on which the report was made, which must have been within 60 days of the date on which the incident occurred;

(d) The name and address of the victim and the name and address of the person making the report (if different from the victim); and

(e) That the report included the signature of the person who reported the incident.

Federal financial participation is also available in expenditures for abortions for victims of rape or incest under the circumstances described in § 50.304 without regard to the requirements of the preceding sentence; or

(2) in the case when a physician has found, and so certified in writing to the program or project, that on the basis of his/her professional judgment, the life of the mother would be endangered if the fetus were carried to term. The certification must contain the name and address of the patient.

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.

**Any modification to the legislative mandate policies and procedures will require review and**



approval of the HCH/FH Co-Applicant Board.

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 \_\_\_\_\_05/13/21\_\_\_\_\_

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Program Director

**TAB 3**

**QI/QA**

**Subcommittee**

**Update**



**DATE:** May 13<sup>th</sup>, 2021

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

**FROM:** 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 will meet next on June 24<sup>th</sup>, from 1 to 2:30pm.

- Trainings
  - FCC Lifeline/Emergency Broadband Service
    - Thursday, May 20<sup>th</sup> 3 to 3:30pm
    - The HCH/FH Program is hosting a presentation from FCC on the [Emergency Broadband Benefit \(EBB\)](#) to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. EBB is a part of FCC's Lifeline (link [here](#)), an additional program that provides subscribers a discount on monthly telephone service, broadband Internet service, or bundled voice-broadband packages purchased from participating wireline or wireless providers.
    - Invitations sent to staff across multiple service agencies, such as SMMC, LifeMoves, StarVista, Puente, and other homeless and farmworker community agencies.
  - San Mateo Medical Center (SMMC) Patient Satisfaction Survey Integration
    - Danielle Hull and Irene Pasma are working to validate the survey data sent by consultant, NRC, to ensure all eligible homeless and farmworker patients are surveyed after an outpatient visit.
    - NRC will also be building additional reports in the platform, such as who amongst our populations are completing surveys and satisfaction scores over time.
  - Telehealth Pilot at Maple Street
    - Danielle Hull and Licensed Vocational Nurse at Maple Street created a way to update and track current shelter residents in real-time.
    - In partnership with SMMC Population Health, we'll be able to identify current empaneled patients at shelter, as well as those who should be prioritized as a new patient.

**TAB 4**

**Strategic Plan**

**& Annual**

**Report**



DATE: May 13, 2021

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

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: Strategic Plan Update

Finalizing the HCH/FH Strategic Plan has taken a lower priority compared to other program activities. However, it is intent of HCH/FH staff to have a complete strategic report for the Board and stakeholders to reference. In this memo and May Board meeting, staff would like to share how the Board, stakeholders', and needs assessment data has been synthesized into 5 discrete strategic priorities, the activities outlined under each item, and the draft outcomes we will be measuring. Board members will be asked at the May meeting if they would like to participate in an ad-hoc meeting to discuss the outcomes, as well as how and with what frequency outcomes should be reported to the Board.

### **Strategic Priorities:**

#### **1. Increase homeless & farmworker patient utilization of SMMC Brick and Mortar Clinics**

- Attach care navigators to New Patient Connection Center to help NPCC, Mobile Clinic, and Street/Filed Medicine to support clients making it into clinics
- Attach care navigator capacity to newly housed individuals to transition them from potentially mobile-based health services to brick and mortar/help maintain existing connection to health care services
- Work with SMMC NPCC and SMMC COO to ensure homeless patients can get slotted into a clinic visit within a reasonable time frame
- Open Saturday Dental Clinic at Coastside Clinic for farmworkers and family members

#### **2. Decrease barriers for homeless and farmworker patients to access health care**

- Provide primary care and behavioral health services at locations where people experiencing homelessness reside, i.e. encampments and shelters
- Provide primary care to farmworkers at their employment location in San Mateo County, South and North Coast
- Provide mild/moderate mental health& AOD services to farmworkers
- Provide behavioral health care coordination via referral from community providers serving people experiencing homelessness
- HCH/FH staff works with SMMC/IT to ensure primary care/behavioral health services are provided via Tele-Health
- Develop relationships with farm owners to support services for farmworkers
- Plan for transportation for farmworkers in South Coast to get to Coastside Clinic for Saturday dental clinic
- Support healthcare insurance/other benefits sign up for people experiencing homelessness and farmworkers

#### **3. Support health care providers serving homeless and farmworker patients**

- Provide training to SMMC, BHRS, PHPP, and community providers at least twice per year
- Create/maintain/update LMS modules (i.e. PSA training, homeless & farmworker health topics)
- Financially support SMMC, BHRS, PHPP, and community providers to attend relevant health conference
- Partner with SMMC's Patient Experience department to conduct "Provider Appreciation" activities

- Conduct two-way dialogue with clinic managers/providers on HCH/FH program (quarterly report, meetings, etc)
- Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients
- Support providers via small funding requests
- 4. Decrease health disparities among people experiencing homelessness & farmworker patients**
  - Follow work outlined in the HCH/FH QI/QA Plan. In 2020/2021, the Plan focuses on:
    - Cervical, colorectal, and breast cancer screening
    - Diabetic control
    - 1st trimester prenatal care
    - Depression screening and follow up
    - Adult BMI screening & follow up
    - *Hypertension work with SMMC for African Americans*
  - Standardize reporting pathways between gathering and analyzing data and presenting the data to the San Mateo Medical Center to execute change\*
  - Assess feasibility of capturing homeless and farmworker status in SMC County death certificates.
  - Education/Outreach for farmworkers and people experiencing homelessness
- 5. Meet and Exceed all HRSA Compliance Requirements**
  - Ensure HRSA Site Visits are conducted to an excellent level and minimize findings
  - Have a well-functioning Co-Applicant Board, with proper representation across numerous areas of subject matter expertise and robust visibility in the community, Brown Act compliant, ethics and conflict of interest
  - Submit UDS reports on time, answer all responses, improve year over year the processes by which data is reported
  - Conduct Needs Assessment, update QI/QA and Strategic Plan on a regular basis
  - Apply for supplemental awards when appropriate
  - Right-sizing contracts throughout the year & identifying opportunities to spend down grant funds.
  - Stay connected to technical assistance opportunities through HRSA.

**Draft Outcomes** – percentages are TBD

1. By EOY 2024\*, X% of clients receiving care coordination results in at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period.
2. By EOY 2024, increase # of people experiencing homelessness receiving mental health & AOD services by X% from 2019 baseline.
3. By EOY 2024, increase # farmworkers receiving mental health & AOD services by X% from 2019 baseline.
4. By EOY 2024, decrease number of un-insured homeless and farmworker patients seen by HCH/FH to X% from 2019 baseline.
5. Patient grievances decrease by X% from 2019
6. Patient satisfaction increases by X% from 2021 (*due to switched methodology*)
7. QI/QA goals are met (refer to QI/QA plan)
8. Fewer than X findings per HRSA site visit.
9. Spending at least XX% of funds each year.

\*Choosing 2024 because the contracts and MOUs being put into place now are through 2024.

\*\*By 2024, this will include visits at BHRS sites as well



DATE: May 13, 2021

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

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: HCH/FH 2020 Annual Report

In 2018, the HCH/FH Board directed staff to develop an Annual Report. The HCH/FH Board's inaugural report came out in Spring 2019, describing 2018 activities. It had been the intent of the Board and Staff to compose a report annually, however the COVID-19 pandemic response was at peak levels in 2020 Q1 and Q2, during the time staff would have been preparing the annual report. Due to this, there was no 2019 Annual Report.

However, staff has prepared a draft version of the 2020 Annual Report for Board Members to provide input on. The contents of the Annual Report are as follows:

1. **Page 1:**
  - a. **Letter from the Chair:** highlighting how the pandemic exacerbates healthy inequities but also has strengthened the County's systems to support both people experiencing homelessness and farmworkers
  - b. **Patient story:** describing the journey of a Street Medicine patient with chronic illness and substance use disorder staying at the Bayfront Station, stabilizing, and ultimately getting housing
  - c. Mission & Values Statements (from 2016 Strategic Plan document)
2. **Page 2:**
  - a. HCH/FH Background
  - b. Quality Improvement and Quality Assurance Work
3. **Page 3:**
  - a. 2020 Utilization Numbers (from UDS)
  - b. 2020 Financial Overview
  - c. Tele-Health Spotlight
4. **Page 4:**
  - a. COVID-19 timeline and activities
  - b. Spotlight on how COVID-19 relief funds were spent
5. **Page 5:**
  - a. Needs Assessment key findings
  - b. Strategic Plan Priorities
6. **Page 6:**
  - a. Meet the Co-Applicant Board
7. **Page 7:**
  - a. Looking ahead: recaps some of the activities of 2021 such as vaccination efforts, starting a Saturday Dental Clinic, SMMC Hypertension Disparities Work
  - b. Lists staff and how to get involved

At the Board Meeting, we will discuss if the Board would like to see other activities/themes highlighted in the Annual Report, and staff will show the Board the look and feel as well as cover page.

**TAB 5**

**Quarterly**

**Report and**

**Site Visits**

**Summary**





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](http://www.sanmateomedicalcenter.org)  
[www.facebook.com/smchealth](https://www.facebook.com/smchealth)

DATE: May 13, 2021

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

FROM: Sofia Recalde, Management Analyst and Irene Pasma, Implementation and Planning Coordinator

SUBJECT: Quarter 1 2021 Contractor Financial Report

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with eight community-based providers and two County-based programs for Q1 of 2021. 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 from January–March 2021:

Contractor	Contract Amount	Amount Spent	% YTD 2021
Ayudando Latinos a Soñar (ALAS)**	\$ 71,000	\$61,650	87%
Behavioral Health & Recovery Services	\$ 42,500	\$26,500	62%
El Centro de Libertad	\$ 40,500	\$20,850	51%
LifeMoves	\$ 154,900	\$94,755	61%
PHPP Mobile Van & Expanded Services	\$ 295,095	\$248,330	84%
PHPP Street & Field Medicine	\$ 249,750	\$70,300	28%
Puente de la Costa Sur	\$ 123,250	\$76,000	62%
Ravenswood - Medical	\$ 59,400	\$59,400	100%
Ravenswood - Dental	\$ 29,700	\$8,910	30%
Ravenswood - Enabling	\$ 42,000	\$23,100	55%
Samaritan House - Safe Harbor	\$ 56,300	\$38,460	68%
Sonrisas Dental	\$ 80,150	\$43,510	54%
StarVista	\$ 96,250	\$28,800	30%
<b>TOTAL</b>	<b>\$ 1,340,795</b>	<b>\$ 800,565</b>	<b>60%</b>

\*Contract period Jan-Jun 2021

\*\* ALAS Contract period Jun 2020-Mar 2021

The following is a summary of HCH/FH Contractor Patient count from January-March 2021:

**Q1 2021 HCHF Contractor Patient and Visit Count**

Agency	Contracted Service	Target Pts	Actual Pts	% YTD	Visits
ALAS**	Case Management	100	104	104%	1511
ALAS**	Counseling	50	30	60%	165
BHRS	Case Management	70	53	76%	199
El Centro	Navigation Assistance	70	45	64%	53
El Centro	Motivational Interviewing	15 sessions	NA	0%	0
El Centro	Prevention Education	15 sessions	NA	13%	2
LifeMoves	Care Coordination (CC)	180	104	58%	137
LifeMoves	Intensive CC	60	20	33%	20
LifeMoves	Street Medicine CC	65	65	100%	130
LifeMoves	HI Assistance	20	24	120%	21
LifeMoves	SSI/SSDI Assistance	30	14	47%	14
LifeMoves	Transport	160 trips	NA	17%	27
PHPP Mobile Clinic	Primary Care	329	364	111%	455
PHPP Mobile Clinic	Primary Care ES	80	33	41%	39
PHPP S/F Medicine	Primary Care	135	38	28%	59
Puente	CC	100	83	83%	133
Puente	ICC	20	12	60%	12
Puente	HI Assistance	125	54	43%	55
Ravenswood	Primary Care	270	416	154%	827
Ravenswood	Dental	110	33	30%	49
Ravenswood	Enabling	140	77	55%	343
Safe Harbor	CC	135	92	68%	151
Safe Harbor	ICC	10	7	70%	9
Sonrisas	Dental	70	38	54%	56
StarVista	Adult OE	145	35	24%	37
StarVista	Adult Therapeutic	145	29	20%	31
StarVista	Youth CM	10	7	70%	163
StarVista	Youth Therapeutic	10	7	70%	49
StarVista	Transport	50 trips	NA	38%	19

2,479

1,784

4,747

\*\*ALAS contract period is Jun 2020-Mar 2021

The following are selected outcome measures from HCH/FH Contractor narrative reports for the period January — March 2021:

Agency	Outcome Measure	Performance through Q1 2021
<b>Ayudando Latinos a Soñar (ALAS)</b>	<ul style="list-style-type: none"> <li>• Hire a 0.75 FTE MSW</li> <li>• Provide case management services to at least 100 farmworkers over 300 visits</li> <li>• Provide counseling to 50 farmworkers over 120 visits</li> <li>• Develop programs and activities that benefit mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Hired a 0.75 FTE MSW</li> <li>• Provided case management services to 1 new client (over 100 since start of contract) and conducted 163 visits</li> <li>• Provided counseling to 5 new clients (30 since the start of the contract) over 48 visits in Q1.</li> </ul>
<b>Behavioral Health &amp; Recovery Services (BHRS)</b>	<ul style="list-style-type: none"> <li>• At least 100% screened will have a behavioral health screening.</li> <li>• At least 70% will receive individualized care plan.</li> <li>• Connect patients to behavioral health treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• 100% (53 clients) had a behavioral health screening</li> <li>• 81% (43 clients) received individualized care plan</li> <li>• 64% (34 clients) were referred to either BHRS or ACCESS for behavioral health services</li> </ul>
<b>El Centro de Libertad</b>	<ul style="list-style-type: none"> <li>• Provide at least 100 screening/assessments to homeless/farmworkers</li> <li>• Provide at least 60 Motivational outreach sessions on AOD/mental health resources</li> <li>• Provide at least 35 substance use prevention education sessions</li> </ul>	<ul style="list-style-type: none"> <li>• 45 clients had a behavioral health screening</li> <li>• 100% referred to AOD or MH services</li> <li>• 0 motivational outreach events conducted</li> <li>• 2 prevention education events conducted</li> </ul>
<b>LifeMoves</b>	<ul style="list-style-type: none"> <li>• Minimum of 50% (250) will establish a medical home.</li> <li>• At least 75% with a scheduled primary care apt will attend at least one apt.</li> <li>• At least 30 will complete submission for health coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• 44% (46 out of 104 clients) established a medical home</li> <li>• 38% (40 clients) attended at least one primary care appointment</li> <li>• 24 clients completed an application for and were enrolled into a health coverage plan</li> </ul>
<b>Public Health Mobile Clinic</b>	<ul style="list-style-type: none"> <li>• At least 80% will receive a comprehensive health screening for chronic disease and other health conditions.</li> <li>• Number of women survey and expressed interest in Pap test services</li> </ul>	<ul style="list-style-type: none"> <li>• 95% (100 out of 105) received comprehensive health screening</li> <li>• 30 women surveyed on interest in receiving a Pap test, 0 expressed interest</li> </ul>
<b>Public Health - Service Connect</b>	<ul style="list-style-type: none"> <li>• At least 80% will receive a comprehensive health screening for chronic disease and other health conditions.</li> <li>• At least 20% of patient encounters will be related to a chronic disease.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of patients received a comprehensive health screening for chronic disease and other health conditions</li> <li>• 100% of patient encounters were related to a chronic disease</li> </ul>

<b>Public Health Street &amp; Field Medicine</b>	<ul style="list-style-type: none"> <li>• At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• At least 50% of street homeless/farmworkers seen will be referred to Primary Care</li> <li>• Number of patients provided women's health services</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of patients received a formal Depression Screen</li> <li>• 11% of patients were referred to Primary Care</li> <li>• 11 patients received women's health services</li> </ul>
<b>Puente de la Costa Sur</b>	<ul style="list-style-type: none"> <li>• At least 90% served care coordination services will receive individualized care plan.</li> <li>• At least 25 served will be provided transportation and translation services.</li> <li>• At least 170 will complete a health coverage application</li> </ul>	<ul style="list-style-type: none"> <li>• 70% (58 out of 83 clients) received an individual care plan</li> <li>• 80% (67 out of 83 clients) received transportation and translation services.</li> <li>• 62% (34 out of 54 clients) clients who completed a health coverage application have been enrolled into an insurance program</li> </ul>
<b>Ravenswood Family Health Center – Medical</b>	<ul style="list-style-type: none"> <li>• 100% will receive a comprehensive health screening.</li> <li>• At least 300 will receive a behavioral health screening.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% (417 clients) received a comprehensive health screen</li> <li>• 17 clients received a behavioral health screen</li> </ul>
<b>Ravenswood Family Health Center – Dental</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 80% will attend their scheduled treatment plan appointments.</li> <li>• At least 50% will complete their denture treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>• 3% (1 out of 33) completed their dental treatment plan</li> <li>• 100% attended their scheduled treatment plan visit</li> <li>• 3% (1 client) completed their denture treatment plan</li> </ul>
<b>Ravenswood Family Health Center – Enabling</b>	<ul style="list-style-type: none"> <li>• At least 85% will receive care coordination services and will create health care case plans</li> <li>• 65% of homeless diabetic patients will have hbA1c levels below 9.</li> </ul>	<ul style="list-style-type: none"> <li>• 2% (4 out of 218) received care coordination services and create healthcare case plans</li> <li>• 8% (18 out of 218) have hbA1c levels below 9%</li> </ul>
<b>Samaritan House – Safe Harbor</b>	<ul style="list-style-type: none"> <li>• At least 95% of patients will receive individualized health care case plan.</li> <li>• At least 70% will complete their health care plan.</li> <li>• At least 70% will schedule primary care appointments and attend at least one.</li> </ul>	<ul style="list-style-type: none"> <li>• 17% (16 out of 92 clients) received an individualized health care case plan.</li> <li>• 31% (5 clients out of 16) completed their health care plan</li> <li>• 13% (11 out of 92) clients scheduled primary care appointments</li> </ul>
<b>Sonrisas Dental</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 75% will complete their denture treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>• 70% (26 out of 37 clients) completed their treatment plans</li> <li>• 0% completed their denture treatment plan</li> </ul>
<b>StarVista</b>	<ul style="list-style-type: none"> <li>• At least 90% served care coordination services will receive individualized care plan.</li> <li>• Provide brief therapeutic services to a 145 individuals January-June 2021</li> </ul>	<ul style="list-style-type: none"> <li>• 34% (14 adult and 1 youth case management clients) receive individualized care plans.</li> <li>• 36 individuals (29 adult and 7 youth) received therapeutic services</li> </ul>



DATE: May 13, 2021

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

FROM: Sofia Recalde, Management Analyst and Irene Pasma, Implementation and Planning Coordinator

SUBJECT: Contractor Site Visits

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program conducts annual site visits with its contractors. Site visits are beneficial for numerous reasons. While quarterly reports provide on-going insight into a contractors' patient/visit counts, challenges, and successes, site visits allow a more in-depth conversation between the two parties. In the past, site visits were conducted in-person, and consisted of both an on-site document review and interview. Contractors are given at least 2 weeks-notice to prepare. In 2020, due to COVID-19, site visits were not conducted. In 2021, site visits resumed virtually, conducted via Microsoft Teams, and lasted about 2 -3 hours. Sofia Recalde, HCH/HF management analyst, sent a list of questions (see example attached) in advance. Typically, several people from the contractor joined the virtual meeting to be able to respond to the diverse list of questions.

HCH/FH staff appreciates the time to dive deeper into contractors' operations, allowing for longer conversations to build rapport and problem solve and looking forward to conducting them in-person. Below are themes that arose from the 2021 site visits. These align with the information HCH/FH receives in quarterly reports, hear during regular check-ins, and many of the findings/call to actions are items staff is already working on/thinking about for the upcoming round of contractors HCH/FH will be working with.

#### COVID-19 had a large impact

All contractors indicated COVID-19 impacts, including significant stress and anxiety experienced by staff as well as coming together to support one another. Services had to be modified to be done safely – for example mandated COVID tests before dental procedures (Ravenswood) or wearing face shields and carrying thermometers (LifeMoves). Tele-health, and the challenges of supporting clients to use it, was mentioned. Some contractors noted COVID helped them be *better* at reaching their target population (El Centro) while others were not able to provide the services because they were not able to access shelters and schools.

#### Differing levels of sophistication across contractors for data collection, reporting, and client satisfaction

Some contractors have been with HCH/FH for longer than others and have developed more robust data reporting systems and staff capability. This is to be expected and HCH/FH staff works to provide technical assistance to newer partners to minimize data gaps and ensure emails are sent with proper protection. Contractors without existing electronic data systems mentioned they are looking into purchasing one. Some contractors have systems in place to capture patient satisfaction and grievances, but many do not.

#### HCH/FH Role in Supporting Contractors

To the question "How can HCH/FH provide additional support and/or be a liaison?" responses that were mentioned more than one were:

- Advocating for patients to be prioritized at SMMC for healthcare visits
- Making it easier to make a dental appointment on the Dental Mobile Clinic
- Provider Collaborative meetings were useful (they are currently on pause)
- Provide connection to the Health Coverage Unit to support contractors sign clients up for insurance

Attached: HCH/FH Site Visit Interview Template

# HCH/FH Site Visit Interview Template 2021

## **IDENTIFYING PATIENTS**

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- Is there a policy or procedure for identifying clients for service?
- What kind of outreach does Contractor engage in?
- Is there a waiting list for clients?

## **Data, Documentation and Evaluation**

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- Is there a data collection system to collect and track the data needed to evaluate contract compliance?
- Review any issues with data collection and reporting

## **Confidentiality and Security/Privacy**

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- Is there a written policy on client confidentiality that conforms to applicable federal, state and local laws?
- How is data securely recorded and stored?
- How is data securely transferred to HCH/FH?

## **Service Fees**

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- Are clients being charged for services?
- Is there a sliding fee scale (if applicable)?

## **2020 Services**

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- Review services and patient targets in agreement
- Review outcome measures in agreement
- COVID-19 impacts on service delivery

## **2020 Invoicing**

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- Do invoices accurately capture the clients and visits reported in the monthly data reports?
- Describe any income/revenue (and sources) generated by services delivered as part of the contracted services
- Did the actual cost of service delivery look like what was projected in the proposal submitted a few years ago?

## **Client Satisfaction**

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- How is client satisfaction measured?

## **Other**

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- Are there any service delivery or staffing concerns for the next 5-6 months?
- How can HCH/FH provide additional support and/or be a liaison between Contractor, SMMC and County Health?
- Feedback requested – how was it to work with HCH/FH as a funder?

**TAB 6**  
**Director's**  
**Report**



DATE: May 13, 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 April 08, 2021 Co-Applicant Board meeting:

HCH/FH continues to work on the 2-year expenditure plan for the \$1.6M ARPA funding award we received from HRSA. There is scheduled time for extensive discussion of this later in today's agenda. The plan is due by May 30, 2021.

HCH/FH completed the documentation necessary for the HRSA Vaccine Distribution Program which has supplied SMMC.SMC Health with ~20,000 vaccine doses so far. We also continue to work productively with SMC Health on vaccination of the homeless and farmworkers, including in-shelter vaccine efforts as appropriate.

HRSA has announced a partnership between HHS and the Department of Defense to provide free COVID-19 rapid antigen testing supplies to health centers. On surveying our partners we found interest in this and updated HRSA on estimates for our needs. HRSA is currently waiting for a vendor to be selected and should provide additional information within a few weeks.

As reported last month, Dr. Trinh has accepted a 6-to-12 month Work Out of Class opportunity to lead Communicable Disease, TB and STD. After a broad recruiting effort and numerous high-quality candidates, we have selected Amanda Hing Hernandez, Supervising Nurse Practitioner with Mental Health Primary Care Clinics to be our Interim Medical Director. She will be providing up to an average of 8 hours per week (0.2 FTE) in support of HCH/FH and particularly, our QI efforts. She comes with broad experience including both farmworkers and the homeless, and we look forward to working with her and welcome her aboard.

In other staffing news, HCH/FH has received approval to move forward with the conversion of our three (3) Limited Term positions to regular classified positions. This is great news for the Program as the staff have demonstrated outstanding effort both qualitatively and quantitatively during their time with the Program. As their terms would have started ending during early summer, we are actively working through the process to maintain the continuity of their position.

A reminder that the Program's Operational Site Visit on HRSA compliance is scheduled for Tuesday through Thursday, August 3 – 5, 2021. Please keep these dates as open as possible as the review team will wish to meet with the Board during the site visit. In addition, there is typically an entrance conference early on the first day and an exit conference around midday of the final day which Board members may wish to participate in (not mandatory).

Seven Day Update





**TAB 7**  
**Program**  
**Budget/**  
**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](http://smchealth.org/smmc)

DATE: May 13, 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

For non-COVID operations, preliminary expenditure numbers for April 2021 show a total expenditure for the year-to-date (one-third of the year) as \$1,307,286 of which \$1,287,022 is claimable against the grant. The year-to-date numbers include substantial amounts for completing payments on 2020 small funding requests and catch-up payments for July through December of 2020 for the PPHP Mobile Clinic and Street & Field Medicine Team. Allowing for those as one-time expenditures in this year's grant (~\$355K), the ongoing expenditures year-to-date are around \$934,000, which would project to around \$2.8M when annualized, and a total projected expenditure for the year around \$3.1M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$500K of unexpended funds for year's end.

Of the original COVID awards from 2020, which totaled around \$880K, approximately \$341K has been expended, which includes all of the available funding from the original COVID award and the COVID Expanded Testing Capacity award. All of the remaining available funding from 2020 (~\$535K) is from the COVID CARES award with an current end date of March 31, 2022. HCH/FH has received an addition ~\$1.6M COVID funding award from the ARP Act, which has an end date of March 31, 2023 and is discussed in greater detail later on today's agenda.

HRSA has also recently announced the availability of \$562,000 in Capital Projects funding which must be requested by June 24, 2021. HCH/FH is reviewing this possibility with SMMC, SMC Health and our community partners.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 03/31/21



GRANT YEAR 2021

April \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (04/30/21)	Projection for end of year		Projected for GY 2021
<b>EXPENDITURES</b>						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	631,050	52,640	183,590	540,000		650,000
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	171,990	14,045	48,840	145,000		180,000
<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	65	65	1,000		1,000
Van & vehicle usage	2,000		706	1,500		1,500
	34,500		771	20,500		34,000
<u>Supplies</u>						
Office Supplies, misc.	12,000		881	6,000		10,000
Small Funding Requests		12,637	81,767	110,000		110,000
	12,000		82,648	116,000		10,000
<u>Contractual</u>						
2020 Contracts			129,225	129,225		
2020 MOUs		143,645	144,645	144,645		
Current 2021 MOUs	872,000	81,580	345,130	925,000		1,100,000
Current 2021 contracts	1,184,000	41,730	328,305	1,025,000		1,000,000
ES contracts (SUD-MH & IBHS) ---unallocated---/other contracts						
	2,056,000		947,305	2,223,870		2,100,000
<u>Other</u>						
Consultants/grant writer	30,000			8,000		30,000
IT/Telcom	20,000	2,348	7,512	24,000		25,000
New Automation				0		-
Memberships	5,000			2,500		5,000
Training	10,000	7,017	16,356	25,000		20,000
Misc	500			500		500
	65,500		23,868	60,000		80,500
<b>TOTAL</b>	<b>2,971,040</b>	<b>355,707</b>	<b>1,287,022</b>	<b>3,105,370</b>	<b>0</b>	<b>3,054,500</b>
<b>GRANT REVENUE</b>						
Available Base Grant	2,691,632			2,691,632		2,691,632
Carryover	922,375			922,375		922,375
Available Expanded Services Awards **						508,637
HCH/FH PROGRAM TOTAL	3,614,007			3,614,007		3,200,269
<b>BALANCE</b>	<b>642,967</b>	<b>BASE GRANT PROJECTED AVAILABLE</b>	<b>508,637</b>			<b>145,769</b>
						based on est. grant of \$2,691,632
<u>Non-Grant Expenditures</u>						
Salary Overage	13750	1442	5,768	15,800		16,500
Health Coverage	57000	3109	14,496	51,000		57,000
base grant prep	-					45,000
food	2500			750		1,500
incentives/gift cards	1,000					1,500
	74,250	4,551	20,264	67,550		121,500
<b>TOTAL EXPENDITURES</b>	<b>3,045,290</b>	<b>360,258</b>	<b>1,307,286</b>	<b>3,172,920</b>	<b>NEXT YEAR</b>	<b>3,176,000</b>

	BUDGETED	This month	TO DATE	PROJECTED
COVID Expenditures 2021		15333	86,681	635,000
2020			254,669	
Total			341,350	

**TAB 8**

**American**

**Rescue Plan**

**Funding**



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](http://www.sanmateomedicalcenter.org)  
[www.facebook.com/smchealth](https://www.facebook.com/smchealth)

**DATE:** May 13, 2021

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

**FROM:** Sofia Recalde, Management Analyst

**SUBJECT:** America Rescue Plan Funding Brainstorm

At the April 2021 HCH/FH Board meeting, staff informed Board members of a new one-time funding through HRSA via the American Rescue Plan (ARP) Act to prevent, mitigate and response to COVID-19 and to enhance healthcare services and infrastructure. HCH/FH received \$1,631,875 in ARP Funding, which can be used over a 2-year period through March 31, 2023.

Allowable uses of funding can be found here: <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/allowable-uses-funding>

Since the last board meeting, staff has had several conversations with County Health partners and received many ideas for consideration of this funding, all of which are summarized here. More detailed information will be presented at the Board meeting.

Project/Activity	Funding Category
Hire temporary IT staff to support County COVID and vaccine county, state and federal data reporting needs*	COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain/Enhance Health Center Capacity
Support County effort to contract with CBOs to perform vaccination outreach and registration support	COVID-19 Vaccine Capacity
Support County effort to provide case management services to clients who need County assistance with quarantining/isolation during COVID-19 pandemic*	COVID-19 Response & Treatment
Support “Clinic within a clinic” to support SMMC vaccine administration at outpatient clinics	COVID-19 Vaccine Capacity
Expand SMMC call center capacity	COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain/Enhance Health Center Capacity
Purchase digital tools to support Population Health	COVID-19 Response & Treatment Maintain/Enhance Health Center Capacity
Support disparity efforts to increase colorectal cancer screening amongst African-American SMMC patients	Maintain/Enhance Health Center Capacity

Expand Alliance contract to outreach to clients newly assigned to SMMC and assistance with scheduling appointments	Maintain/Enhance Health Center Capacity
Patient portal-implementation and optimization	Maintain/Enhance Health Center Capacity
Purchase workstation on Wheels for outpatient clinics*	COVID-19 Response & Treatment Maintain/Enhance Health Center Capacity
Purchase and distribute COVID-19 home testing*	COVID-19 Response & Treatment
Purchase equipment and supplies for antibody testing*	COVID-19 Response & Treatment
Purchase supplies for community health worker-chronic disease team	Maintain/Enhance Health Center Capacity
Purchase case management system	Maintain/Enhance Health Center Capacity
Support recuperative care at Baden House	Maintain/Enhance Health Center Capacity Minor A&R
Expand PHPP Mobile Clinic to meet additional demand for healthcare services*	COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain/Enhance Health Center Capacity
Purchase tool to improve patient SMMC patient satisfaction surveying efforts	COVID-19 Response & Treatment Maintain/Enhance Health Center Capacity
Purchase workforce development/metrics platform	Maintain/Enhance Health Center Capacity

*\*Could potentially be funded using remaining CARES funding.*

HCH/FH must submit an activity plan and budget proposal for ARP funding to HRSA by May 31, 2021. Staff will bring the submitted proposal back to the Board at the June meeting for approval.