

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

## Co-Applicant Board Meeting Agenda

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August 26, 2021, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
<b>A. CALL TO ORDER</b>	Brian Greenberg		9:00am
<b>B. APPROVAL OF THE ORDER OF THE AGENDA</b>	Brian Greenberg		9:02am
<b>C. PUBLIC COMMENT</b>			9:05am
<p>Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.</p>			
<b>D. CONSENT AGENDA</b>			9:10am
1. Approve meeting minutes from July 8, 2021 Regular Board Meeting and August 4, 2021 Special Board Meeting		<b>Tab 1</b>	
2. Approve Non-competing Continuation/Budget Period Progress Report Submission	Irene Pasma		
<b>E. CONSUMER INPUT/GUEST SPEAKER</b>			9:15am
<p>Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.</p>			
1. Community Update	Board members		
<b>F. BUSINESS AGENDA</b>			9:30am
1. Approve QI/QA Annual Plan Amendment	Danielle Hull	<b>Tab 2</b>	
2. Approve Board By-Laws Amendments	Irene Pasma	<b>Tab 3</b>	
3. Review & Approve Form 5A	Jim Beaumont	<b>Tab 4</b>	
4. Review & Approve the:	Sofia Recalde	<b>Tab 5</b>	
a. HCH/FH Board Contracts & Agreements Policy			
b. HCH/FH Board Grant Management Policy			
<b>G. REPORTING &amp; DISCUSSION AGENDA</b>			10:00am
1. HRSA Site Visit De-Brief	Board & Staff		
2. QI/QA Subcommittee Update	Danielle & Amanda	<b>Tab 6</b>	
3. Contracts & MOU Update/Quarterly reporting	Sofia Recalde	<b>Tab 7</b>	
4. Program Director's Report	Jim Beaumont	<b>Tab 8</b>	
5. Program Budget/Finance Report	Jim Beaumont	<b>Tab 9</b>	
<b>H. ADJOURNMENT</b>			10:45am
Future meeting: September 16, 2021 9-11am			

# **TAB 1**

## Consent Agenda

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

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson          Steven Kraft          Tayischa Deldridge          Steve Carey          Victoria Sanchez De Alba, Vice Chair          Janet Schmidt          Gabe Garcia          Brian Greenberg, Chair          Suzanne Moore          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          John Nibbelin, County Counsel          Henrietta Williams, SMMC Deputy Director of Ambulatory Care          CJ Kunnappilly, SMMC Chief Executive Officer</p>	<p><b><u>Members of the Public</u></b></p> <p><b><u>Absent Board Members/Staff:</u></b>          Eric Debode          Christian Hansen          Tony Serrano</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call To Order</u>	Brian Greenberg called the meeting to order at 9:03A.M and did a roll call:  Staff: Irene Pasma, Danielle Hull, Jim Beaumont, Sofia Recalde, CJ Kunnappilly, Henrietta Williams  Board members: Robert Anderson, Steven Kraft, Tayischa Deldrige, Steve Carey, Victoria Sanchez de Alba, Janey Schmidt, Suzanne Moore, Brian Greenberg, Gabe Garcia  Members of the Public/Guests: None	
<u>Order of the Agenda</u>	None.	
<u>Public Comment</u>	None.	
<u>Consent Agenda Meeting minutes from June 10, 2021</u>	<p><b>Please refer to TAB 1</b>            All items on Consent Agenda (meeting minutes from June 10, 2021) were approved.</p>	<p><b>Request to approve Consent Agenda was <u>MOVED</u> by Suzanne M. and <u>SECONDED</u> by Steve K. and <u>APPROVED</u> by all Board members present.</b></p>

<p><u>Consumer Input:</u> <b>Updates from Consumers &amp; board members</b></p>	<p>Suzanne M. gave a couple community updates: 1) Safe Parking Working Group of San Mateo is indefinitely on hold. The group has established a network that can continue to be drawn from as we work for the safety and inclusion of people currently living in vehicles in our county. 2) Pacifica Resource Center continues to provide resources for our unhoused. Advocates continue to encourage support for a Safe Parking program. City Council 6/28/21 repealed the provision prohibiting human habitation in vehicles.</p> <p>Brian G. reported that there are 40 families in the RWC RV park and only 17 RVs on the streets in RWC.</p> <p>Dr. Kunnappilly presented the strategic plan as SMMC moves out of the pandemic. Operational work includes improving phone access, creating a patient portal as a way for patients to communicate with providers. Construction at SMMC is continuing to progress and the new hospital building is expected to open early next year. SMMC will be focusing on addressing two social determinants of health:</p> <ol style="list-style-type: none"> <li>1) Food insecurity – SMMC will build in processes to identify clients with food insecurity and connect them with healthy food partners.</li> <li>2) Literacy – SMMC will evaluate existing client forms, instructions, signage, etc. to create an environment that is safe and inclusive for individuals with low literacy.</li> </ol> <p>John Nibbelin joined the meeting at 9:27am.</p>	
<p><u>Business Agenda:</u> <b>American Rescue Plan (APR) Capital Improvements Funding Opportunity</b></p>	<p><b>Please refer to TAB 2</b></p> <p>HCH/FH, in coordination with San Mateo Medical Center, prepared an application for the America Rescue Plan Act Capital Improvements award that was due to HRSA on June 24, 2021. The following items were included in the funding proposal: diabetic retinal cameras, OBGYN examination tables and equipment, a urology cystoscope, ENT scope, Optometry equipment, and minor alternations and renovations at the Daly City outpatient clinic.</p> <p>Dr. Kunnappilly left the meeting at 9:33am.</p>	<p><b>Request to provide consenting approval of the ARP Capital Improvements Funding Opportunity was <u>MOVED</u> by Steve K. and <u>SECONDED</u> by Tayischa D. and APPROVED by all Board members present.</b></p>
<p><b>Behavioral Health Medical Director Role</b></p>	<p><b>Please refer to TAB 3</b></p> <p>HCH/FH is recommending to establish a 0.15 FTE (or ~6 hours/week) Behavioral Health Medical Director Behavioral Health Director position to improve the Program’s efforts in meeting the mental health and alcohol and other drug needs of our target populations. The fiscal impact is estimated to be up to \$50k/year.</p> <p>Board members had several comments about the position regarding recruitment, budget and evaluation of the position. The Board approves the Behavioral Health Medical Director position and recommends that staff create specific goals and outcomes for the position.</p>	<p><b>Request to approve Behavioral Health Medical Director role was <u>MOVED</u> by Steve C. and <u>SECONDED</u> by Suzanne M. and APPROVED by all Board members present.</b></p>

<p><b>Strategic Plan Outcome Targets</b></p>	<p><b>Please refer to TAB 4</b></p> <p>The ad hoc Strategic Plan Committee recommended the following strategic plan outcome and interim goals for consideration by the HCH/FH Board:</p> <ul style="list-style-type: none"> <li>• By EOY 2023, 50% of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS. <ul style="list-style-type: none"> <li>○ 25% by 2021, 40% by 2022, 50% by 2023</li> </ul> </li> <li>• By EOY 2023, increase percent of people experiencing homelessness receiving mental health &amp; AOD services by 40% from 2019 baseline. <ul style="list-style-type: none"> <li>○ +30% from baseline by 2021, +35% from baseline by 2022, +40% from baseline by 2023</li> </ul> </li> <li>• By EOY 2023, increase percent of farmworkers receiving mental health &amp; AOD services by 20% from 2019 baseline. <ul style="list-style-type: none"> <li>○ +10% from baseline by 2021, +15% from baseline by 2022, +20% from baseline by 2023</li> </ul> </li> </ul> <p>Goals will be evaluated at the end of each year, and the strategic plan will be adjusted accordingly.</p>	<p><b>Request to approve Strategic Plan Outcome Targets</b> was <u>MOVED</u> by Steve K. and <u>SECONDED</u> by Taysicha D. and <b>APPROVED</b> by all Board members present.</p>
<p><b>Form 5B – Service Locations</b></p>	<p><b>Please refer to TAB 5</b></p> <p>The HCH/FH Board is responsible for reviewing the Program’s Scope of Project as represented by Forms 5A, 5B and 5C on an annual basis, at minimum. Based on prior concerns about HCH/FH’s contractual relationship with Ravenswood Family Health Center (RFHC) for the delivery of primary health care and the expiration of prior contracts with RFHC, HCH/FH recommends removing RFHC from the Program’s Form 5B (Sites) as services delivered via HCH/FH contract will no longer be provided at RFHC.</p>	<p><b>Request to approve Form 5B – Sites</b> was <u>MOVED</u> by Janet S. and <u>SECONDED</u> by Victoria Sanchez De Alba and <b>APPROVED</b> by all Board members present.</p> <p>Taysicha D. abstained.</p>
<p><b>August &amp; September Board Meeting Change of Date</b></p>	<p>HCH/FH staff is requesting to move the August and September Board meeting dates. Typically, the HCH/FH Board meets on the second Thursday of each month; however, HCH/FH staff and Board members will be participating in the federal HRSA operational site visit August 3-5 and is requesting to move the August meeting to August 26 to give staff time to prepare the Board agenda in a timely manner in accordance with Brown Act and to be able to address any urgent post-site visit actions that require immediate attention. In addition, staff is requesting to move the September Board meeting to September 16 so that there is more time between the August and September board meeting dates. HCH/FH board meeting dates will resume their regular schedule in October.</p>	<p><b>Request to approve Board Meeting Change of Date</b> was <u>MOVED</u> by Taysicha D. and <u>SECONDED</u> by Steve C. and <b>APPROVED</b> by all Board members present.</p>
<p><u>Reporting &amp; Discussion Agenda</u></p>	<p>HCH/FH staff delivered an overview for Board members on how to prepare and what to expect for the HRSA Operational Site Visit on August 3-5, 2021.</p>	

<b>Preparing for the HRSA Operational Site Visit</b>		
<b>QI/QA subcommittee update</b>	<b>Please refer to TAB 6</b>  Danielle Hill updated the HCH/FH Board on QI/QA activities. Staff continues to work on collecting data on homeless deaths, is working with Coastside Clinic to review address scheduling issues and investigate how Program can support telehealth for farmworkers and their dependents.	
<b>Contracts and MOU Update</b>	<b>Please refer to TAB 7</b>  The LifeMoves and Puente contracts were approved by the SMC BOS on 6/29 and staff has scheduled kick-off meetings in July with each to introduce staff, review scope of services and establish communication pathways.	
<b>Co-Applicant Board By-Laws Updates</b>	<b>Please refer to TAB 8</b>  HCH/FH is proposing modifications to the HCH/FH Board by-laws related to the responsibilities of Board members, nomination and selection of Board members, terms of office, vacancies, removals and quorum and voting requirements. The by-laws will be brought back for Board approval at the August meeting.	
<b>Program Director's Report</b>	<b>Please refer to TAB 9</b>  SMMC and County Health have received 30K COVID-19 vaccines, 21K of which have been administered to date. HCH/FH staff continues to check in with shelter providers to see if any clients want to be vaccinated.	
<b>Program Budget / Finance Report</b>	<b>Please refer to TAB 10</b>  Preliminary non-COVID expenditure numbers for June 2021 show a total expenditure 2021 YTD as \$1,664,661 of which \$1,639,367 is claimable against the grant. Total projected expenditure for the year continues at approximately \$3.06M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$550K of unexpended funds for year's end, the same as projected last month. We have been tracking at around this number for a few months, but the profile may change post-July 1 when new and different agreements come online.	
<u>Adjournment</u>	Brian Greenberg adjourned the meeting at 10:45am. Program Director and Board members stayed on for the Closed Session.	

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Special Board Meeting Minutes (August 4<sup>th</sup>, 2021), 12pm-1:30pm  
GoToTeams Meeting**

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson          Steven Kraft          Steve Carey          Janet Schmidt          Gabe Garcia          Brian Greenberg, Chair          Suzanne Moore          Eric DeBode          Tony Serrano</p>	<p><b><u>County Staff Present</u></b>          N/A</p> <p><b><u>Virtual Operational Site Visit Team</u></b>          Iris Sewell          Bill Turley          Tanya Cepero-Chapman          David Adams</p>	<p><b><u>Members of the Public</u></b></p> <p><b><u>Absent Board Members</u></b>          Christian Hansen          Tayischa Deldridge          Victoria Sanchez De Alba, Co-Chair</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call To Order</u>	Brian Greenberg called the meeting to order.	
<u>Order of the Agenda</u>	No changes to order of the agenda.	
<u>Public Comment</u>	None.	
<u>Special Meeting Topic</u>  <i>Conversation with            Health Resources &amp;            Services Administration            (HRSA) Site Visit Team            as part of August 3-5            Virtual Site Visit</i>	Board and VOSV representatives discussed a variety of topics, including consumer input, physician credentialing, and contracts. All comments from Board Members were positive. The Board was exceptionally complementary of staff.	
<u>Adjournment</u>	Brian Greenberg adjourned the meeting.	



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

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

**DATE:** August 26<sup>th</sup>, 2021

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

**FROM:** Sofia Recalde, Management Analyst

**SUBJECT:** Budget Period Progress Report (BPR)/Non-competing Continuation (NCC) submission, including the Annual Budget for 2022

The Budget Period Progress Report (BPR) Non-Competing Continuation provides an update on the progress of Health Center Program award recipients. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or nonresponsive progress report may result in a delay or a lapse in funding.

The HCH/FH program currently is operating under a four-year grant period January 1, 2020 – December 31, 2023. Staff submitted the attached BPR/NCC on August 13<sup>th</sup>, requesting \$2,691,632 for the CY 2022 period.

HCH/FH staff is requesting Board approval on the final BPR/NCC, including review of program performance and the annual budget for CY 2022.

Attachment:  
- BPR/NCC report



**SF-PPR**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Health Resources and Services Administration  
 PERFORMANCE PROGRESS REPORT - SF-PPR

NCC Progress Report Tracking (#) : 00194817

**Grantee Organization Information**

<b>Federal Agency and Organization Element to Which Report is Submitted</b>	Health Resources and Services Administration (HRSA)	<b>Federal Grant or Other Identifying Number Assigned by Federal Agency</b>	H80CS00051
<b>DUNS Number</b>	625139170	<b>Employer Identification Number (EIN)</b>	946000532
<b>Recipient Organization</b> (Name and complete address including zip code)	San Mateo, County Of, SAN MATEO MEDICAL CENTER 222 WEST 39TH AVENUE, SAN MATEO California 94403 - 4364	<b>Recipient Identifying Number or Account Number</b>	194817
<b>Project / Grant Period</b>	Start Date : 11/01/2001    End Date : 12/31/2023	<b>Reporting Period End Date</b>	01/01/2023
<b>Report Frequency</b>	<input checked="" type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other		

**Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.**

<b>Typed or Printed Name and Title of Authorized Certifying Official</b>	Jim Beaumont, Authorizing Official	<b>Telephone</b> (area code, number and extension)	(650) 573-2459
<b>Email Address</b>	jbeaumont@smcgov.org	<b>Date Report Submitted</b> (Month, Day, Year)	

SF-PPR-2 (Cover Page Continuation)	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)	NCC Progress Report Tracking (#) : 00194817

Supplemental Continuation of SF-PPR Cover Page			
Department Name	Healthcare for Homeless/Farmworker Health (HCH/FH) Program	Division Name	San Mateo Medical Center
Name of Federal Agency	Health Resources and Service Administration	Funding Opportunity Number	5-H80-22-001
Funding Opportunity Title	Health Center Program		

**Lobbying Activities**

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

Yes

No

▼ OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)	
Area Type	Affected Area(s)
CA-14	Other
CA-14	Other

Point of Contact (POC) Information			
Title of Position	Name	Phone	Email
Point of Contact	Mr. Jim Beaumont	(650) 573-2459	jbeaumont@smcgov.org

Health Center Program	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Center Program	NCC Progress Report Tracking (#) : 00194817

Section A - Budget Summary			
Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	\$2,126,389.00	\$11,548,092.00	\$13,674,481.00
Migrant Health Centers	\$565,243.00	\$3,069,746.00	\$3,634,989.00
<b>Total :</b>	<b>\$2,691,632.00</b>	<b>\$14,617,838.00</b>	<b>\$17,309,470.00</b>

Section B - Budget Categories			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$604,532.00	\$4,985,268.00	\$5,589,800.00
Fringe Benefits	\$178,640.00	\$2,060,076.00	\$2,238,716.00
Travel	\$7,000.00	\$0.00	\$7,000.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$2,700.00	\$2,816,700.00	\$2,819,400.00
Contractual	\$1,890,000.00	\$0.00	\$1,890,000.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$8,760.00	\$4,755,794.00	\$4,764,554.00
<b>Total Direct Charges</b>	<b>\$2,691,632.00</b>	<b>\$14,617,838.00</b>	<b>\$17,309,470.00</b>
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$2,691,632.00</b>	<b>\$14,617,838.00</b>	<b>\$17,309,470.00</b>

Program Income	
Grant Program Function or Activity	Total
Health Care for the Homeless	\$2,463,092.00
Migrant Health Centers	\$654,746.00
<b>Total :</b>	<b>\$3,117,838.00</b>

Section C - Non Federal Resources					
Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	\$0.00	\$0.00	\$9,085,000.00	\$2,463,092.00	\$11,548,092.00
Migrant Health Centers	\$0.00	\$0.00	\$2,415,000.00	\$654,746.00	\$3,069,746.00
<b>Total :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11,500,000.00</b>	<b>\$3,117,838.00</b>	<b>\$14,617,838.00</b>

**Health Care for the Homeless**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Health Resources and Services Administration  
 PERFORMANCE PROGRESS REPORT - Health Care for the Homeless

NCC Progress Report Tracking (#) : 00194817

**Section A - Budget Summary**

Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	\$2,126,389.00	\$11,548,092.00	\$13,674,481.00
<b>Total :</b>	<b>\$2,126,389.00</b>	<b>\$11,548,092.00</b>	<b>\$13,674,481.00</b>

**Program Income**

Grant Program Function or Activity	Total
Health Care for the Homeless	\$2,463,092.00
<b>Total :</b>	<b>\$2,463,092.00</b>

**Section C - Non Federal Resources**

Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	\$0.00	\$0.00	\$9,085,000.00	\$2,463,092.00	\$11,548,092.00
<b>Total :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9,085,000.00</b>	<b>\$2,463,092.00</b>	<b>\$11,548,092.00</b>

Migrant Health Centers	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Migrant Health Centers	NCC Progress Report Tracking (#) : 00194817

Section A - Budget Summary			
Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Migrant Health Centers	\$565,243.00	\$3,069,746.00	\$3,634,989.00
<b>Total :</b>	<b>\$565,243.00</b>	<b>\$3,069,746.00</b>	<b>\$3,634,989.00</b>

Program Income	
Grant Program Function or Activity	Total
Migrant Health Centers	\$654,746.00
<b>Total :</b>	<b>\$654,746.00</b>

Section C - Non Federal Resources					
Grant Program Function or Activity	Applicant	State	Local	Other	Total
Migrant Health Centers	\$0.00	\$0.00	\$2,415,000.00	\$654,746.00	\$3,069,746.00
<b>Total :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,415,000.00</b>	<b>\$654,746.00</b>	<b>\$3,069,746.00</b>

HCH/FH Budget narrative for 2022

\$2,691,632

REVENUE	Federal Grant Request	Non-Federal Resources	TOTAL
<b>BPR Funding Request</b>	\$2,691,632	\$0	
<b>Applicant Organization</b>	\$0	\$0	
<b>State funds</b>	\$0	\$0	
<b>Local funds</b>	\$0	\$11,500,000	
<b>Other support</b>	\$0	\$0	
<b>Program Income</b>	\$0	\$3,117,839	
<b>TOTAL REVENUE</b>	<b>\$2,691,632.00</b>	<b>\$14,617,839</b>	<b>\$17,309,471</b>

Projected revenue for CY 2022 is \$17,309,471. Approximately 15% of projected revenue will come from Federal sources. Approximately 85% of projected revenue will come from non-federal resources, of which \$3.1 will come from patient service revenue and \$11.52M will come from patients covered by the San Mateo County Access and Care for Everyone (ACE) program, a program that provides limited health coverage to uninsured County residents.

Budget Line Item/Object Class Category	Requested funding to support line item	Non-federal resources	
<b>Personnel</b>	<b>\$604,532</b>	<b>\$4,985,268</b>	<b>\$5,589,800</b>
Administration	\$604,532	\$3,998	\$608,530
Medical staff	\$0	\$2,983,071	\$2,983,071
Dental staff	\$0	\$283,239	\$283,239
Behavioral health staff	\$0	\$444,213	\$444,213
Mental health staff	\$0	\$0	\$0
Substance Use Disorder Services	\$0	\$0	\$0
Vision Service	\$0	\$0	\$0
Enabling Staff	\$0	\$1,270,747	\$1,270,747
<b>Fringe Benefits</b>	<b>\$178,640</b>	<b>\$2,060,076</b>	<b>\$2,238,716</b>
Payroll tax @ 7.65%	\$46,247	\$381,373	\$427,620
Health insurance tax @ 12%	\$9,068	\$661,708	\$670,776
Workers compensation insurance @ 0.2%	\$1,209	\$9,971	\$11,180
Unemployment insurance @ 0.2%	\$1,209	\$9,971	\$11,180
Retirement @ 20%	\$120,906	\$997,054	\$1,117,960
<b>Total Personnel + Fringe Benefits</b>	<b>\$783,172</b>	<b>\$7,045,344</b>	<b>\$7,828,516</b>

**Personnel:** A total of 43.075 FTE contribute to the HCH/FH Program, of which 5.275 FTE are direct hire positions and 37.8 FTE are funded through non-federal resources. The 5.275 FTE include the following: 2) Program Director, Jim Beaumont, plans, supervises and coordinate the functions of the HCH/FH program (1.0FTE); Medical Director, Amanda Hing Hernandez, oversees clinical leadership in ensuring the delivery of quality care for HCH/FH clients (0.15FTE); Medical Director, Frank Trinh, advises on COVID-19 best practices and delivery of education, testing and vaccination efforts for HCH/FH clients; Program Coordinator, TBD, engages in the planning, implementation and coordination of the HCH/FH program (1.0FTE); Clinical Services Coordinator, Danielle Hull, monitors and supports the HCH/FH program Quality Improvement/Assurance efforts (1.0FTE); Strategic Planning & Implementation Coordinator, Irene Pasma, advances strategic planning work in collaboration with County Health and CBO partners (1.0FTE); and Management Analyst, Sofia Recalde, provides financial, grants management and administrative support to the Program.

**Fringe Benefits:** The fringe benefit rate for the County personnel varies by position, but the combined federal and non-federal average benefit for the HCH/FH Admin is approximately 45%. Benefits included are: Payroll tax (7.65%), Health (medical and dental) insurance (12%), Workers compensation (0.2%), Unemployment insurance (0.2%), and retirement (20%). Medical insurance (10.5%) for all Administrative staff is supported through non-federal resources.

<b>Equipment</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Supplies</b>	<b>\$2,700</b>	<b>\$2,816,700</b>	<b>\$2,819,400</b>
Program admin supplies	\$2,700	\$1,500	\$4,200
Office & Business	\$0	\$391,000	\$391,000
Medical & Dental supplies	\$0	\$1,055,700	\$1,055,700
Lab & x-ray supplies	\$0	\$586,500	\$586,500
Drugs/Pharmaceuticals	\$0	\$782,000	\$782,000
<p><b>Program admin supplies:</b> Office supplies for the HCH/FH program are budgeted at \$350/month, of which approximately \$1,500 is budgeted for food for meetings and trainings and for survey incentives and will be funded through non-federal sources.</p> <p><b>Office &amp; Business:</b> Office and business supplies for SMMC outpatient administration are estimated at \$10/visit</p> <p><b>Medical &amp; Dental:</b> Medical and dental supplies are estimated at \$27/visit</p> <p><b>Lab &amp; X-ray:</b> Lab and xrays supplies are estimated at \$15/visit</p> <p><b>Drugs/Pharmaceuticals:</b> drugs and pharmaceuticals are estimated at \$20/visit</p>			
<b>Contracts</b>	<b>\$1,890,000</b>	<b>\$0</b>	<b>\$1,890,000</b>
BHRS	\$225,000	\$0	\$225,000
<p>BHRS will provide behavioral health assessment case management services and field-based behavioral healthcare services for people experiencing homelessness. MOU will be funded with federal resources.</p>			
LifeMoves	\$330,000	\$0	\$330,000
<p>LifeMoves will provide care coordination and eligibility assistance to shelter and street homeless individuals and families. Contract will be funded with federal resources.</p>			
PHPP Mobile Clinic and Street/Field Medicine	\$825,000	\$0	\$825,000
<p>Public Health Policy &amp; Planning (PHPP) will provide preventive and primary care services to homeless individuals on the Mobile Clinic and at Service Connect and Maple Street Shelter, and to unsheltered individuals and farmworker individuals residing on the street/working in the fields via the Street and Field Medicine team. MOU will be funded with federal resources.</p>			
Puente de la Costa Sur	\$165,000	\$0	\$165,000
<p>Puente will provide care coordination and eligibility assistance to farmworkers and their dependents in the Pescadero region. Contract will be funded with federal resources.</p>			
Ayudando Latinos a Soñar (ALAS)	\$150,000	\$0	\$150,000
<p>ALAS will provide promotores services (i.e., health education to peers about chronic health management, how to get connected to services, assist with transportation, etc) for farmworkers and their dependents along the Coast. Contract will be funded with federal resources.</p>			
TBD - Medical Care Coordination	\$125,000	\$0	\$125,000
<p>A to-be-determined contractor(s) will case management to individuals who have recently (within a 1 year) transitioned from homelessness into housing to ensure individuals are able to maintain their health and well being and to mitigate risk of returning to homelessness. Contract will be funded with federal resources.</p>			
SMMC Saturday Dental Clinic	\$70,000	\$0	\$70,000
<p>SMMC will provide dental hygiene and oral health care services on Saturdays at Coastside Clinic and prioritize services for farmworkers and their dependents along the Coast. MOU will be funded with federal resources.</p>			

<b>Travel &amp; Conferences</b>	<b>\$7,000</b>	<b>\$0</b>	<b>\$7,000</b>
Western Migrant Forum	\$4,000	\$0	
National HCH Conference	\$6,000	\$0	\$6,000
Local travel	\$1,000	\$0	\$1,000
<b>Other</b>	<b>\$8,760.00</b>	<b>\$4,755,794.00</b>	<b>\$4,764,554.00</b>
Staff Training	\$1,800	\$54,000	\$55,800
Memberships	\$1,500	\$18,000	\$19,500
Information Technology	\$2,400	\$540,000	\$542,400
Rent/Utilities	\$0	\$3,000,000	\$3,000,000
Printing/Copying	\$1,260	\$72,000	\$73,260
Maintenance	\$0	\$240,000	\$240,000
Custodial	\$0	\$498,000	\$498,000
Recycling & Bio-waste	\$0	\$66,000	\$66,000
Communications	\$1,800	\$243,794	\$245,594
Miscellaneous	\$0	\$24,000	\$24,000

**Staff training:** Staff training for HCH/FH and partner agencies is estimated at \$150/month and will be funded through federal resources. Staff training for SMMC clinical staff is estimated at \$4,500/month and will be funded through non-federal sources.

**Memberships:** Memberships for HCH/FH is estimated at \$1,500 per year and will be funded through federal sources. Memberships for SMMC clinical staff is estimated at \$18,000 per year and will be funded through non-federal sources.

**Information technology (IT):** IT for HCH/FH is estimated at \$200/month and will be funded through federal sources. IT for SMMC clinical operations is estimated at \$45,000/month and will be funded through non-federal sources.

**Rent/Utilities:** Rent and utilities for SMMC is estimated at \$250,000/month and will be funded through non-federal sources.

**Printing/Copying:** Printing and copying is estimated at \$105/month for HCH/FH staff and will be funded through federal sources. Printing and copying for SMMC clinical staff is estimated at \$6,000/month and will be funded through non-federal sources.

**Maintenance:** Maintenance for SMMC is estimated at \$20,000/month and will be funded through non-federal sources.

**Custodial:** Custodial services for SMMC is estimated at \$41,500/month and will be funded through non-federal sources.

**Recycling & Bio-waste:** Recycling and bio-waste for SMMC is estimated at \$5,500/month and will be funded through non-federal sources.

**Communications:** Communications for HCH/FH staff is estimated at \$150/month and will be funded using federal sources. Communications for SMMC clinical operations is estimated at \$20,316.25/month and will be funded through non-federal sources.

**Miscellaneous:** Miscellaneous costs for SMMC clinical operations is estimated at \$2,000/month and will be funded through non-federal sources.

<b>Total Direct Expenses</b>	<b>\$2,691,632</b>	<b>\$14,617,838</b>	<b>\$17,309,470</b>
<b>IDC</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$2,691,632</b>	<b>\$14,617,838</b>	<b>\$17,309,470</b>



# **TAB 2**

## **Business Agenda**

Approve QI/QA

Annual Plan

Amendment



**DATE:** August 26<sup>th</sup>, 2021

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

**FROM:** Amanda Hing Hernandez, Medical Director HCH/FH Program  
Danielle Hull, Clinical Services Coordinator

**SUBJECT:** REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO QUALITY IMPROVEMENT COMMITTEE QUALITY IMPROVEMENT ANNUAL PLAN 2020-2021

The San Mateo County HCH/FH Program QI/QA Committee met on July 26<sup>th</sup> and discussed recommendations to amend the Quality Improvement Annual Plan 2020-2021. The QI/QA Committee is looking for board approval of the amendment to be executed September 2021 to September 2022. The request is for the board to take action to approve the amendment.

Summary of changes:

- **Clinical Measures of Focus:**
  - Cervical Cancer Screening
  - Depression Screening
  - Diabetes (SMMC Strategic Plan)
  - Breast Cancer Screening
  - Adult BMI and Follow-up
    - Added focus for malnutrition and food scarcity
  - Colorectal Cancer Screening
  - Add
    - Hypertension (SMMC Strategic Plan)
  - Monitor Only:
    - Prenatal Care in 1<sup>st</sup> Trimester
- **Remove monitor of Budget Progress Report measures**
- **Amended Reporting Structure:**
  - Build reporting channel to Health Plan San Mateo
  - Build reporting channel to direct service providers for critical changes in clinical performance
- **Amended Monitor Patient Grievances: Monitor Patient Satisfaction**
  - Shifted focus to patient satisfaction to be reported out quarterly
- **Added: Develop Baseline for Homeless Death Data with Public Health, Policy and Planning (PHPP) Epidemiology**
  - Formalize current efforts to validate data

Attachments:

- HCH/FH Program QI/QA Committee 2020-2021 Annual Plan Amendment

# HCH/FH PROGRAM QI/QA COMMITTEE 2021-22 ANNUAL PLAN AMENDMENT

TERM: September 2021 – September 2022



SAN MATEO COUNTY HEALTH  
SAN MATEO  
MEDICAL CENTER

## Quality Improvement Mission Statement

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, meet or exceed clinical performance objectives, and provide the highest levels of patient satisfaction.

## Meeting Schedule and Calendar

The QI/QA Committee meets quarterly unless otherwise stated. The Committee will meet a minimum of four times a year.

EVENT	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
HCH/FH QI Committee Meetings			X				X				X		
Approval of QI Plan Amendment by HCH/FH Program Co-Applicant Board	X												X
Patient Satisfaction Survey Data		Review available reports				Review available reports				Review available reports			
UDS Report						X	X	Final Report FY20					
Review/approve Credentialing and Privileging Policies		X											
Evaluation of Selected CQMs			Review CY21Q3				Review 2021 Data				Review CY22Q1		
FY22-23 QI Annual Plan Amendments											X		
Needs Assessment		X	X	X	X	X							

## HRSA QI Award Funding for HCH/FH Program

In 2020-21, the HCH/FH Program QI Committee focused efforts on improving data quality in generated reports by working with Business Intelligence (BI). Targeted improvements included working with providers to understand how clinical progress and procedures are documented, ensuring all ICD-10 codes are updated and included in the report SQL, validating manual chart reviews with primary care staff where applicable, and working with external agencies to gather data. This was done to minimize user-error in accessing EHRs not frequently used by HCH/FH (Stanford's EPIC and CAIR2. Lastly, the committee reviewed in-depth data analyses of selected clinical measures of focus to identify disparity groups between homeless and farmworkers, as well as within population subgroups. HRSA ended QI Awards during the pandemic and will be distributing funds in a new way moving forward.

HCH/FH Program QI Award Over Time		Category of Award
2015	\$0	No award due to grant condition(s)
2016	\$35,556	
2017	\$25,596	
2018	\$13,232	Clinical Quality Improver \$9,232 Advancing Health Technology \$4,000
2019	\$0	
2020	\$40,105	Clinical Quality Improver \$8,884 Health Center Quality Leader \$22,971 Advancing Health Information Technology (HIT) for Quality \$8,250
2021	-	HRSA ended QI Awards

## 2021-22 QI Annual Plan Goals

The following goals were selected for 2020 to align with the quality improvement efforts of SMMC, as well as the adjusted quartile ranking as the measures in the 4<sup>th</sup> quartile have the largest capacity for improvement. Cancer screenings were selected as a result of the 2019 HCH/FH Needs Assessment, which indicated disparity in the number of screenings performed for colorectal and breast cancer for both homeless and farmworkers, as well as incidence of cancer in the homeless patient population. Cervical cancer screening and diabetes remain SMMC priorities and have been decreasing since 2017 indicating a need for improvement to prevent any further decline in these clinical measures. Prenatal Care in the 1<sup>st</sup> trimester saw a vast improvement in 2019 due to data quality improvement and will be monitored in 2021-22 to ensure this measure maintains upward progress. Depression Screening and Follow-up remains a challenging measure for quality improvement and relies heavily on SMMC roll-out of depression screening procedure in outpatient clinics. Lastly, Adult BMI Screening & Follow-up will be a focus of 2021-22 to determine if data quality or process improvement is necessary. In 2021-22, Hypertension has been added as a measure of focus due to significant decrease in performance during the COVID-19 pandemic.

Clinical Quality Measures (CQM)	2018*	2019*	2020*	SAC/BPR Goals	Healthy People 2030 Goals	SMMC (Prime/QIP) <i>As of 7/2021</i>	CA 330 Programs 2020	2020 Adjusted Quartile Ranking**
Cervical Cancer Screening	59%	54%	50%	65%	84.3%	57.9%	51%	1
Diabetes A1c	71%	67%	63%	75%	88.4%	72.6%	64.4%	2
Prenatal Care 1st Trimester	44%	69%	67%	50%	80.5%	----	73.48%	4
Depression Screening & Follow-up	27%	26%	33%	35%	13.5%	45.1%	64.21%	4
Adult BMI Screening & Follow-up	33%	27%	27%	40%	<i>No comparable measure</i>	None	65.72%	4
Colorectal Cancer Screening	54%	58%	53%	60%	74.4%	61.7%	40.09%	1
Breast Cancer Screening	-	-	51%	N/A	77.1%	70.2%	45.34%	1
Hypertension Control (new)	64%	66%	23%	80%	60.8%	44.2%	57.98%	4

\*Data from UDS Report of corresponding year

\*\*Ranking (from 1 to 4) of health center clinical performance compared to other health centers nationally, one is highest

**1. Standardize a reporting pathway between gathering and analyzing data and presenting the data to the system to execute change.**

- a. Build reporting pathway to Health Plan of San Mateo to ensure clinical data of vulnerable populations are included in future programs and planning.
- b. Build reporting channels with direct service providers to notify them of any drastic changes in performance of clinical metrics of focus.
  - i. Collaborate and support response in boosting performance.

**2. Cervical Cancer Screening**

- a. Goal: Improve the percentage of women ages 21 to 68 with a medical visit who are screened for cervical cancer in 2021 and 2022.

b. Criteria

- i. Numerator: Women with one or more screenings for cervical cancer using either of the following criteria:
  - 1. Women age 23-64 who had cervical cytology during the measurement period or the 2 years prior to the measurement period
  - 2. Women age 30-64 who had cervical cytology/HPV during the measurement period or the 4 years prior to the measurement period
- ii. Denominator: Women 23-64 with a medical visit during the measurement period
- c. Collaborate with Mobile Clinic and Street Medicine Team to implement self-administered pap testing for high-risk patients.
- d. Analyze current challenges in getting patients screening for cervical cancer. Implement evidence-based intervention to improve clinical performance.

**3. Diabetes**

- a. Goal: Reduce the percentage of known diabetic patients ages 18 to 75 with a medical visit who had HbA1c > 9.0% in 2021 and 2022.
- b. Criteria
  - i. Numerator: Patients whose most recent HbA1c level during the measurement year is greater than 9.0% or who had no test conducted during the measurement period
  - ii. Denominator: Patients 18 to 75 years of age with a medical visit during the measurement period

**4. Prenatal Care in the First Trimester [Monitor Only]**

- a. Goal: Improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2021 and 2022.
- b. Criteria
  - i. Numerator: Women beginning prenatal care at the health center or with a referral provider, or with another prenatal care provider during the first trimester.
  - ii. Denominator: Women seen for prenatal care during the year.
  - iii. Trimester of entry based on last menstrual period

**5. Depression Screening and Follow-up**

- a. Goal: Improve the percentage of patients ages 12 and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool,

and, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen in 2021 and 2022.

b. Criteria

- i. Numerator: Patients screened for depression on the date of the visit using an age-appropriate standardized tool, and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen.
- ii. Denominator: Patients aged 12 years and older with at least one medical visit during the measurement period.

## **6. Adult BMI Screening & Follow-up**

- a. Goal: Improve the percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and, when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit in 2021 and 2022.

b. Criteria

- i. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit.
- ii. Denominator: Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period.

c. Malnutrition and Food Scarcity

- i. Perform analysis to understand current challenges for patients experiencing homelessness and agricultural workers in consuming and accessing quality food.
- ii. Investigate evidence-based solutions to address malnutrition and food scarcity for patients experiencing homelessness and agricultural workers.

## **7. Colorectal Cancer Screening**

- a. Goal: Improve the percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer in 2021 and 2022.

b. Criteria

- i. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
  1. Fecal occult blood test (FOBT) during the measurement period

2. Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
  3. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
  4. Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
  5. Colonoscopy during the measurement period or the 9 years prior to the measurement period
- ii. Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period.

### **8. Breast Cancer Screening**

- a. Goal: Improve the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period in 2021 and 2022.
- b. Criteria:
  - i. Numerator: Women with one or more mammograms during the 27 months prior to the end of the measurement period.
  - ii. Denominator: Women 51\* through 73 years of age with a medical visit during the measurement period.

### **9. Monitor and Review: SMMC Patient Satisfaction**

The Clinical Services Coordinator will monitor and review patient satisfaction performance received by the San Mateo Medical Center to ensure quality of care. The Clinical Services Coordinator will provide updates to the QI Committee quarterly.

### **10. Develop Baseline for Homeless Death Data with Public Health, Policy and Planning (PHPP) Epidemiology**

The Clinical Services Coordinator and Planning and Implementation Coordinator will work with PHPP Epidemiology to validate current death data collected for persons experiencing homelessness in San Mateo County. Collaborate to improve data collection following validation.

\*\*Baseline will be defined as CQMs data reported in the 2019 UDS Report.



## APPENDIX

### QI/QA Committee Structure

**The role of QI Committee members** is to:

Provide leadership and recommendations for:

- Ongoing assessment, monitoring and improvement of services including primary care
- Patient and staff education, continuity of care
- Patient satisfaction
- Support services

Information systems integrity and accountability **The role of the Medical Director** is to:

- Oversee and guide of QI/QA activities and clinical services coordinator
- Prepare and present the HCH/FH QI quarterly report to the HCH/FH CAB
- Report out to various QI and Hospital Groups working with homeless and farmworker patients
- Represent QI/QA and HCH/FH Program interests

With support from the HCH/FH Program staff, **the role of the Clinical Services Coordinator** is to:

- Prepare agenda and meeting material
- Present previous meeting minutes for approval
- Review of status of UDS quality of care and health disparities clinical measures
- Review of HCH and FH utilization trends
- Review of areas of concern/problem reports
- Follow-up on previously identified problems/opportunities for improvement
- Work with SMMC and other stakeholders to meet identified goals

### QI/QA Process

The HCH/FH QI Plan will be carried out in accordance with SMMC policy by:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values and goals of SMMC
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring organization performance through appropriate data collection, aggregation and analysis

- Providing information regarding performance improvement activities and education to the HCH/FH CAB, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program employees, outpatient clinics and program contractors.
- PDSA (Plan-Do-Study-Act) Models will be used to plan action for CQM goals.

### **Reporting Channels**

A concerted effort is being undertaken during the 2020-2021 year to standardize reporting pathways for both gathering and analyzing data as well as presenting the data to SMMC or County Health to execute change.

- The HCH/FH QI Plan will be submitted by the HCH/FH QI/QA Committee to the HCH/FH Co-Applicant Board (CAB).
- Quarterly reports of performance improvement activities will be provided to the HCH/FH CAB with annual reports provided to the SMMC Hospital Board.
- Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC and Primary Care QI Group as appropriate.
- Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee to the Program Coordinator as appropriate.

# **TAB 3**

## **Business Agenda**

Approve Board By-

Laws Amendments



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: August 26, 2021

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

FROM: Jim Beaumont, Director

SUBJECT: HCH/FH Board By-Laws Update

Staff is proposing changes to the HCH/FH Board By-Laws in the following sections:

1. Article 5 Section B - Responsibilities and rights of board members
2. Article 6 - Nominations, Applications, & Selection of Voting Members
3. Article 7 - Term of office
4. Article 8 - Vacancies
5. Article 9 - Removal
6. Article 12 Section F - Quorum & voting requirements

The proposed changes have been marked with Tracked Changes in the attached document and were reviewed during the July Board meeting. The Board is requested to approve the changes.

Attachment:

- Co-Applicant Board By-Laws with tracked changes

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

**(Amended July X, 2021)**

## **Article 1: Name**

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

## **Article 2: Purpose**

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

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

## **Article 3: Responsibilities**

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

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

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

- A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements;
- B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;
- C. Providing recommendations to the SMMC Board of Directors regarding the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services;
- D. Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;
- E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;
- F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget to the extent that the budget is provided by the Section 330 grant funds, and reviewing and accepting any appropriations made available by the County Board of Supervisors;
- G. Setting general policies necessary and proper for the efficient and effective operation of the Program;

- H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;
- I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;
- J. Setting and reviewing separate procedures for hearing and resolving grievances relating to the Program if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for hearing and resolving patient grievances relating to its patients, including those being served by the Program;
- K. Setting and reviewing separate procedures for ensuring quality of care under the Program, including any quality audit procedures, if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for ensuring quality of care to its patients, including those being served by the Program and including any quality audit procedures;
- L. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications;
- M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;
- N. Making the Co-Applicant Board's records available for inspection at all reasonable times as required by law and/or upon request by the Board of Supervisors, the SMMC Board of Directors, or either body's duly authorized agents or representatives;
- O. Amending the Bylaws, as necessary and as permitted by (1) the ordinance of the County of San Mateo Board of Supervisors that established the Board and (2) these Bylaws; and
- P. Filling vacancies, selecting voting members by majority vote, and removing voting members pursuant to the ordinance of the County of San Mateo Board of Supervisors that established the Board and as permitted by these Bylaws.

#### **Article 4: Limitations of Authority**

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

#### **Article 5: Members**

##### **Section A - Member Qualifications**

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

##### **(a) Consumer Members**

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

##### **(b) Community Members**

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

##### **(c) Modification to Consumer and Community Membership Numbers**



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

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

### Section B - Responsibilities and Rights of Members

1. All voting members of the Board ~~must~~ are expected to attend all Board meetings.
2. Voting members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, ~~and~~ may hold office and may serve as the Chair of Board committees.
3. May speak on behalf of the Board regarding healthcare needs of people experiencing homelessness, farmworkers and their families at community meetings or in written format only if the Board had agreed upon the statement or position in advance.

### Section C - Non-Voting *Ex Officio* Members

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

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

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

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

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

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

#### **Article 7: Term of Office**

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

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

#### **Article 8: Vacancies**

The Board shall have the ability to appoint members to fill vacancies ~~to complete a term,~~ following the procedures outlined in Article 6. Anyone selected to fill a vacancy shall ~~fill the remainder of the term~~ be appointed to a four (4) year term.

#### **Article 9: Removal**

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

Continuous and frequent absences from the Board meetings, shall be among the causes for removal. In the event that any member is absent from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall ~~automatically~~ give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

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

### **Article 10: Conflict of Interest**

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

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

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

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

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

### **Article 11: Compensation**

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

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

## **Article 12: Meetings**

### **Section A - Regular Meetings**

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

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

### **Section B - Conduct of Meeting**

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

### **Section C - Notice, Agenda, and Supportive Materials**

1. Written notice of each regular meeting of the Board, specifying the time, place, and agenda items, shall be sent to each member not less than four (4) days before the meeting. Preparation of the Agenda shall be the responsibility of the Program Director.
2. The agenda of each meeting shall be posted in a public notice area in accordance with the Brown Act and not less than seventy-two (72) hours prior to the meeting except as permitted by the Brown Act.
3. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.
4. Items which qualify as an emergency, pursuant to the Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote of the

members present at the hearing.

#### Section D - Special Meetings

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

#### Section E - Format of Meetings

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

#### Section F - Quorum and Voting Requirements

1. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence (either physical presence or participation by telephone, videoconference, or other similar electronic means as permitted by the Brown Act) of a majority of the members of the Board then in existence.
2. A majority vote of those Board members present is required to take any action.
3. Each member shall be entitled to one vote. Only members who are present (as defined in Subsection F.1, above) are permitted to vote; no proxy votes will be accepted.
4. Attendance at all meetings shall be recorded. ~~on a sign-in sheet. Members are responsible for signing the attendance sheet, except that the Secretary shall sign in any members attending via electronic means. The names of members attending shall be recorded in the official minutes.~~
5. The Program Director shall have direct administrative responsibility for the operation of the Program and shall attend all meetings of the Board but shall not be entitled to vote.

### **Article 13: Officers**

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

#### Section A - Nomination & Election

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

#### Section B - Term of Office

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

#### Section C - Vacancies

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

#### Section D - Responsibilities

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

##### 1. Chair

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

##### 2. Vice-Chair

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

##### 3. Secretary

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

#### **Article 14: Committees**

Board committees may be formed as appropriate to address specific issues or duties. Any such committee is advisory in nature and is limited to a membership of fewer than half the members of the Board.

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

All Board committees shall operate in accordance with the Brown Act requirements that apply to them, and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

Nothing in this section limits the Program Director from meeting with advisors, staff, colleagues or anyone else, or from creating multi-member bodies in support of Program operations.

#### **Article 16: Amendments**

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

#### **Article 17: Program Termination**

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

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



**TAB 4**

**Business Agenda**

Review and Approve

Form 5A



**DATE:** August 26, 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 CHANGES IN HRSA FORM 5A – SERVICES

Under the Bylaws and HRSA Program Requirements, the Board is responsible for determining the services to be provided by the program and the way they are to be provided. These decisions are primarily represented in HRSA's Form 5A – Services and Form 5B – Sites. As the Board is aware, it approved the removal of Ravenswood Family Health Center (RFHC) as a program site at its July 8<sup>th</sup> meeting, as the HCH/FH Program no longer has an agreement with RFHC for the provision of services by them.

Form 5A – Services lists services as provided either directly by the grantee (Column 1), under an agreement with the grantee (Column 2) or on a referral basis (Column 3). The Program's previous contract with RFHC was for the provision of all required services resulting in Column 2 entries for those services (see attached Form 5A dated 08/19/2021). As there no longer is a contract with RFHC for those services, it is necessary to remove the inclusion of those services from Column 2. Note that as we continue to have agreements with other community partners for the provision of some of the Required Services, those services will continue to be listed in Column 2.

The resulting changes on Form 5A are the removal of the Required Services from "General Primary Medical Care" down through "Pharmaceutical Services" (see attached proposed Form 5A).

The need to correct Form 5A for this change in service delivery was also noted during the Virtual Operational Site Visit and is one of the elements found to be non-compliant in the draft report. For this not to move forward as a potential compliance finding and grant condition, the Board approved updated Form 5A needs to be submitted by August 26, 2021.

This request is for the Board to approve the updated HRSA Form 5A as provided herein. This action requires approval of a majority of Board members voting to be accepted.

Attached: Form 5A dated 08/19/2021  
Form 5A Proposed

 Self Updates: Services details

**▼ H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA**

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/01/2001 - 12/31/2023

Budget Period: 01/01/2021 - 12/31/2021

<b>Required Services</b>			
<b>Service Type</b>	<b>Service Delivery Methods</b>		
	<b>Column I. Direct (Health Center Pays)</b>	<b>Column II. Formal Written Contract/Agreement (Health Center Pays)</b>	<b>Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)</b>
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology	X	X	
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning	X	X	
Immunizations	X	X	
Well Child Services	X	X	
Gynecological Care	X	X	
<b>Obstetrical Care</b>			
Prenatal Care	X	X	
Intrapartum Care (Labor & Delivery)	X	X	
Postpartum Care	X	X	
Preventive Dental	X	X	
Pharmaceutical Services	X	X	
HCH Required Substance Use Disorder Services	X	X	
Case Management	X	X	
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	

<b>Additional Services</b>			
<b>Service Type</b>	<b>Service Delivery Methods</b>		
	<b>Column I. Direct (Health Center Pays)</b>	<b>Column II. Formal Written Contract/Agreement (Health Center Pays)</b>	<b>Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)</b>
Additional Dental Services	X	X	
<b>Behavioral Health Services</b>			
Mental Health Services	X	X	
Optometry	X		
Environmental Health Services	X		
Occupational Therapy	X		
Physical Therapy	X		
Nutrition	X		

Speciality Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	X		
Psychiatry	X		
Ophthalmology	X		
Cardiology	X	X	
Dermatology	X	X	
Gastroenterology	X		
Other - Hepatology	X		
Other - Neurology	X		
Other - Orthopedics	X		

Close Window

 Self Updates: Services details

**▼ H80CS00051: SAN MATEO COUNTY HEALTH SERVICES AGENCY, San Mateo, CA**

Grant Number: H80CS00051

BHCMS ID: 091140

Project Period: 11/01/2001 - 12/31/2023

Budget Period: 01/01/2021 - 12/31/2021

<b>Required Services</b>			
<b>Service Type</b>	<b>Service Delivery Methods</b>		
	<b>Column I. Direct (Health Center Pays)</b>	<b>Column II. Formal Written Contract/Agreement (Health Center Pays)</b>	<b>Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)</b>
General Primary Medical Care	X		
Diagnostic Laboratory	X		
Diagnostic Radiology	X		
Screenings	X		
Coverage for Emergencies During and After Hours	X		
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
<b>Obstetrical Care</b>			
Prenatal Care	X		
Intrapartum Care (Labor & Delivery)	X		
Postpartum Care	X		
Preventive Dental	X		
Pharmaceutical Services	X		
HCH Required Substance Use Disorder Services	X	X	
Case Management	X	X	
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	

<b>Additional Services</b>			
<b>Service Type</b>	<b>Service Delivery Methods</b>		
	<b>Column I. Direct (Health Center Pays)</b>	<b>Column II. Formal Written Contract/Agreement (Health Center Pays)</b>	<b>Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)</b>
Additional Dental Services	X	X	
<b>Behavioral Health Services</b>			
Mental Health Services	X	X	
Optometry	X		
Environmental Health Services	X		
Occupational Therapy	X		
Physical Therapy	X		
Nutrition	X		

<b>Speciality Services</b>			
<b>Service Type</b>	<b>Service Delivery Methods</b>		
	<b>Column I. Direct (Health Center Pays)</b>	<b>Column II. Formal Written Contract/Agreement (Health Center Pays)</b>	<b>Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)</b>
Podiatry	X		
Psychiatry	X		
Ophthalmology	X		
Cardiology	X	X	
Dermatology	X	X	
Gastroenterology	X		
Other - Hepatology	X		
Other - Neurology	X		
Other - Orthopedics	X		

Close Window

# **TAB 5**

## **Business Agenda**

Review and Approve

Board Policy Updates



DATE: August 26<sup>th</sup>, 2021

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: HCH/FH Policy Updates

As part of the recent Health Resources and Services Administration (HRSA) Operational Site Visit, HCH/FH was found to be out of compliance in the areas of **Contacts & Subawards** and **Financial Management & Accounting Systems**.

**Contracts & Subawards** – The findings cited a lack of “written procedures that comply with federal procurement standards, including a process for ensuring that all procurement costs directly attributable to the federal award are allowable, consistent with federal cost principles,” as described in 45 Code of Federal Regulations (CFR) 75 Subpart E.

HCH/FH has updated the Contracts & Agreements Policy to more clearly state that all program expenditures are reviewed by staff to ensure that they are allowable and consistent with federal and San Mateo procurement policies and procedures.

**Financial Management & Accounting Systems** – The findings cited that the “written policies and/or procedures do not include language as required that addresses the following:

1. That includes steps or provisions that ensure all expenditures using the federal award are allowable in accordance with its terms and conditions, including those that limit the use of the federal award funds.
2. That all expenditures utilizing federal award funds are allowable in accordance with federal cost principles in 45 CFR Part 75 Subpart E.”

HCH/FH has updated the Grant Management Policy to state that all expenditures using the federal award are allowable in accordance with the terms and conditions in the notice of funding award and in accordance with 45 CFR 75.

Attached to this memo are the updated policies with tracked changes for Board review and consideration for approval. The requests are to separately approve each policy:

- 1) The updated Contracts & Agreements Policy
- 2) The updated Grant Management Policy

A majority vote of the Board members present is required for each policy document to approve the actions.

**Attachments:**

- Contract & Agreement Policy (rev. 8/26/2021)
- Grant Management Policy (rev. 8/26/2021)



**SAN MATEO COUNTY HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM**

**Program Policy**

<b>Policy Area:</b> Contracts/Agreements	<b>Effective Date:</b> December 13, 2018
<b>Subject:</b> Contracts, MOUs and Other Agreements	<b>Approved Date:</b> December 13, 2018 <b>Revision Date:</b> <u>August 17, 2021</u>
<b>Title of Policy:</b> Agreement Policy	<b>Approved by:</b> <u>HCH/FH Co-Applicant Board</u>
<p><b>1. Rationale or background to policy:</b></p> <p>As part of ensuring effective, efficient and complete program services and operations, it may become necessary for the HCH/FH Program to form agreements with other entities. To that end, it is incumbent on the HCH/FH Program to ensure that all such agreements conform to all Federal and County requirements in solicitation, selection and execution.</p> <p><b>2. Policy Statement:</b></p> <p>It is the policy of the San Mateo County HCH/FH Program to identify and approve, as appropriate and necessary, agreements with other entities for the procurement of services, equipment, staff, supplies or other items to ensure accessible, high-quality services and cost-efficient and effective program operations.</p> <p>All contracts and/or subrecipient agreements, including all non-service-based purchases and procurements, are executed in accordance with San Mateo County’s Procurement and Purchasing Policies and Procedures which incorporate and/or exceed Federal Procurement Requirements, in accordance with procurement procedures at 45 CFR Part 75.329 and consistent with Federal Cost Principles (45 CFR Subpart E: Cost Principles). This also specifically includes San Mateo County Administrative Memorandum B-1, which includes requirements for efforts to solicit proposals from small businesses, women and minority owned businesses. The Board specifically endorses and supports these efforts as policy of the HCH/FH Program.</p> <p><b>3. Procedures:</b></p> <p>In accordance with the Board’s approved Program Sites, Services and Hours, and the Board approved Strategic and Tactical Plans, as necessary or requested by the Board, the staff shall</p>	

prepares an analysis of the Program’s capabilities to provide for the necessary and planned services as determined by needs assessment, input from patients, including on the optimal locations, hours, and services for migrant and homeless populations; utilization; quality; and performance measure data.

To the extent that the services may best be delivered by another entity, the staff analysis will include recommendations for contracts or agreements with community-based organizations and/or public agencies, including proposed scope of work, payment terms, required reporting and proposed monitoring/evaluation measures for each contracted entity to the Co-Applicant Board for approval. As part of the recommendation, Program will inform the Board if they believe the agreement is a contract or a sub-recipient agreement based on review of HRSA policy and 45 CFR 75.351(c). As part of their approval, the Board shall make their final determination on if the agreement is a contract or a sub-recipient agreement utilizing the Agreement Determination Form attached to this policy.

Upon Board’s approval, the program staff shall secure the agreements as approved by the Board, utilizing San Mateo County procurement processes. Any changes in Board-approved contracts resulting from the procurement process are reported to the Co-Applicant Board for approval.

~~Agreements for purchase and procurement of equipment and supplies shall be reviewed by HCH/FH Program Staff for compliance with federal requirements as cited above, and otherwise follow County procurement policies and practices~~

All contracts, agreements, purchases and procurements, including those for equipment and supplies, that are directly attributable to funded by in whole or in part by a federal award, shall be reviewed by HCH/FH staff to ensure compliance with all award requirements and limitations, all federal procurement requirements as referenced above, including that procurements will only include costs allowable pursuant to federal cost principles in 45 CFR Part 75 Subpart E, and all otherwise conform to San Mateo County procurement policies, procedures, and practices. All such actions funded solely with non-federal funds shall conform to San Mateo County procurement policies, procedures, and practices.

Approved: August 26, 2021

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

AGREEMENT DETERMINATION FORM

This form is to be completed for every service contract approved by the San Mateo County Health Care for the Homeless/Farmworker Health Program Co-Applicant Board. The intent is for the Board to make a determination on whether the agreement being approved constitutes a contract or a sub-recipient agreement.

Based on a review of the proposed agreement, Health Resources and Services Administration (HRSA) policy, Uniform Guidance 200.300, and federal guidance at 45 CFR 75.351(c), HCH/FH staff will make a recommendation to the Board for classification of the agreement as either a contract or a sub-recipient agreement.

The Co-Applicant Board, as part of its contract approval process, shall make the final determination on the classification of the agreement.

Staff Recommendation:

Contract \_\_\_\_\_

Sub-Recipient Agreement \_\_\_\_\_

Co-Applicant Board Determination:

Contract \_\_\_\_\_

Sub-Recipient Agreement \_\_\_\_\_

Board Action Taken \_\_\_\_\_

\_\_\_\_\_  
Board Chair  
Date: \_\_\_\_\_

\_\_\_\_\_  
Program Director  
Date: \_\_\_\_\_

# 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> <u>Restrictions on Expenditures</u> (including Federal Legislative Mandates)	<b>Amended Date:</b> <del>May 13, 2021</del> <u>August 17, 2021</u>
	<b>Approved by:</b> <u>HCH/FH</u> Co-Applicant Board
<b>I. Rationale or background to policy:</b> <p>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.</p> <p>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.</p> <p>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.</p>	
<b>II. Policy Statement:</b> <p>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.</p> <p><b>1. Salary Limitation</b></p> <p>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.</p>	

## **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~~ HCH/FH 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

#### **13. -The HCH/FH program shall ensure that all expenditures using federal award funds are allowable in accordance with the terms and conditions of the notice of federal award, including those that limit the use of federal award funds as described above, and with the federal cost principles in 45 CFR Part 75 SubPart E.**



**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 05/13/218/26/2021

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

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

# **TAB 6**

QI/QA Subcommittee



DATE: August 26<sup>th</sup>, 2021

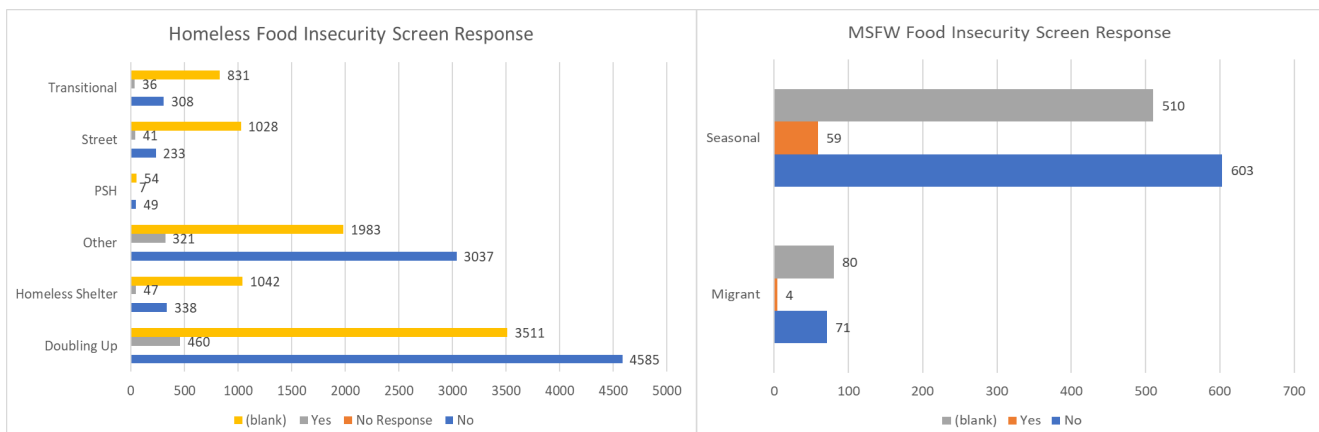
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Amanda Hing Hernandez, Medical Director HCH/FH Program  
 Danielle Hull, Clinical Services Coordinator  
 Irene Pasma, Planning and Implementation Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee convened Monday, July 26<sup>th</sup>, 10:30am to 12:00pm.

- Homeless/Farmworker Death Data
  - Development of template for homeless shelter providers delayed due to HRSA Site Visit.
- Telehealth Update
  - Maple Street Shelter:
    - Confirmed appointment notification process, launch of Talk-to-my-Doc pilot tentative end of August.
- Primary Care Access
  - Working with SMMC to develop homeless care team across clinics to improve access and quality of care
- SMMC Social Determinants of Health (SDOH) Effort
  - Food Insecurity
    - SMMC is working on its approach of supporting patients experiencing food insecurity
    - Some clinics have been collecting this data already
    - Snapshot of HCH/FH Patient Responses (all time):



- Committee discussed considerations to submit to organizers for patients experiencing homelessness and farmworkers
  - Consider unique partnerships:
    - Meals-on-Wheels, donations from local food stores
  - Approach food insecurity from lens of malnutrition and nutritional deficiency rather than access to food only
- Committee reviewed draft reports from NRC, Patient Satisfaction Survey vendor of San Mateo Medical Center, to recommend any changes before reports go-live. Reports will be reviewed by clinical services coordinator and summarized at quarterly QI/QA Committee meetings.
- Committee reviewed clinical metric performance in 2020 and CY21 Quarter 2 to determine changes to the QI/QA Annual Plan 2020-21 set to expire September 2021. Amendment to be approved at August 26<sup>th</sup> Co-Applicant Board Meeting.

Clinical Quality Measures (CQM)	2020	Q2	SMMC (Prime/QIP)	CA 330 Programs 2020	SAC/BPR Goals	Healthy People 2030 Goals	2020 Adjusted Quartile Ranking**
Cervical Cancer Screening	50%	56%	57.9%	51%	65%	84.3%	1
Diabetes A1c <9%	63%	63.3%	72.6%	64.4%	75%	88.4%	2
Prenatal Care 1st Trimester	67%	-*	----	73.48%	50%	80.5%	4
Depression Screening & Follow-up	33%	25.5%	45.1%	64.21%	35%	13.5%	4
Adult BMI Screening & Follow-up	27%	31%	None	65.72%	40%	No comparable measure	4
Colorectal Cancer Screening	53%	51%	61.7%	40.09%	60%	74.4%	1
Breast Cancer Screening	51%	53.3%	70.2%	45.34%	N/A	77.1%	1

**TAB 7**

**Contracts & MOUs**

**Update**



DATE: August 26<sup>th</sup>, 2021

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: Contracts & MOU update and Q2 Contractor Progress Report

### **Contract & MOU Updates**

HCH/FH has been working with the following County departments and organizations to move forward contracts and memorandums of understanding (MOUs) for healthcare related services for people experiencing homelessness and farmworkers and their dependents. Below is a description of each and a status update.

#### **LifeMoves and Puente**

Both LifeMoves and Puente resumed care coordination and health coverage assistance for their clients with a focus on supporting clients in scheduling and attending healthcare visits. HCH/FH is actively supporting both organizations in troubleshooting barriers that arise.

#### **Saturday Dental Clinic at Coastside Clinic**

The Saturday Dental Clinic completed its third Saturday Dental Clinic for farmworkers on August 14. Thanks to the efforts of Puente and ALAS, all visits were completed, and there were zero no-shows. Plans to expand beyond one Saturday per month are underway. In the interim, HCH/FH is working with Sonrisas Dental Health to develop a temporary, stop-gap solution to reduce the waitlist while SMMC Dental pursues expansion of the Saturday Dental Clinic.

#### **Behavioral Health & Recovery Services (BHRS)**

The MOU with BHRS to continue providing behavioral health coordination services for people experiencing homelessness and add field-based, direct behavioral health services and outreach to individuals experiencing homelessness was recently executed. BHRS is planning to begin the hiring process for a field-based clinician later this year.

HCH/FH intends to amend the MOU with BHRS as soon as BHRS finalizes its procurement of a vendor to provide substance use case management and early intervention and intervention services for clients with co-occurring mental health and substance use issues on the coast, including farmworkers and their dependents. This is expected to occur in the second half of calendar year (CY) 2021.

#### **Public Health Policy and Planning (PHPP)**

Mobile Clinic and Street/Field Medicine services are continuing to provide preventive and primary care services to individuals experiencing homelessness and the farmworker community. HCH/FH and PHPP are working together to develop a self-administered pap pilot program for select women experiencing homelessness who are unlikely to get the exam at an OBGYN clinic.

## Abode Services

The agreement with Abode Services to provide medical care coordination for individuals transitioning from homelessness into stable housing is scheduled to be reviewed by the Board of Supervisors at the September 14, 2021 meeting. HCH/FH will be hosting a virtual informational meet and greet in mid-September with Abode and shelter providers and homeless outreach teams who want to learn more about how to support their clients who are transitioning into stable housing.

## ALAS

HCH/FH is meeting with ALAS at the end of the month to finalize the scope of services for the Promotores Services and develop a staff training program. The goal is for the agreement to be on the agenda for the October 19, 2021 Board of Supervisors meeting and to begin Promotores services in the Half Moon Bay area shortly thereafter.

## Q2 Contractor Progress Report

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program had contracts with eight community-based providers and two County-based programs for Q2 of 2021. Contracts were 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 Jan–Jun 2021:

<b>Contractor</b>	<b>Contract Amount</b>	<b>Amount Spent</b>	<b>% YTD 2021</b>
Ayudando Latinos a Soñar (ALAS)**	\$ 43,500	\$22,180	51%
Behavioral Health & Recovery Services	\$ 42,500	\$42,500	100%
El Centro de Libertad	\$ 40,500	\$32,400	80%
LifeMoves	\$ 154,900	\$144,085	93%
PHPP Mobile Van & Expanded Services	\$ 295,095	\$265,245	90%
PHPP Street & Field Medicine	\$ 249,750	\$98,050	39%
Puente de la Costa Sur	\$ 123,250	\$123,250	100%
Ravenswood - Medical	\$ 59,400	\$59,400	100%
Ravenswood - Dental	\$ 29,700	\$11,340	38%
Ravenswood - Enabling	\$ 42,000	\$42,000	100%
Samaritan House - Safe Harbor	\$ 56,300	\$56,300	100%
Sonrisas Dental	\$ 80,150	\$59,540	74%
StarVista	\$ 96,250	\$44,400	46%
<b>TOTAL</b>	<b>\$ 1,384,295</b>	<b>\$ 1,062,340</b>	<b>77%</b>

\*\* ALAS Contract period Apr 2021-Mar 2022

The following is a summary of HCH/FH Contractor patient and visit count from Jan-Jun 2021:

Agency	Contracted Service	Target Pts	Actual Pts	% YTD	Visits
ALAS**	Case Management	100	86	172%	128
ALAS**	Counseling	50	9	18%	31
BHRS	Case Management	70	101	144%	476
EI Centro	Navigation Assistance	70	72	103%	90
EI Centro	Motivational Interviewing	15 sessions	1	7%	NA
EI Centro	Prevention Education	15 sessions	2	13%	NA
LifeMoves	Care Coordination (CC)	180	189	105%	263
LifeMoves	Intensive CC	60	50	83%	51
LifeMoves	Street Medicine CC	65	67	103%	160
LifeMoves	HI Assistance	20	45	225%	42
LifeMoves	SSI/SSDI Assistance	30	28	93%	29
LifeMoves	Transport	160 trips	53	33%	NA
PHPP Mobile Clinic	Primary Care	329	553	168%	747
PHPP Mobile Clinic	Primary Care ES	80	64	80%	87
PHPP S/F Medicine	Primary Care	135	77	57%	125
Puente	CC	100	109	109%	170
Puente	ICC	20	20	100%	30
Puente	HI Assistance	125	125	100%	137
Ravenswood	Primary Care	270	530	196%	998
Ravenswood	Dental	110	42	38%	72
Ravenswood	Enabling	140	153	109%	593
Safe Harbor	CC	135	143	106%	340
Safe Harbor	ICC	10	22	220%	24
Sonrisas	Dental	70	52	74%	131
StarVista	Adult OE	145	56	39%	58
StarVista	Adult Therapeutic	145	42	29%	45
StarVista	Youth CM	10	11	110%	331
StarVista	Youth Therapeutic	10	11	110%	117
StarVista	Transport	50 trips	48	96%	NA
		<b>2,429</b>	<b>2,657</b>	<b>109%</b>	<b>5,275</b>

\*\*ALAS contract period is Apr 2021-Mar 2022



The following are selected outcome measures from HCH/FH Contractor narrative reports for the period Jan-Jun 2021:

Agency	Outcome Measure	Performance through Q1 2021
<b>Ayudando Latinos a Soñar (ALAS)</b>	<ul style="list-style-type: none"> <li>• Provide case management services to at least 50 farmworkers over 150 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>• Provided case management services to 86 clients and conducted 128 visits</li> <li>• Provided counseling to 9 clients over 31 visits.</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% (101 clients) had a behavioral health screening</li> <li>• 87% (88 clients) received individualized care plan</li> <li>• 66% (67 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>• 72 clients had a behavioral health screening</li> <li>• 52 clients referred to AOD and 15 referred to MH services</li> <li>• 1 motivational outreach event conducted</li> <li>• 3 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>• 29% (56 out of 192 clients) established a medical home</li> <li>• 26% (50 clients) attended at least one primary care appointment</li> <li>• 49 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>	Not available
<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>	Not available

<p><b>Public Health Street &amp; Field Medicine</b></p>	<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>	<p>Not available</p>
<p><b>Puente de la Costa Sur</b></p>	<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>• 64% (83 out of 130 clients) received an individual care plan</li> <li>• 93% (121 out of 130 clients) received transportation and translation services.</li> <li>• 50% (62 out of 125 clients) clients completed a health coverage application</li> </ul>
<p><b>Ravenswood Family Health Center – Medical</b></p>	<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% (531 clients) received a comprehensive health screen</li> <li>• 19 clients received a behavioral health screen</li> </ul>
<p><b>Ravenswood Family Health Center – Dental</b></p>	<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>• 7% (3 out of 42) 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>
<p><b>Ravenswood Family Health Center – Enabling</b></p>	<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>• 65% (100 out of 154) received care coordination services and create healthcare case plans</li> <li>• 15% (23 out of 154) have hbA1c levels below 9%</li> </ul>
<p><b>Samaritan House – Safe Harbor</b></p>	<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>• 24% (38 out of 158 clients) received an individualized health care case plan.</li> <li>• 58% (22 clients out of 38) completed their health care plan</li> <li>• 26% (41 out of 158) clients scheduled primary care appointments</li> </ul>
<p><b>Sonrisas Dental</b></p>	<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>• No clients were scheduled for denture treatment</li> </ul>
<p><b>StarVista</b></p>	<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>• 42% (24 out of 57) adults receive individualized care plans.</li> <li>• 43 adults and 10 youth received therapeutic services</li> </ul>

# **TAB 8**

## Program Director's Report



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

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

DATE: August 26, 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 July 08, 2021 Co-Applicant Board meeting:

As the Board is well aware, the HCH/FH Program underwent a Virtual Operational Site Visit (VOSV) from August 3<sup>rd</sup> through August 5<sup>th</sup>. Much of the Program effort during July was directed at preparation for the VOSV. Discussion of the VOSV itself is scheduled elsewhere on today's meeting agenda. Following the VOSV, we expected to receive a summary draft report in anywhere from 50 – 75 days that we could respond to in addressing any issues prior to the completion of a final report which would include any outstanding issues as findings that would subsequently result in grant conditions. Much to our surprise, we received the draft report on August 12<sup>th</sup> – 7 days following the completion of the visit. This has resulted in Program focusing on the identified issues over the past two weeks in order to meet the submission deadline of today.

In addition to the VOSV, ongoing support to our populations and with County efforts around COVID-19 have continued. We will soon begin working toward the issuance of "booster" shots of the vaccines.

Irene Pasma was hired into the HCH/FH permanent position as our Planning & Implementation Coordinator officially on July 11th. We are utilizing a "loaned" permanent position from SMMC which we will exchange back when the County's final budget is passed (including all three of our Limited Term positions converted to Permanent positions) in late September. At that time we will be able to begin the process to convert our Management Analyst position into a permanent position and to fill our currently vacant Community Services Coordinator position.

The Saturday Dental Clinic at Coastside Clinic has continued at one Saturday a month in each of July & August. It has been going well and appears to be well received. However, SMMC Dental Services is still working at ramping-up staffing to allow us to go to a weekly schedule for the Saturday Dental Clinic (or at least close to that). To address what quickly has become a significant wait list, particularly in the South Coast, HCH/FH is working with SMMC Dental Services, Puente and Sonrisas at establishing some temporary dental services at Puente. The intent is to fund this effort with the unutilized portion of the funding intended for the Saturday Clinic at Coastside Clinic.





SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

As also noted elsewhere on today's agenda, HCH/FH successfully submitted our BPR-NCC report. We are awaiting potential feedback on the submission but do not expect anything significant.

Seven Day Update

ATTACHED:

- Program Calendar

**County of San Mateo Health Care for the Homeless & Farmworker Health  
(HCH/FH) Program  
2021 Calendar (Revised August 2021)**

EVENT	MONTH	NOTES
<ul style="list-style-type: none"> <li>• Board Meeting (September 16, 2021 from 9:00am to 11:00am)</li> </ul>	September	
<ul style="list-style-type: none"> <li>• Board Meeting (October 14, 2021 from 9:00am to 11:00am)</li> <li>• SMMC Audit approval</li> </ul>	October	
<ul style="list-style-type: none"> <li>• Board Meeting (November 11, 2021 from 9:00am to 11:00am)</li> </ul>	November	

<b>BOARD ANNUAL CALENDAR</b>	
<u>Project</u>	<u>Timeframe</u>
UDS Submission – Review	Spring
SMMC Annual Audit – Approve	April/May
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	August/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	October/November
Program Director Annual Review	Fall/Spring
Sliding Fee Discount Scale (SFDS)	Spring
Strategic Plan Target Overview	December

# **TAB 9**

## **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

DATE: August 26, 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 July 2021 show expenditures for the month of only \$88,080. Due to the length of year-end processing for the County's Fiscal Year which ended on 06/30/21, essentially nothing other than salaries & benefits were booked as expenditures for the month. Total expenditures for the year-to-date are \$1,752,741 of which \$1,723,645 is claimable against the grant. Total projected expenditures for the year are estimated at approximately \$3.08M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$530K of unexpended funds for year's end. With regular fiscal processing during August, we should have a much clearer view of the fiscal status for the September Board meeting.

With no claims or other processing occurring during July, there were no expenditures posted against our COVID/ARP awards, so there is no change to report in those numbers.

Based on the instructions received as part of the submission of our Business Period Report-Non-Competing Continuation, with the roll-up of our previous IBHS award into our Base Grant as ongoing funding, our Base Grant for GY 2022 is now estimated to be \$2,858,632, an increase in Base Grant amount of \$167,000. This is reflected in our GY 2022 projection.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 07/31/21





GRANT YEAR 2021

July 55

Details for budget estimates	Budgeted [SF-424]		To Date (07/31/21)	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	65,615	335,379	560,000	650,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	171,990	18,663	88,512	149,000	180,000
<u>Travel</u>					
National Conferences (2500*8)	25,000		325	2,500	25,000
Regional Conferences (1000*5)	5,000			1,500	5,000
Local Travel	1,500			500	1,500
Taxis	1,000		163	500	1,000
Van & vehicle usage	2,000		706	1,500	1,500
	34,500		1,194	6,500	34,000
<u>Supplies</u>					
Office Supplies, misc.	12,000		4,393	10,000	10,000
Small Funding Requests			81,767	95,000	
	12,000		86,160	105,000	10,000
<u>Contractual</u>					
2019 Contracts			129,225	129,225	
2019 MOUs			144,645	144,645	
Current 2020 MOUs	872,000		345,130	925,000	1,100,000
Current 2020 contracts	1,034,000		567,300	1,005,000	1,000,000
ES contracts (SUD-MH & IBHS)	150,000				
---unallocated---/other contracts					
	2,056,000		1,186,300	2,203,870	2,100,000
<u>Other</u>					
Consultants/grant writer	30,000			8,000	25,000
IT/Telcom	20,000		9,744	24,000	25,000
New Automation				0	-
Memberships	5,000			2,500	5,000
Training	10,000		16,356	25,000	20,000
Misc	500			500	500
	65,500		26,100	60,000	75,500
<b>TOTAL</b>	<b>2,971,040</b>	<b>84,278</b>	<b>1,723,645</b>	<b>3,084,370</b>	<b>3,049,500</b>
<b>GRANT REVENUE</b>					
Available Base Grant	2,691,632			2,691,632	2,858,632
Carryover	922,375			922,375	IBHS 529,637 carryover
Available Expanded Services Awards **					
HCH/FH PROGRAM TOTAL	3,614,007			3,614,007	3,388,269
<b>BALANCE</b>	<b>642,967</b>		<b>PROJECTED AVAILABLE</b>	<b>529,637</b>	<b>338,769</b>
					based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13750	187	7,397	19,000	22,000
Health Coverage	57000	3615	21,699	49,000	57,000
base grant prep	-				
food	2500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	3,802	29,096	68,750	82,000
<b>TOTAL EXPENDITURES</b>	<b>3,045,290</b>	<b>88,080</b>	<b>1,752,741</b>	<b>3,153,120</b>	<b>NEXT YEAR 3,131,500</b>
	<b>BUDGETED</b>	<i>This month</i>	<b>TO DATE</b>	<b>PROJECTED</b>	
COVID Expenditures (not included either COVID APR awards)	2021		93408	535500	
	2020		254,669		
Total			348077	880000	

