

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

Co-Applicant Board Meeting Agenda

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June 11, 2020; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			
C. PUBLIC COMMENT			9:03am
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.			
D. CONSUMER INPUT <ul style="list-style-type: none"> • Update on local policies and other advocacy items 	Suzanne Moore		9:07am
E. CLOSED SESSION <ul style="list-style-type: none"> • No closed session 			
F. CONSENT AGENDA 1. Meeting minutes from May 7, 2020	Sofia Recalde	Tab 1	9:17am
G. BUSINESS AGENDA 1. COVID testing budget <ul style="list-style-type: none"> • Request to approve COVID testing budget 2. Contract for services - ALAS <ul style="list-style-type: none"> • Request to approve ALAS contract for behavioral health and case management services 3. Contract for services – StarVista amendment <ul style="list-style-type: none"> • Request to approve StarVista no-cost amendment to modify service targets 4. Letters of support for creation of safe car parking <ul style="list-style-type: none"> • Request to approve letters 	Jim Beaumont Sofia Recalde Sofia Recalde Jim/Irene	Tab 2	9:20am 9:30am 9:40am 9:45am
H. REPORTING AGENDA 1. QI Report 2. Finance Report 3. HCH/FH Program Director’s Report	Danielle/Frank Jim Beaumont Jim Beaumont	Tab 3	9:55am 10:00am 10:10am
I. BOARD PRESENTATIONS AND DISCUSSIONS 1. Strategic Plan/ RFP Update 2. Quarter 1 Contractor Report 3. COVID-19 Update and Discussion	Irene/Sofia Sofia Recalde Staff	Tab 4	10:15am 10:20am 10:30am
J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated) a. Next Regular Meeting July 9, 2020; 9:00AM – 11:00AM			
K. ADJOURNMENT			11:00am

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at (650) 573-2966 or SMMC_HCH_FH_Program@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <https://www.smchealth.org/smmc-hchfh-board>

TAB 1

Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (May 7, 2020)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg
Tayischa Deldridge
Suzanne Moore
Robert Anderson
Steven Kraft
Victoria Sanchez De Alba
Christian Hansen
Shanna Hughes
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Irene Pasma, Program Implementation Coordinator
Danielle Hull, Clinical Coordinator
Sofia Recalde, Management Analyst
Andrea Donahue, County Counsel’s Office
Melissa Rombaoa, SMMC- PCMH Manager
Frank Trinh, Program Medical Director

Members of the Public

Absent: Michael Vincent Hollingshead, Eric DeBode, Mother Champion

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:02A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consumer Input <u>Local policies- Suzanne Moore</u>	<p>From last HCH meeting, shelters requested assistance with prepared meals and masks.</p> <ul style="list-style-type: none"> • Melissa Platte from Spring ST Shelter: delivered 250 bags of essential supplies including activity books and puzzles to their clients, 135 reusable masks, received several financial donations to offset some extra expenses, beginning to work with local restaurants to order food for shelter residents. <p>Pacifica:</p> <ul style="list-style-type: none"> • City Council 4/27 referred to expected budgetary impacts of the economic downturn. HCH position statement was read during oral communications. • Pacifica Resource Center has been reaching out to supply food to those financially impacted by the economic downturn. We have not received an update on plans to proceed with a pilot study for motorhome parking permits. • Unhoused in Pacifica Task Force has not met since 3/4: like other city committees, they have not convened during shelter in place. • City manager, Kevin Woodhouse, in a letter to the City regarding the Oversize Vehicle Ordinance states the “impact of the Coronavirus will impact the timeline for installing signing and enforcing the ordinance” which will “delay citations until September 1, at the earliest, depending on when the signing can be manufactured and installed.” 	

	<p>Questions from advocates for the Board:</p> <ul style="list-style-type: none"> • With Board acknowledgment of the public health need to aid the homeless with hygiene and housing for the most vulnerable, how can we assist you? • With the anticipated 2nd wave of Coronavirus expected in the fall, how can we best support plans to be ready for safe parking, shelter (no shelter at the Coast, rotational shelter options challenging) 	<p>Staff can respond in writing, discuss with COH</p>
Closed Session	No Closed Session	
Consent Agenda <u>Meeting minutes</u>	<p>All items on Consent Agenda (meeting minutes from April 9, 2020) were approved.</p> <p>Please refer to TAB 1</p>	<p>Consent Agenda was <u>MOVED</u> by Steve, <u>SECONDED</u> by Suzanne and APPROVED by all Board members present.</p>
Business Agenda: <u>Request to approve COVID budgets</u>	<p>The Health Resources & Services Administration (HRSA) awarded HCH/FH two supplemental one-time funding awards to address the COVID-19 emergency:</p> <ul style="list-style-type: none"> • Fiscal year (FY) 2020 Coronavirus Supplemental Funding for Health Centers (COVID-19) - \$57,581 • Coronavirus Aid, Relief, and Economic Security (CARES) Act - \$639,995 <p>In anticipation of this funding, HCH/FH staff sent an email on March 24, 2020 to HCH/FH Board members, divisions within San Mateo County Health (SMCH), local agencies and community-based service providers that provide health-related services to homeless and farmworkers residents in the County to solicit ideas on what supplies, equipment or services were needed to protect staff and clients from COVID-19. Staff presented on the first budget which has already been submitted to HRSA and on the proposed second budget due to HRSA May 8, 2020. Program has until March 2021 to spend COVID-19 funding, which gives program time and flexibility to spend the funding and respond to changes as they may occur.</p> <p>Discussion on need for PPE for shelters, especially to predict what is needed in the fall when there is a 2nd wave. Staff will share with County DOC concerns of shelters on PPE.</p> <p>Discussion on housing homeless in hotels individuals so they can self-isolate. HRSA COVID funds can be used for isolation needs and program wants to work with Center on Homelessness on planning for further housing-hotels.</p> <p>Please refer to TAB 2</p>	<p>Request to approve COVID-19 budget <u>MOVED</u> by Brian, <u>SECONDED</u> by Steve and APPROVED by all Board members present.</p> <p>Request to approve CARES budget <u>MOVED</u> by Brian, <u>SECONDED</u> by Steve and APPROVED by all Board members present.</p>

<p><u>Direct staff to draft letter to create safe car parking</u></p>	<p>Discussion on desire for Board to direct staff to draft a letter in support of local jurisdictions creating safe car parking programs.</p> <p>Safe Car Parking will have to come from one of the cities, not the County. Discussion on where it would be located, such as event center/fair grounds, coyote point in San Mateo. Board directed staff to draft letters (one for the County and the second to be used to bring to cities/city councils) for review/approval at the June Board Meeting.</p>	<p>Request/direct staff to draft letters on safe car parking (county and city)</p> <p><u>MOVED</u> by Suzanne, <u>SECONDED</u> by Tayischa, (ABSTAINED - Shanna Hughes) and APPROVED by all remaining Board members present.</p>
<p>Reporting Agenda:</p> <p><u>HCH/FH Program Budget & Financial Report</u></p>	<p>Preliminary expenditure numbers for April 2020 show a total expenditure of \$453,784, of which \$448,510 is claimable against the grant. While our current base grant award for 2020 is \$2,625,049, we anticipate being able to carryover \$166,213 of unexpended 2019 funds based on HRSA's new carryover policy (although there is some risk that it might not happen), which ultimately provides us with a projected over expended balance of \$31,404 for the 2020 Grant Year (GY). The projections do estimate around a 96% - 97% expenditure rate on our contracts; however we cannot anticipate the impact COVID-19 will have on Contractor's ability to provide services during this time.</p> <p>As noted elsewhere in today's meeting, the HCH/FH Program has received multiple awards for support during the COVID-19 crisis. Each of the awards has been issued as separate and unique items which will require complete separate accounting for expenditures against those awards. As we get further into the experience with COVID and the awards, we will be adding those expenditures to this report.</p> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	

<p><u>HCH/FH Program Directors report</u></p>	<p>HCH/FH has directed most of its focus to the Coronavirus emergency and the impacts it is having on the homeless and farmworker populations in San Mateo County. The County Shelter-in-Place order has been extended through the end of May and HCH/FH staff continue to work remotely with limited time and efforts spent at outside/external locations, and only as necessary.</p> <p>HCH/FH continues to staff the SMC Health Departmental Operations Center (DOC). Irene Pasma has provided outstanding support to DOC in the name of our service populations and we have seen some success in obtaining movement on needed services. These include getting on-demand COVID testing for symptomatic homeless patients in the shelters and on the street in coordination with Street & Field Medicine and Mobile Clinic staff; arranging for asymptomatic shelter staff to get tested; working with county & community partners to have case management services provided at the Bayfront Station – a FEMA stand up shelter for asymptomatic homeless from shelters and the street that fall into high risk categories; release and distribution of Farmworker guidance, Coastal Resources and Farm Owner guidance and beginning the development of pans for asymptomatic testing for any/all of the congregate housing sites that our patients stay at.</p> <p>With the COVID crisis ongoing, HRSA has suspended or extended many deadlines. This includes the deadline for hiring of the minimum 0.5 FTE staff attached to the Integrated Behavioral Health Services Supplemental Award. That deadline – originally set at April 30, 2020 has now been extended a year, to April 30, 2021.</p> <p><i>7-day update-</i></p> <ul style="list-style-type: none"> • HRSA just announced additional COVID-19 HRSA funding towards testing, about \$144,000. • Program coordinator, Linda Nguyen’s last day is May 8, 2020. <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	
<p>Board Presentation/ Discussions</p> <p><u>Strategic Plan/RFP</u></p>	<p>Strategic Plan efforts are on hold because everyone is responding to COVID-19. As a result the Request for Proposal announcement will also be delayed. Staff discussed extending current contracts that end in December 2020 for a few months into 2021 with the Contracts department. More updates for next meetings.</p> <p>Staff plans to pick up the work in June and plan <u>two</u> more strategic subcommittee meetings, likely July/August timeframe.</p> <p>Discussion on how the COVID crisis has clarified the Program’s goals, such as a stronger relationship with Center on Homelessness and Human Services Agency, and we want to ensure these are reflected in the strategic plan.</p>	

<p><u>COVID-19 Update</u></p>	<p>COVID 19 efforts and updates from staff included:</p> <ul style="list-style-type: none"> • Last week Street Medicine started last week on-demanding COVID 19 testing for symptomatic homeless patients, through referral from shelters, CBOs and SMMC outpatient clinics. This work is in addition to the Street/field medicine team’s typical workload • County is thinking about testing asymptomatic shelter residents, planning and logistics. • Verily might be able to bring testing to the Coast to test vulnerable populations such as farmworkers. • Essential staff such as shelter staff can already be tested through Verily, including CORE service staff. • All the guidance that HCH/FH has drafted for the farmworker community has been adopted by the County. The program has been ahead of some county efforts on outreach. • Staff position on Health DOC has been instrumental in the program’s response to COVID and the need, including drafting guidance, supplies and testing options. • Updates on housing for self-isolation (FEMA hotels) and testing in the County. <p>Discussion on farmworker concerns on coast:</p> <ul style="list-style-type: none"> • Farmworkers are in need of PPE and masks. • Verily is currently looking at venues on the Coast for testing. Awaiting approval from the state in a few weeks. • Discussion on the need/demand for testing for essential workers, as well as asymptomatic tests. Prioritization of testing for asymptomatic clients has not been prioritized, including health care workers who are treating symptomatic patients. • Program is thinking about what would happen in fall/winter, when COVID comes back. <p>Questions on testing and new HRSA COVID-19 funding:</p> <ul style="list-style-type: none"> • Staff is planning and in discussions with public health staff on how to spend funds for testing. • Counsel- Board can take action on the COVID funding that was just announced if 2/3s of the Board decided to take action. 	<p>Allow staff flexibility to spend COVID testing funding <u>MOVED</u> by Suzanne <u>SECONDED</u> by Victoria and APPROVED by all Board members present.</p>
<p>Adjournment</p>	<p>Time 10:57am</p>	<p>Brian Greenberg</p>

TAB 2

Business Agenda



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: June 11, 2020

TO: HCH/FH Finance sub-committee, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: HRSA SUPPLEMENTAL FUNDING FOR COVID-19

The Health Resources & Services Administration (HRSA) awarded HCH/FH three supplemental one-time funding awards to address the COVID-19 emergency:

- *Coronavirus Supplemental Funding for Health Centers (COVID-19)* - \$57,581
- *Coronavirus Aid, Relief, and Economic Security (CARES) Act* - \$639,995
- *Expanding Capacity for Coronavirus Testing (ECT)* - \$181,144

The HCH/FH Board approved the COVID-19 and CARES budgets and activity plans at the May 7, 2020 Board Meeting; however, HCH/FH received the third ECT award on the morning of the May Board meeting and had not yet prepared a budget or activity plan for approval. As the name suggests, ECT funding must be applied toward staff, supplies and equipment that increases the Health Center's capacity to test for Coronavirus. Since the ECT budget and activity plan was due to HRSA on June 6, the HCH/FH Board voted unanimously at the May Board meeting to grant staff flexibility and authority to allocate the ECT resources as deemed appropriate prior to the June Board meeting.

HRSA understands that the current emergency is fluid and changing rapidly and will allow some budget changes after the budget is approved by HRSA. HCH/FH will not need to seek approval to modify the approved budget as long as the changes are less than 25% of the total award and funds are moved to line items already included in the approved budget.

This request is for the Board to approve the ECT Budget Narrative and Activity Overview.

Attachment:

- ECT Budget Narrative
- ECT Activity Overview



**Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding
Budget Narrative and Personnel Justification**

Budget Line Item/Object Class Category	Requested funding
<u>Personnel + Fringe</u>	
Medical Services Assitant (MSA) (0.12 FTE) - MSA will support mobile testing team incollecting samples one week per month for 6 months	\$7,236.00
MSA (0.12 FTE) - MSA will support mobile testing team incollecting samples one week per month for 6 months	\$7,236.00
Total Personnel	\$14,472.00
Total Fringe (35%)	\$5,065.20
<u>Equipment</u>	
GeneXpert Module - to increase current testing capac	\$51,000.00
Applied Biosystems 7500 fast dx Real Time PCR instrument - to increase current testing capacity	\$56,106.80
Total Equipment	\$107,106.80
<u>Supplies</u>	
COVID test kits and testing supplies	\$26,000.00
PPE for COVID Teasting	\$13,500.00
Total Supplies	\$39,500.00
<u>Contracts</u>	
Logistical & Testing Support Provided by CBO - CBO(s) will conduct outreach to inform homeless and farmworker individuals about testing opportunities; and provide onsite, day of testing logistical support	\$15,000.00
Total Contracts	\$15,000.00
<u>IDC</u>	\$0.00
<u>Total</u>	<u>\$181,144.00</u>

ECT Supplemental Funding – Activity Overview

The County of San Mateo Healthcare for Homeless/Farmworker Health (HCH/FH) Program intends to use the ECT supplemental funding on the following activities to address COVID-19 testing capacity and access. for the homeless and farmworker communities in San Mateo County:

Testing Capacity

- Purchase COVID-19 test kits & supplies to ensure necessary available volumes.
- Work with San Mateo County Health to streamline testing workflows.
- Purchase the GeneXpert Module to increase current equipment's capacity
- Purchase Applied Biosystems 7500 fast dx Real Time PCR instrument to increase total overall capacity
- Purchase necessary and appropriate PPE for safety of testers

Testing Access

- Staff a testing mobile team with two (2) Medical Services Assistants (MSA) to collect samples at one week per month for 6 months.
- Partner with Public Health Policy & Planning (PHPP) to increase their capacity to test homeless and farmworker patients through coordinated mobile units taken to shelters, encampments, congregate farmer housing, and at farmworker sites (upon owner request/approval), including the requisite workflows, to complete full site testing and maintain surveillance testing.
- Contract with (a) community-based organization(s) to provide outreach and onsite logistics and support for testing dates at the designated locations.



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

DATE: June 11, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE FUNDING TO ENTER INTO A CONTRACT FOR SERVICES WITH AYUDANDO LATINOS A SOÑAR (ALAS)

HCH/FH received a proposal from Ayudando Latinos a Soñar (ALAS) in response to our email sent on March 24, 2020 to HCH/FH Board, community partners and departments within San Mateo County Health soliciting ideas on what supplies, equipment or services are needed to respond to COVID-19. ALAS's proposal included a request to hire a 0.75 FTE Social Worker (MSW) to increase counseling, case management and outreach to farmworkers in the Half Moon Bay Area.

For nearly a decade ALAS has been a trusted community partner in Half Moon Bay. In addition to educational, arts and cultural programs, ALAS provides critical behavioral health services at their clinic in downtown Half Moon Bay and at Moonridge Housing to the Latino community. Even before the COVID-19 crisis began, ALAS has seen an increase in calls coming through the crisis line and families needing additional case management support due to the hostile political climate towards immigrants and recent farm closures. The need has only increased with the Shelter in Place Order.

HCH/FH is proposing entering into a contract for services with ALAS to provide counseling and case management services and additional outreach to farmworkers and their dependents in the Half Moon Bay region.

Service/Deliverable	Amount	Payment per Unit
Hire 0.75 FTE Social Worker (MSW)	1	\$10,000
Case Management Services	100 unduplicated clients	\$350/client
Counseling Services	50 unduplicated clients	\$520/client
	Total Budget	\$71,000

This request is for the Board to approve the proposed agreement with ALAS for behavioral health services supported by the HCH/FH Base Grant.

Attachments:

- Exhibits A & B for the ALAS agreement



Exhibit A – Services

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

The County of San Mateo, through the Healthcare for Homeless/Farmworker Health (HCH/FH) Program (County), is contracting with Ayudando Latinos a Soñar (ALAS) (Contractor) to provide behavioral health care and case management services to farmworkers and their dependents in Half Moon Bay and surrounding communities during the reporting period June 15, 2020 to March 31, 2021. Contractor will provide behavioral health care services to 50 unique individuals and case management services to 100 unique individuals who meet the Bureau of Primary Health Care (BPHC) criteria for migratory or seasonal agricultural workers. A unique, unduplicated individual is an individual who has not been previously served and invoiced for the same service during the contract term. HCH/FH will monitor the services provided as Contractor invoices for unduplicated individuals.

County shall evaluate the services provided by Contractor under this agreement pursuant to the objectives and outcome measures listed below:

Objective 1: Increase Contractor's capacity to provide case management and behavioral health services to farmworkers and their dependents in the Half Moon Bay Area.

Outcome measure 1a: Contractor shall hire a 0.75 FTE Social Worker with a Master of Social Work to provide culturally competent, language appropriate case management and counseling support to farmworkers and their dependents.

Objective 2: Provide case management services to farmworkers and their dependents to connect clients with primary care and behavioral health care services and resources.

Outcome measure 2a: Contractor shall provide case management services to 100 unique, unduplicated farmworkers or their dependents through 300 visits. Contractor shall conduct each visit in-person or via telehealth, provided that telehealth visits are similar in nature as in-person visits, documented appropriately and are in compliance with HIPAA/PHI rules.

Outcome measure 2b: Of the 100 unique, unduplicated individuals engaged, 100% will be receive an initial assessment, healthcare planning and/or ongoing case management services.

Outcome measure 2c: Of the 100 unique, unduplicated individuals engaged, determine the establishment of medical homes and provide referrals to an appropriate San Mateo Medical Center Primary Care Clinic for those without an established medical home.

Case Management definition - Acts as a liaison between the target population patient and health care organizations. Offer support by providing some or all of the following: providing information on and referrals to health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each case management visit must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits.

Objective 3: Engage in the delivery of mental health services and counseling to farmworkers and their dependents.

Outcome measure 3a: Contractor shall provide counseling service to 50 unique, unduplicated farmworkers or their dependents through 120 visits. Contractor shall conduct each visit in-person or via telehealth, provided that telehealth visits are similar in nature as in-person visits, documented appropriately and are in compliance with HIPAA/PHI rules.

Outcome measure 3b: Of the 50 unique, unduplicated individuals engaged, 100% of clients will be assessed for wellness. Contractor shall create or continue to follow a supportive treatment plan with recommended wrap around services.

Outcome measure 3c: As needed, Contractor shall provide crisis intervention and treatment and, when appropriate, refer clients to SMCH Behavioral Health & Resource Services (BHRS).

Objective 4: Increase outreach to and engagement of the farmworker community to promote wellness

Outcome measure 4a: Contractor shall conduct outreach to farmworker community by making home visits and visiting farms/ranches with the ALAS outreach team.

Outcome measure 4b: Contractor shall develop programs and activities that support the mental health and emotional regulation improvement strategies for farmworkers and their dependents in the community.

RESPONSIBILITIES:

The following are the responsibilities and reporting requirements the Contractor must fulfill:

- 1) All demographic information as defined by HCH/FH will be obtained from each farmworker or dependent receiving contracted services during the term of the Agreement. All visit information as defined by HCH/FH shall be collected for each visit. Demographic and visit data will be submitted to HCH/FH along with a monthly invoice. This may include data for farmworkers or their dependents for whom the Contractor is not reimbursed.
- 2) Each farmworker or dependent who receives services provided under this contract shall sign a consent form acknowledging that protected health information data will be collected and shared with HCH/FH, San Mateo Medical Center and San Mateo County Health.
- 3) Report any breach of client protected health information to HCH/FH as soon as it is known to have occurred.

- 4) If Contractor charges for services provided in this contract, a sliding fee scale policy must be in place and approved by HCH/FH.
- 5) Report any revenue received from services provided under this contract to HCH/FH.
- 6) Participate in an annual Site Visit to review client records and program operations, to verify accuracy of invoicing and to assess the documentation of client activities and outcome measures. HCH/FH will coordinate with Contractor to accommodate routine site visits and will provide Contractor a minimum of two weeks' notice for routine site visits. If, during the site visit, HCHC identifies issues, HCH/FH will advise Contractor of the issue and provide notice of the possibility to perform an unannounced visit. Issues that would prompt an unannounced issue are not limited to the following:
 - Lack of timely reporting, especially if this occurs repeatedly
 - Multiple invoicing errors, such as billings for duplicates, mismatched invoice and data reporting, etc.
 - Persistent difficulty in scheduling routine site visits
 - Complaints or reports that raise concerning issues
- 7) Submit monthly invoices and data reports using templates provided by HCH/FH detailing the number of new unduplicated individuals served in the previous month and the total number of visits provided to all farmworkers and their dependents in the same time period. Monthly invoices and data reports are due to HCH/FH by the 10th day of the following month. If HCH/FH pursues a cloud-based repository/database, Contractor will be required to upload and submit monthly data into the database.
- 8) Submit quarterly reports that provide an update on contract objectives and outcome measures by the 15th day of the month following the completion of each calendar quarter throughout the contract (e.g., a quarterly report for the period of January through March would be due on April 15th).
- 9) If Contractor observes routine and/or ongoing problems in clients' ability to access medical or dental services within SMMC, Contractor shall track and document problematic occurrences and submit this information to HCH/FH staff for follow-up, as soon as reasonable but at a minimum in the next quarterly report.
- 10) Provide HCH/FH with notice (within 10 calendar days) of staff changes involving services provided under this Agreement, along with a plan on how to ensure continuity of services. Contractor shall organize a meeting with HCH/FH staff and new staff members soon after the new hire data to orient the staff member with the Agreement and HCH/FH.
- 11) Participate in planning and quality assurance activities related to the HCH/FH program.
- 12) Participate in HCH/FH Provider Collaborative Meetings and other workgroups.
- 13) Participate in community activities that address farmworker issues.
- 14) Participate in the BPHC Performance Review/Operational Site Visit process.
- 15) Any printed or published articles or materials related to services provided under this Agreement must contain the following statement: This project/these services is/are/was/were supported by an agreement with the County of San Mateo Healthcare for Homeless/Farmworker Health (HCH/FH) Program of the San Mateo Medical Center (SMMC), utilizing funding received by HCH/FH from the federal Health Services and Resources Administration (HRSA) under their Health Center Program authorized under Section 330 of the Public Health Act.

Exhibit B – Payment

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

County shall Pay Contractor a single payment of \$10,000 upon invoice for the completion of hiring and onboarding a minimum of an additional 0.75 FTE dedicated to the provision of services under this agreement.

County shall pay Contractor at a rate of \$350 for each unduplicated farmworker and dependent invoiced for case management services, up to the maximum of 100 individuals, limited as defined in Exhibit A to “unique, unduplicated” individuals.

County shall pay Contractor at a rate of \$520 for each unduplicated farmworker and dependent invoiced for counseling services, up to the maximum of 50 individuals, limited as defined in Exhibit A to “unique, unduplicated” individuals.

Contractor will invoice the HCH/FH program by the 10th day of the month after rendered services with the number of unduplicated individuals seen and number of visits completed in the prior month.

The total amount paid under this contract will not exceed \$71,000 (SEVENTY-ONE THOUSAND DOLLARS)

2019-2020 Reporting period (June 2020 – March 2021)

Services/Deliverables	Maximum amount	Payment per Unit
Hiring of one 0.75 FTE social worker (MSW)	1	\$10,000
Case Management Services	100 unduplicated clients	\$350/client
Counseling services	50 unduplicated clients	\$520/client
	Total budget	\$71,000

Exhibit C – Performance Metrics

County will measure Contractor performance of the services based on the performance indicators below.

Services	Indicators
Hiring of one 0.75 FTE social worker (MSW)	<ul style="list-style-type: none">● 0.75 FTE MSW for duration of reporting period
Case management services	<ul style="list-style-type: none">● 100 unduplicated individuals● 300 telehealth or in-person visits
Counseling services	<ul style="list-style-type: none">● 50 unduplicated individuals● 120 telehealth or in-person visits



DATE: June 11, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO STARVISTA CONTRACT FOR CALENDAR YEAR 2020

HCH/FH currently has a contract in place with StarVista to provide the following services to homeless and farmworker individuals in San Mateo County:

- 1) Case management at First Chance
- 2) Brief therapeutic services at First Chance
- 3) Youth case management at Your House South (YHS) and Daybreak
- 4) Brief therapeutic Services for youth at YHS and Daybreak

StarVista, along with other providers of homeless services in San Mateo County, have reduced shelter capacity to abide by CDC’s guidance on creating space in shelters so that staff and clients can maintain social distance of at least 6 feet. To accomplish this StarVista reduced its shelter capacity as follows:

Facility	Pre-Covid	During Covid
First Chance sobering station	13	10
Your House South	10	7
DayBreak	6	4

In addition, YHS and Daybreak have been encouraging residents to shelter in place and have not seen much turnover since the County implemented the Shelter in Place order. As a result, StarVista has not invoiced for new youth-based client services since February. In contrast, First Chance has continued to care for clients at the Sobering Station and provide case management and therapeutic services despite exceeding its target for therapeutic services in March. HCH/FH staff and StarVista discussed possible modifications to the contract and agreed to decrease the target number for youth case management services and increase the target number for adult therapeutic services. No changes to service rates or the amount of contract are proposed. The proposed changes are summarized as follows:

Service	Current State			Proposed State			
	Rate	Pt Target	Cost	Rate	Pt Target	Cost	
Adult Therapeutic Services	\$200	75	\$15,000	\$200	205	\$41,000	
Youth Case Management	\$650	75	\$48,750	\$650	35	\$22,750	
Current total			\$63,750	Proposed total			\$63,750

This request is for the Board to approve the proposed amendment to StarVista’s contract.

Attachments:

- Exhibits A & B for the StarVista amendment



Exhibit A

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

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

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with StarVista for expansion of outreach and engagement services, including engagement to MAT services, for a minimum of 150 unique unduplicated homeless and/or farmworker clients, and expansion of outreach and substance abuse and mental health services for a minimum of 75 unique unduplicated homeless and/or farmworker youth (under 21 years of age) clients in CY 2019 and a minimum of 205 in CY2020. Both services shall include intake of client information and assessment of clients' needs, development of potential care plan, warm handoffs whenever possible, transportation to services, training in evidence-based practices for program staff, and therapeutic services. A unique unduplicated individual is one who have not been previously served and invoiced for during each reporting period. The individuals served under this agreement must meet the Bureau of Primary Health Care's (BPHC) definition as a homeless or migrant seasonal farmworker individual.

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

OBJECTIVE 1: Contractor shall employ a minimum of one additional FTE by April 1, 2019 dedicated to the fulfilling of the service requirements of this agreement.

OBJECTIVE 1.1: Contractor shall provide training on County approved evidence-based strategies to staff delivering services under this agreement.

OBJECTIVE 2: Engage in expanded and increased outreach activities leveraging existing StarVista AOD services primarily provided through First Chance's Sobering Station and provide initial assessments, healthcare planning and on-going **care coordination/case management** services to a minimum of **150** unique unduplicated homeless or farmworker individuals during each reporting period in order to better access substance abuse (including MAT services), mental health and primary care services as needed. At least 90% of the individuals engaged will have a potential care plan developed.

OBJECTIVE 2.1: Provide brief therapeutic services of 1 to 3 sessions to a minimum of 75 individuals CY 2019 and 205 in CY 2020.

OBJECTIVE 2.2: Of the individuals engaged, provide access and transportation to MAT services for a minimum of 15 of the individuals each reporting period.

OBJECTIVE 2.3: Of the individuals engaged, provide a referral to appropriate substance abuse and/or mental health services, including MAT services to 100% of the individuals each reporting period.

OBJECTIVE 2.4: Of the individuals engaged, determine the establishment of their medial home and provide referrals to an appropriate SMMC Primary Care Clinic for those without an established medical home.

OBJECTIVE 3: Engage in expanded and increased mental health and substance abuse services to homeless and farmworker youths and young adults, primarily provided through StarVista's Daybreak and Your House South programs, including assessment of needs for mental health, substance abuse, medical and supportive (enabling) services, including ongoing **care/coordination/case management** and transportation, for a minimum of 75 unique unduplicated individuals aged 12 to 21 in CY 2019 and 205 in CY 2020 in order to better access mental health, substance abuse and medical services. At least 90% of the individuals engaged will have an agreed upon care plan developed.

OBJECTIVE 3.1: Of the individuals engaged, provide therapeutic services to a minimum of 25 unique individuals each reporting period, for a total of 686 sessions each reporting period.

OBJECTIVE 3.2: Of the individuals engaged, provide access and transportation to identified mental health, substance abuse and/or medical services for a minimum of 250 transportation trips (one-way) each reporting period.

OBJECTIVE 3.3: Of the individuals engaged, determine the establishment of their medical home and provide referrals to an appropriate SMMC Primary Care Clinic for those without an established medical home.

Care Coordinator/Case Management definition- Acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines an enabling service encounter as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be conducted in person or via telehealth with the patient.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless or farmworker individual receiving contract services from Contractor during the term of the Agreement. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless or farmworker individuals for**

whom the Contractor is not reimbursed. Homeless and farmworker status shall be as defined by BPHC.

If Contractor charges for services provided in this contract, a **sliding fee scale policy** must be in place and approved by the HCH/FH Program.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with Contractor to try and accommodate scheduling for routine site visits and will provide Contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- a. Lack of timely reporting, especially repeatedly
- b. Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- c. Ongoing difficulties in scheduling routine site visits
- d. Complaints or reports that raise concerning issues; etc.,

The HCH/FH Program will advise Contractor of the issue and provide notice to the Contractor of the possibility to perform an unannounced site visit.

Reporting requirements- Monthly and quarterly submission of invoices and reports are required via template supplied to Contractor. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, Contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If Contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Contractor will provide County with notice (within 10 calendar days) of staff changes involving services provided under this Agreement, and a plan on how to ensure continuity of services. Contractor will facilitate HCH/FH staff meeting with new staff members soon after they have started to orient them with the Agreement and program, including contracting and related staff.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless and farmworker issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide active involvement in the BPHC Office of Performance Review Process.

Any and all printed or published articles or materials related to services under this agreement must contain the following mention: "This project/these services is/are/was/were supported by an agreement with the San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program of the San Mateo Medical Center (SMMC), utilizing funding received by the HCH/FH Program from the federal Health Services and Resources Administration (HRSA) under their Health Center Program authorized under Section 330 of the Public Health Act.

Exhibit B

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

County shall pay contractor a single payment of \$10,000 upon invoice for the completion of employing a minimum of one (1) additional FTE dedicated to the completion of services under this agreement. Employment must occur prior to April 1, 2019 to be eligible for this payment.

County shall pay Contractor at a rate of \$350.00 for each unduplicated homeless or farmworker individual invoiced for outreach, engagement and assessment services up to the maximum of 150 individuals during each reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$200.00 for each unduplicated homeless or farmworker individual invoiced for brief therapeutic services up to the maximum of 75 individuals in CY 2019 and 205 individuals in CY 2020, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$650.00 for each unduplicated homeless or farmworker individual invoiced for delivery of assessment and care coordination/case management services for youth and young adult clients engaged through the Daybreak and Your House South programs, up to the maximum of 75 individuals in CY 2019 and 205 in CY 2020, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$750.00 for each unduplicated homeless or farmworker individual invoiced for therapeutic services for youth and young adults up to the maximum of 25 individuals during each reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay contractor a single payment of \$20,000 upon invoice for the completion of County approved training on evidence-based strategies for staff engaged in delivering services under this agreement as well as additional Contractor staff as space may be available, A separate training event spreadsheet will be provided on completion of the training. Contractor may also include non-contractor employees in the training on a space available basis with County approval. Training must be completed and invoiced prior to November 30, 2019.

County shall pay contractor at a rate \$50.00 per unduplicated one-way trip for homeless or farmworker individuals invoiced during each reporting period for the delivery of transportation services, up to a maximum of 300 trips during each reporting period. A separate transportation encounter spreadsheet will also be provided monthly.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of homeless individuals and encounters for the previous month.

The term of this Agreement is January 1, 2019 through December 31, 2020. Maximum payment for services and deliverables provided under this Agreement will not exceed THREE HUNDRED THIRTY THOUSAND DOLLARS (\$330,000).

Budget Overview

Calendar Year 2019

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated between Adult and Youth/Young Adult Services	Adult Outreach & Engagement	150 patients	\$350/patient
	Adult Brief Therapeutic Services	75 patients	\$200/patient
	Youth/Young Adult Assessment & Care Coordination/Case Management	75 patients	\$650/patient
	Youth/Young Adult Therapeutic Services	25 patients	\$750/patient
Can be invoiced in addition to other services	Transportation	300 trips	\$50/trip
One-time payment	Staff addition of a minimum of one (1) FTE	1	\$10,000
One-time payment	Delivery of staff training on Evidence-Based strategies	1	\$20,000

Calendar Year 2020

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated between Adult and Youth/Young Adult Services	Adult Outreach & Engagement	150 patients	\$350/patient
	Adult Brief Therapeutic Services	205 patients	\$200/patient
	Youth/Young Adult Assessment & Care Coordination/Case Management	35 patients	\$650/patient
	Youth/Young Adult Therapeutic Services	25 patients	\$750/patient
Can be invoiced in addition to other services	Transportation	300 trips	\$50/trip



DATE: June 11, 2020

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

FROM: Jim Beaumont, HCH/FH Director

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE LETTERS OF SUPPORT FOR THE CREATION OF SAFE CAR PARKING

At the May 7, 2020 HCH/FH Board meeting, Board members directed staff to draft letters in support of creating safe car parking programs in San Mateo County. The purpose of the letters was for them to be used by concerned citizens and community groups to take to city councils, etc. to demonstrate support for safe car parking by the HCH/FH Board (one letter), and for the Board to specifically encourage the County Board of Supervisors to support Safe-Parking Programs throughout the County (second letter).

This request is for the Board to approve the proposed letters in support of the creation of safe car parking.

Attachments:

- Letters in support of the creation of safe car parking



Letter for Cities:

The Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program (“HCH/FH Board”) is in support of creating Safe Parking programs throughout San Mateo County through cooperation and coordination with all involved parties. The HCH/FH Board is comprised of local community leaders who oversee the federal program managed by San Mateo County to support the access and delivery of necessary and appropriate healthcare services for the homeless and farm worker communities.

Homelessness is a serious, ongoing social concern in the Bay Area. With the lack of affordable housing, more and more individuals and families are being forced out of their current homes and either move from the area or become homeless. Many of the Bay Area residents now experiencing homelessness are stable community members who can simply no longer afford the high costs of housing. Furthermore, more and more San Mateo County residents are turning to their vehicles for a place to stay and sleep. The 2017 San Mateo County One Day Homeless Count found that over 65% of unsheltered homeless individuals were living/sleeping in their cars and RVs, a 34% increase from 2015. Even though the total count of unsheltered homeless persons in the County has continued to drop, the number and percentage of individuals living in their vehicles has increased.

Homeless persons living in their vehicles face an increased risk of trauma, health issues and displacement similar to other unsheltered homeless persons. Continuous moving of locations makes accessing health services and other support services difficult. To that end, the HCH/FH Board supports “Safe Parking” programs that provide safe, secure locations for vehicularly-housed homeless individuals and families to park and sleep.

Safe Parking programs provide safe, secure locations for vehicularly-housed individuals and families, which includes those living in cars or unhooked motorhomes, to park and sleep. Further, in these types of programs, outreach and essential services are co-located to support the families and individuals involved. This is evident in the growing number of RVs that can be found grouped on streets in many locations within the county and from the 2019 San Mateo County One Day Homeless Count. The Count found that over 65% of unsheltered homeless individuals were living/sleeping in their cars and RVs, a 34% increase from 2017. Even though the total count of unsheltered homeless persons in the County has continued to drop, the number and percentage of individuals living in their vehicles has increased.

To that end, the HCH/FH Board opposes efforts to ban overnight parking countywide and encourages the establishment of Safe Parking locations for the vehicularly-housed residents. Without holistic approaches to address the underlying issues, the individuals involved are simply put at a greater risk of harm, health issues, and permanent displacement.

Thank you.

The Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program

A handwritten signature in black ink, appearing to read "Brian Greenberg", is written over a horizontal line.

Brian Greenberg, Ph.D.
HCH/FH Co-Applicant Board Chair

Letter for the County Board of Supervisors:

The Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program (“HCH/FH Board”) is in support of creating Safe Parking programs throughout San Mateo County through cooperation and coordination with city municipalities. The HCH/FH Board is comprised of local community leaders who oversee the federal program managed by San Mateo County to support the access and delivery of necessary and appropriate healthcare services for the homeless and farm worker communities.

Safe Parking programs provide safe, secure locations for vehicularly-housed individuals and families, which includes those living in cars or unhooked motorhomes, to park and sleep. Further, in these types of programs, outreach and essential services are co-located to support the families and individuals involved. Currently, San Mateo County has one Safe Parking program in East Palo Alto, but more are needed to reflect the growing number of people living/sleeping in their cars and RVs. This is evident in the growing number of RVs located behind and near the Wag Hotel in Redwood City and from the 2019 San Mateo County One Day Homeless Count. The Count found that over 65% of unsheltered homeless individuals were living/sleeping in their cars and RVs, a 34% increase from 2017. Even though the total count of unsheltered homeless persons in the County has continued to drop, the number and percentage of individuals living in their vehicles has increased.

People living in their vehicles face an increased risk of trauma, health issues, displacement and disconnection from necessary services, similar to other unsheltered homeless persons. During the Health Officer’s Shelter in Place order, individuals/families living in their cars or unhooked motorhomes are unable to properly do so, as they do not have access to restroom facilities. Therefore, a Safe Parking program with porta potties and hand washing stations would support the County’s efforts to stop the spread of COVID. Continuous moving of locations due to towing/clearing makes accessing and maintaining health services and other support services, including housing services, more difficult, which is why the HCH/FH Board also recommends not dispersing car/RV encampments.

As we are all acutely aware, homelessness is a serious, ongoing social concern in San Mateo County, as well as the remainder of the Bay Area. With the lack of affordable housing, more and more individuals and families are being forced out of their current homes and either move from the area or become homeless, a trend we expect will continue in the post COVID-19 economy. Many of the Bay Area residents now experiencing homelessness are stable community members who can simply no longer afford the high costs of housing. The HCH/FH Board strongly supports the creation of Safe Parking programs as one of multiple interventions used to address the immediate needs of homeless individuals while finding longer term solutions for the underlying problems and encourages the County to take a leadership role in this effort.

Thank you.

The Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program



Brian Greenberg, Ph.D.
HCH/FH Co-Applicant Board Chair

TAB 3

Reporting Agenda



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

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

DATE: June 11th, 2020

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

FROM: Frank Trinh, Medical Director HCH/FH Program
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee will resume meetings starting June 2020 and will meet quarterly. New members of the committee will receive an overview and summary of clinical quality measures, required reporting, and current QI projects prior to the first meeting. Topics typically covered in Committee meetings include:

- Review of clinical quality measures of focus outlined in QI Annual Plan
- Quarterly clinical measure data
- Ongoing project progress updates
- Ongoing annual QI activities (patient satisfaction survey, credentialing and privileging policy review, etc.)

The QI/QA Committee will also discuss scope of activities moving forward, as well as the QI Annual Plan for 2020-2021.



DATE: June 11, 2020

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

FROM: Jim Beaumont, Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary expenditure numbers for May 2020 show a total expenditure of \$201,876, of which \$196,404 is claimable against the grant. There are additional expenditures for county cost items that had not been posted at the time the organizational account report was run. Contract expenditures include all of those known through and for May as of when this report was produced.

Projections for the year are still preliminary at this point, particularly considering the Coronavirus emergency and the unknown final total impact it will have. Nonetheless, at this point we estimate that base grant expenditures will be \$2,873,662. While our current base grant award for 2020 is \$2,625,049, we anticipate being able to carryover \$166,213 of unexpended 2019 funds based on HRSA's new carryover policy (although there is some risk that it might not happen), which ultimately provides us with a projected under-expended balance of **\$60,100** for the 2020 Grant Year (GY). The projections do estimate around a 96% - 97% expenditure rate on our contracts, which is higher than has occurred in recent history. Most of the under expenditure can be attributed to lower salary and benefit expenditures through having a position unfilled for a period of time.

As we know, the HCH/FH Program has received multiple awards for support for the COVID-19 crisis. Each of the awards has been issued as separate and unique items which will require complete separate accounting for expenditures against those awards. As we get further into the experience with COVID and the awards, we will be adding those expenditures to this report.

Attachment:

- GY 2020 Summary Grant Expenditure Report Through 05/31/2020

GRANT YEAR 2020

allocated to
SUD-MH or
IBHS

Details for budget estimates	Budgeted [SF-424]	May \$\$	To Date (05/31/20)	Projection for final adds		Projected for GY 2021
EXPENDITURES						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	601,000	44,837	262,405	590,000		631,050
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	160,000	11,693	69,733	145,000		171,990
<u>Travel</u>						
National Conferences (2500*8)	16,000		2,529	5,000		25,000
Regional Conferences (1000*5)	5,000		8,671	8,700		5,000
Local Travel	1,500			1,000		1,500
Taxis	1,000	206	748	1,500		1,000
Van & vehicle usage	1,000		314	1,000		2,000
	24,500		12,262	17,200		34,500
<u>Supplies</u>						
Office Supplies, misc.	10,000		4,999	15,000		12,000
Small Funding Requests		3,448	46,990	45,000		12,000
	10,000		51,989	60,000		12,000
<u>Contractual</u>						
2019 Contracts			54,817	54,817		
2019 MOUs			33,145	33,145		
Current 2020 MOUs	822,000	50,935	368,975	800,000		872,000
Current 2020 contracts	1,033,250	69,323	513,124	990,000		1,034,000
ES contracts (SUD-MH & IBHS)	150,000	10,350	86,550	142,500	142,500	150,000
---unallocated---/other contracts						
	2,005,250		1,056,611	2,020,462		2,056,000
<u>Other</u>						
Consultants/grant writer	30,000	3,594	3,594	20,000		30,000
IT/Telcom	10,000	2,003	6,973	15,000		15,000
New Automation				0		-
Memberships	2,500			2,500		5,000
Training	3,000	15	1,377	3,000		10,000
Misc	500			500		500
	46,000		11,944	41,000		60,500
TOTAL	2,846,750	196,404	1,464,944	2,873,662	142,500	2,966,040
GRANT REVENUE						
Available Base Grant	2,625,049			2,625,049		2,625,049
Carryover	132,709			166,213		167,000
Available Expanded Services Awards **	317,000			317,000		IBHS
HCH/FH PROGRAM TOTAL	3,074,758			3,108,262		2,792,049
BALANCE	228,008		PROJECTED AVAILABLE	234,600		(173,991)
	(88,992)		BASE GRANT PROJECTED AVAILABLE	60,100		based on est. grant of \$2,678,621 before reduction
** includes \$150,000 of SUD-MH (allocated) & \$167,000 for IBHS not yet allocated						
Total special allocation required	\$ 138,446					
<u>Non-Grant Expenditures</u>						
Salary Overage	12500	1442	5,768	12,498		13,750
Health Coverage	57000	4030	15,740	47,256		57,000
base grant prep	-					0
food	2500		300	2,500		1,500
incentives/gift cards	1,000			1,000		1,500
	73,000	5,472	21,808	63,254		73,750
TOTAL EXPENDITURES	2,919,750	201,876	1,486,752	2,936,916	NEXT YEAR	3,039,790
	BUDGETED	<i>This month</i>	TO DATE	PROJECTED		



DATE: June 11, 2020

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 May 07, 2020 Co-Applicant Board meeting:

As would be expected, the HCH/FH Program has continued to be primarily focused on the coronavirus pandemic and its impact on the homeless and farmworker populations in San Mateo County. While there has been some "re-opening" of society and the economy, there remains significant risk for our populations.

Irene Pasma has continued to provide direct support to the Health DOC and has worked arduously to move the concerns and issues of the homeless and farmworkers forward. Overall actions that have supported our populations include the availability of testing (for anyone) in Pescadero and Half Moon Bay. The Pescadero site was staffed by the Street Medicine Team and HCH/FH Program staff attended to support the effort. We continue to push for full-scale surveillance testing at shelters and congregate farmworker housing and have been engaging with Public Health Policy & Planning to support the Public Health Lab as a way of making more testing available. The Bayfront Station (FEMA funded stand up shelter for asymptomatic homeless from shelters and the street that fall into high risk categories) continues in operation and we are in negotiations with Samaritan House on funding the provision of case management services for the residents there.

Also, utilizing funding from both the Integrated Behavioral Health Award and the COVID-19 and CARES awards, we have initiated a pilot to place clinical telehealth stations at Maple Street Shelter and Puente de la Costa Sur. With this pilot we hope to address a number of issues that deter the homeless and farmworkers from accessing care, including transportation, fear and convenience. We will continue to update the Board on the progress of this pilot and future planning around telehealth

As we informed the Board at the last meeting, on May 7th we received an award from HRSA dedicated to expanding testing capacity (more details elsewhere on today's agenda) in the amount of \$184,144. That brings our total COVID-19 related funding awards to over \$880K (\$881,720). In addition to immediate activities, we are also looking to establish appropriate efforts for any recurrence (second wave, etc.) of COVID over the coming months.

With the focus on the Health Emergency, HRSA has continued its suspension of many routine activities such as site visits, etc. This also has delayed our expected Business Process Renewal/Non-Competing Continuation (BPR/NCC), which we typically would have initiated around this time. There is no firm date when this is now expected, but HRSA has indicated that they expect the process to be simplified and expedited due to the COVID-19 impacts.

While some restrictions have been lifted related to Shelter in Place (SiP) and Work From Home (WFH), the County is currently still encouraging those that can to continue to WFH. At this point, all HCH/FH staff continue to WFH unless specific activities require otherwise.

Seven Day Update

ATTACHED:

- Program Calendar

TAB 4
Presentations &
Discussion



DATE: June 11, 2020

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: Quarter 1 2020 Contractor Financial Report

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers and two County-based programs for the 2020 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following is a summary of HCH/FH Contractor financial performance from January–March 2020:

Contractor	Contract Amount	Amount Spent	% YTD 2020	% YTD 2019	EOY 2019
Behavioral Health & Recovery Services	\$90,000	\$38,000	42%	26%	57%
El Centro de Libertad	\$73,500	\$9,600	13%	9%	51%
LifeMoves	\$295,750	\$91,945	31%	37%	99%
PHPP Mobile Van & Expanded Services	\$482,250	\$123,145	26%	23%	93%
PHPP Street & Field Medicine	\$249,750	\$123,950	50%	44%	100%
Puente de la Costa Sur	\$183,500	\$64,500	35%	37%	96%
Ravenswood - Medical	\$107,100	\$32,589	30%	25%	81%
Ravenswood - Dental	\$54,725	\$16,915	31%	35%	89%
Ravenswood - Enabling	\$97,000	\$17,072	18%	28%	60%
Samaritan House - Safe Harbor	\$81,000	\$33,500	41%	35%	94%
Sonrisas Dental	\$131,675	\$45,800	35%	35%	83%
StarVista	\$150,000	\$52,800	35%	1%	79%
TOTAL	\$1,996,250	\$649,816	33%		

The following is a summary of HCH/FH Contractor Patient and Visit count from January–March 2020:

Agency	Contracted Service	Target 2020 Undup Pts	Actual 2020 YTD Undup Pts	% YTD 2020	Target 2020 Visits	Actual 2020 YTD Visits	% YTD 2020
Behavioral Health & Recovery Svcs	Care Coordination (CC)	180	76	42%	900	178	20%
El Centro	CC	100	10	10%	50	12	24%
	Motivaitonal Outreach	N/A	N/A	N/A	60	7	12%
	Prevention Education	N/A	N/A	N/A	35	10	29%
Life Moves	CC	385	82	21%	1,225	130	11%
	Intensive CC	75	50	67%	150	65	43%
	Street Medicine	140	28	20%	300	40	13%
	SSI/SSDI	40	30	75%	N/A	30	N/A
	Eligibility	40	25	63%	N/A	25	N/A
	Transportation	N/A	N/A	N/A	450	83	18%
PHPP Mobile Van & Expanded Services	Primary Care (PC)	1,000	204	20%	2,000	318	16%
	PC for formerly incarcerated & homeless	210	77	37%	420	104	25%
PHPP- Street & Field Medicine	Primary Care	135	67	50%	270	123	46%
Puente de la Costa Sur	CC	180	41	23%	300	66	22%
	Intensive CC	20	11	55%	60	11	18%
	Health Insurance Assistance	170	77	45%	N/A	88	N/A
Ravenswood	Primary Care	700	213	30%	2100	350	17%
	Dental	275	85	31%	780	161	21%
	CC	500	88	18%	1200	195	16%
Samaritan House / Safe Harbor	Care Coordination (CC)	200	75	38%	330	160	48%
	Intensive CC	10	10	100%	30	11	37%
Sonrisas Dental	Dental	115	40	35%	460	68	15%
StarVista	Adult Outreach & Engagement	150	78	52%	N/A	83	N/A
	Adult Therapeutic Services	75	78	104%	N/A	83	N/A
	Youth CC	75	5	7%	N/A	86	N/A
	Youth Therapeutic Services	25	7	28%	N/A	72	N/A
	Transportation	N/A	N/A	N/A	300	40	N/A
Total HCH/FH Contracts		4,800	1,457	30%	11,420	2,599	23%

The following are selected outcome measures from HCH/FH Contractor narrative reports for the period January—March 2020.

Agency	Outcome Measure	Performance in Q1
Behavioral Health & Recovery Services (BHRS)	<ul style="list-style-type: none"> At least 100% screened will have a behavioral health screening. At least 70% will receive individualized care plan. Connect patients to behavioral health treatment services 	<ul style="list-style-type: none"> 100% (76 clients) had a behavioral health screening 92% (70 clients) received individualized care plan <ul style="list-style-type: none"> 91% completed CC plan 9% established a medical home 92% (70 clients) were referred to either BHRS or ACCESS for behavioral health services
El Centro de Libertad	<ul style="list-style-type: none"> Provide at least 120 screening/assessments to homeless/farmworkers Provide at least 60 Motivational outreach sessions on AOD/mental health resources Provide at least 35 substance use prevention education sessions 	<ul style="list-style-type: none"> 10 homeless clients received a screening/assessment 7 motivation outreach sessions, reaching 37 homeless individuals 10 prevention education sessions, reaching 34 farmworkers or dependents
LifeMoves	<ul style="list-style-type: none"> Minimum of 50% (250) will establish a medical home. At least 75% with a scheduled primary care apt will attend at least one apt. At least 30 will complete submission for health coverage. 	<ul style="list-style-type: none"> 35% (56 clients) established a medical home 38% (38 clients) scheduled at least one primary care appointment 25 clients completed an application for and were enrolled into a health coverage plan
Public Health Mobile Van	<ul style="list-style-type: none"> At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. Number of women survey and expressed interest in Pap test services 	<ul style="list-style-type: none"> 100% (204 clients) received a comprehensive health screening 0 women were surveyed on interest of receiving a Pap test.
Public Health - Service Connect	<ul style="list-style-type: none"> At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. At least 20% of patient encounters will be related to a chronic disease. 	<ul style="list-style-type: none"> 100% (77 clients) received a comprehensive health screening 100% of visits were related to a chronic disease <ul style="list-style-type: none"> Diabetes – 21 Hypertension – 37 Asthma or COPD -31
Public Health Street & Field Medicine	<ul style="list-style-type: none"> At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed At least 50% of street homeless/farmworkers seen will be referred to Primary Care Number of patients provided women's health services 	<ul style="list-style-type: none"> 100% (67 clients) received a depression screen 20% were referred to Primary Care Pap smears/pelvic exam – 1 STD screening – 0 Pregnancy test/counseling – 3 Birth control counseling - 5

Puente de la Costa Sur	<ul style="list-style-type: none"> • At least 90% served care coordination services will receive individualized care plan. • At least 25 served will be provided transportation and translation services. • At least 170 will complete a health coverage application 	<ul style="list-style-type: none"> • 55% (29 clients) received an individual care plan • 85% of CC clients and 100% of ICC clients received transportation and translation services. • 52 out of the 88 clients who completed a health coverage application have been enrolled into an insurance program
Ravenswood Family Health Center – Medical	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. • At least 300 will receive a behavioral health screening. 	<ul style="list-style-type: none"> • 100% (213 clients) received a comprehensive health screen • 6 clients received a behavioral health screen
Ravenswood Family Health Center – Dental	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 80% will attend their scheduled treatment plan appointments. • At least 50% will complete their denture treatment plan. 	<ul style="list-style-type: none"> • 8% (7 clients) completed their dental treatment plans • 90% attended their scheduled treatment plan appointments • 50% (5 out of 10 clients) completed their denture treatment plan
Ravenswood Family Health Center – Enabling	<ul style="list-style-type: none"> • At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9. 	<ul style="list-style-type: none"> • 26% (14 out of 53 clients) received both care coordination services and created a health care case plan • 53% of homeless diabetic patients had a hbA1C below 9.
Samaritan House – Safe Harbor	<ul style="list-style-type: none"> • At least 95% of patients will receive individualized health care case plan. • At least 70% will complete their health care plan. • At least 70% will schedule primary care appointments and attend at least one. 	<ul style="list-style-type: none"> • Waiting for an update from Safe Harbor
Sonrisas Dental	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<ul style="list-style-type: none"> • 37.5% (15 clients) completed their treatment plans • 100% (1 client) completed their denture treatment plan
StarVista	<ul style="list-style-type: none"> • At least 90% served care coordination services will receive individualized care plan. • At least 250 served will be provided transportation and translation services. 	<ul style="list-style-type: none"> • 88% (73 clients) received an individualized care plan • 40 clients were provided with transportation or translation services

¹ Medical home -defined as a minimum of (2) attended primary care appointments;

² Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes, challenges and emerging trends

Commonly mentioned themes

- Housing / rent instability – especially during COVID
- Limited ability to maintain client communication – clients don't always have a phone
- Substance abuse
- Mental Health
- Food insecurity during COVID
- Lack of PPE and hygiene supply during COVID

BHRS

- Successes
 - Consistently received referrals from adult and family shelters, P90 and LifeMoves behavioral health staff.
- Challenges
 - Client follow-up has been more difficult during COVID because client doesn't have a phone or cell service is poor.
 - Issues with refilling new patient's medications in a timely manner due to COVID/reliance on phone communication.
 - Clients are being denied surgery dates because they lack insurance and/or insurance does not provide for SNF after surgery for follow-up care, and surgeon requires a permanent housing situation for follow-up/healing.

EI Centro

- Successes
 - Started delivering services to a new shelter, Haven House, in addition to Maple Street Shelter, expanding their ability to connect homeless individuals to AOD/MH services.
 - Through services provided via the HCH/FH contract, a client with a 10+ year history of homelessness and alcohol abuse worked with EI Centro team to seek treatment, stop using alcohol and reconnect with his family. At the end of Q1 he had been sober for 3 weeks, living with a family member while he continues treatment and is looking for employment.
- Challenges
 - Difficulty following up with homeless clients. Reasons include non-responsiveness, lack of patient access to a phone and departure from shelter.
 - Need better connections with farmworker community

LifeMoves

- Successes
 - LifeMoves and HCU are collaborating to develop a system to locate homeless individuals in the community who are having trouble completing their eligibility enrollments through HCU.
 - Thanks to LifeMoves CHOW intervention, a symptomatic woman in a densely populated encampment was tested for COVID-19 and admitted to SMMC for treatment. This may have slowed the spread of COVID in the encampment.
- Challenges
 - Struggle to find the balance of maintaining the health and safety of both LifeMoves staff and its clients and shelter residents.

PHPP Mobile Clinic/Expanded Services

- Successes
 - Partnership with HCH/FH during COVID-19 crisis to coordinate care for homeless and arrange for temporary housing.

- Coordination between partner orgs (Correctional Health, Mobile Health Clinic, Street Medicine, SMMC discharge and Whole Person Care) has helped improve patient care.
- A 55-year old, unstably housed Service Connect client with chronic alcohol abuse receiving monthly Vivitrol injections prior to the COVID-19 crisis. By partnering with the client's psychiatric team and Service Connect staff, the Mobile Clinic team has been able to continue to provide monthly Vivitrol injections instead of switching to oral naltrexone (which would have been a challenge for the client to remember to take). Client is grateful and continues to attend his scheduled Service Connect and telehealth psych visits.
- **Challenges**
 - Providing care to clients during COVID-19 without formal County guidance or processes
 - The Service Connect Building is closed, so there is limited time to see patients. PHPP is working on a schedule so they can see all patients one day a week.
 - Getting medical records from clients recently released from jail and prison is challenging.

PHPP Street & Field Medicine Team

- **Successes**
 - PHPP was able to coordinate quickly and effectively with LifeMoves, Puente, HCH/FH and Human Services Agency to coordinate the distribution of meals and supplies to homeless individuals and farmworkers.

Puente de la Costa Sur

- **Challenges**
 - Puente has been able to continue providing services to farmworkers and their families while working remotely during Shelter in Place. However, poor cell service is causing delays in the delivery of services
 - A local farm's lease ended earlier in the year, displacing 10 farmworkers whose housing was tied to their employment
 - Human Services Agency phone lines are available, but wait times are upwards of 2 hours to get their calls answered.
 - Two recent staff departures

Ravenswood - Medical

- **Successes**
 - Prior to COVID, Ravenswood health coaches were leading a popular six-week chronic disease self-management developed by Stanford to encourage clients combatting chronic diseases to create a support group with other community members to work together towards building confidence in managing their health.
 - Ravenswood was able to quickly and effectively mobilize their team to provide continuity of services during COVID, including repurposing their mobile van as a mobile pharmacy. In addition, they were able to implement COVID practices that included increasing telehealth services, educating clients about COVID-19 and best practices to remain safe and healthy, screening clients who present for in-person visits, and testing symptomatic, high risk clients. No HCH clients have tested positive for COVID-19.
- **Challenges**
 - Saturday clinic is closed during SIP, which limits access to care and treatment for those who cannot go to clinic during the week.
 - HCH mobile team is not able to provide primary care services at encampments during COVID-19.
 - It has been more challenging to house unsheltered individuals with disabilities because staff are not able to conduct the required assessments due to COVID/SIP.
- **Trends**
 - Encampments are growing in size and are not relocating as often as before COVID.

Ravenswood - Dental

- **Successes**
 - Communication with clients during COVID - telehealth visits are accommodated within 2 hours of initial phone call. Patients can still come in for urgent dental care. COVID screening done prior to entering the dental clinic.
 - All six Ravenswood dentists continue to provide services on a rotating basis.
 - Ravenswood hired a new general dentist and looks forward to adding two additional dental assistants to the dental team after COVID-19.
- **Challenges**
 - Routine dental services have been suspended during COVID. In-person care for urgent reasons is still available. Dental consultations are still available via telehealth.
 - Concern for the dental health of clients who had scheduled denture fittings that are cancelled due to the risk nature of the procedure
- **Looking ahead**
 - San Mateo County needs more dentists that provide safety-net dental care, even if it is just telehealth visits
 - Seeking donations for dental hygiene supplies for donation

Ravenswood – Enabling

- **Successes**
 - With guidance from the Healthcare for Homeless Council, HCH team effectively communicated COVID information to shelters and encampments, including how to keep themselves safe and healthy and the importance of shelter in place.
 - Ravenswood's food pantry has been able to take more food to local encampments to discourage leaving the encampment during COVID.
 - HCH/FH team distributed masks and conducted symptom checks to homeless individuals during outreach rounds.
- **Challenges**
 - HCH outreach is limited to one day per week during COVID, impacting continuity of care.
 - Unsheltered individuals are not able to eligible to receive hotel vouchers, regardless of risk (i.e., over 60, chronic disease).
- **Looking ahead**
 - Would like to partner with outside food programs to deliver food to homeless population. The Ravenswood pantry is not enough.

Samaritan House – Safe Harbor

- **Successes**
 - Safe Harbor staff reconnected a client recently released from County jail with his mental health provider while staying at Safe Harbor, secured a housing voucher, moved into permanent housing and remains in contact with his mental health team on a routinely scheduled basis.
- **Challenges**
 - Clients are unable to schedule primary care appointments due to COVID and are unable to get doctor signature on disability certification forms for housing

Sonrisas Dental

- **Successes**
 - Sonrisas hired a Spanish speaking dental assistant for services delivered in Pescadero, improving the delivery of services.
 - Emergency dental services are available at San Mateo clinic only.
- **Challenges**
 - No-shows and last-minute cancellations continue to be an issue

- Sonrisas cancelled routine dental care services, including services provided in Pescadero due to COVID.
- **Looking ahead**
 - Sonrisas would like to reserve more days to provide services in Pescadero.

StarVista

- **Successes**
 - Linking clients with Samaritan House and LifeMoves services has been working well
 - A positive to emerge out of COVID is that youth have been more actively engaged in both individual and group therapeutic services and are maintaining compliance with their medications
- **Challenges**
 - Clients without Medi-Cal or with out-of-County Medical are unable to connect with services like Palm Ave or other residential SUD programs in the County. StarVista needs help providing resources (ACE) to support undocumented clients.
 - COVID has created challenges in finding space for youth to participate in therapeutic services in a safe and confidential manner
 - Residents are more stressed during COVID because all have been laid off recently due to SIP.

**Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2020 Calendar (Revised June 2020)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (June 11, 2020 from 9:00 a.m. to 11:00 a.m.) Strategic Plan/RFP discussion Contractor report – Quarter 1 	June	
<ul style="list-style-type: none"> Board Meeting (July 9, 2020 from 9:00 a.m. to 11:00 a.m.) SMMC Audit approval Approve Program Budget Approve Services/Sites: Form 5A, 5B, 5C Provider Collaborative meeting 	July	TBD Abundant Grace
<ul style="list-style-type: none"> Board Meeting (August 13, 2020 from 9:00 a.m. to 11:00 a.m.) Approve Budget renewal (grant) 	August	
<ul style="list-style-type: none"> Board Meeting (September 10, 2020 from 9:00 a.m. to 11:00 a.m.) 	September	
<ul style="list-style-type: none"> Board Meeting (October 8, 2020 from 9:00 a.m. to 11:00 a.m.) 	October	
<ul style="list-style-type: none"> Board Meeting (November 12, 2020 from 9:00 a.m. to 11:00 a.m.) 	November	

BOARD ANNUAL CALENDAR	
Project	Deadline
UDS submission- Review	April
SMMC annual audit- approve	April/May
Services/locations (Forms 5A and 5B) -Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Oct-November
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

