

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



## Co-Applicant Board Meeting Agenda

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



### AGENDA

### SPEAKER(S)

### TAB

### TIME

#### A. CALL TO ORDER

Brian Greenberg

9:00am

#### B. PUBLIC COMMENT

9:02am

Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

#### C. CONSENT AGENDA

Irene Pasma

Tab 1

9:07am

1. Approve meeting minutes from Nov. 1, 2021 Board Meeting
2. Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees.

#### D. CONSUMER INPUT & GUEST SPEAKER

9:10am

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. Tele-Health for Farmworkers: Case study from UC Davis
2. Community Updates

Drs. Kim and Joseph  
Board members

#### E. BUSINESS AGENDA

9:45am

1. Approve amendment to QI/QA Plan Regarding Peer Review
2. Farewell & Gratitude to Brian Greenberg as Chair

Danielle Hull  
Robert Anderson

Tab 2

#### F. REPORTING & DISCUSSION AGENDA

10:00am

1. QI/QA Subcommittee Update
2. Contracts & MOU Update
3. Program Director's Report
4. Program Budget/Finance Report
5. HCH/FH Needs Assessment: Staff Recommendation
6. Looking ahead to 2022: program priorities and obtaining member feedback

Danielle & Amanda  
Sofia Recalde  
Jim Beaumont  
Jim Beaumont  
Irene Pasma

Tab 3

Tab 4

Tab 5

Tab 6

All

10:45am

#### ADJOURNMENT

10:55am

- H. Future meeting: January 13, 2022 9am-11am

# **TAB 1**

## Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (November 10<sup>th</sup>, 2021)  
Teams Meeting**

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson          Steven Kraft          Victoria Sanchez De Alba, Vice Chair          Janet Schmidt          Brian Greenberg, Chair          Suzanne Moore          Eric Debode          Steve Carey          Tayischa Deldridge          Christian Hansen          Gabe Garcia          Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><b><u>County Staff Present</u></b>          Irene Pasma, Program Implementation Coordinator          Danielle Hull, Clinical Coordinator          Sofia Recalde, Management Analyst          Kapil Chopra, HCH/FH Behavioral Health Medical Director          Lauren Carroll, County Counsel</p>	<p><b><u>Members of the Public</u></b>          Maricela Zavala          Ophelie Vico</p> <p><b><u>Absent Board Members/Staff:</u></b>          Tony Serrano</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call to Order</u>	Brian Greenberg called the meeting to order at 9:00 and did a roll call. Jim introduced Dr. Kapil Chopra, the new HCH/FH Behavioral Health Medical Director.	
<u>Order of the Agenda</u>	No discussion.	<b>Request to approve the Order of the Agenda</b> was <u>MOVED</u> by Victoria S. and <u>SECONDED</u> by Janet S. and <u>APPROVED</u> by all Board members present.  Steve K. abstained.
<u>Public Comment</u>	None.	
<u>Consent Agenda</u> <b>1. Mtg minutes from October 14<sup>th</sup>, 2021</b> <b>2. Resolution to conduct virtual Board meetings due to ongoing COVID-19 pandemic state of emergency</b>	<b>Please refer to TAB 1</b> All items on Consent Agenda were approved.	<b>Request to approve Consent Agenda</b> was <u>MOVED</u> by Tayischa D. and <u>SECONDED</u> by Suzanne M. and <u>APPROVED</u> by all Board members present.  Steve K. abstained.

<p><u>Consumer Input / Guest Speakers</u> <b>Community Updates</b></p>	<p>Janet Schmidt: Would like to add panhandling and recommendations on how to address/respond to it as a future update.</p> <p>Suzanne Moore: 1) Pacifica City Council approved safe parking program and is developing an MOU with Pacifica Resource Center to implement. Pacifica advocates are seeking independent evaluator of program and a way improve trust between police and homeless community. 2) ACLU report claims discrimination against the unhoused by local governments is rampant in California.</p> <p>Eric Debode: Abundant Grace's grand opening on 11/ was a success. Eric has relationship with Coastside BHRS but not a strong one with Coastside Clinic. Street Medicine visits on Mondays, but he would like to see clients access more services.</p>	
<p><u>Business Agenda:</u> <b>Vote for 2022 Board Chair and Vice Chair</b></p>	<p><b>Please refer to TAB 2</b></p> <p>Under the Board's Bylaws, the Board selects officers annually with the election to take place at the October or November meeting. The term of office is for one year, running for a calendar year, and for a maximum of 4 terms.</p> <p>Robert Anderson was nominated for Chair, and Victoria Sanchez De Alba for Vice Chair. The Board approved both nominations.</p>	<p><b>Request to elect Robert Anderson for 2022 Board Chair</b> was APPROVED by all Board members present.</p> <p>Robert A abstained.</p> <p><b>Request to elect Victoria Sanchez De Alba for 2022 Board Vice Chair</b> APPROVED by all Board members present.</p>
<p><b>Board Letter to Pacifica City Council to support safe parking in Pacifica</b></p>	<p>Suzanne M. reported that Pacifica City Council approved safe parking program, and Suzanne thinks it would still be useful to have a letter of support for safe parking programs from the HCH/FH Board on file to formally demonstrate community support. HCH/FH Board submitted a similar letter to Pacifica City Council in 2019, so there is a precedent of Board support for safe parking and issues surrounding homelessness.</p> <p>Brian G. reported on the challenge getting people to move out of large vehicles into stable housing. People get accustomed to living in that situation and not paying rent, and they are not motivated to move out.</p>	<p><b>Request to submit a Board letter to Pacifica City Council in support of safe parking in Pacifica</b> was <u>MOVED</u> by Steve K. and <u>SECONDED</u> by Janet S. and APPROVED by all Board members present.</p> <p>Suzanne M. and Eric D. abstained.</p>
<p><u>Reporting &amp; Discussion Agenda</u> <b>QI/QA Subcommittee Update</b></p>	<p><b>Please refer to TAB 3</b></p> <p><b>HTN Disparity project:</b> The project launched in October. HCH/FH is funding a Patient Navigator's time to contact African American SMMC patients, some of whom are experiencing homeless, to bring them in for nurse visits to receive hypertension education, a</p>	

	<p>blood pressure cuff, and a gift card. Thirteen patients have been scheduled and half of them have already had nurse visits. Preliminary findings show that many patients do have easy access to a blood pressure cuff, and the majority said a cuff would help them to control their blood pressure. Follow-up visits have been scheduled for the clients who have had an initial nurse visits to evaluate whether the education and blood pressure cuff had an impact in managing their hypertension. Danielle will talk to PHPP to understand how they help clients manage their diabetes.</p> <p><b>Patient satisfaction survey:</b> The survey has launched and is conducted via text, email or phone call. The biggest finding is that very few patients who identify as a farmworker or as experiencing homelessness are being surveyed. It is unclear yet if they are not being queried or if these patients are not interested in responding to the survey. Danielle will share the survey questions at the next QI/QA meeting.</p>	
<p><b>Contracts &amp; MOUs Update</b></p>	<p><b>Please refer to TAB 4</b></p> <p><b>ALAS:</b> Staff coordinated two health education trainings on Hypertension and Nutrition for the Promotores team at Coastside Clinic. In addition, ALAS will begin administering a baseline survey to farmworkers to understand their engagement to health care and knowledge of health-related topics.</p> <p><b>Q3 Contractor Financial Reporting:</b> As of September 30, 2021, contracted service providers have spent approximately 68% of the funding allocated to contracts and MOUs for calendar year (CY) 2021. Based on current activity, staff predicts that 80-85% of funding will be spent by end of CY 2021.</p> <p><b>LifeMoves Quarterly reporting:</b></p> <ul style="list-style-type: none"> <li>• Challenges include staffing changes and adjusting to new emphasis on getting clients into SMMC clinics. LifeMoves also reports that clients are not interested in telehealth and that it takes several weeks to get a new patient appt at SMMC.</li> <li>• Successes include improved communication with New Patient Connection Center and increased turnaround time for Medi-Cal and ACE enrollment.</li> </ul> <p><b>Puente Quarterly reporting:</b></p> <ul style="list-style-type: none"> <li>• Challenges include needing to fill a community organizer position and newcomers to the community, including an increase in the number of people experiencing homelessness.</li> <li>• Successes include coordinating more health-care related services for the community.</li> </ul>	

<p><b>Program Director's Report</b></p>	<p><b>Please refer to TAB 5</b></p> <p>Staff continue to work through the two HRSA site visit grant conditions. The Management Analyst position has been posted and the Program Coordinator position will be posted soon.</p> <p>COVID-19 booster efforts for people experiencing homelessness and farmworkers have begun. Pescadero held pediatric vaccine clinics earlier this week. The County will mount effort to do booster clinics on farms and is coordinating with Dept of Ag, growers, ALAS and City of Half Moon Bay. County is also working with shelters to mount on-site booster clinics and is working with congregate shelters to conduct ongoing surveillance testing.</p> <p>Brian G. left the meeting at 10:30am. Victoria Sanchez de Alba took over as Chair for the remainder of the meeting.</p>	
<p><b>Program Budget / Finance Report</b></p>	<p><b>Please refer to TAB 6</b></p> <p>Preliminary (non-COVID 19) expenditures for October 2021 were approximately \$94,604. Total expenditures for the year-to-date are \$2,341,945 of which \$2,289,611 is claimable against the grant. Total projected claimable expenditures for the year are estimated at approximately \$2.9M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$680K of unexpended funds for year's end.</p> <p>October's COVID-19 award expenditures totaled \$76,790. We expect the level of activity for the COVID awards to continue to pick up as more of the projects with SMMC come online.</p>	
<p><b>Future Board Speakers</b></p>	<p><b>Please refer to TAB 7</b></p> <p>Staff reviewed a draft calendar for guest speakers at HCH/FH Board meetings in 2022. Like the contractor update. Board members conveyed appreciation of including contracted service providers to provide updates on the on-the-ground work they are doing and recommended adding Irving Torres from All Home to present a framework for ending homelessness in San Mateo County.</p>	
<p><b>Needs Assessment 2022/2023</b></p>	<p><b>Please refer to TAB 8</b></p> <p>At the October meeting the Board reiterated their interest in two topics for the 2022-23 Needs Assessment: 1) Homeless clients with medical needs that make them unsuitable for shelter or regular housing and 2) Farmworker housing. Staff recommends a third topic, SMMC Patient and Healthcare Provider perspectives on health care delivery.</p> <p>Irene Pasma guided the Board through a brainstorming exercise to think about the questions we are trying to answer for each topic, the purpose of the data that will be collected and who are the stakeholders.</p> <p><b>Homeless clients with high medical needs:</b></p>	

	<p>The below items were highlighted as who would be requested for information/what type of information could be collected should this topic be pursued for the Needs Assessment.</p> <ul style="list-style-type: none"> <li>• Survey shelter providers</li> <li>• Understand what healthcare services are covered by Medi-Cal</li> <li>• Survey SMMC and other SMC hospitals discharge teams to learn how hospitals address clients experiencing homelessness that are discharged from hospitals with medical needs</li> <li>• How to navigate clients who reside in Permanent Supportive Housing and whose health is declining to ensure that they receive the care they need.</li> </ul> <p><b>Farmworker housing</b> – One potential action in lieu of a needs assessment given all the other work happening in the County on this topic is for the Board to send letters of support for new farmworker housing and improved living conditions in existing farmworker housing to relevant stakeholders.</p> <p>Staff committed to sending Board members all relevant existing reports in a separate email so Board members could acquaint themselves with the information.</p>	
<p><u>Adjournment</u></p>	<p>Victoria Sanchez de Alba adjourned the meeting at 11:02am. The next HCH/FH Board meeting is scheduled for Thursday, December 9<sup>th</sup>.</p>	



San Mateo Medical Center  
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[smchealth.org/smmc](http://smchealth.org/smmc)

DATE: November 10, 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 October 2021 show expenditures for the month of approximately \$94,604. Total expenditures for the year-to-date are \$2,341,945 of which \$2,289,611 is claimable against the grant. Total projected claimable expenditures for the year are estimated at approximately \$2.9M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$680K of unexpended funds for year's end.

COVID Award expenditures for October totaled \$76,790. We expect the level of activity for the COVID awards to continue to pick up as more of the projects with SMMC come online. Our original COVID awards do not expire until March/April 2022 and the APR award runs through March 2023.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 10/31/21





## RESOLUTION NO.

### RESOLUTION FINDING THAT THE COVID-19 PANDEMIC STATE OF EMERGENCY CONTINUES TO PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES AND THAT IT CONTINUES TO DIRECTLY IMPACT THE ABILITY OF THE HEALTHCARE FOR THE HOMELESS & FARMWORKER HEALTH (HCH/FH) PROGRAM CO-APPLICANT BOARD TO MEET SAFELY IN PERSON

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**WHEREAS**, on March 4, 2020, pursuant to Section 8550, *et seq.*, of the California Government Code, Governor Newsom proclaimed a state of emergency related to the COVID-19 novel coronavirus and, subsequently, the San Mateo County Board of Supervisors declared a local emergency related to COVID-19, and the proclamation by the Governor and the declaration by the Board of Supervisors remains in effect; and

**WHEREAS**, on March 17, 2020, Governor Newsom issued Executive Order N-29-20, which suspended certain provisions in the California Open Meeting Law, codified at Government Code section 54950, *et seq.* (the “Brown Act”), related to teleconferencing by local agency legislative bodies, provided that certain requirements were met and followed; and

**WHEREAS**, on June 11, 2021, the Governor issued Executive Order N-08-21, which extended certain provisions of Executive Order N-29-20 that waive otherwise-applicable Brown Act requirements related to remote/teleconference meetings by local agency legislative bodies through September 30, 2021; and

**WHEREAS**, on September 16, 2021, Governor Newsom signed AB 361, which provides that a local agency legislative body may continue to meet remotely without complying with otherwise-applicable requirements in the Brown Act related to

remote/teleconference meetings by local agency legislative bodies, provided that a state of emergency has been declared, and the legislative body determines that meeting in person would present imminent risks to the health or safety of attendees, and provided that the legislative body makes such finding at least every thirty days during the term of the declared state of emergency; and,

**WHEREAS**, at its meeting of October 14, 2021, the HCH/FH Co-Applicant Board adopted a resolution, wherein this Board found, among other things, that as a result of the continuing COVID-19 state of emergency, meeting in person would present imminent risks to the health or safety of attendees; and

**WHEREAS**, if this Board determines that it is appropriate to continue meeting remotely pursuant to the provisions of AB 361, then at least every 30 days after making the initial findings set forth in the resolution adopted by this Board on October 14, 2021, this Board must reconsider the circumstances of the state of emergency and find that the state of emergency continues to impact the ability of members of this Board to meet safely in person.

**WHEREAS**, the HCH/FH Co-Applicant Board has reconsidered the circumstances of the state of emergency and finds that the state of emergency continues to impact the ability of members of the HCH/FH Co-Applicant Board to meet in person because there is a continuing threat of COVID-19 to the community, and because Board meetings have characteristics that give rise to risks to health and safety of meeting participants (such as the increased mixing associated with bringing together people from across the community, the need to enable those who are

immunocompromised or unvaccinated to be able to safely continue to participate fully in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other safety recommendations at such meetings); and

**WHEREAS**, the California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, that it may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and,

**WHEREAS**, the HCH/FH Co-Applicant Board has an important interest in protecting the health, safety and welfare of those who participate in its meetings; and,

**WHEREAS**, the HCH/FH Co-Applicant Board typically meets in-person in public buildings, most often in medical facilities, such that increasing the number of people present in those buildings may impair the safety of the occupants; and

**WHEREAS**, in the interest of public health and safety, as affected by the state of emergency caused by the spread of COVID-19, the HCH/FH Co-Applicant Board finds that this state of emergency continues to directly impact the ability of members of this Board to meet safely in person and that meeting in person would present imminent risks to the health or safety of attendees, and the Board will therefore invoke the provisions of AB 361 related to teleconferencing for meetings of the HCH/FH Co-Applicant Board.

**NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED** that

1. The recitals set forth above are true and correct.
2. The HCH/FH Co-Applicant Board has reconsidered the circumstances of the state of emergency caused by the spread of COVID-19.
3. The HCH/FH Co-Applicant Board finds that the state of emergency caused by the spread of COVID-19 continues to directly impact the ability of members of the Board to meet safely in person.
4. The HCH/FH Co-Applicant Board further finds that meeting in person would present imminent risks to the health or safety of meeting attendees and directs staff to continue to agendize public meetings of the HCH/FH Co-Applicant Board only as online teleconference meetings.
5. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the HCH/FH Co-Applicant Board to consider making the findings required by AB 361 in order to continue meeting under its provisions.

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**TAB 2**

**Business Agenda**

Amendment to QI/QA  
Plan



DATE: December 9<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 HCH/FH PROGRAM QI/QA POLICY AND PROCEDURES

The San Mateo County HCH/FH Program underwent a Virtual Operational Site Visit (VOSV) from our federal funder, Health Resources and Services Administration (HRSA), on August 3<sup>rd</sup> – 5<sup>th</sup>, 2021. As a result of the site visit, we received a finding of non-compliance with Compliance Element: “d. Quarterly Assessments of Clinician Care” within the HRSA VOSV Site Visit Manual. In response to the non-compliant finding, the HCH/FH Program has worked with San Mateo Medical Center Primary Care Quality Committee to create a process for quarterly peer review of SMMC Ambulatory Providers, with focus on improving provider-driven clinical metrics, such as Controlling High Blood Pressure and Control of Diabetes Hemoglobin A1c. The request is for the board to approve the amended HCH/FH Program QI/QA Policy and Procedures to include quarterly clinician-conducted peer review process.

Summary of changes:

- Reformatted to reflect updated SMMC Departmental Policy Template
- Addition of process for SMMC Primary Care Quality Committee Quarterly Peer Review
  - SMMC Primary Care Quality Committee will review monthly clinical performance across ambulatory clinics using the Adult Primary Care Quality Report sent by Population Health. SMMC Primary Care Quality Committee will select the clinic with lowest performance in a selected provider-driven clinical measure. The Committee will then choose two providers within the identified clinic and peer-review three of their charts of patients not up to date with the selected clinical measure quarterly.

Attachments:

- HCH/FH Program QI/QA Policy and Procedures

SUBJECT: HCH/FH QI/QA POLICY AND PROCEDURES  
DEPARTMENT: COUNTY OF SAN MATEO HEALTHCARE FOR HOMELESS AND FARMWORKER HEALTH PROGRAM  
AUTHOR: HCH/FH MEDICAL DIRECTOR, HCH/FH CLINICAL SERVICES COORDINATOR

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SCOPE:

This policy will address San Mateo Medical Center (SMMC) outpatient all staff and clinics, as well as the Healthcare for Homeless and Farmworker Health (HCHF) Program staff, QI/QA Committee members, contracts and contracted providers, and HCH/FH Co-Applicant Board, as applicable.

PURPOSE:

The purpose of the Health Care for the Homeless and Farmworker Health Program (HCH/FH)'s Quality Improvement (QI)/Quality Assurance (QA) Program is to evaluate and ensure, on an ongoing basis, the effectiveness of health care provided to homeless and farmworker patients and families, success in meeting utilization targets, achievement of clinical and financial performance objectives, and the highest levels of patient satisfaction. The HCH/FH QI Plan will be established and implemented through the QI Policy and Procedure, which will:

- Establish broad performance improvement goals and priorities that are aligned with the goals and objective identified in the Strategic Plan of the HCH/FH Program and meets Section 330-Program requirements.
- Develop and utilize specific mechanisms for the identification, adoption and reporting of performance improvement projects.
- Monitor program performance through appropriate data collection including systematic aggregation and analysis of data from San Mateo Medical Center (SMMC) clinics and program contractors.
- Develop a process by which problems can be assessed and proposed solutions implemented with a method of follow-up that will assure problem resolution.
- Provide information regarding performance improvement activities and education to the HCH/FH Program Co-Applicant Board, San Mateo Medical Center (SMMC) Hospital Board, SMMC Quality Improvement Committee (QIC), program staff, and program contractors.

The HCH/FH QI Program provides the structure, tools, and resources to improve the quality of the HCH/FH Program in three essential areas:

- Patient **Access** to quality care

- Personal and organizational **Excellence**
- **Collaboration** with co-workers and community partners

The HCH/FH QI Plan also provides the outline for monitoring and improving program service delivery in four major areas:

- Quality of **Service**- Patient access and satisfaction
- Quality of **Care**- Clinical indicators and outcome measures
- Quality of **Work**- Staff productivity, satisfaction, and retention
- Quality of **Population Health**- Health status indicators for the target population

The HCH/FH QI Policy and Procedures establishes and implements the QI Program and involves the following components:

- Composition and responsibilities of the HCH/FH QI Committee
- Identification of quality indicators
- Selection of quality objectives
- Measurement of progress on quality indicators and objectives
- Risk Management
- System for using data to guide improvements
- Mechanisms for accountability and organizational responsibility
- QI infrastructure support and resources

#### POLICY/PROCEDURE:

The San Mateo County HCH/FH Program's Co-Applicant Board has instituted a quality improvement and quality assurance program that establishes the structure and process for improving organizational performance. The HCH/FH QI Program will be carried out in accordance with HCH/FH and SMMC policies through:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values, and goals of the program
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring program performance through appropriate data collection, aggregation, and analysis
- Providing information regarding performance improvement activities and education to the HCH/FH Co-Applicant Board, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program staff, and program contractors.
- Ensuring quality of care by partnering with the SMMC Primary Care Quality Committee to perform quarterly peer-reviews providers performing under baseline of provider-driven clinical metrics.



The HCH/FH QI Plan will be submitted by the HCH/FH QI Committee to the HCH/FH Co-Applicant Board. Annual QI plans will include the following components: quality assurance/control activities, quality improvement activities, patient satisfaction measures, and peer monitoring activities. Quarterly reports of performance improvement activities will be provided to the HCH/FH Co-Applicant Board and to the SMMC QIC as appropriate. After the quarterly reports, further activities will be determined by the HCH/FH Co-Applicant Board to review and approve indications for evaluation studies, review data looking for trends and significant variance, and make recommendations and/or act as required. Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC. Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee directly to the contractors.

#### I. ORGANIZATION AND REPORTING CHANNELS:

- A. The HCH/FH QI Committee is responsible for implementing the HCH/FH QI Program and development of the annual QI Plan.
- B. The HCH/FH QI Committee will review and analyze data from SMMC clinics and contractors on a quarterly basis. Data collection and analysis of outcome measures indicated by the UDS (Uniform Data System) report are conducted on a yearly basis.
- C. The HCH/FH QI Committee provides reports to the HCH/FH Co-Applicant Board on a quarterly basis and to the SMMC Hospital Board on an annual basis.
- D. Quality improvement concerns regarding services performed by SMMC clinic providers and contractors will be reported as part of quality plan reports to the HCH/FH Co-Applicant Board, SMMC Hospital Board, and SMMC QIC. The HCH/FH QI Committee will make recommendations and/or act as required.
- E. The HCH/FH Program provides services embedded in the SMMC clinic structure as well as through contracts with community partners. Quality improvement concerns regarding services performed by SMMC clinic providers and contractors will be processed through the HCH/FH QI Committee and the HCH/FH Co-Applicant Board.

#### II. HCH/FH QI COMMITTEE

- A. The HCH/FH QI Committee provides leadership for organization-wide, ongoing assessment, monitoring and improvement of HCH/FH programs and services in major functional areas and important aspects of care, including clinical primary care, patient and staff education, continuity of care, risk management, patient satisfaction, support services, medical record/information systems, and financial integrity and accountability. The HCH/FH QI Committee is responsible for the planning and implementation of activities to ensure the quality of care delivered by the HCH/FH Program for homeless and farmworker patients and families.

- B. The HCH/FH QI Committee will consist of the Medical Director, Program Director, Program Coordinator, representatives of primary care providers, representatives of all program services contractors and other ad hoc members as needed.
- C. The HCH/FH QI Committee will meet at least quarterly (a minimum of four times per year). If a problem, incident, or urgent business arises between the dates of regular meetings, the HCH/FH Medical Director or Program Director may call an emergency meeting.
- D. The HCH/FH Medical Director establishes the agenda for each meeting. The Program Coordinator records and maintains files of minutes of each meeting. Each meeting agenda may include but will not be limited to:
  - i. Presentation of previous meeting minutes for approval
  - ii. Risk management status review
  - iii. Review of status of UDS quality of care and health disparities clinical measures
  - iv. Review of HCH and FH utilization trends
  - v. Review of audits
  - vi. Review of areas of concern/problem reports
  - vii. Follow-up of previously identified problems/opportunities for improvement
- E. The HCH/FH QI Committee will review data from SMMC clinics and contractors on a quarterly basis and monitor progress on utilization and clinical performance measure. Reports and recommendations may include but are not limited to:
  - i. Reports on utilization by homeless and farmworker patients and families and sub-populations within these two target populations
  - ii. Findings from applicable internal and external audits
  - iii. Clinical performance measure findings
  - iv. Patient and staff satisfaction survey results
  - v. Patient and staff concerns or suggestions
- F. SMMC clinics and contractors report risk management and other significant concerns regarding patient safety, including patient-related incident reports, immediately to the HCH/FH Medical Director.
- G. The activities of the HCH/FH QI Committee are legally protected under the California Health and Safety Code Section 1370. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat.” All peer review and other confidential

reviews and actions will be done during closed session of the QI Committee meeting.

H. SMMC Primary Care Quality Committee Quarterly Peer Review

- i. San Mateo Medical Center (SMMC) Population Health tracks and generates a report of clinical metric performance (A1c at goal, blood pressure at goal, Tdap, pneumovax, flu vaccine) for all San Mateo Medical Center ambulatory clinic visits within the fiscal year. This report is called the Monthly Adult Primary Care Quality Report.
- ii. SMMC Primary Care Quality Committee will review monthly clinical performance across ambulatory clinics using the Adult Primary Care Quality Report sent by Population Health. SMMC Primary Care Quality Committee will select the clinic with lowest performance in a selected provider-driven clinical measure. The Committee will then choose two providers within the identified clinic and peer-review three of their charts of patients not up to date with the selected clinical measure quarterly.
- iii. Primary Care Quality Committee will perform three peer-reviews of charts for two lowest performing providers at identified clinic quarterly and recommend strategies for improvement or summarize resources needed for the provider to help their patients meet goal for the clinical metric of focus.
  1. Primary Care Quality Committee will document findings in chart review template.
  2. Providers selected for peer-review should have a panel of at least 30 patients or greater and chosen only once per calendar year.
  3. Clinics will be chosen only once per calendar year.
  4. The Primary Care Quality Committee will identify the clinical measure of focus and baseline for performance annually.

QUALITY IMPROVEMENT ACTIVITIES:

I. QUALITY INDICATORS

- A. The HCH/FH QI Committee will carefully select quality and health disparity indicators based on the following priorities:
  - i. Selected practice guidelines - Use of practice guidelines to meet clinical standards for adult, older adult, and pediatric health maintenance and for treatment of conditions that disparately affect HCH/FH patients
  - ii. Benchmarks for clinical performance measures reported in the annual UDS summary and rollout reports for Section 330 grantees
  - iii. Healthy People 2020 and HEDIS measures for chronic disease and preventive care

- iv. New or significantly modified major processes - Impact of processes adopted or modified to improve quality of care
- v. Requirements of external agencies that have significant consequence in either supporting the HCH/FH Program's attainment of its mission or financial well-being - Requirements from funders, requirements from regulatory agencies, and Bureau of Primary Health Care (BPHC) measures Indicators that have been identified as having broad impact across organizational functions and that should be considered for immediate action - Clinical and legal compliance issues, training and staff development requirements, and factors that impact community health and relations

## II. SELECTION OF SPECIFIC QUALITY OBJECTIVES

- A. The HCH/FH QI Committee will develop an annual QI Plan with specific objectives in the areas of access and utilization of care, and clinical performance. The annual work plan is revised on an ongoing-basis and will:
- B. Outline specific goals and outcome measures for access to care, utilization of services, and clinical performance measures for homeless and farmworker individuals and families
- C. Propose implementation plan for goals and outcome measures
- D. Measure and analyze proposed goals and outcome measures
- E. Revise or add goals and outcome measures as needed with proposed follow-up plan

## III. MEASUREMENT OF QUALITY INDICATORS AND PROGRESS ON OBJECTIVES

- A. The HCH/FH QI Committee oversees and coordinates collection and analysis of data by SMMC clinics and program contractors to measure quality indicators and progress toward annual objectives.
  - i. Data Collection Systems: To ensure the availability of accurate and timely data to inform QI activities, the HCH/FH QI Committee coordinates:
    - 1. Development, testing and application of procedures and tools (forms, charts, logs, etc.) for the collection of data for HCH/FH QI purposes
    - 2. Regular training/re-training of staff on data collection, including "just-in-time" training on changes in procedures and to solve problems
    - 3. Design and posting of simple instructions and reminders about data collection
    - 4. Quality control of data collection and follow-up

5. Assurance that data collection complies with SMMC procedures for data storage, maintenance (including backups) and security, covering all formats of data (charts, notes, electronic records, etc.) and exchange of data between SMMC and program contractors
- B. Patient Records Reviews: Based on SMMC policies and procedures, the HCH/FH Medical Director establishes procedures for and supervises reviews of representative samples of electronic health records and/or SMMC clinic patient charts to measure progress toward selected clinical performance measures and other quality indicators. Contractors have in place procedures and supervision for records review of homeless and farmworker patients. Reviews of patient records are conducted quarterly. A formal Peer Review Program is conducted by SMMC, SMMC Primary Care Quality Committee, and all providers of primary care.
  - C. Data Analysis: The HCH/FH Medical Director oversees data analysis conducted by the Program Staff. The Program Director prepares aggregated reports of data from SMMC clinics and program contractors to the HCH/FH QI Committee as requested by the Medical Director. Data performance compared to the goals for Quality Measures and emerging trends derived from the reports will guide the HCH/FH QI Committee in identifying problem areas/opportunities for improvement and planning improvement projects

IV. SYSTEM FOR USING DATA TO GUIDE IMPROVEMENTS

- A. Improvement activities will follow the Plan-Do-Study-Act (PDSA) methodology. This methodology requires careful planning at all stages of the cycle.

	<b>STEPS IN THE QI PROCESS</b>	<b>USEFUL TOOLS</b>
P	<b>Plan the improvement</b> ➤ Plan the implementation of the improvement ➤ Plan continued data collection	<input checked="" type="checkbox"/> Data Collection Methods <input checked="" type="checkbox"/> Group Decision-Making Tools
D	<b>Do the improvement to the process</b> ➤ Make the change ➤ Measure the impact of the change	<input checked="" type="checkbox"/> Flowchart <input checked="" type="checkbox"/> Data Collection Methods <input checked="" type="checkbox"/> Run Chart
S	<b>Study the results</b> ➤ Examine data to determine whether change led to the expected improvement	<input checked="" type="checkbox"/> Cause and Effect Diagram <input checked="" type="checkbox"/> Run Charts <input checked="" type="checkbox"/> Control Charts <input checked="" type="checkbox"/> Histograms

A	<p><b>Act to hold the gain and continue to improve the process</b></p> <ul style="list-style-type: none"> <li>➤ Develop a strategy for maintaining the improvements</li> <li>➤ Determine whether or not to continue working on the process</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Flowchart</li> <li><input checked="" type="checkbox"/> Group Decision-Making Tools</li> </ul>
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V. RISK MANAGEMENT

- A. The HCH/FH QI Committee will work closely with the SMMC Patient Safety Committee (PSC). The PSC is a chartered subcommittee of SMMC QIC and is responsible for oversight of patient safety at all SMMC patient care facilities. Effective reduction of medical/health care errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, patient families, and organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages recognition and acknowledgment of risks to patient safety and medical/health care errors; initiation of actions to reduce these risks; internal reporting of what has been found and the actions taken; focus on processes and systems; and minimization of individual blame or retribution for involvement in a medical/health care error. Organizational learning is also encouraged regarding medical/health care errors. Sharing of organizational knowledge is also supported to effect behavioral changes within the organization and in other health care organizations to improve patient safety.
- B. HCH/FH complies with the SMMC Integrated Patient Safety Plan (in WorkSite titled PI.03.01.01-A Integrated Patient Safety Program). In compliance with the Integrated Patient Safety Plan, sentinel events and other significant untoward events, or the risk of such events, will be included in the HCH/FH QI Plan through special reporting. Such events are further defined in the Integrated Patient Safety Plan. These events may also be reportable pursuant to the County’s sentinel event reporting ordinance. Actions taken because of root causes analyses and focus reviews will be included in the quality improvement program and reported to the HCH/FH Co-Applicant Board, SMMC Hospital Board, and SMMC QIC. Primary care contractors have in place and comply with their individual risk management plans and all related policies and procedures.

VI. PATIENT/CLIENT COMPLAINTS

- A. Patient/client grievances and complaints are treated with the highest importance. Complaints and concerns should be resolved at the program level whenever possible. When an issue cannot be resolved, procedures are followed as described in the policy in the Rights and Responsibilities of the Patient chapter in WorkSite titled RI.01.07.01-B Patient Grievance Procedure. Complaints and

grievances, which relate to quality-of-care issues, are referred to the appropriate department or committee for review and action.

#### VII. CREDENTIALING AND PRIVILEGING

- A. SMMC primary care providers delivering care for homeless and farmworker patients and families are subject to SMMC credentialing and privileging policies and procedures. These policies and procedures ensure the appointment and re-appointment of appropriately licensed and qualified individuals to the medical staff and grant such individuals specific clinical privileges. Primary care contractors have credentialing and privileging policies and procedures in place as well. The HCH/FH Co-Applicant Board will verify annually, or as needed, that SMMC and primary care contractors have credentialing and privileging policies and procedures verifying that all licensed and certified healthcare practitioners delivering care for homeless and farm worker patients and families are in full compliance with the Bureau of Primary Health Care Policy Information Notices 2001-16 and 2002-22.

#### VIII. PATIENT SATISFACTION SURVEYS

- A. The HCH/FH Program monitors patient satisfaction survey on an ongoing basis with homeless and farmworker patients of SMMC clinics in partnership with SMMC and survey vendor. The HCH/FH QI Committee will review survey results quarterly and use the findings to assist in identifying important issues for patients that may need to be addressed.

#### IX. MECHANISMS FOR ACCOUNTABILITY AND ORGANIZATIONAL RESPONSIBILITY:

- A. The HCH/FH Co-Applicant Board has the ultimate authority and responsibility for the implementation and maintenance of ongoing QI activities. This responsibility is delegated to the HCH/FH QI Committee. To ensure accountability for HCH/FH QI, organizational responsibilities are defined as follows:
- B. The HCH/FH Medical Director is responsible for ensuring that the HCH/FH QI Plan is properly developed, implemented and coordinated. The Medical Director oversees reviews of patient records by licensed health professionals. The Medical Director is involved in the coordination of QI activities with primary care contractors. The Medical Director assists the Program Director with the preparation and presentation of the HCH/FH QI quarterly report to the HCH/FH Co-Applicant Board.
- C. The HCH/FH Program Director is responsible for managing the collection, analysis, and reporting of accurate, timely data to inform QI activities. Program Director works with the Medical Director to prepare and present the HCH/FH QI quarterly report to the HCH/FH Co-Applicant Board.

- D. Infrastructure Support and Resources for QI: The SMMC Quality Management Department is responsible for supporting SMMC’s organization-wide quality management program, including the HCH/FH QI Plan. The department provides program support through assisting in the collection of data for performance improvement purposes, conducting clinical review activities, preparing summary reports, reporting data, maintaining a central location for QI records and organizational review activities while safeguarding confidentiality, maintaining records and databases that support performance improvement activities, and providing training related to dissemination and implementation of QI activities.

SMMC Policy Review & Approval Grid		
Origination Date: 2013-12		Last Review Date: 2021-12
Reviewed and approved by:	Date:	Signature (if applicable):
HCH/FH Co-Applicant Board		
HCH/FH Co-Applicant Board Chair		
HCH/FH Program Director		
NOTE(s):		



# **TAB 3**

QI/QA Subcommittee

Update



DATE: December 9<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 met on November 18<sup>th</sup>.

- Hypertension Disparity Pilot
  - Joint effort with SMMC Diversity, Equity, and Inclusion
  - Received an additional \$5,000 in funding to continue this pilot from the efforts of the San Mateo County Health Foundation.
- The Committee reviewed CY21 Q3 data of clinical measures of focus.

QI Measures of Focus	2020	CY21 Q2	CY21 Q3	SMMC Performance (Prime/QIP)	CA 330 Programs 2020	2020 Adjusted Quartile Ranking
<b>Screening and Preventive Care</b>						
Cervical Cancer Screening	50%	56%	53%	56.6%	52.5%	1
Colorectal Cancer Screening	53%	51%	53.3%	62%	37.1%	1
Breast Cancer Screening	51%	53.3%	52.5%	66.4%	46.6%	1
Depression Screening and Follow-up	33%	25.5%	30.4%	59.2%	59.3%	4
Adult BMI Screening and Follow-up	27%	31%	16%	N/A	61.3%	4
<b>Chronic Disease Management</b>						
Hypertension	26%		38%	51.8%	56.4%	4
Diabetes A1c <9%	63%	63.3%	66.7%	72%	63%	2
<b>Maternal Health</b>						
Prenatal Care 1st Trimester	67%		61%	N/A	77%	4

- Interest from the Committee to have separate meeting focused on malnutrition in patients with abnormal BMI and bring in a subject matter expert on potential solutions.
- Review evidence-based approaches and interventions regarding nutrition and patients experiencing homelessness.
- We continue to work on data validation with Business Intelligence to ensure we are reviewing accurate data.

# **TAB 4**

Contracts and MOU

Update



DATE: December 10<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 & MOUs update

**Contract & MOU Updates**

HCH/FH has several contracts and MOUs with County departments and organizations to provide healthcare related services for people experiencing homelessness and farmworkers and their dependents. Below is a description of each and a status update.

**Abode Services** – Abode identified an in-house employee to begin delivering medical care coordination services to newly housed individuals. HCH/FH and Abode staff is presenting to the Coordinated Entry System Workgroup on 12/7/2021 and will launch the service on a rolling basis afterward. HCH/FH staff is scheduling additional meetings with Project We Hope, Samaritan House and LifeMoves to introduce the new service. Abode will continue to recruit for a full-time medical care coordination case manager position.

**ALAS** – HCH/FH developed a baseline survey with input from ALAS to understand farmworker engagement with healthcare and knowledge of health-related topics. ALAS is currently administering the survey and will administer it again in 3 years to see if there are any improvements after a few years of Promotores services.

**LifeMoves and Puente** – HCH/FH staff is working through processes to support case manager access to limited SMMC patient information (e.g., health insurance, appt date/time, Primary Care Provider).

**Behavioral Health & Recovery Services (BHRS)** – Quarterly meeting occurred on 11/19/2021.

Contracted Service	CY 2021 Client target	# of Clients Jan-Sep 2021	# of Visits Jan-Sep 2021
Behavioral Health Care Coordination	165	147	808
<b>Performance Outcomes</b>			
Referrals to behavioral health treatment services	≥85%	82%	NA
Attend at least one BH appointment	≥60%	31%	NA
Establish a medical home	≥60%	45%	NA

Challenges:

- Long wait times for PCP appointments (1-2 months out)
- Lag time for HPSM referrals to go through

Successes:

- Telehealth has worked well in keeping folks connected to behavioral health services during the COVID-19 pandemic.
- HCH team is starting to return to limited in-person visits

Additional support requested:

- Improved communication with Mobile Dental Clinic

**Public Health Policy and Planning (PHPP) Mobile Clinic and Street/Field Medicine – No update**

**Saturday Dental Clinic at Coastside Clinic – No update**

**Sonrisas – No update**

# **TAB 5**

## 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: December 09, 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 November 10, 2021 Co-Applicant Board meeting:

HCH/FH staff is working with the County Vendor HR Support in going out to farms in HMB to conduct on-farm boosters. ALAS comes to farms as well to help with translation. On farm boosters occurred November 19<sup>th</sup>, December 3, and will occur on December 10 and 17<sup>th</sup>. As of Friday December 3, about 120 farmworkers in HMB received their booster via on-farm vaccinations. By the end of December, it is anticipated to be closer to 340. This is in addition to standing vaccine clinics at Coastside Hope among other options.

San Mateo County is organizing a Working to End Homelessness convening in early 2022. The intent of the convening is to bring together a wide group of stakeholders in SMC – businesses, city representatives, providers, faith-based communities, etc. – to discuss solutions to ending homelessness and make commitments to doing so. HCH/FH staff is participating in planning among other county departments and nonprofits.

Program continues to work through the grant conditions from HRSA that resulted from our August Operational Site Visit (OSV). We have policies for Basic Life Support (BLS) verification for all clinical staff and National Provider Data Base checks for all non-Licensed Individual Providers (LIPs). We continue to work with SMMC staff on the Quality Improvement/Quality Assurance condition (policy for at least quarterly per review of quality of services through chart review). There is a business item on today's agenda addressing this item.

Program is currently completing the interview process for the HCH/FH Associate Management Analyst position. The HCH/FH Community Services Coordinator position has been opened. We are hoping to fill the position early next year.

San Mateo County has announced a cooperative program between the County and the 4 largest city's police departments to provide a mental health clinician to support the police on appropriate calls.

HCH/FH is currently working with Health Information Technology for the release of an RFP for a Case Management System. The RFP should be posted shortly.

#### Seven Day Update

#### ATTACHED:

- Program Calendar



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

EVENT	MONTH	NOTES
<ul style="list-style-type: none"> <li>• <b>Board Meeting (October 14, 2021 from 9:00 a.m. to 11:00 a.m.)</b> <ul style="list-style-type: none"> <li>○ SMMC Audit approval</li> <li>○ Chair and Vice Chair nominations begins</li> <li>○ Conflict of Interest Signing</li> </ul> </li> </ul>	October	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (November 11, 2021 from 9:00 a.m. to 11:00 a.m.)</b> <ul style="list-style-type: none"> <li>○ Chair and Vice Chair Elections</li> </ul> </li> </ul>	November	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (December 9, 2021 from 9:00 a.m. to 11:00 a.m.)</b></li> </ul>	December	

<b>BOARD ANNUAL CALENDAR</b>	
<b>Project</b>	<b>Timeframe</b>
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 6**

Program

Budget/Finance

Report



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 T  
[smchealth.org/smmc](http://smchealth.org/smmc)

DATE: December 09, 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 November 2021 show expenditures for the month of approximately \$141,693. Total expenditures for the year-to-date are \$2,489,318 of which \$2,431,304 appears claimable against the grant. Total projected claimable expenditures for the year are estimated at approximately \$2.8M. With carryover from 2020, we expect to have available funding around \$3.6M, leaving an estimated \$800K of unexpended funds at year's end.

The unexpended funding is primarily driven by two forces: 1.) the staff vacancy, and 2.) the change in contracts at mid-year. With the new strategic plan focus and RFP, we have two essentially completely new contractors, and their ramp-up time has been slower than had been hoped for. We has always anticipated that there would be unexpended funds, which can now be carried forward. It looks like it will be about #00-400K higher than originally anticipated due to the above.

There were no COVID Award expenditures reported in the November preliminary reports. We expect the level of activity for the COVID awards to continue to pick up as more of the projects with SMMC come online. Our original COVID awards do not expire until March/April 2022 and the APR award runs through March 2023.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 11/30/21



GRANT YEAR 2021

November

Details for budget estimates	Budgeted [SF-424]		To Date (11/30/21)	Projection for end of year	Projected for GY 2021
<b>EXPENDITURES</b>					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	631,050	42,685	508,435	558,000	690,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	171,990	14,369	132,304	149,000	225,000
<u>Travel</u>					
National Conferences (2500*8)	25,000		2,685	3,000	25,000
Regional Conferences (1000*5)	5,000			250	5,000
Local Travel	1,500			250	1,500
Taxis	1,000		163	500	1,000
Van & vehicle usage	2,000		706	1,000	1,500
	34,500		3,554	5,000	34,000
<u>Supplies</u>					
Office Supplies, misc.	12,000	136	5,702	7,000	10,000
Small Funding Requests			81,767	82,000	
	12,000		87,469	89,000	10,000
<u>Contractual</u>					
2019 Contracts			129,225	129,225	
2019 MOUs			144,645	144,645	
Current 2020 MOUs	872,000	3,600	648,990	860,000	1,200,000
Current 2020 contracts	1,034,000	79,380	740,155	790,000	850,000
ES contracts (SUD-MH & IBHS)	150,000				
---unallocated---/other contracts					
	2,056,000		1,663,015	1,923,870	2,050,000
<u>Other</u>					
Consultants/grant writer	30,000			5,000	25,000
IT/Telcom	20,000	1,523	20,099	23,000	25,000
New Automation				0	-
Memberships	5,000			2,500	5,000
Training	10,000		16,356	19,000	20,000
Misc	500		72	500	500
	65,500		36,527	50,000	75,500
<b>TOTAL</b>	<b>2,971,040</b>	<b>141,693</b>	<b>2,431,304</b>	<b>2,774,870</b>	<b>3,084,500</b>
<b>GRANT REVENUE</b>					
Available Base Grant	2,691,632			2,691,632	2,858,632
Carryover	922,375			922,375	
Available Expanded Services Awards **					839,137 carryover
HCH/FH PROGRAM TOTAL	3,614,007			3,614,007	3,697,769
<b>BALANCE</b>	<b>642,967</b>		<b>PROJECTED AVAILABLE</b>	<b>839,137</b>	<b>613,269</b>
					based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13750	1442	13,165	15,500	19,000
Health Coverage	57000	4238	44,849	49,000	55,000
base grant prep	-				
food	2500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	5,680	58,014	65,250	77,000
<b>TOTAL EXPENDITURES</b>	<b>3,045,290</b>	<b>147,373</b>	<b>2,489,318</b>	<b>2,840,120</b>	<b>NEXT YEAR 3,161,500</b>

	BUDGETED	This month	TO DATE	PROJECTED
COVID Expenditures	2021	148958	409,037	535,500
(not included either COVID APR awards)	2020		254,669	
[thru 03/23] Total	2,480,000		663706	