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

Co-Applicant Board Meeting Agenda

Join Microsoft Teams Meeting

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February 10, 2022, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB/TIME
A. CALL TO ORDER	Robert Anderson	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	Robert Anderson	9:07am
1. Approve meeting minutes from Jan. 13, 2022 Board Meeting		Tab 1
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.		Tab 2
3. Director's Report and Program Calendar		Tab 3
4. Director's Budget Finance Memo		Tab 4
5. Contracts and MOU Update Memo		Tab 5
6. Quality Improvement/Quality Assurance Memo		Tab 6

D. CONSUMER INPUT & GUEST SPEAKER

Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.

1. County efforts regarding Farmworker Housing	Supervisor Don Horsley	9:10am
2. Community Updates	Board members	9:40am

E. REPORTING & DISCUSSION AGENDA

1. 2021 Year End Budget Review ***Documents will be distributed prior to Board Meeting***	Sofia, Jim, and Finance Subcommittee	9:50am
2. January Board Meeting De-Brief ***As a refresher, please refer to January meeting minutes, Tab 1, which include slides from all January presentations***	Robert Anderson	10:10am
3. Contract Spotlight: Puente de la Costa Sur	Sofia and Ophelie	10:35am

ADJOURNMENT 10:55

H. Future meeting: March 10, 2022 9am-11am

TAB 1

Meeting

Minutes

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (January 13th, 2022)
Teams Meeting

Co-Applicant Board Members Present	**County Staff Present**	**Members of the Public**
Robert Anderson, Chair Steven Kraft Janet Schmidt Brian Greenberg Steve Carey Tayischa Deldridge Eric Debode Gabe Garcia Suzanne Moore Victoria Sanchez De Alba, Vice Chair Jim Beaumont, HCH/FH Program Director (Ex-Officio)	Irene Pasma, Program Implementation Coordinator Danielle Hull, Clinical Coordinator Sofia Recalde, Management Analyst Amanda Hing Hernandez, HCH/FH Medical Director Kapil Chopra, HCH/FH Behavioral Health Medical Director Lauren Carroll, County Counsel CJ Kunnappilly, SMMC CEO Louise Rogers, Chief of County health	Maricela Zavala, Puente de la Costa Sur Stephen Moon, LifeMoves Valerie Lomeli, LifeMoves Amy Scribner, Health Plan of San Mateo **Absent Board Members/Staff:** Tony Serrano

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Robert A called the meeting to order at and did a roll call.	
Public Comment	None.	
Consent Agenda **1. Mtg minutes from December 9th, 2021** **2. Resolution to conduct virtual Board meetings due to ongoing COVID-19 pandemic state of emergency** **3. Program Director's Report** **4. Budget & Finance Report** **5. Contracts & MOUs Report** **6. QI/QA Memo**	**Please refer to TAB 1** All items on Consent Agenda were approved.	**Request to approve the Consent Agenda** was MOVED by Suzanne M. and SECONDED by Brian G. and APPROVED by all Board members present.
Business Agenda **None**		
Reporting & Discussion Agenda **SMMC Strategic Update**	CJ Kunnappilly gave Board members an update on COVID-19 impacts on staff and patients. Expressed thanks to HCH/FH for COVID-19 rapid antigen tests. True North - overview of plan and reasoning. 2021 focus was on SDOH as a starting point.	

	Questions: Robert - staffing levels due to COVID – yes. Def seeing impact bc they have been exposed or infected. Bc it is mandated that healthworkers must be vaccinated and as of Feb 1st boosted, so absneces are shorter than expected, but still happening. Gabe - Why don't you speak of county residents instead of SMMC patients? Definitely open to all county residents, but our focus is on at need residents Janet – who are partners and what are you looking for from partners? Currently building skill of partnership. Example of food insecurity, recognize that there are lots of agencies who work in this realm. Louise offer to Gabe, follow-up offline to dialogue about his question about county residents Suzanne – true north, speaks to an optimism that we are wired to feel. COVID has created inqueities and so we need to address those. Kudos to SDOH literacy and food insecurity, but what about Housing first? There is a lot of work on getting ppl connected to housing within Health within the County, so not most productive way for SMMC to expand the pie/use its resources. CJ Kunnappilly left the meeting at 9:30am.	
Learning Journey: Housing our unhoused residents who have mental illness and addiction	Pandemic has been so challenging that it has reinforced our purpose and the public health focused work on our most complex residents and needs, and it has helped us understand the needs better. Building a pathway out of homelessness in our County. Acknowledge this is a deep, complex problem. In SMC, we're poised to work on this and eradicate it. Housing survey Oct/Nov. What we found led us to conclusions in 4 diffeetn areas for PEH with SUD/MH issues: 1) PEH interested in housing but who have burned their bridges bc of prior behaviors. 2) PEH who are seriously mentally ill, isolative or reject assistance 3) PEH with serious, disabling addictions that are unable to take care of themselves 4) PEH with cognitive problems Plan is to prepare a report, these are preliminary recommendations: 1) For clients in group 1, expand PSH services. LifeMoves doing incredible work and they need more support than they're getting. More focus on	

	redesinng that escalation process. Higher level of housing locator/navigator services. Would like these services to be provided earlier. Financial subsidy for those without voicer. More supportive services. Brian: I think piloting an outpatient recovery program specifically targeting adults experiencing homelessness would be an initiative to consider (low threshold recovery services over lunch, etc.). Harm reduction, welcoming, with a path to residential services or housing. Amy Scribner joined the meeting at 9:59am.	
HPSM CalAim	HPSM community based managed care plan. Every medi-cal memner in SMC is part of HPSM. Two BOS and county manager staff part of governing body, so county involved, 155,000 members in SMC, 121K is medi-cal. CalAIM goals: Robert – SNFs. SNFs closing bc oweners selling bsuinesses. Currently focuse don addressing loss as opposed to adding more. Janet – now the WPC has sunseted and tranitioned to HPSM, will there be more data integration so multiple providers can talk about patients. Two Informaiton share amongst 1) providers and 2) managed care programs, working to streamline the two. Irene noted overlap in some services. Coverage for immigrants – folks between 26 and 56 who aren't currently covered by medi-cal will be eligible under new program considered in Newsom 2022 budget.	
Contract Highlight: LifeMoves	Janet – how many of the clients that you see fall into those categories Louise mentioned. Would be interesting to see how many of each type of client is able to receive the treatment/services provided by LM.	
<u>Adjournment</u>	Robert A adjourned the meeting at . The next HCH/FH Board meeting is scheduled for Thursday, February 10th, 2022.	

OUR TRUE NORTH

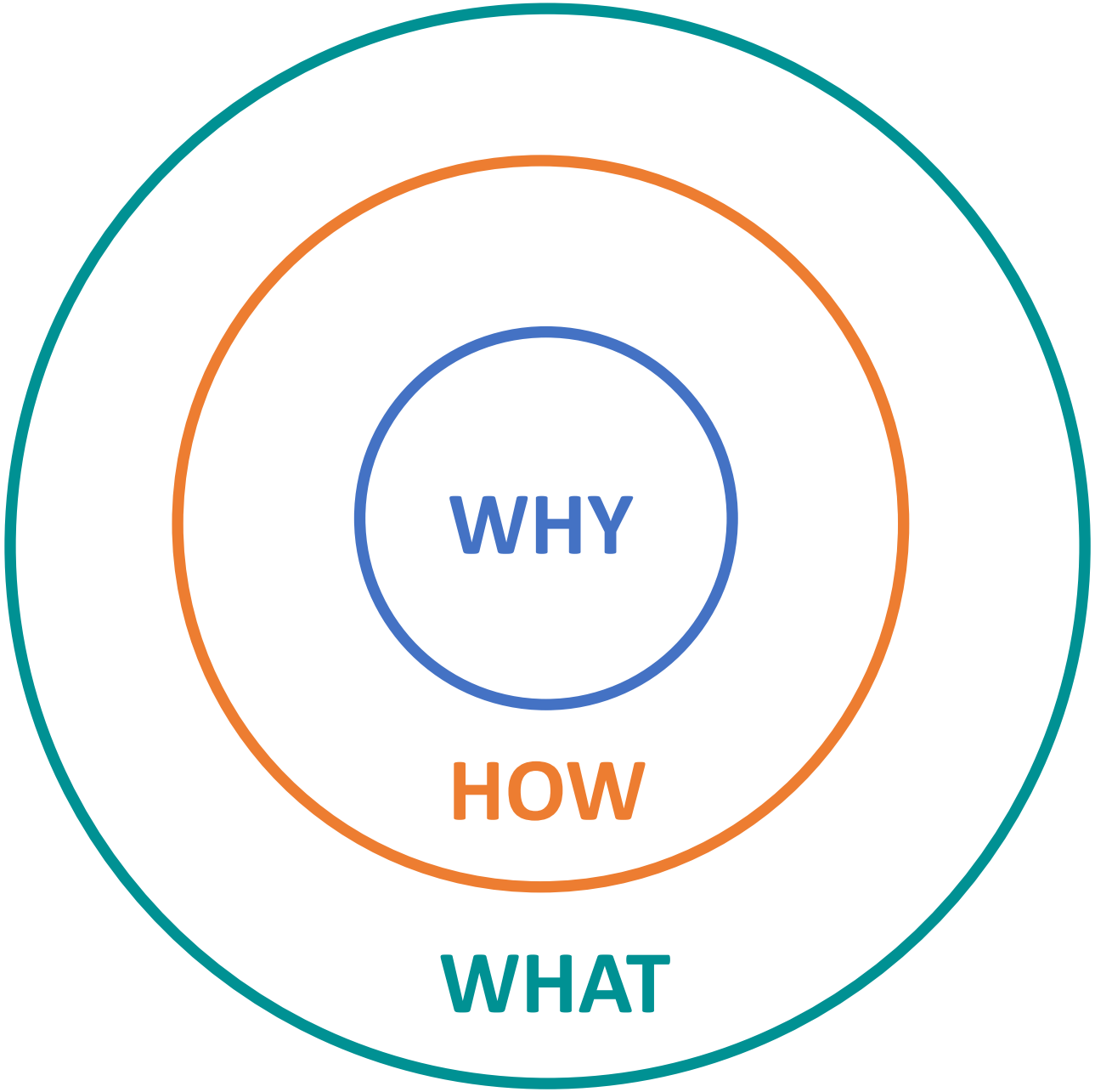
SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

TRUE NORTH

Our True North is our vision.

It represents what our perfect world looks like for our patients. **It is why we exist.**

- Is simple, yet “big picture”
- Challenges the status quo
- Aspirational & inspiring



WHY – Our True North (vision) is our aspiration for the future. It's why we exist.

HOW – Our values (beliefs) and principles (truths) guide our behavior. Our goals and strategy drive our work.

WHAT – Our mission is what we do and who we serve.

WHY REFRESH OUR TRUE NORTH?

Reviewing and revising our vision, mission, values, goals and principles every few years ensures they:

- Accurately reflect the needs of who we serve
- Incorporate our learning over the years
- Capitalize on current strengths
- Adapt to overcome current challenges
- Differentiate us from other healthcare providers

WHY NOW?

- We last updated our vision, mission, values and goals in 2015
- We have adopted and adapted the principles of organizational excellence from the Shingo Institute
- Process was started in late 2019, but halted due to the pandemic
- The pandemic highlighted and clarified our essential role in the community

Inputs

- Previous staff surveys (what's clear, what's not)
- Focus group (staff, providers, managers)
- One-on-one interviews (staff, providers, managers)
- Leadership meetings
- Patient and Family Advisory Council
- External partners

VISION

Every patient will live their healthiest life.

MISSION

We partner with our community
to provide excellent healthcare for patients,
including those experiencing social,
environmental, or economic challenges.

VALUES

We commit to equity
We seek collaboration
We embrace learning
We inspire trust
We nurture ownership

COMMIT TO EQUITY

We include and prioritize the voices, experiences, interests, and needs of those who are most impacted by social injustices.

SEEK COLLABORATION

We pursue meaningful partnerships with patients, peers, and community members to achieve shared goals.

EMBRACE LEARNING

We are dedicated to continuous improvement and invested in the growth of ourselves and one another.

INSPIRE TRUST

We are reliable, display integrity,
follow through on our promises,
and create safe spaces for others.

FOSTER OWNERSHIP

We are empowered to focus on achieving the best outcomes for patients, taking pride in the work we do.

QUESTIONS

SAN MATEO COUNTY HEALTH
All together better.

Housing our unhoused residents who have mental illness and addictions

A learning journey convened by Health, Human Services, the County Manager's Office and County Counsel
October 2021 / December 2021

Requested by Supervisor Horsley and County Manager Callagy as part of our County's commitment to find a pathway out of homelessness for all residents

How might we more effectively engage our unhoused mentally ill/co-occurring residents?

- 50+ responses to survey
- 30+ cases reviewed shared by staff of 15+ agencies
- Input from LifeMoves lived experience advisory groups and family members

What barriers should be eliminated, changes, strategies, resources would lead to housing our most challenging to reach?

SAN MATEO COUNTY HEALTH

Findings align with 4 general groups

GROUP 1:
Unhoused residents who are mentally ill and/or have addictions, who generally accept supports and would be willing to be housed, but for whom there are no housing options.

GROUP 2:
Unhoused residents who are seriously mentally ill, isolative and reject most assistance including for housing.

GROUP 3:
Unhoused residents who have such serious disabling addictions that they are frequently unable to take care of themselves and provide for food, clothing, or shelter.

GROUP 4:
Unhoused residents who also have cognitive problems—sometimes traumatic brain injury or dementia.

RECOMMENDATIONS BASED ON FINDINGS

GROUP 1:

Unhoused residents who are mentally ill and/or have addictions, who generally accept supports and would be willing to be housed, but for whom there are no housing options.

*Terrel**

Is a Black man in his 80s.

He has been known to San Mateo County since 2009 as a result of multiple APS calls. He has severe depression, lost his wife and “let things go” and has a host of physical challenges for which he mostly refuses treatment: his insulin-dependent diabetes is not well-managed, he suffers from prostate cancer; and he is legally blind.

While he is now going through a period of being housed, he has a long history of evictions and homelessness. He is verbally aggressive and unable or unwilling to manage his activities of daily living, including personal hygiene, which has led to his eviction in the past.

**Names and other identifying information changed to protect privacy throughout.*

Julia

is a late-60s age White woman who has been diagnosed with bipolar disorder, personality disorder, polycystic kidney disease, diabetes and suffers from childhood trauma. She does not take medications and is highly dysregulated. Julia used to live in a motel but has been homeless for a number of years since her family stopped supporting her financially. She has been incarcerated for trespassing. Julia has been offered housing but declined those options as they do not meet her specifications. She refuses background checks. Julia has mobility issues and therefore needs only ground floor accommodations. She does not do well in settings with a lot of structure and treats staff badly. Julia is no longer allowed to utilize all homeless shelters on the Peninsula and most of the affordable housing options will not rent to her due to her refusal to comply with the rules.

Xavier

is a Black man in his early 60s. He has diabetes and is confined to a wheelchair. He has been homeless for the past 8 years as he is unable to maintain housing due to his use of alcohol and his challenging behavior. He has been banned from available housing options. Xavier has a criminal history; he experiences restrictions and feels stigmatized as a result.

Bob

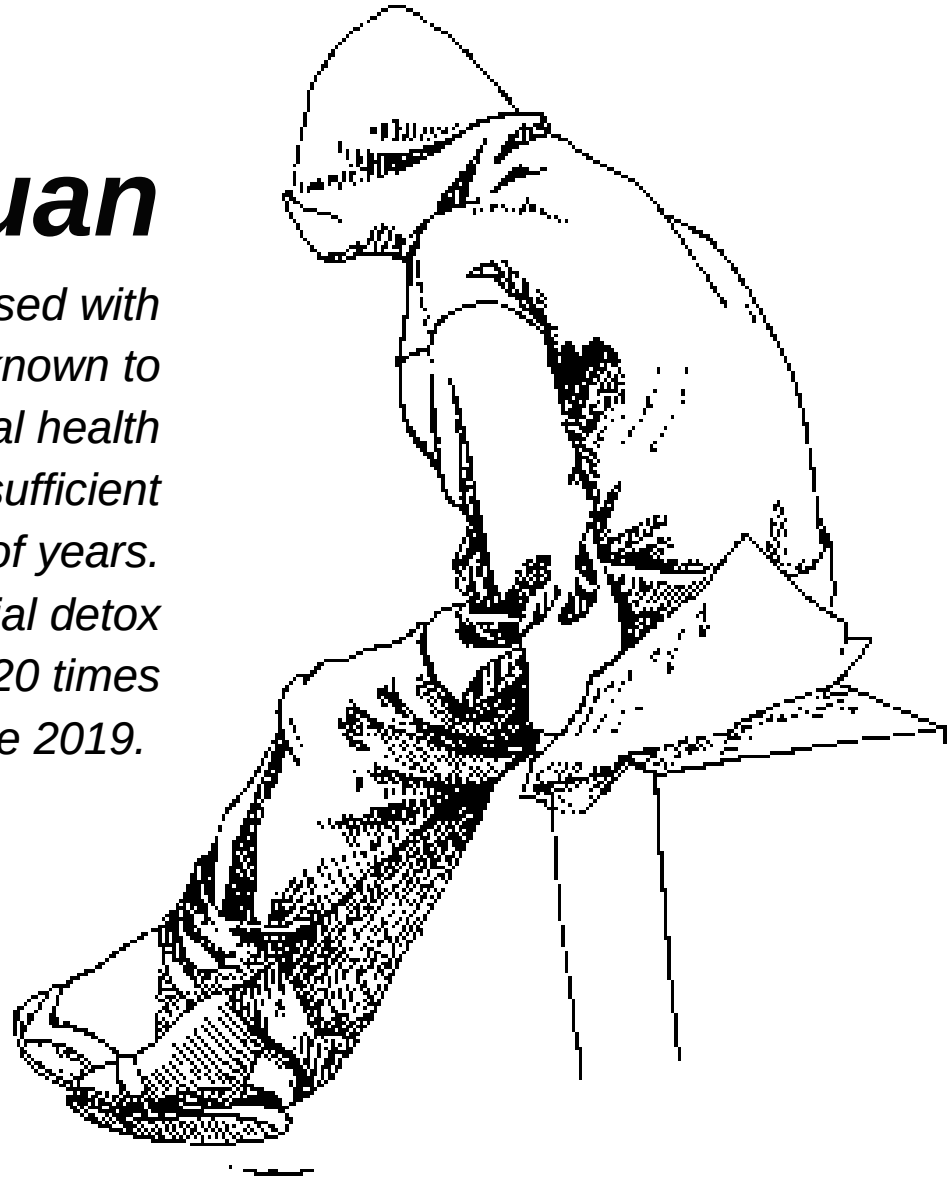
is a White man in his 50s with an Irish background. He has been diagnosed with schizophrenia, alcohol dependence, and a host of medical issues such as lower back, stomach, and foot problems. He also has a history of physical and sexual trauma. Bob has visited emergency departments in San Mateo and neighboring counties 191 times and has been incarcerated on many occasions. He has been receiving support from the Bridges to Wellness team since 2017. While under the influence, Bob has suffered falls, blackouts, and fractures several times. When help is offered, Bob engages briefly with a treatment or service but doesn't follow through beyond a couple of days. He is reluctant to continue receiving the services he needs as that will require him to acknowledge his challenges when he believes "I am not like those people". So, Bob pushes away any offers of help for his mental illness and alcohol dependence. Chronically homeless, Bob was recently been matched with a rapid rehousing voucher. He would require housing that tolerates alcohol use.

Sam

is a mid-fifties age White man. He has been diagnosed with anxiety disorder, major depressive disorder, alcohol abuse, shortness of breath, and tachycardia. Sam has been homeless for 10 years. Recently he received a housing voucher however, given his struggles with mental illness and alcohol use, he was unable to hold on to the voucher and the housing unit. As Sam suffers from depression and isolation, he prefers living with others in the encampment. He has had contact with law enforcement due to drinking and for welfare checks. Although he needed to be hospitalized three times since 2020, Sam receives most of his care locally at a County Health clinic. Due to his depression and the fact that he doesn't own a cell phone, Sam is hard to reach. He has trusting relations with Abundant Grace.

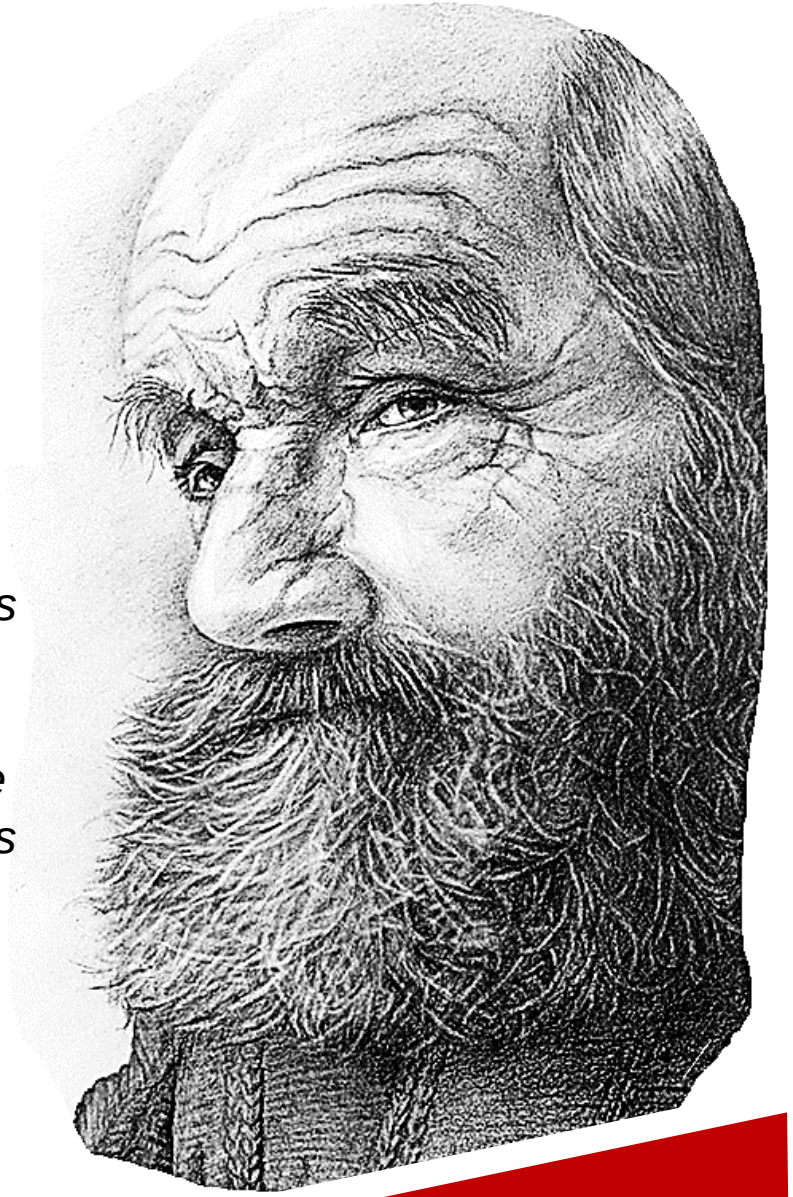
Juan

is an early fifties-age undocumented Hispanic man. He has been diagnosed with unspecified psychosis, substance abuse, and chronic pain. Juan has been known to Health since 2000 and is currently receiving services from a County mental health clinic. Being undocumented is a barrier to accessing a voucher and sufficient financial support for rent. He has more than 10 PES visits in the last couple of years. He also has a history of multiple DUI violations and has been in residential detox treatments between 2016 and 2020. He's been in Safe Harbor at least 20 times since 2015. His finances have been managed by a Rep-Payee since 2019.



Steven

is a 57-year-old White man who has been diagnosed with severe social anxiety, forgetfulness, bipolar disorder, major depressive disorder, polysubstance dependence, obsessive-compulsive disorder, and borderline personality disorder. He has been known to Health since 2004 and has received services from Caminar Full-Service Partnership since 2016. Steven has been charged with misdemeanors multiple times and is banned from shelters due to his challenging behaviors. He has been homeless for 18 years even though he has a mainstream housing voucher now. Steven has multiple health and dental issues but avoids seeking treatment due to his social anxiety. He has received psychiatric emergency and inpatient care as well as multiple residential detox treatments since 2014. In spite of all challenges that confront him, Steven does well when supported by stable thoughtful connections and help navigating county system and services.



Burt

is a mid-fifties-age White man who has been diagnosed with schizoaffective disorder, personality disorder, and hypothyroidism. He has been enrolled in the Telecare Full-Service Partnership program since February 2007. Multiple attempts to house him have been unsuccessful due to his inability to conform with rules and guidelines of congregate living facilities and numerous assaultive incidents and inappropriate behavior with staff and other clients. Burt has lived in an encampment since July 2021. He does better when he has more freedom and is not in a crowded space. Burt manages his physical health well and steers clear of substances but struggles with invasive symptoms and declines to take medications for his mental illness. Conservatorship investigations were conducted in 2005 and 2006 but did not lead to Burt being conserved. Burt receives SSI and has a Rep-Payee.

Miguel

is a late-forties age Native American and Latino man who has been diagnosed with schizophrenia, alcohol use, intellectual disability, obesity, seizure disorder, asthma, diabetes, and hypertension. He lives in a homeless encampment. He receives primary care services through the Street and Field Medicine program and was enrolled in a Full-Service Partnership in April 2020.

Miguel refuses all programs that treat alcohol use disorders, which carry significant stigma in his view; he also failed to qualify for housing due to convictions for crimes that caused grave bodily injury. Miguel has a high degree of difficulty with his alcohol use, conforming to rules and guidelines, and engaging positively with others. His application for SSI benefits is currently pending.

Recommendations for GROUP 1

- Expand inventory of permanent housing directly under County control (versus private landlords) that would be operated by entities with experience with mental illness and addictions and more tolerant of smoking, drinking, drug use; consider separate units/tiny homes.
- Realtime consultation for frontline outreach staff to escalate and problem-solve specific cases that are most challenging and require boundary spanning resources.
- Higher, earlier and more extended level of housing locator/navigation support.
- Financial subsidy needs to be greater for certain populations that don't qualify for voucher.
- More intensive supports for maintaining housing: coaching for making transition to housing; intensive case management with more frequent touches; SUD strategy, harm reduction, contingency management; pathway to personal care services and cleaning.

RECOMMENDATIONS BASED ON FINDINGS

GROUP 2:

Unhoused residents who are seriously mentally ill, isolative and reject most assistance including for housing.

Anne

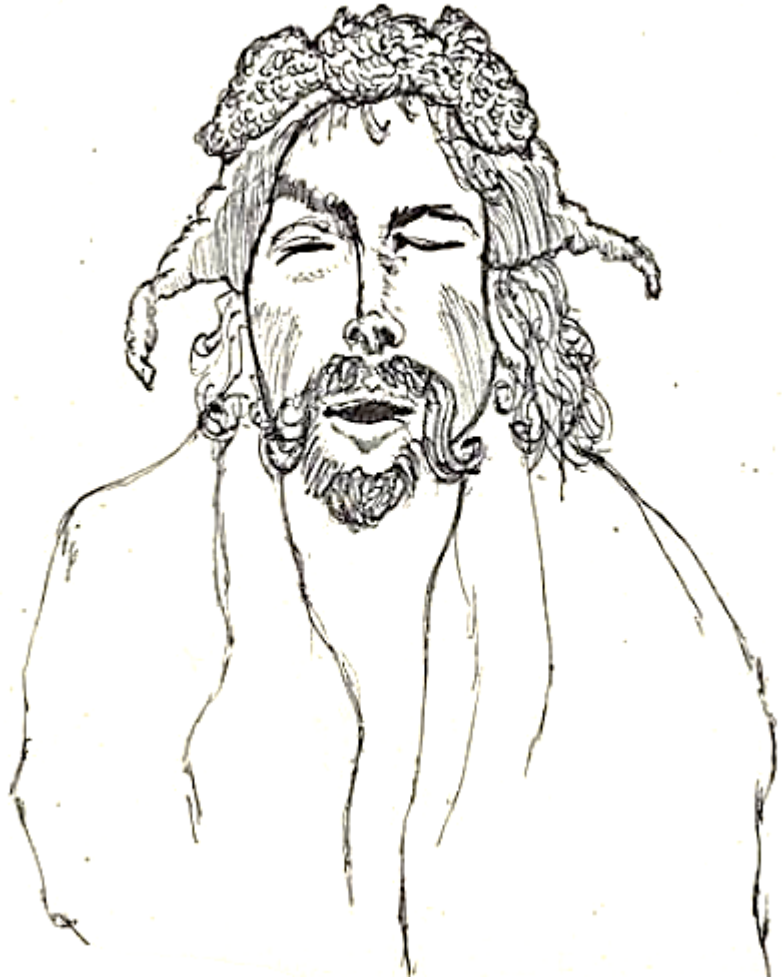
is an early seventies-age White woman who demonstrates psychotic delusions and unaddressed mental health needs and appears to be developing severe medical problems. Community members report that she yells racial slurs and throws rocks at passers-by. She spends her days in an encampment and shelters in a bus during bad weather. She has lived in San Mateo County for the last 10 years and lived in another county prior to that. She was seen in emergency care four times in 2004 and was delusional at that time but did not meet criteria for a 5150 hold. Anne declines most services offered by LifeMoves and by the Street Medicine team so her medical status remains unclear. She was briefly in touch with the Psychiatric Emergency Response Team in June 2021 but has recently declined any further contact with them. She gets upset when any services are offered. Anne doesn't receive social security and is not on Medi-Cal. She accepts food and supplies from local businesses and residents and has some contact with a chaplain who visits her regularly .

Kurt

is an early sixties-age US Army veteran of Native American and Hispanic origin who speaks English and Spanish. He lives on the beach or under the freeway. Kurt has been receiving food and services from Pacifica Resource Center (PRC) since 2015 and is connected nominally to the Veteran's Administration in San Francisco, where he has received medical care in the past but will not engage with them for mental health care. He does not have any contact with County Health, other than services from Street Medicine. Per the outreach staff, Kurt struggles with unclear mental health issues, alcoholism, drug use, post-traumatic stress disorder, and medical problems hat require surgical intervention. He is on the donor list for a liver transplant. Veterans Administration staff have tried to connect with Kurt through PRC, but high levels of alcohol and drugs prevent him from getting the surgery he needs. Kurt has also expressed challenges with the immigration system and believes his 14-year-old-son was taken when he attempted to cross the border. PRC connected Kurt with subsidized housing for veterans, but without any on-site mental health support, Kurt was unable to cope with this transition. His symptoms worsened and he reported hearing voices. He ended up destroying the property, which resulted in his eviction. Kurt has had some brushes with law enforcement and has been incarcerated twice since 2018. Recently, defying previous attempts, Kurt was able to again able to acquire housing in a new housing complex with on-site support.

Julian

is a late forties-age White man who has been diagnosed with bipolar disorder. He has been known to Health since 2006 but is not engaged in services as he has no desire for treatment. Julian lived in an RV, which was impounded because he didn't pay his parking fines; this led to his homelessness. Julian has family in this area who are very supportive. During times he is doing well, he is able to stay with his family. Julian has multiple 5150 holds, psychiatric hospitalizations, and conservatorship investigations since 2010 but never meets criteria. He has had a Rep-Payee since August 2012, which helps him manage his funds well.



Albert

is a late-seventies age White man who has been diagnosed with bipolar disorder, chronic obstructive pulmonary disease, and other medical complications. He was temporarily housed in the Vagabond Inn but started living in his car when it closed. Around the same time, he lost his mother, which may have further contributed to his decline. He then had a brief unsuccessful stint at the Coastside Inn but left. He is minimally ambulatory, so he remains in his car and is unable to take care of his personal hygiene and toileting. Albert has a history of accepting services from the Street Medicine team and LifeMoves but later began refusing any services despite increased symptoms; he prefers to be left alone. Albert has been cited for trespassing but doesn't keep his court appointments. The police considered removing him from his car, but this was deemed risky due to his fragile physical state. He has been on a 5150 hold thrice and on a 5250 hold twice; however, these holds did not result in longer term holds. He was referred to BHRS AOT team in November 2021 but has not engaged.

Recommendations for GROUP 2

- Find ways to enlist and support the volunteers in these individuals' lives, the people who have nominal positive connections to do more, as they are able and willing. Avoid representatives of the "system" and stigmatizing mental health branding.

- Support our frontline workers to have greater support: tighten up the structure and systems for coordination in the field to provide for training, consultation, escalation of cases and coordinated planning including, when appropriate, to the involuntary treatment system. Tighter coordination with EDs/PES so plans will be implemented. Support of these frontline workers wellness and resilience to sustain this hard work.

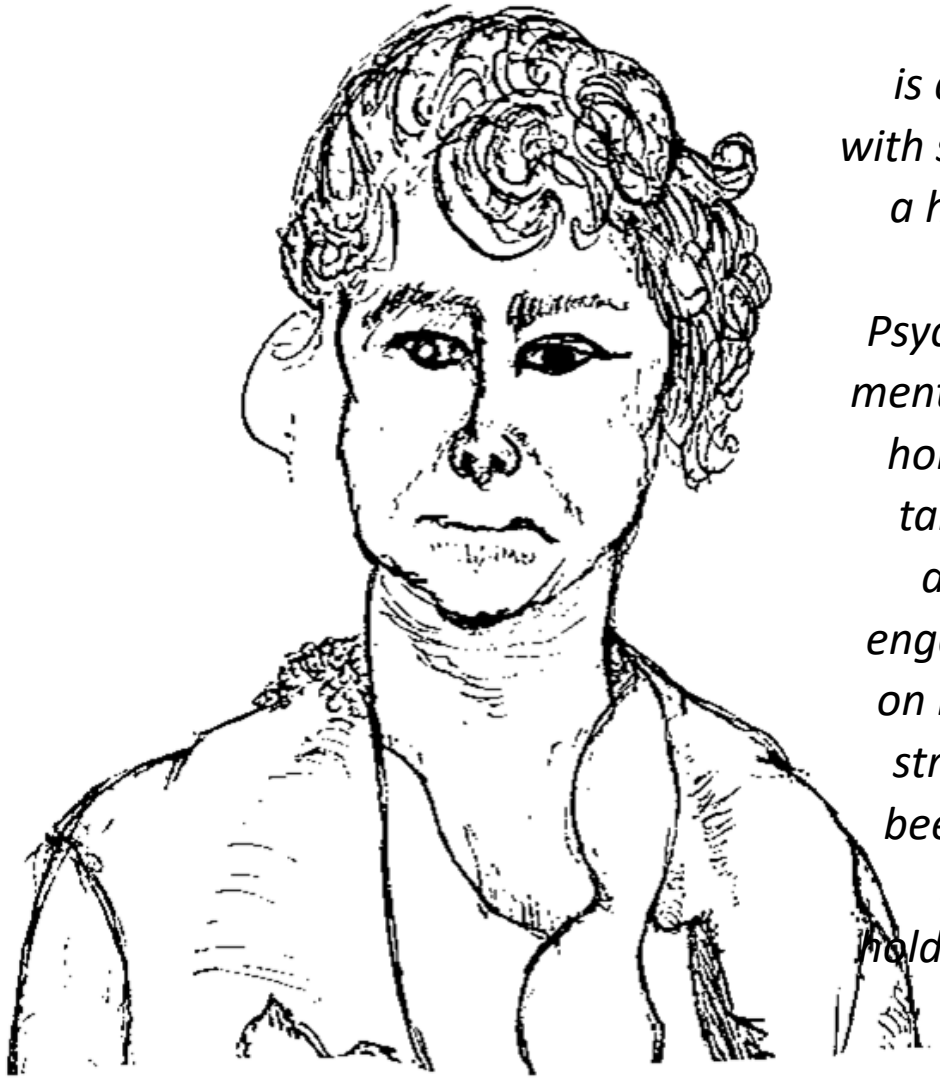
- Consider joining statewide advocacy efforts to reform the laws that govern involuntary detentions and treatment to address the person’s self-neglect-- inability as a result of a mental illness to attend to their own physical/medical condition.

- Consider reforming law to reduce threshold for Assisted Outpatient Tx (Laura’s Law).

RECOMMENDATIONS BASED ON FINDINGS

GROUP 3:

Unhoused residents who have such serious disabling addictions that they are frequently unable to take care of themselves and provide for food, clothing, or shelter.



Angela

is an early forties-age White woman, English speaker who is diagnosed with schizoaffective disorder, psychosis, and stimulant abuse. She has had a history of homelessness since 2009. She has not engaged with Health for any planned services but has had more than 33 contacts with Psychiatric Emergency Services since 2019. Due to lack of treatment, her mental health has declined and led to drug use and reoccurring crisis and homelessness. She is known to sleep in piles of garbage and not able to take care of basic personal hygiene. Angela rejects all offers of support and resources but that was not always the case. 6 years ago, she was engaged and received detox and residential treatment for substance use on multiple occasions. Since then, she has relapsed and has been on the street. Angela has had multiple brushes with law enforcement. She has been on 5150 hold 10 times since 2012 and been booked 19 times since 2015 on drugs or warrants. In spite of the numerous Grave Disability holds, her symptoms clear up quickly in PES, and she is discharged as she does not meet the criteria for hospitalization.

Michael

is a late-thirties-age man of Middle Eastern descent who struggles with mental illness of unclear diagnosis, depression, alcohol dependence, and marihuana and amphetamine abuse. Michael has never accepted any offer for shelter. He has had more than 100 visits to the emergency room or Psychiatric Emergency Services. He also has had dozens of brushes with law enforcement and incarcerations. Police patrol officers are hesitant to initiate 5150 holds as they don't see anything coming out of it. Michael was attempted to be engaged through Caminar AOT from May 2017 to April 2021. He agreed to a Rep-Payee and has had one since November 2017.

Janet *Is a mid-fifties-age White woman.*

She has been diagnosed with major depressive disorder, bipolar disorder, psychosis, meth abuse, and a host of physical health challenges. After moving to California, she was divorced, fell out with her family, and started living in her car. She received medication support services from a County mental health clinic starting in 2014 for a few years. The clinic referred Janet for housing to a nonprofit. However, her labile and aggressive behavior, especially when she is not on medications, caused her to get evicted. While in housing, she brandished a knife at her roommates. Janet's aggressive behaviors also caused her partner to lose his permanent supportive housing voucher. She is currently banned from all shelters, lives at a train station, or, at times, couch-surfs at her friends' house. Jane's behavior has led to multiple police interventions, but she manages to evade a 5150 hold most of the times as her appearance and conduct fits an 'upper middle class' norm. She had a conservatorship investigation in 2018. She was referred to the Bridges to Wellness team in August 2021 but attempts to contact her were unsuccessful and she was eventually closed to that program.

Emily

is a mid-twenties age single White woman who has a history of significant trauma and toxic relationships. She has been diagnosed with major depressive disorder, schizoaffective disorder, alcohol dependence and stimulant abuse. Emily is not engaged in treatment and usually misses her appointments. She repeatedly gets taken to the emergency department and to Psychiatric Emergency Services and is eventually discharged. She lives in abandoned buildings and has been charged with trespassing 12 times since March of 2021. Emily is well known to law enforcement and field crisis teams. There have been several conservatorship investigations for Emily but, as her symptoms clear up, the conservatorships have not been granted. Emily has been opened to the Caminar AOT team since June 2021. She does not yet have skills to be independent; Emily keeps going back to a boyfriend who has a criminal record and reinforces her drug use. She has trusting relationships with staff involved in homeless outreach and with a nun who is a positive influence on her. As of mid-November 2021, Emily and her boyfriend had qualified for a housing voucher but have yet to find housing.

John

is an early-forties-age White man who suffers from unspecified psychosis, delusions, and stimulant abuse.

After leaving his dad's home, he lived in the canals of central valley, smoking marijuana. He had just been admitted to a college and wanted to be a design engineer. John tried to move away from marijuana and switched to meth, which caused him to unravel faster. Known to Health since 2012, John was open to a County mental health clinic from November 2012 to May 2020. He seldom came for his appointments, refused to see a doctor, or get medications, but wanted to be referred for shelter placement. John has been to Psychiatric Emergency Services 10 times since 2018 and has also been hospitalized in the psychiatric inpatient unit a couple of times in 2020. He has been arrested/booked 12 times since July 2019. He is currently in custody. John was under a brief conservatorship investigation in April 2019: the locked facility discharged him to an unlocked residential program less than two weeks after referring him. John has been housed multiple times with a nonprofit and benefits from having structure. When he is relatively stable, he enjoys doing design work.

Recommendations for GROUP 3

- Continue to engage via IMAT, Bridges, sustained case management approaches to support and engage people who struggle with addictions.
- Harm reduction approaches tied to housing and other recommendations for Group 1.
- Low barrier low key access to SUD treatment continuum—motivational activities.
- Various efforts to reform involuntary treatment law or use existing law more assertively—learn more about what other counties are doing. Question remains, if the law were changed, what treatment, approaches and settings would make a difference?

***NOTE**: Involuntary Commitment: Cal. Welf. & Inst. Code Ann. § 5201 allows anyone to file a petition requesting that an evaluation of a person's condition be made because that a person is "a danger to others, or to him [or her]self, or is gravely disabled." Cal. Welf. & Inst. Code Ann. § 5225 provides that when a criminal defendant is in court because of "chronic alcoholism or the use of narcotics or restricted dangerous drugs" and is deemed to be "a danger to others, to him [or her]self, or to be gravely disabled, the judge may order an evaluation of that person, where he or she may be detained for 72 hours. Under Cal. Welf. & Inst. Code Ann. W&I Code 5340 provides that the "custody, evaluation, and treatment" of people suffering from substance use disorders follow the same procedures set forth for those with mental illness and chronic alcoholism.*

RECOMMENDATIONS BASED ON FINDINGS

GROUP 4:
Unhoused residents who also have cognitive problems—sometimes traumatic brain injury or dementia.

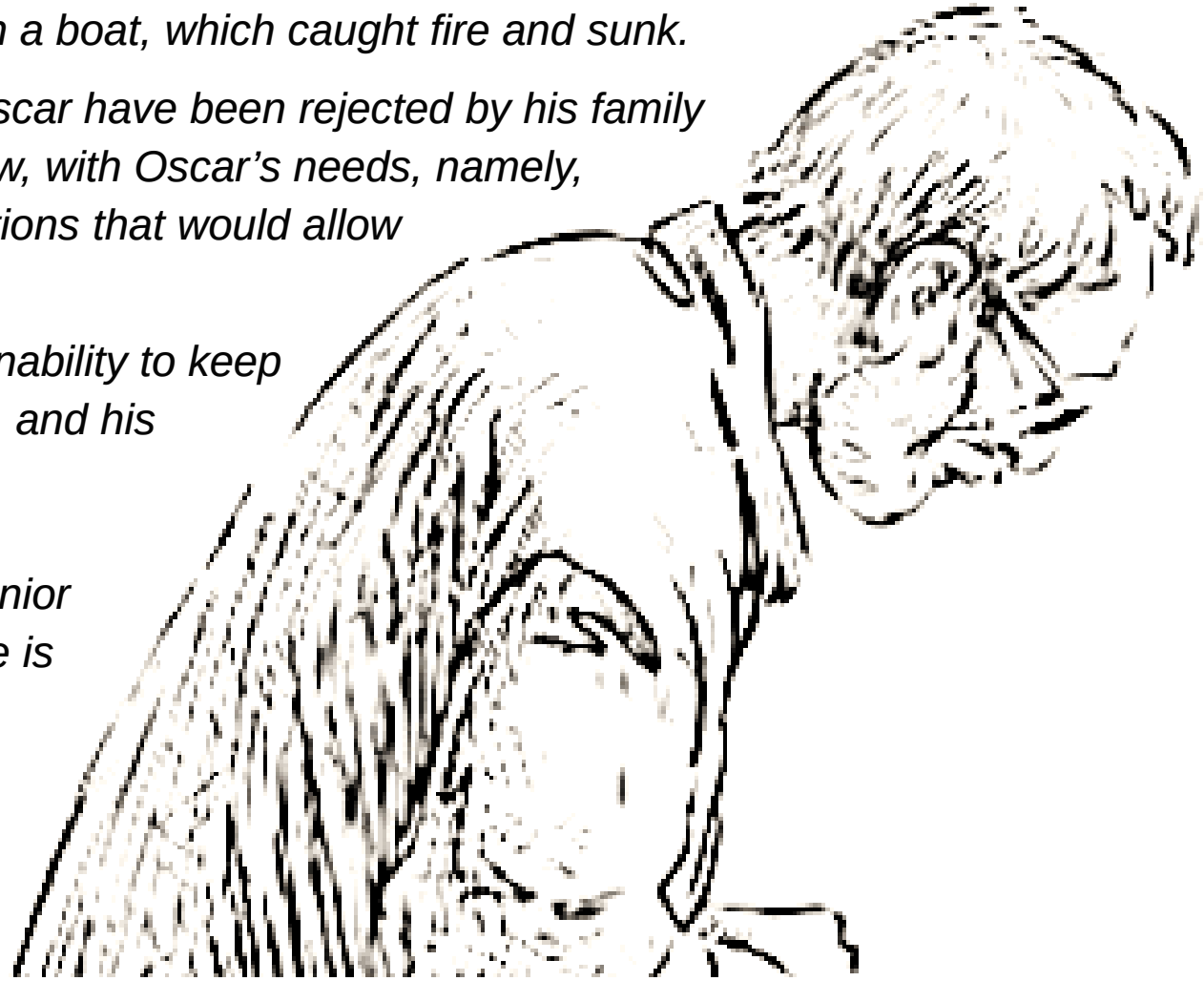
Oscar

is an eighties-age man of Hispanic origin who has been diagnosed with severe disabling anxiety and cognitive problems resulting from dementia. He was referred to Adult Protective Services (APS) in 2020. Oscar is homeless and lives in his car, after having lived in a boat, which caught fire and sunk.

The housing options that have been offered to Oscar have been rejected by his family on the basis that they are not aligned, in their view, with Oscar's needs, namely, appropriate housing for his age and accommodations that would allow smoking, as this is non-negotiable for him.

His homelessness episode was triggered by his inability to keep the parking spot associated with his sunken boat, and his repeated parking violations.

APS connected Oscar with the Ron Robinson Senior Care Center of San Mateo Medical Center, but he is not compliant with any physical or mental health treatment indicated for him.



Jane

is a mid-forties-age woman of Hispanic origin. She first arrived in a shelter in 2010 and has been frequenting the shelter since. She has been diagnosed with bipolar disorder, psychosis, alcohol and stimulant abuse, post-traumatic stress disorder, epilepsy, and cardiovascular issues. Although she lives in San Mateo, she frequently goes to San Francisco. She has been a sex worker from a young age.

Jane has a host of social and behavioral needs, and cognitive deficiencies. She isn't able to practice self-control, exhibits tumultuous behavior, and is not able to participate in treatment though she benefits from structure. She has had 110 episodes since 2004 –mostly in Psychiatric Emergency Services or substance use disorder services. Jane has had multiple 5150 holds and has been on temporary conservatorship for several months. Jane has also been arrested/booked six times since June 2018. She received 17 detox and substance use disorder residential treatment services since 2013 but, rarely participated beyond a couple of days.

Jane is unwilling to engage in any services offered to her. She has a daughter with whom she would like to reconnect but is unable to do so, as she relapses every couple of months.

Brad

is in his 30s and has been homeless for about a decade. He has a history of alcohol dependence and cognitive problems due to brain injury from unaddressed seizures. Brad suffers from severe forgetfulness and had difficulty recognizing the doctor and other staff attending to him during his inpatient stay at the San Mateo Medical Center. He has been cooperative and would like housing, but his forgetfulness and other cognitive challenges are big barriers to his applying for and acquiring housing. Due to his young age, cognitive decline didn't initially get considered as a probable reason for Brad's condition, and it was attributed to a mental health or substance use disorder. It is challenging to tease out traumatic brain injury or dementia diagnoses. Fortunately, SMMC's Psychiatric Emergency Services was able to learn about Brad's previous contact with Mills Peninsula and obtain information on his medical history; they were also able to identify a family member who is willing to support Brad.

Recommendations for GROUP 4

- Early identification/appropriate diagnosis of cognitive problems via neuropsychiatric evaluation.
- Specialized housing with supports, residential care facilities.
- In Home Support Services when appropriate.
- Consideration of probate dementia conservatorship when appropriate.

SAN MATEO COUNTY HEALTH

All together better.

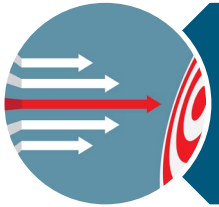
California Advancing and Innovating Medi-Cal (CalAIM) at Health Plan of San Mateo

HealthPlan OF SAN MATEO
Healthy is for everyone

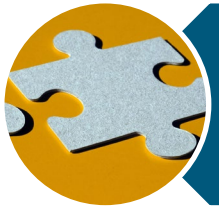
Health Plan of San Mateo

- HPSM is a community based managed care health plan
- County Organized Health Plan
- Cover 155,000 lives in San Mateo County:
  - 121,000 Medi-Cal
  - 8,800 CareAdvantage (Medicare/Medi-Cal lives)
  - 1,500 Whole Child Model
  - 1,200 HealthWorx
  - 25,500 San Mateo County ACE recipients (low income who don't qualify for other insurance)

What is CalAIM?



California's opportunity to update and innovate its Medi-Cal program



Process with CMS with the goal of a better experience and improved outcomes for Medi-Cal beneficiaries (including dually eligible)

Acknowledges and incorporates addressing social determinants of health

Goals

HealthPlan OF SAN MATEO
Healthy is for everyone

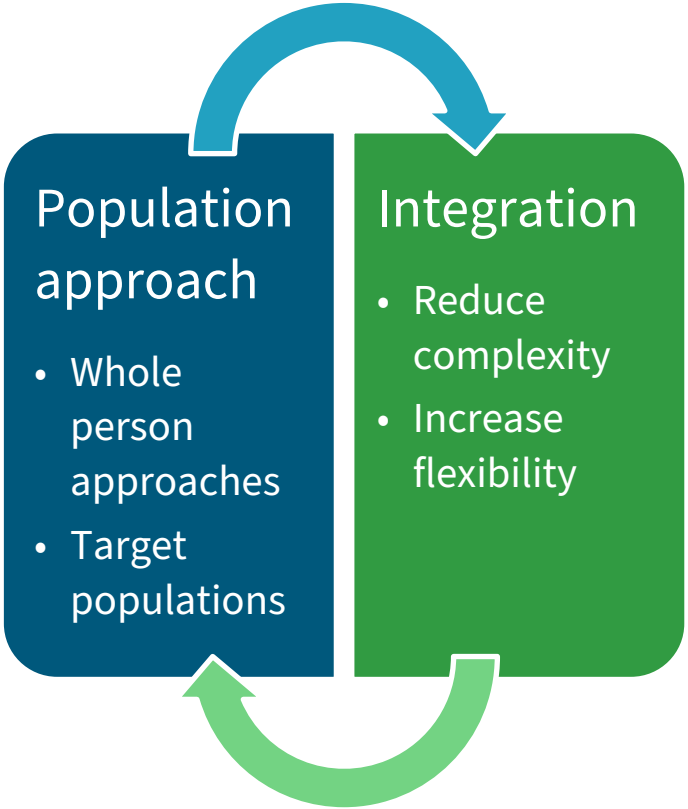
Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health

Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility

Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform

Components

- Population management
- Enhanced case management (ECM)
- Community Supports
- Special populations
- Full integration
- Payment models



- Managed care:
  - Benefits
  - Enrollment
  - Dual Special Needs Plans
  - Regional rates
- Behavioral health:
  - Payment
  - Integration
  - Regional contracting
  - Consistency
- Dental benefits
- County partnerships

Let’s dive into 2 HPSM is responsible for:

Enhanced Case Management and Community Supports

HealthPlan OF SAN MATEO
Healthy is for everyone

Enhanced Case Management (ECM)

- Whole person care approach integrating both clinical and non-clinical factors and applying those to the care approach. Builds on current Whole Person Care and Health Homes programs.
- ***Benefit*** only for highest-need population, mostly in person visits and delivered predominantly by contracted CBOs.

ECM Populations of Focus

HealthPlan OF SAN MATEO
Healthy is for everyone

ECM go-live will occur in stages, by Population of Focus

Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	**January 2022** (WPC/HH counties); **July 2022** (other counties)
4. Incarcerated and Transitioning to the Community 5. At Risk for Institutionalization and Eligible for LTC 6. Nursing Facility Residents Transitioning to the Community	**January 2023**
7. Children / Youth Populations of Focus	**July 2023**

Community Supports

- A set of 14 services that a plan can use to provide health-related services as an alternative or substitute for covered Medi-Cal benefits. Community Supports will be integrated with care management for high-risk members and will allow plans to address Social Determinants of Health in a more consistent way.
- Community Supports can be added over time and are ***optional for plans to implement***
- GO LIVE: January 1, 2022

14 Community Supports Menu

- Housing Transition and Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-term Post-Hospitalization Housing
- Recuperative Care
- Respite Services
- Day Habilitation Services
- Nursing Facility to RCFE/ARF
- Community Transition Services/Nursing Home to Home
- Personal Care and Homemaker Services
- Environmental Accessibility (Home Modifications)
- Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

January 1, 2022 Community Supports

HealthPlan OF SAN MATEO
Healthy is for everyone

Housing

- Housing Navigation and location
- Housing Deposits
- Housing Tenancy and Support Services
- Home Modifications

Transitional Services

- SNF/LTC or home to ALF
- Community transition home to home
- Medically Tailored Meals

We will also be going live with Respite and Homemaker Services for MSSP transitioning members only

Community Support Expansion

- Personal Care and Homemaker Services
- Respite Services
- Assessment of needs for others

Targeting late 2022 or early 2023

ECM and Community Supports are for members like Kojo

"After the stroke, I couldn't afford to stay in the nursing home, so I thought I would be homeless again," he says. "I felt like I was on the outside of a locked door. When I met my CCSP social worker, it was like she opened the door and let me in. She advocated for me and listened to me. I could tell that she cared about me. That made me feel safe and protected."

One Bay Area Health Plan Is Breaking Health Insurance Boundaries. California May Follow Suit | KALW

HealthPlan OF SAN MATEO
Healthy is for everyone

Questions?

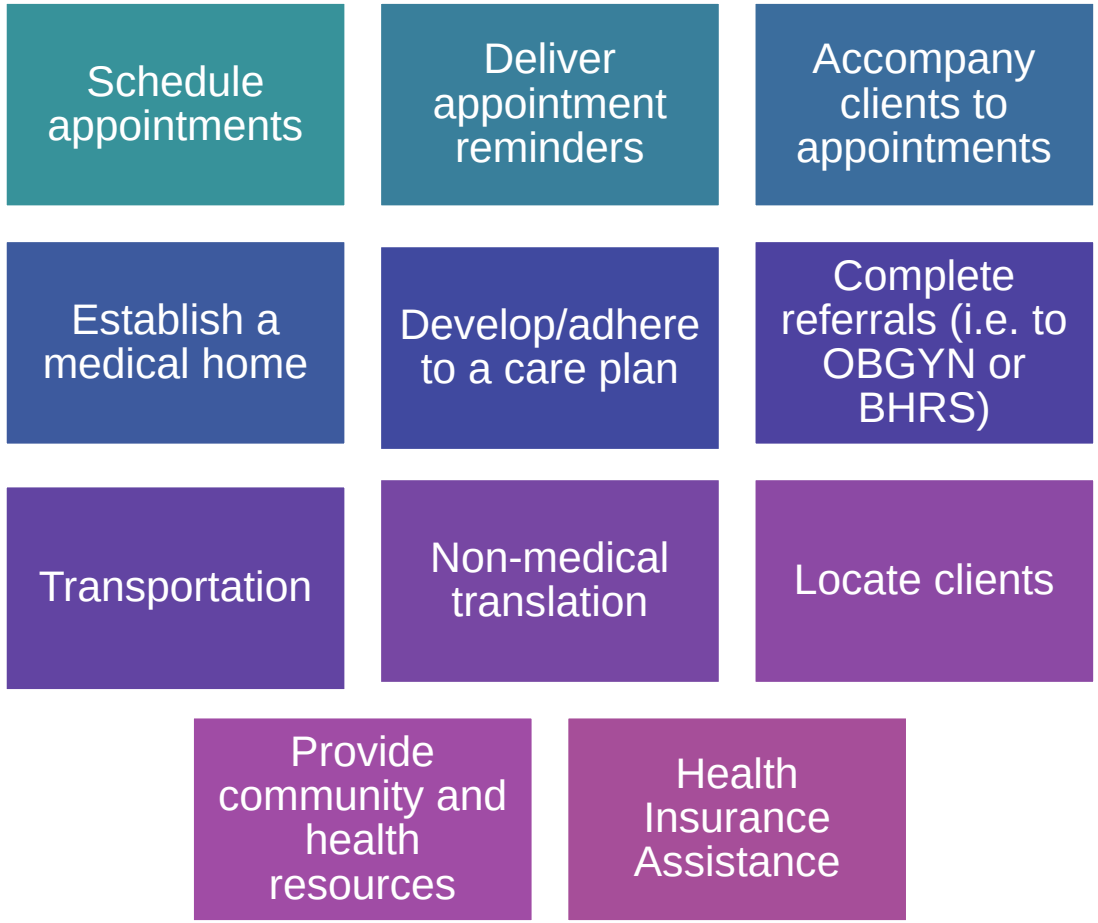
LifeMoves Contract

HCH/FH Board Meeting
January 13th, 2022

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

Contract Overview

- **Target Population**: PEH Countywide
- **Goals:**
  - Provide medical care coordination to PEH
  - Increase % who receive services from PHPP Mobile or S/F med teams
  - Increase % who receive healthcare services at outpatient clinics
  - Increase referral completion
  - Ensure clients remain enrolled in health coverage
  - Decrease missed visits



SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

CY 2021 Contract Performance*

Service	CY 2021 Target	Actual client count
Care Coordination	350	455 (130%)
Intensive Care Coordination	60	50 (83%)
Street Medicine CC	65	67 (103%)
Health Insurance Assistance	70	98 (140%)
SSI/SSDI Assistance	30	28 (93%)
In-person visits		45
Telehealth visits		9

*CY values reflect targets and performance in two contracts

Unique patients: ~589

281 clients (~48%) attended at least 1 visit with a SMMC or PHPP provider

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

CY 2022 Looking ahead

Annual Service Targets

- Care Coordination: 400
- Health Insurance Assistance: 75
- In-person visits: 150
- Telehealth visits: 50
- Transportation: 250

Operational Goals:

- Foster relationship between LifeMoves and Mobile Clinic team
- Decrease length of time from date an appointment is scheduled to actual appointment date

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

TAB 2

COVID-19 Emergency Continuation

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

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.

* * * * * *

TAB 3

Program Director's Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: February 10, 2022

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 January 13, 2021, Co-Applicant Board meeting:

HCH/FH staff continues to work with SMC Health and our community partners on various information, vaccine, and testing efforts supporting these services to the homeless and farmworkers, as well as other marginalized or at-risk people in the County. Staff continues working with Health Department, Center on Homelessness, Dept of Agriculture and community partners in responding to the pandemic, including supporting organizing vaccine clinics, ordering & distributing rapid antigen tests, organizing a COVID-19 webinar for farm owners and potentially providing back up support to the isolation/quarantine county-run hotels.

As reported last month, during December, HRSA opened its new Rapid Antigen Testing Supply Program for which we are registered and have submitted our first three weekly orders. HRSA underestimated the interest in the program and the level of demand for the test kits, which resulted in our large January order (67,500 kits) being put on hold. We were working with SMC Health (through EOC) to help support efforts for the county populations most at risk. Those plans are now on hold. We have received 2,025 kits to date and have an active order for 315 kits that should be delivered at any time.

Almost 20 SMMC staff ranging from social work to emergency room physicians have agreed to support the HCH/FH Needs Assessment work. SMMC's Chief Medical Officer is the Executive Sponsor of this work. HCH/FH staff is working on identifying a consultant to support this work. Interested Board Members will be requested to participate in advisory group meetings which will start convening in February.

Program has completed interviews for the vacant Community Program Coordinator position. We spoke with several highly capable and qualified candidates. We expect the hiring decision and action to be completed soon.

Deadline for the submission of the Uniform Data System report – our annual, program-wide, required federal report – is February 15th. Program is now deep into completing the report and we expect to finish prior to the deadline. We will have a preliminary summary of the report for the Board at the March Board meeting.

HCH/FH continued working with Health Information Technology on a Case Management System. The deadline for questions from potential vendors has closed, and proposals are due by February 17th.

Seven Day Update

ATTACHED:

- Program Calendar

COUNTY OF SAN MATEO CALIFORNIA

2022 Calendar - County of San Mateo Health Care for the Homeless & Farmworker Health (HCH/FH) Program

Board meetings are on the 2nd Thursday of the Month 9am-11am and are conducted virtually. Finance Sub-Committee Meets every month prior to the Main Board Meeting.

MONTH	ADDITIONAL EVENTS HAPPENING THIS MONTH
January	• *Board's 1st Meeting of the year!* • *Needs Assessment Advisory Group Inaugural Meeting (Date TBD)* • *Board self-evaluation survey administered*
February	• Initial UDS Submission – February 15, 2022 • Q1 Provider Collaborative Quarterly Meeting (Date TBD) • 2022 National Conference on Ending Unsheltered Homelessness, February 16-18 (link)
March	• Final UDS Submission due March 31, 2022 • QI/QA Quarterly Subcommittee Meeting (Date TBD)
April	• Strategic Planning Subcommittee (Date TBD)
May	• Q2 Provider Collaborative Quarterly Meeting (Date TBD)
June	
July	
August	• Q3 Provider Collaborative Quarterly Meeting (Date TBD)
September	• Strategic Planning Subcommittee (Date TBD)
October	
November	• Q4 Provider Collaborative Quarterly Meeting (Date TBD)
December	

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

TAB 4

Program Budget/ Finance Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: February 10, 2022

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

As the Program focused on trying to have our contractor's invoices for December paid as part of December month-end accounting, there are no actual MOU/contract expenditures reported for January. The total preliminary Base Grant expenditure for January 2022 is $65,574, 95%+ of which is salaries & benefits.

So early in the year, and with no contract data reported as yet, there is no valid way to project Program expenditures for the year. Our budget planning incorporated known and approved carryover funding from 2020. This allowed the Program to budget for expenditures in excess of the actual base grant amount. Program has planned through the next three (3) grant years to expend down against the total carryover. In 2021, our estimate is that we reduced the carryover from $922,374 to $529,079.

Given the static nature of our Base Grant funding wherein we can expect minimal if any growth outside of any expanded service opportunities (which also come with expanded costs), our currently approved contracts, and the County's current labor negotiations – for which we have no specific information, but which will almost certainly result in increased staffing costs – Program does not foresee much budget flexibility across the coming three (3) years. We anticipate any expansion of effort or new expenditure of funds will need to be specifically backed by new funding (similar to COVID expenditures over the past two years).

Attachment:

- GY 2022 Summary Grant Expenditure Report Through 01/31/22

COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2023

January $$

Details for budget estimates	Budgeted [SF-424]		To Date (01/31/21)	Projection for end of year	Projected for GY 2022	
EXPENDITURES						
Salaries						
Director, Program Coordinator						
Management Analyst ,Medical Director						
new position, misc. OT, other, etc.						
	604,532	*45,307*	45,307	699,000	721,000	
Benefits						
Director, Program Coordinator						
Management Analyst ,Medical Director						
new position, misc. OT, other, etc.						
	178,640	*17,555*	17,555	260,000	270,000	
Travel						
National Conferences (2500*8)	4,000			4,000	15,000	
Regional Conferences (1000*5)	2,000			2,000	5,000	
Local Travel	500			100	1,500	
Taxis	250			400	1,000	
Van & vehicle usage	250			1,000	1,500	
	7,000		0	7,500	24,000	
Supplies						
Office Supplies, misc.	3,960	*480*	480	7,500	10,000	
Small Funding Requests						
	3,960		480	7,500	10,000	
Contractual						
2021 Contracts						
2021 MOUs						
Current 2022 MOUs	1,245,000			1,245,000	1,100,000	
Current 2022 contracts	795,000			795,000	1,000,000	
---unallocated---/other contracts						
	2,040,000		0	2,040,000	2,100,000	
Other						
Consultants/grant writer	17,000			10,000	20,000	
IT/Telcom	4,200	*2,232*	2,232	28,000	30,000	
New Automation				0	-	
Memberships	1,500			2,500	5,000	
Training	1,800			25,000	20,000	
Misc				500	500	
	24,500		2,232	66,000	75,500	
TOTAL	2,858,632	*65,574*	65,574	3,080,000	3,200,500	
GRANT REVENUE						
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632	
Carryover	922,374		922,374	922,374	701,006	carryover
Available Expanded Services Awards **						
HCH/FH PROGRAM TOTAL	3,781,006		3,781,006	3,781,006	3,559,638	
BALANCE	**922,374**	**Available**	**3,715,432 Current Estimate**	**701,006 Projected**	**359,138** based on est. grant of $2,858,632	
Non-Grant Expenditures						
Salary Overage	13750	1000	1,000	16,000	20,000	
Health Coverage	57000	3688	3,688	56,000	62,000	
base grant prep	-					
food	2500			750	1,500	
incentives/gift cards	1,000				1,500	
	74,250	*4,688*	4,688	72,750	85,000	
TIDES Grant		*608*	608			
TOTAL EXPENDITURES	**2,932,882**	*70,870*	**70,870**	**3,152,750**	**NEXT YEAR** **3,285,500**	

COVID Expenditures			**BUDGETED**	*This month*	**TO DATE**	**PROJECTED**
CARES	639995	2022		*8554*	8,554	
ARP	1631875					
ARP-CAP	562931					
2022 COVID Total			0	8,554	8,554	

TAB 5

Contracts and MOU Memo

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: February 10th, 2022

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.

1. **Abode Services:** The latest COVID-19 surge impacted Abode's ability to launch services because shelter and homeless providers have been pre-occupied with managing the COVID-19 crisis, keeping staff and patients safe and moving clients out of shelter and into non-congregate settings. Nonetheless, Abode continues to email and call providers to remind them of the new medical care coordination service for clients transitioning out of homelessness. Abode has received a few "FYI" calls about potential clients but has yet to receive a referral.

2. **Ayudando Latinos a Soñar (ALAS)**

    a. ***Promotores Services:*** ALAS is wrapping up a baseline survey that they administered to farmworkers to understand their current connectivity to healthcare and their knowledge of health topics and resources. ALAS will the survey again in 3 years to see if there are any improvements after a few years of Promotores services. ALAS has surveyed over 100 participants to date across 10 HMB farms, and staff will share findings with the Board at a future meeting.

    In addition, using the baseline survey as a planning tool, ALAS is planning its Promotores training/education and is in the process of developing a health education workshop plan and timeline for 2022. On-farm health education nutrition workshops are scheduled to begin in February.

    Finally, as it was a finding from the baseline survey work, ALAS is meeting with the Health Coverage Unit (HCU) to formalize a referral process between ALAS and HCU to assist farmworkers in the Half Moon Bay/north coast region with health coverage. HCH/FH and ALAS will track ALAS clients who are referred to HCU to monitor success as well as to understand why some clients who seek assistance don't qualify for coverage.

    b. ***Counseling and Case Management Services:*** No update.

3. **Behavioral Health & Recovery Services (BHRS)**

a. ***Behavioral Health case management*:** No update

b. ***Field-based mental health services:*** The field-based mental health clinician position has been reposted and is yet to be filled.

c. ***Substance use disorder (SUD) services for farmworkers:*** El Centro has a full-time SUD case manager dedicated to this project. The case manager has been working closely with ALAS to develop a relationship and has begun accompanying the ALAS farmworker team on their farm visits. Farmworkers have not yet expressed interest in SUD services, so while the case manager continues to foster a trusting relationship, she has also provided some SUD case management services to people experiencing homelessness in Half Moon Bay.

4. **LifeMoves & Public Health Policy & Planning (PHPP):**
HCH/FH facilitated a meeting in January between PHPP Mobile Clinic team and LifeMoves HCH team to re-introduce the two teams and discuss pathways for Mobile Clinic to contact the LifeMoves HCH team when they encounter clients who could benefit from additional case management. HCH/FH will continue to support this developing partnership.

5. **Puente:** No update

6. **Saturday Dental Clinic at Coastside Clinic:** No update

7. **Sonrisas**: No update

2021 Contracts & MOUs Financial Performance

Jan-Dec 2021 Contract & MOU Expenditures			
Contract	Contract Amount	Amount Spent	% YTD **2021**
Abode	$43,750	$0	0%
ALAS - Counseling and Care Coordination	$43,500	$24,780	57%
ALAS - Promotores Model	$45,000	$5,000	11%
LifeMoves	$166,500	$160,150	96%
Puente	$65,500	$64,090	98%
BHRS	$120,000	$43,200	36%
PHPP	$825,000	$825,000	100%
Saturday Dental Clinic (Coastside Clinic)	$15,000	$9,872	66%
Sonrisas	**$55,000**	**$14,030**	**26%**
Jan-Jun 2021 contracts		$795,950	$676,865	85%
TOTAL		**$2,175,200**	**$1,822,987**	**84%**

TAB 6

QI/QA

Memo

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo Medical Center
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DATE: February 10th, 2022

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 did not meet in January 2021.

- ACTIVATE Pilot Follow-up
  - The HCH/FH Program met with Coastside Clinic to review the presentation of the UC Davis/MITRE ACTIVATE Pilot which provides a telehealth framework to agricultural workers at Livingston Community Health Center.
  - Coastside Clinic indicated interest in looking into how we can apply the pilot to San Mateo County's agricultural workers. HCH/FH will coordinate a meeting for all parties to discuss.
- Homeless Death Data Event 2022
  - The Homeless Death Data Event has launched instructional materials to homeless service agencies. Community agencies have begun submitting reports of deaths of people experiencing homelessness.
  - HCH/FH will be looking into the applicability of using the San Mateo County Human Services Agency (HSA) One Day Count 2022 to assess mortality trends in SMC persons experiencing homelessness compared to the overall SMC population death rate. There is precedence of this in Los Angeles County (link here to report).