

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

Co-Applicant Board Meeting Agenda

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June 10, 2021, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
<b>A. CALL TO ORDER</b>	Brian Greenberg		9:00am
<b>B. APPROVAL OF THE ORDER OF THE AGENDA</b>	Brian Greenberg		
<b>C. PUBLIC COMMENT</b>			
<p>Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.</p>			
<b>D. CONSENT AGENDA</b>			
Approve meeting minutes from May 11, 2021	Irene Pasma	<b>Tab 1</b>	
<b>E. UPDATES FROM BOARD MEMBERS AND CONSUMER INPUT</b>			9:30am
<p>Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.</p>			
1. Updates from Consumers & Board Members	Board Members & Consumers		
2. Update from ALAS and Coastside Hope regarding medical need on HMB farms			
<b>F. BUSINESS AGENDA</b>			
1. Consenting approval of American Rescue Plan Budget	Sofia Recalde	<b>Tab 2</b>	10:00am
2. Accept Strategic Planning Ad Hoc Subcommittee's Outcome Target Recommendations	Irene Pasma	<b>Tab 3</b>	
<b>G. REPORTING &amp; DISCUSSION AGENDA</b>			
1. QI/QA Subcommittee Update	Danielle Hull & Amanda Hing Hernandez	<b>Tab 4</b>	10:30am
2. Annual Plan Update	Irene Pasma		
3. Contracts and MOU Update	Sofia Recalde	<b>Tab 5</b>	
4. Program Director's Report	Jim Beaumont	<b>Tab 6</b>	
5. Program Budget/Finance Report	Jim Beaumont	<b>Tab 7</b>	
6. Future of Board meeting format discussion	John Nibbelin		10:50am
<b>H. ADJOURNMENT</b>			

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

Next Regular Meeting: July 8, 2021; 9:00AM – 11:00AM

**TAB 1**

**Consent Agenda**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (May 13<sup>th</sup>, 2021)  
Teams Meeting**

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson          Steven Kraft          Suzanne Moore          Tony Serrano          Tayischa Deldridge          Steve Carey          Victoria Sanchez De Alba, Vice Chair          Janet Schmidt          Gabe Garcia          Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><b><u>County Staff Present</u></b>          Irene Pasma, Program Implementation Coordinator          Danielle Hull, Clinical Coordinator          Sofia Recalde, Management Analyst          Frank Trinh, HCH/FH Medical Director          John Nibbelin, County Counsel          Amanda Hing Hernandez, HCH/FH Medical Director (NEW)</p>	<p><b><u>Members of the Public</u></b></p> <p><b><u>Absent Board Members/Staff:</u></b>          Mother Champion          Brian Greenberg, Chair          Christian Hansen          Eric Debode</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call To Order</u>	Victoria Sanchez De Alba called the meeting to order at 9:03A.M.	
<u>Changes to Order of Agenda</u>	None	
<u>Regular Agenda</u> <u>Public Comment</u>	None	
<u>Consumer Input:</u> <b>Community Updates</b>	<p>Suzanne Moore reported on the following:</p> <ul style="list-style-type: none"> <li>- Irene Pasma wrote an article for the online newsletter, Pacifica Voice, about the County's effort to vaccinate farmworkers on the Coast.</li> <li>- Stasha Powell, a homeless advocate in Redwood City, was recognized with a Tony Hoffman award for her efforts, especially during the 2020 heat wave and fires.</li> <li>- Governor Newsom announced a \$12B expansion of the Project RoomKey program with the goal of ending family homelessness in 5 years. Project RoomKey will create 46,000 housing units and provide \$3.75B in rental payment assistance to prevent homelessness. In 2020, 250,000 people sought housing services and an estimated 117,000 are still in need of services.</li> </ul>	
<u>Consent Agenda</u> <b>Meeting Minutes from April 8th, 2021</b>	<p><b>Please refer to TAB 1</b>            All items on Consent Agenda (meeting minutes from April 8<sup>th</sup>, 2021) were approved.</p>	<b>Request to approve Consent Agenda was</b>

		<u>MOVED</u> by Steve K. and <u>SECONDED</u> by Janet S. and <u>APPROVED</u> by all Board members present.
<u>Business Agenda:</u> <b>Legislative Mandate</b>	<b>Please refer to TAB 2</b> At the March 11, 2021 meeting, the HCH/FH Board approved an amendment to the program’s Grants Management Policy to confirm to the requirements of HRSA’s Legislative Mandate Review. Since then, HRSA identified additional language regarding exceptions to restrictions on abortions that they wanted to see included in the policy. Jim Beaumont reviewed the recently updated Grants Management Policy, and it was approved by the HCH/FH Board.	<b>Request to approve Legislative Mandate</b> was <u>MOVED</u> by Robert A. and <u>SECONDED</u> by Suzanne M. and <u>APPROVED</u> by all Board members present.
<u>Reporting &amp; Discussion Agenda:</u> <b>QI/QA Subcommittee Update</b>	<b>Please refer to TAB 3</b> Danielle Hill updated the HCH/FH Board on the following:  <ul style="list-style-type: none"> <li>- HCH/FH is hosting a presentation from the Federal Communications Commission (FCC) about the new Emergency Broadband (EBB) Service to help households struggling to pay for internet service during the pandemic on May 20.</li> <li>- San Mateo Medical Center Patient Satisfaction Survey Integration – Danielle and Irene are validating survey data to ensure all eligible patients experiencing homelessness and farmworker patients are surveyed after each outpatient visit.</li> <li>- Telehealth Pilot at Maple Street – Danielle and the licensed vocational nurse at Maple Street shelter developed a method to update and track current shelter residents in real-time. In addition, with assistance from SMMC Population Health, HCH/FH and Maple Street shelter staff will now be able to identify empaneled patients residing at Maple Street and those who should be prioritized as a new patient.</li> </ul>	
<b>Strategic Plan Update and Annual Report</b>	<b>Please refer to TAB 4</b> Irene Pasma reviewed the Strategic Plan priorities with the Board and requested board member participation in an ad-hoc meeting in June to discuss the outcomes and how and with what frequency the outcomes should be reported to the Board. Suzanne, Robert, Janet, Victoria and Gabe expressed interest in participating in the ad-hoc meeting.  Irene presented a draft of the 2020 HCH/FH Annual Report and requested feedback from the Board. Victoria Sanchez De Alba requested that Board members be given more time to review and provide feedback to staff. Irene will email board members to receive feedback individually.	
<b>Quarterly Report and Contractor Site Visits Summary</b>	<b>Please refer to TAB 5</b> Sofia Recalde presented on contractor financial performance and service activity for Quarter 1 (Q1) 2021. The current agreement period for all contracts and MOUs (except for ALAS) is Jan-Jun 2021.	

	<p>Overall contracted service providers have spent 60% of the allocated funds and have seen 1,726 clients (70% of patient target) in Q1. Many contracted service providers reported that the COVID-19 vaccines were a highlight/success for Q1. Significant wait times for SMMC primary care appointments and the Palm Avenue closure were among the concerns/challenges expressed by several contracted service providers.</p> <p>Sofia also provided a summary on the 2021 virtual HCH/FH site visits. Site visits were conducted between Feb-April 2021 to evaluate compliance with agreement terms and HRSA requirements, as well as to provide technical assistance when appropriate. HCH/FH will be following up on a few action items that emerged from the site visits, including facilitation communication between shelter providers and mobile dental clinic, revisiting/revamping the Provider Collaborative to promote resource sharing and networking opportunities, prioritizing clients exp homelessness for new patient appointments and staff training.</p>	
<p><b>Program Director's Report</b></p>	<p><b>Please refer to TAB 6</b> Jim Beaumont reported on the following:</p> <ul style="list-style-type: none"> <li>- HCH/FH is awaiting more information on the HRSA COVID-19 rapid antigen program for health centers.</li> <li>- Dr. Frank Trinh accepted a Work out of Class opportunity to lead Communicable Disease, TB and STD. Amanda Hing Hernandez, Supervising Nurse Practitioner with Mental Health Primary Care Clinics, will be the interim Medical Director.</li> <li>- HCH/FH has received approval to convert the three limited term positions to regular classified positions.</li> <li>- The Operational Site Visit is scheduled for August 3-5, 2021.</li> <li>- HRSA recently announced the availability of \$562,000 in Capital Projects funding. Submission deadline is June 24, 2021.</li> </ul>	
<p><b>Program Budget / Finance Report</b></p>	<p><b>Please refer to TAB 7</b> Preliminary expenditure numbers for April 2021 show a total expenditure of \$1,307,286, of which \$1,287,022 is claimable against the grant. The expenditures for April are higher than a typical month because of catch-up invoicing for the Mobile Clinic and Street &amp; Field Medicine programs, along with Small Funding Request invoices from last year being paid. With carryover from 2020, we expect to have available funding around \$3.6M in 2021, providing for an estimated unexpended balance of \$500,000 at the end of 2021.</p> <p>Of the ~\$880,000 received in COVID-19 one-time supplemental funding received in 2020, approximately \$340,000 has been expended to date. The COVID (~\$58K) and ECT (~\$184K) awards have been spent down, and the remaining balance of ~\$535,000 is from the CARES award, which was recently extended through March 31, 2022.</p>	
<p><b>America Rescue Plan Funding Brainstorm</b></p>	<p><b>Please refer to TAB 8</b> HCH/FH received ~\$1.6M from HRSA via the American Rescue Plan (ARP) to prevent, mitigate and respond to COVID-19 and to enhance health center capacity. Sofia Recalde described staff's approach to this funding opportunity – support SMMC and County Health COVID-19 response,</p>	

	enhance SMMC healthcare access and delivery, and prioritize big ticket, high impact projects and avoid many small projects. Sofia solicited feedback from Board members, as well as guidance for how staff should prioritize projects. Board members recommended that staff should prioritize projects that have a direct benefit to people experiencing homelessness and farmworkers and their dependents. Sofia will email board members to receive input individually. The ARP proposal is due to HRSA on May 31, 2021 and will be brought to the Board for retroactive approval at the June meeting.	
<u>Announcements</u>	None	
<u>Adjournment</u>	Victoria Sanchez De Alba adjourned the meeting at 11:03AM.	

# HCH/FH

## Q1 Contractor Quarterly Review & Site Visits Summary

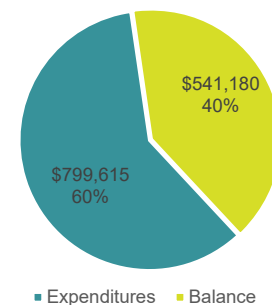
January 2021 – March 2021



### Q1 HCH/FH Contract Performance - Financial

Contracts & MOU 2021 budget\*: \$1,340,795

Service Type	Contractors	Q1 Expenditures
Primary Care	PHPP, Ravenswood	\$378,030
Dental	Sonrisas, Ravenswood	\$52,420
Behavioral Health	ALAS, StarVista	\$90,450
Enabling	BHRS, El Centro, LifeMoves, Puente, Ravenswood, Safe Harbor, StarVista	\$279,665



\*Contract period ends June 30, 2021 (except for ALAS)



## Q1 HCH/FH Contractor Performance - Patient and Visit Count

Service	Homeless Pts	Farmworker Pts	Combined	Visits
Primary Care	843	8*	851	1,380
Dental	33	38	71	105
Behavioral Health	36	45	45	128
Enabling Services	543	216	759	1,640
<b>1,726 Patients**</b> <b>70% of contract total</b>				<b>4,718 Visits**</b>

\*Potential undercount. Additionally, Street & Field Medicine has been focused on vaccine administration.

\*\*Totals are different than memo - these #s reflects ALAS year-to-date performance. Memo reflects contract reporting period (Jun 2020-Mar 2021)

## Q1 Highlights & Successes

**LifeMoves:** working with Street Medicine to administer vaccines to clients living on the streets and in encampments

**Puente:** In partnership with San Mateo County and Street and Field Med, Puente assisted 619 farmworkers, food services workers, and those who are 65+ register for COVID vaccines. Those who were eligible for the vaccines, either attended a vaccine clinic or at their work site in Pescadero.





## Q1 Challenges

### General:

- Significant wait time for new patient primary care appts. Appointments are typically one month out.
- Palm Ave closure makes it difficult for clients to get into treatment, housing, or shelter

**BHRS:** The referral path to connect clients with mental health services has changed recently due to HPSM and insurance changes. Lack of coverage, out of county coverage and ACE coverage have effected the turn around time for linking clients to services.

**PHPP:** Seeing more clients with cancer



## Contractor Site Visits Summary



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

## Contractor Site Visits

- 9 virtual site visits were conducted
- Feb – Apr 2021
- 2-3 hours each
- Purpose: To evaluate compliance with contract terms and HRSA requirements, and validate invoice and data reporting

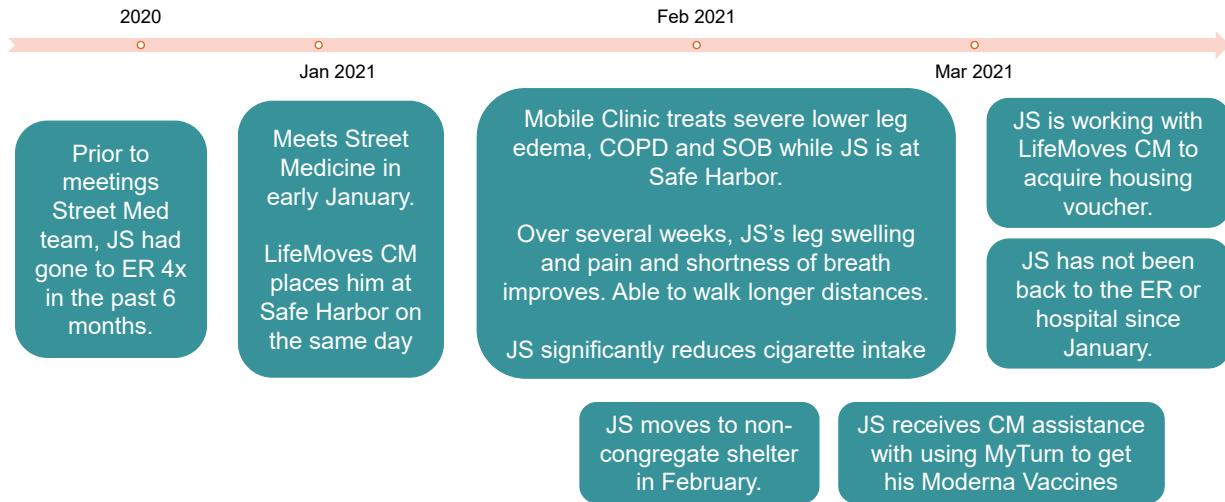


## Follow up actions from Q1 reports and Site Visits

- Facilitate communication with Mobile Dental Clinic
- Networking and resource sharing opportunities
- Contractors need help signing clients up for insurance and SSI/SSDI
- Prioritizing clients exp homelessness for new pt appointments
- Staff training

# Patient Story

JS - 77 yo male, living out of his car, recently left SMMC hospital against medical advice after a 3 month stay for cellulitis.



Thank you

# Strategic Plan Update

HCH/FH May 2021 Board Meeting



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

## Strategic Plan Contents

- Executive Summary
- HCH/FH Background
- Mission, Vision, Philosophy
- Priorities Activities and Outcome Measurements
- Reporting and Updating Process
- Decision Tree
- Appendix
  - Strategic Planning Process
  - Interview Questions and Summaries
  - Board Retreat Agenda
  - Brainstorming Session Summaries



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

## Strategic Plan Priorities

- **Strategic Priority 1:** Increase homeless & farmworker patient utilization of SMMC Brick and Mortar Clinics
- **Strategic Priority 2:** Decrease barriers for homeless and farmworker patients to access health care
- **Strategic Priority 3:** Support health care providers serving homeless and farmworker patients
- **Strategic Priority 4:** Decrease health disparities among people experiencing homelessness & farmworker patients
- **Strategic Priority 5:** Meet and Exceed all HRSA Compliance Requirements



## [Draft] Outcome Measurements

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



## Request for Board Participation:

- Participate in ad-hoc meeting between May and June Board meeting to get input on:
  - Outcome goals
  - Recommendations on reporting procedures



# America Rescue Plan Act Funding

May 13, 2021



## ARP Funding

\$1,631,875 to prevent, mitigate and respond to COVID-19 and to enhance health center services and infrastructure

One-time funding that can be spent over a 2-year period (exp 3/31/2021)

### HCH/FH Approach:

- Support SMMC and County Health COVID-19 response
- Enhance healthcare delivery and access
- Prioritize big ticket items (avoid many small projects and contracts)
- Create a flexible activity plan

Proposal submission deadline: May 31, 2021



## ARP Project Ideas

Project Description	Project Cost estimate (if known)
Support County effort to contract with CBOs to perform <b>vaccination outreach and registration support</b> , esp. communities with highest exposure to COVID-19, lowest HPI census tracts, etc. Address hesitancy, trust, provide education	\$100,000
Support County Health – Mental Health Association contract to provide case management support for residents who need support with <b>COVID-19 isolation and quarantine</b>	\$800,000
<b>Expand SMMC Call Center Capacity</b> – purchase VOIP service to relieve congestion on call lines.	\$1,000,000
<b>Purchase digital tools to support population health</b>	\$40,000
<b>Expand Mobile Clinic team</b> to address unmet healthcare needs for people experiencing homelessness - 2 year expansion. Other one-time funding has been identified for Year 1, ARP could fund Year 2.	\$564,000

## ARP Project Ideas – continued

Project	Project Cost estimate (if known)
Purchase and distribute <b>home COVID-19 testing kits</b>	~\$50-100K
Support <b>Public Health Laboratory Testing Capacity</b>	Unk
Purchase <b>case management system</b>	Unk
<b>Support recuperative care at Baden House</b> – funding could be used to support services, or to support construction costs for ADA improvements	Unk
Purchase <b>Community Insights tool</b> to improve SMMC insight into patient satisfaction and experience	\$75,000
Purchase <b>Workforce Development tool</b> to identify and address factors that impede workplace performance	Unk
Purchase supplies for new Community Health Chronic Disease team	<\$1,200



## HCH/FH Board feedback requested

- Is there enthusiasm/support for the projects identified?
- Are there other projects you would want us to consider?
- What criteria should we use to prioritize projects?



**TAB 2**

**Business Agenda**

American Rescue Plan

Budget



**DATE:** June 10, 2021

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

**FROM:** Sofia Recalde, Management Analyst

**SUBJECT:** America Rescue Plan Proposal

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

Staff held brainstorming sessions at the April and May HCH/FH Board meetings and requested additional feedback/input from Board members on project ideas and prioritization criteria to be sent via email after the Board meeting. In addition, staff engaged San Mateo Medical Center (SMMC) leadership and departments within County Health to solicit project ideas for inclusion in the ARP proposal. Staff used the following criteria to select projects:

- Support SMMC and County Health COVID-19 response
- Directly benefit people experiencing homelessness and/or farmworkers and their families
- Enhance healthcare delivery and access
- Prioritize big ticket, high impact projects

Staff considered many project ideas from Board members, SMMC and County Health. Some projects (e.g., vaccination registration support, Health IT position to support local and state required COVID-19 reporting, adding mental health providers to outreach teams) will be funded with HCH/FH CARES or base grant funding. Other projects (e.g., vaccine administration, education and registration support for people experiencing unsheltered homelessness, housing support for clients who are transitioning out of the hotel shelter programs) are already planned for or being implemented by other County Health programs.

The following projects were included in the ARP proposal:

- Public Health Policy and Planning (PHPP) Mobile Clinic/Street Medicine expansion
- SMMC Call center expansion
- Workstation on Wheels for SMMC COVID-19 Vaccination Clinics
- COVID-19 home testing kits
- OBGYN clinic equipment
- Digital tools to support case management, population health initiatives, patient satisfaction and workforce engagement
- Recuperative care at Baden House
- Miscellaneous supplies – medical, lab and hygiene

The ARP proposal submission deadline to HRSA was May 31, 2021. Since the proposal was not final at the last HCH/FH Board meeting, staff is bringing the submission to the Board for review and approval today. The request is for the Board to provide consenting approval of the ARP budget.

Attachment:

- ARP budget narrative
- ARP proposal submission confirmation

ARP Budget narrative

Object Class	Y1 Fed	Y1 Non-Fed	Y2 Fed	Y2 Non-Fed	Year 1 total	Year 2 total	TOTAL	Activity	
<b>A. Personnel</b>	\$0	\$0	\$280,000	\$0	\$0	\$280,000	<b>\$280,000</b>		
Mobile Clinic expansion - Patient Services Assistant II	\$0		\$70,000		\$0	\$70,000		COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain & Enhance Health Center Capacity	
Mobile Clinic expansion - Registered Nurse	\$0		\$145,000						
Mobile Clinic expansion - Medical Services Assistant II	\$0		\$65,000						
<b>B. Fringe Benefits</b>	\$0	\$0	\$154,000	\$0	\$0	\$154,000	<b>\$154,000</b>		
Benefits rate 55%	\$0		\$154,000		\$0	\$154,000			
<b>C. Travel</b>	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>		
NA	\$0		\$0		\$0	\$0			
					\$0	\$0			
<b>D. Equipment</b>	\$145,000	\$0	\$0	\$0	\$145,000	\$0	<b>\$145,000</b>		
Ultrasound for OBGYN clinic- 2 x \$40,000	\$80,000		\$0		\$80,000	\$0		Maintain & Enhance Capacity	
Fetal diagnostic test non-stress fetal heart rate test (NST) and measurement of the amniotic fluid index (AFI) machine for OBGYN clinic - 1 x \$5000	\$5,000		\$0		\$5,000	\$0		Maintain & Enhance Capacity	
Workstation on Wheel (WOW) Cart for LED monitors for outpatient clinics - 12 x \$5000	\$60,000		\$0		\$60,000	\$0		COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain & Enhance Health Center Capacity	
						\$0			
<b>E. Supplies</b>	\$176,580	\$0	\$45,000	\$0	\$176,580	\$45,000	<b>\$221,580</b>		
Home COVID-19 testing kits - 300 x \$50	\$15,000		\$15,000		\$15,000	\$15,000		COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain & Enhance Health Center Capacity	
WOW USB reader for outpatient clinics - 12 x \$100	\$1,200		\$0		\$1,200	\$0			
WOW Barcode scanner for outpatient clinics - 12 x \$600	\$7,200		\$0		\$7,200	\$0			
WOW Optical Mouse for outpatient clinics - 12x \$75	\$900		\$0		\$900	\$0			
WOW Keyboard for outpatient clinics - 12 x \$90	\$1,080		\$0		\$1,080	\$0			
WOW Scanner base for outpatient clinics - 12 x \$50	\$600		\$0		\$600	\$0			
WOW Freight charger for outpatient clinics - 12 x \$175	\$2,100		\$0		\$2,100	\$0			
WOW LED Monitors for outpatient clinics - 12 x \$625	\$7,500		\$0		\$7,500	\$0			
Call Center Expansion laptop computer headsets for outpatient clinics - 60 x \$1400	\$126,000		\$0		\$126,000	\$0			
PHPP medical supplies (\$1,250/mo)			\$15,000		\$0	\$15,000			
Hygiene and COVID-19 safety supplies for homeless and farmworker providers (\$1,250/mo)	\$15,000		\$15,000		\$15,000	\$15,000			
<b>F. Contractual</b>	\$226,295	\$0	\$305,000	\$0	\$226,295	\$305,000	<b>\$531,295</b>		
Contract(s) to develop digital tools to support population health management, patient satisfaction, workforce engagement and/or case management	\$226,295		\$200,000		\$226,295	\$200,000		Maintain & Expand Capacity	
Contract to provide recuperative care services			\$105,000					Maintain & Expand Capacity	
<b>G. Construction</b>	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>		
NA					\$0	\$0			
<b>H. Other</b>	\$300,000	\$0	\$0	\$0	\$300,000	\$0	<b>\$300,000</b>		
Call Center expansion - Avaya Red Vox services licenses - 60 x \$5000	\$300,000							COVID-19 Vaccine Capacity COVID-19 Vaccine Capacity COVID-19 Response & Treatment Maintain & Enhance Health Center Capacity	
<b>Total Direct Charges</b>	<b>\$847,875</b>	<b>\$0</b>	<b>\$784,000</b>	<b>\$0</b>	<b>\$847,875</b>	<b>\$784,000</b>	<b>\$1,631,875</b>		
<b>Indirect Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		
<b>Total Budget</b>	<b>\$847,875</b>	<b>\$0</b>	<b>\$784,000</b>	<b>\$0</b>	<b>\$847,875</b>	<b>\$784,000</b>	<b>\$1,631,875</b>		

## Program Specific Read-Only

### ▼ H8FCS40765: San Mateo, County Of

Program Name : American Rescue Plan Act Funding for Health Centers

Activity Code : H8F

Total Awarded Amount : \$1,631,875.00

### ▼ Resources

Current Document

[Program Specific Read-Only Forms](#)

[Technical Assistance Webpage](#)

## Appendices

### Appendices

#### SF-424A Template (Download template to complete and upload below) (Attachment count: 1)

SF424A-V1.0.pdf 08/27/2020 1 MB

#### SF-424A (Attachment count: 1)

SF424A-V1.0.pdf 05/28/2021 2 MB

#### Budget Narrative (Attachment count: 1)

ARP budget narrative and salary schedule.pdf 05/28/2021 126 KB

#### Negotiated Indirect Cost Rate Agreement (Attachment count: 0)

#### Other(s) (Attachment count: 0)

## Federal Object Class Categories

### Federal Object Class Categories

- Federal costs should only reflect H8F funds; do not include other federal awards.
- Enter how you plan to spend your award across year 1 and year 2. The total federal costs of year 1 plus year 2 may not exceed your total award amount.
- Costs entered here should be consistent with those provided in the Budget Narrative attachment.

Refer to the Technical Assistance Webpage for detailed guidance on completing this form.

The construction line item refers to minor alteration and renovation only, which is limited to \$500,000.

Object Class Category	(\$) Year 1 Federal	(\$) Year 1 Non- Federal	(\$) Year 2 Federal	(\$) Year 2 Non- Federal	(\$) Total Year 1	(\$) Total Year 2
a. Personnel	\$0.00	\$0.00	\$280,000.00	\$0.00	\$0.00	\$280,000.00
b. Fringe Benefits	\$0.00	\$0.00	\$154,000.00	\$0.00	\$0.00	\$154,000.00
c. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$145,000.00	\$0.00	\$0.00	\$0.00	\$145,000.00	\$0.00
e. Supplies	\$176,580.00	\$0.00	\$45,000.00	\$0.00	\$176,580.00	\$45,000.00
f. Contractual	\$226,295.00	\$0.00	\$305,000.00	\$0.00	\$226,295.00	\$305,000.00
g. Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Other	\$300,000.00	\$0.00	\$0.00	\$0.00	\$300,000.00	\$0.00
<b>i. Total Direct Charges (sum of a through h)</b>	<b>\$847,875.00</b>	<b>\$0.00</b>	<b>\$784,000.00</b>	<b>\$0.00</b>	<b>\$847,875.00</b>	<b>\$784,000.00</b>
j. Indirect Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>k. Total Budget Specified in Section A - Budget Summary (sum of i through j)</b>	<b>\$847,875.00</b>	<b>\$0.00</b>	<b>\$784,000.00</b>	<b>\$0.00</b>	<b>\$847,875.00</b>	<b>\$784,000.00</b>

## Project Overview

### Project Overview

#### Work Plan

Click on "Add New" to open the list of activity options for each category. You must select at least one activity. There is no minimum for each category.

Category	Activity
COVID-19 Vaccination Capacity	<b>Vaccine Administration Workflows and Clinical Support:</b> Modify, enhance, and expand systems and workflows to efficiently and effectively administer COVID-19 vaccine, including aligning workflows with current and evolving public health guidance, enhancing and maximizing use of patient registries, enhancing clinical decision support and use of data from electronic health records (EHR), and coordination and collaboration with jurisdictions and other community partners.
COVID-19 Vaccination Capacity	<b>Personnel:</b> Hire and/or contract additional health center providers, clinical staff, and other personnel (e.g., pharmacy personnel, community health workers, patient/community education specialists, billing staff, case managers, information technology staff) as needed to support COVID-19 vaccination.
COVID-19 Vaccination Capacity	<b>Develop and Deploy Digital Tools:</b> Develop and/or enhance health center websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-19 vaccination.
COVID-19 Response and Treatment Capacity	<b>Testing:</b> Support self, mobile, drive-up and/or walk-up testing that addresses the unique and evolving access barriers experienced by underserved and vulnerable populations in the community.
COVID-19 Response and Treatment Capacity	<b>Hours and Availability:</b> Support increased access to COVID-related services (e.g., screening, testing, and treatment) through extended health center operating hours; enhanced telephone triage capacity; mobile, virtual, and home services; and temporary service sites and locations.

Category	Activity
COVID-19 Response and Treatment Capacity	<b>Develop and Deploy Digital Tools:</b> Develop and/or enhance websites, patient portals, digital applications, and other tools to support scheduling, show rates, and follow up for COVID-related services including screening, vaccination, testing, and contact tracing.
COVID-19 Response and Treatment Capacity	<b>Laboratory:</b> Support health center COVID-19 testing and laboratory costs, including purchasing <b>COVID-19 tests</b> ; distribution of home tests to established health center patients; specimen handling and collection; and storage and processing equipment.
COVID-19 Response and Treatment Capacity	<b>Supplies and Equipment:</b> Purchase equipment and supplies to diagnose and treat COVID-19 (e.g., COVID-19 tests, radiological equipment, health information technologies, PPE, hygiene and other disposable supplies), along with temporary signage to promote testing and treatment locations.
COVID-19 Response and Treatment Capacity	<b>Personnel:</b> Hire and contract additional clinical staff and other personnel (e.g., community health workers, behavioral health specialists, billing staff, case managers) who will support health center outreach, testing, delivery of test results, COVID-19 treatment, and related behavioral health services.
Maintaining and Increasing Capacity	<b>Develop and Deploy Digital Tools:</b> Develop and/or enhance software and digital applications to support patients' access to and engagement in virtual care, including patient self-management tools, remote patient monitoring, patient portals, digital applications, websites, and use of social media.
Maintaining and Increasing Capacity	<b>Equipment and Supplies:</b> Purchase equipment and supplies to support the provision of comprehensive primary care (e.g., clinical and diagnostic equipment; telehealth equipment; information technology systems to enhance data collection, exchange, reporting, and billing; equipment and supplies for use by remotely located staff to ensure continuity of health center services).
Maintaining and Increasing Capacity	<b>Re recuperative Care:</b> Provide or support short-term health services to individuals recovering from an acute illness or injury. Such services do not include health services provided in lieu of or concurrent to hospitalization, skilled nursing, or other residential health care.
Maintaining and Increasing Capacity	<b>Personnel:</b> Ensure the availability of comprehensive primary and behavioral health care, through in-person and virtual visits, to meet the needs of underserved and vulnerable populations in the community by supporting salaries and benefits for health center personnel providing in-scope services.
Recovery and Stabilization	<b>Care Transitions and Coordination:</b> Support transitions in care settings and coordination with health care and public health partners to address changing needs by enhancing workflows, updating telehealth plans, and enhancing health information and data exchange capacity.
Recovery and Stabilization	<b>Population Health and Social Determinants:</b> Enhance or update patient population and community needs assessments; update strategic plans, policies, and procedures to reduce disparities in access, care delivery, and clinical quality measures; expand or develop new partnerships with social services organizations that can address identified social determinants of health; and develop or enhance the data infrastructure necessary to track and close social service referral loops.
Recovery and Stabilization	<b>Patient Engagement:</b> Enhance patient activation and engagement, including through virtual and in-person outreach and education, self-management programs and techniques, partnerships with families and caregivers, patient-centered care coordination, and other evidence-based interventions to support self-care.
Recovery and Stabilization	<b>Workforce Well-being:</b> Assess needs and develop interventions to support staff well-being and address needs related to burnout and recovery, productivity, stress, professional fulfillment, diversity, and inclusion.
Recovery and Stabilization	<b>Pent Up Demand:</b> Bring sites, services, and staff to an operational capacity sufficient to meet pent up demand for services, including addressing the needs of patients and other vulnerable populations who have been without care and whose conditions and needs may have been exacerbated by the social and financial impacts of COVID-19.

### Health Center Program Scope of Project

Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed services are accurate on your Form 5A?:

: Yes

: No

Review your current Form 5B: Service Sites. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed sites are accurate on your Form 5B?:

: Yes

: No

Review your current Form 5C: Other Activities/Locations. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed activities/locations are on your Form 5C?:

: Yes

: No

## Equipment List

### Year 1

■ If you are proposing equipment, enter Equipment costs in the Federal column, Equipment line (d) of the Federal Object Class Category form to enable completion of the Equipment List. This form is not applicable to you as you have not requested federal funds in the year 1 Equipment category in the Federal Object Class Categories form of this application.

■ For each budget year, the total equipment costs entered here must equal those requested in the federal equipment lines of the Federal Object Class Category Form and Budget Narrative.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.

Equipment that does not meet the \$5,000 threshold should be considered supplies and should not be entered on this form.

### List Of Equipment

Type	Description	Unit Price	Quantity	Total
Clinical	Ultrasound	\$40,000.00	2	\$80,000.00
Clinical	Fetal diagnostic test maching	\$5,000.00	1	\$5,000.00
Non-Clinical	Workstation on wheels cart	\$5,000.00	12	\$60,000.00
			<b>15</b>	<b>\$145,000.00</b>

## Equipment List

### Year 2

■ If you are proposing equipment, enter Equipment costs in the Federal column, Equipment line (d) of the Federal Object Class Category form to enable completion of the Equipment List. This form is not applicable to you as you have not requested federal funds in the year 2 Equipment category in the Federal Object Class Categories form of this application.

■ For each budget year, the total equipment costs entered here must equal those requested in the federal equipment lines of the Federal Object Class Category Form and Budget Narrative.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000.

Equipment that does not meet the \$5,000 threshold should be considered supplies and should not be entered on this form.

### List Of Equipment

Type	Description	Unit Price	Quantity	Total
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Type	Description	Unit Price	Quantity	Total
		\$0.00	0	\$0.00
			0	\$0.00

## Other Requirements for Sites

### Minor A/R Project Information

- If you are proposing minor A/R, enter costs in the Federal column, Construction line (g) of the Federal Object Class Category form and click on "Add New" below for each site where minor A/R will occur. This form is not applicable to you if you are not requesting federal funds for minor A/R. Click on "Save" at the bottom of the page to complete the form.

### Attachments

- Provide attachments for all the Projects that you are entering on the Other Requirements for Sites.

**A/R Project Budget Justification** (Attachment count: 0)

**Environmental Information Documentation (EID) Checklist Template** (Attachment count: 1)

[environmental-info-doc-2019.pdf](#) 08/27/2020 394 KB

**Environmental Information Documentation (EID) Checklist** (Attachment count: 0)

**Floor Plans/Schematic Drawings** (Attachment count: 0)

**Landlord Letter of Consent** (Attachment count: 0)

**Property Information** (Attachment count: 0)

Close

**TAB 3**

**Business Agenda**

Strategic Plan

Outcomes



DATE: June 10, 2021

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

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: Request to approve first three strategic plan outcome measures

At the last May Board Meeting, staff presented five strategic priority areas and their accompanying activities. Board Members were asked to participate in an outcomes discussion meeting. An ad-hoc meeting was held June 4<sup>th</sup>, where Board members discussed what outcome measures they recommend the Board adopt and receive regular updates on a rolling basis.

At the June 4<sup>th</sup> ad-hoc meeting, Board Members discussed the below three utilization-related goals. For today's meeting, the Board is asked to approve the following three outcome measures:

- By EOY 2023, **X%** of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.
- By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by **X%** from 2019 baseline.
- By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by **X%** from 2019 baseline.

The remaining four outcomes and actual target values will be finalized at a future Board Meeting, once more data can be gathered to support the Board in doing so. It should be noted that robust conversation occurred at the Ad-Hoc meeting, and a comment was made about trying to understand if/whether care coordination efforts lead to a client getting connected to care outside of County or SMMC services. This information could perhaps be captured via the information staff receives from contractors on a monthly basis or via a Needs Assessment. The target, however, should remain focused on whether someone gets connected to the medical center and BHRS.

Attachment:

- Strategic planning slides for June 4<sup>th</sup> Ad Hoc Subcommittee
- Background information presented to June 4<sup>th</sup> Ad Hoc Subcommittee

# HCH/FH Strategic Plan Goals/Metrics

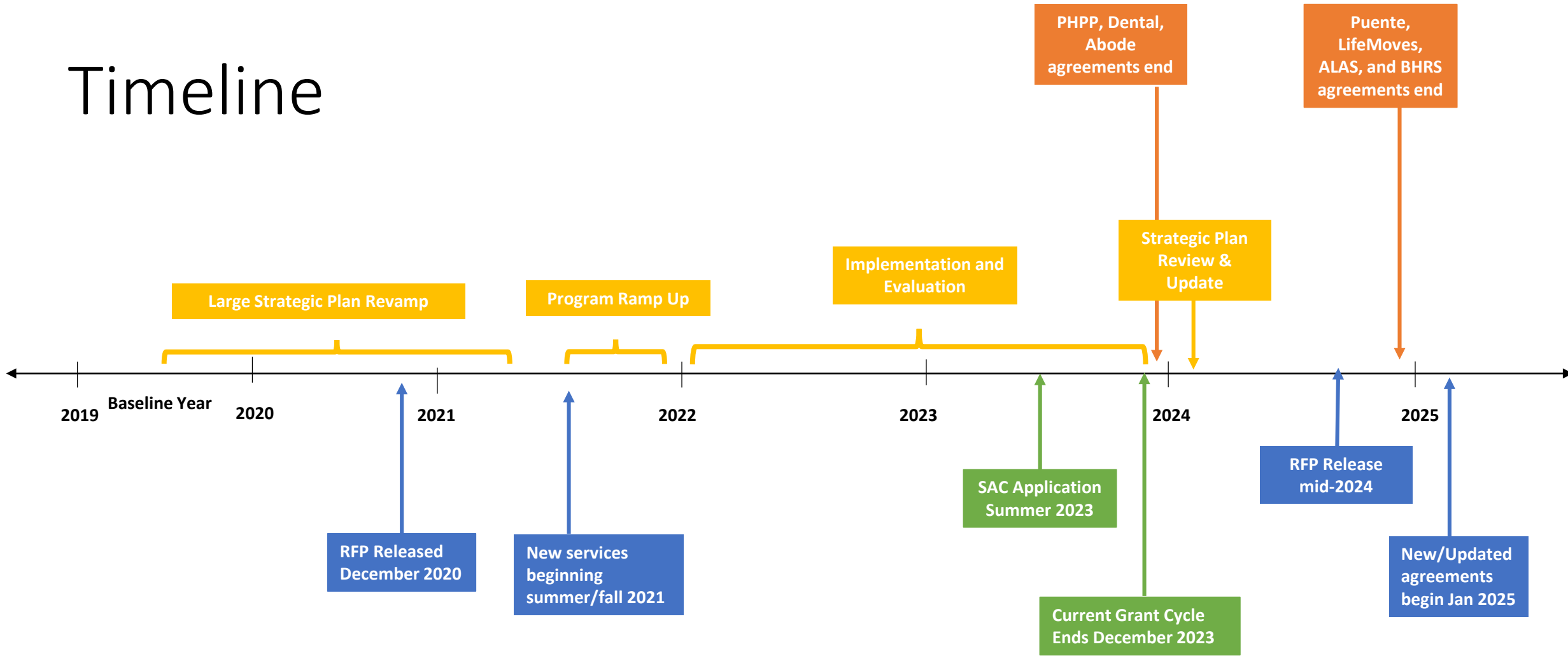
Ad Hoc Meeting

6/4/2021



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

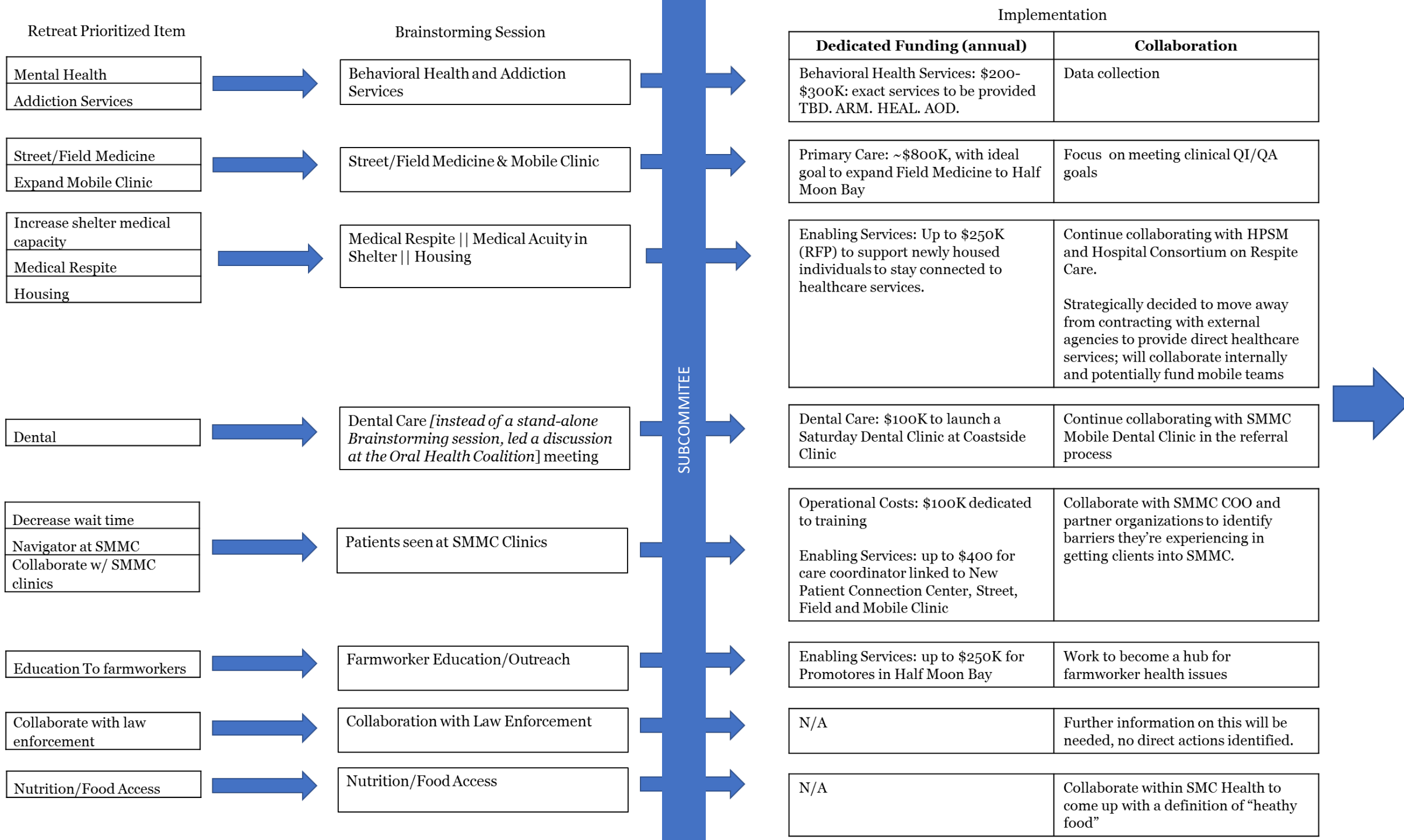
# Timeline



- We are mandated to go out to RFP every 3 years for services, even if the services themselves remain similar
- Board decided not to have PHPP submit RFP
- Staff is in consistent communication with all entities we have contracts or MOUs with to track their progress.
- Abode's contract can be extended for 1 year if the Board wishes to do so



# Strategic Plan: From Retreat to RFP



# Strategic Priorities

- **Strategic Priority 1:** Increase homeless & farmworker patient utilization of SMMC & BHRS Services
- **Strategic Priority 2:** Decrease barriers for homeless and farmworker patients to access health care
- **Strategic Priority 3:** Support health care providers serving homeless and farmworker patients
- **Strategic Priority 4:** Decrease health disparities among people experiencing homelessness & farmworker patients
- **Strategic Priority 5:** Meet and Exceed all HRSA Compliance Requirements



# Outcome Measures [draft]

By EOY 2023, X% of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period.

By EOY 2023, increase % of people experiencing homelessness receiving mental health & AOD services by X% from 2019 baseline.

By EOY 2023, increase % farmworkers receiving mental health & AOD services by X% from 2019 baseline.

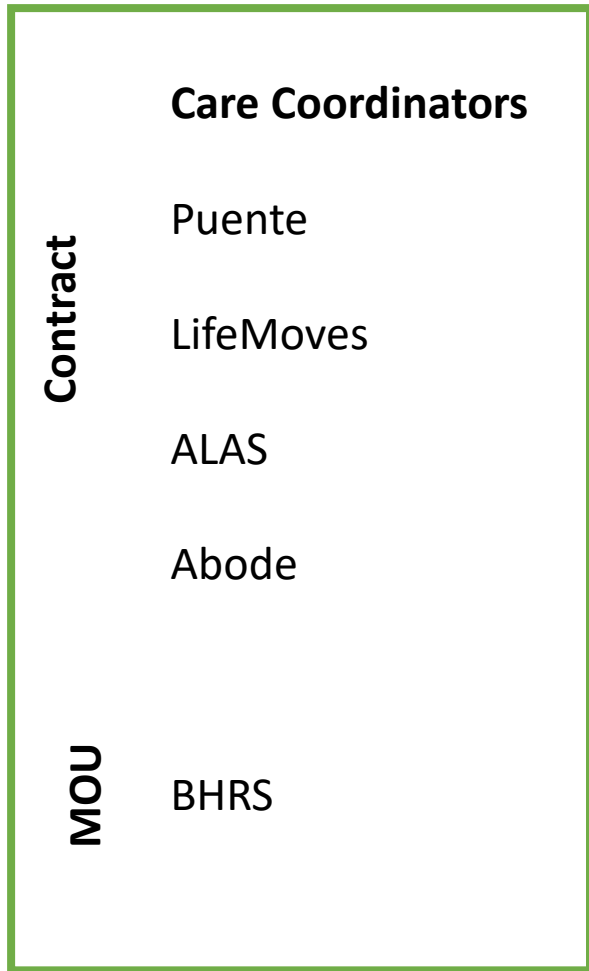
By EOY 2023, decrease number of un-insured homeless and farmworker patients seen by HCH/FH to X% from 2019 baseline.

Clinical Quality Improvement/Quality Assurance Goals are met per the QI/QA Plan

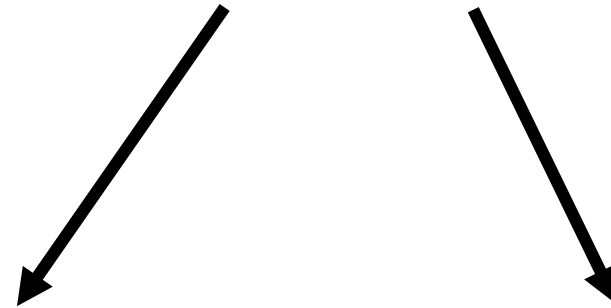
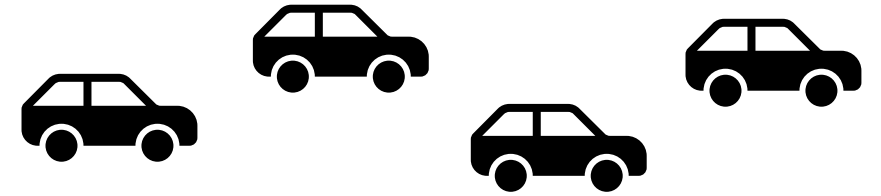
Following a site visit, have zero immediate enforcement actions, fewer than 5 conditions enter the 60-day phase of Progressive Action and fewer than 2 conditions enter the 30-day phase of Progressive Action

Program will have no more than 5% of funds remaining at the end of the grant cycle (December 2023)

# HCH/FH Funded Referral Pathways Schema

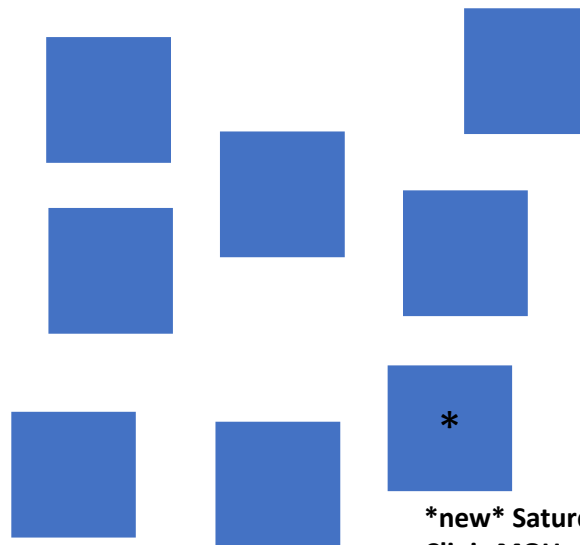


PHPP Street/Field Medicine and Mobile Clinic



SMMC Brick and Mortar Clinics

BHRS Brick and Mortar Clinics



\*new\* Saturday Dental Clinic MOU



# Strategic Priority 1: Increase homeless & farmworker patient utilization of SMMC & BHRS Services

Activities	Outputs	Outcomes
Attach care navigator capacity to <b>New Patient Connection Center</b> to help NPCC locate, follow up, and bring patients to SMMC	Number of patients care navigator locates upon request from NPCC	By EOY 2023, X% of clients receiving care coordination will have at least one health care visit (primary care, behavioral health or dental care) within a 12 month period.
Attach care navigator capacity to <b>Mobile Clinic</b> to help patients seen at Mobile Clinic seek follow up/continuous care at Brick and Mortar Clinics	Number of patients referred to Care Coordinators by Mobile Clinic/Street/Field to be seen at SMMC or BHRS.	
Attach care navigator capacity to <b>Street/Field Medicine</b> to help patients seen follow up/continuous care at Brick and Mortar Clinics	Number of referred patients Care Navigator helps to get scheduled for a visit.	
Attach care navigator capacity to <b>newly housed individuals</b> to transition them from potentially mobile-based health services to brick and mortar/help maintain existing connection to health care services	Number of newly housed homeless patients who maintain their connection or create a connection to SMMC brick and mortar clinics after moving	
Work with SMMC NPCC and SMMC COO to ensure homeless patients can get slotted into a clinic visit within a reasonable time frame	Length of time between patient/care navigator on behalf of patient requests an appointment and obtaining an appointment at SMMC	
Open Saturday Dental Clinic at Coastside Clinic for <b>farmworkers and family members</b>	Number of farmworker and dependents receiving preventive dental care.	

Items noted in the tables for Strategic Priorities 1 - 5 are in flux/being discussed with appropriate stakeholders.

# Strategic Priority 2: Decrease barriers for homeless and farmworker patients to access health care.

Activities	Outputs	Outcomes
Bring primary care to locations where <b>people experiencing homelessness</b> reside, i.e. encampments and shelters	Number of patients seen by Mobile Clinic and Street Medicine  # of unique locations visited by Street Medicine and Mobile Clinic	By EOY 2023, increase # of people experiencing homelessness receiving mental health & AOD services by X%  By EOY 2023, increase # farmworkers receiving mental health & AOD services by X%  By EOY 2023, decrease number of un-insured homeless and farmworker patients seen by HCH/FH to X%.
Bring primary care to <b>farmworkers</b> at their employment location in San Mateo County, South and North Coast	Number of farms visited by Field Medicine team per month  Number of farmworkers seen by Field Medicine per month	
Provide behavioral health services at locations where <b>people experiencing homelessness</b> reside, i.e. street, encampments and shelters	Number of people experiencing homelessness and farmworkers seen by BHRS and PHPP IBHS	
Provide mild/moderate mental health & AOD services to <b>people experiencing homelessness</b> in shelters		
Provide mild/moderate mental health& AOD services to <b>farmworkers</b>		
Provide behavioral health care coordination via referral from community providers serving <b>people experiencing homelessness</b>		
HCH/FH staff works with SMMC/IT to ensure primary care/behavioral health services are provided via Tele-Health Stations at Maple Street & Puente	Number of tele-health visits conducted at baseline, midpoint, and final: % encounter face to face, % phone, % video	
Develop relationships with farm owners to support services for <b>farmworkers</b>	# of growers contacted # of growers responding	
Plan for transportation for <b>farmworkers</b> in South Coast to get to Coastside Clinic for Saturday dental clinic	# of people who use transportation	
Healthcare insurance/other benefits sign up for <b>people experiencing homelessness</b> and <b>farmworkers</b>	Number of people helped to sign up for health insurance  Number of people who maintain their health insurance	
Work with BHRS IT to develop data reports from Avatar	Have a method to un-duplicate data between SMMC and BHRS patients	

# Strategic Priority 3: Support health care providers serving homeless and farmworker patients

Activities	Outputs	Outcomes
Provide training to SMMC, BHRS, PHPP, and community providers at least 2/year, including tele-health related.	Number of trainings conducted  Number Post-training Surveys received	Refer to QI/QA Plan for patient satisfaction related outcomes.
Create/maintain/update LMS modules (i.e. PSA training, homeless & farmworker health topics)	Number of HCH/FH Specific modules created/updated/ maintained per year.	
Financially support SMMC, BHRS, PHPP, and community providers to attend relevant health conference	Number of people attending conferences.	
Partner with SMMC's Patient Experience department to conduct "Provider Appreciation" activities	# of events # of email communications	
Conduct two way dialogue with clinic managers/providers on HCH/FH program (quarterly report, meetings, etc)	# meetings/presentations	
Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients	# provider collaboratives hosted for homeless health providers per year	
Support providers via small funding requests	# small funding requests completed	

# Strategic Priority 4: Decrease health disparities among people experiencing homelessness & farmworker patients

Activities	Outputs	Outcomes
<p>Follow work outlined in the HCH/FH QI/QA Plan. In 2020/2021, the Plan focuses on:</p> <ol style="list-style-type: none"> <li>1. Cervical, colorectal, and breast cancer screening</li> <li>2. Diabetic control</li> <li>3. 1<sup>st</sup> trimester prenatal care</li> <li>4. Depression screening and follow up</li> <li>5. Adult BMI screening &amp; follow up</li> </ol>	<p>Refer to QI/QA Plan</p>	<p>Refer to QI/QA Plan for clinical outcome goals</p>
<p>Standardize a reporting pathways between gathering and analyzing data and presenting the data to the San Mateo Medical Center to execute change*</p>		
<p>Asses feasibility of capturing homeless and farmworker status in SMC County death certificates.</p>		
<p>Education/Outreach for farmworkers and people experiencing homelessness</p>	<p># of education events held</p> <p># of farmworkers engaged</p> <p># of outreach materials developed and distributed</p>	

# Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements

Activities	Outputs	Outcomes
Ensure HRSA Site Visits are conducted to an excellent level and minimize findings	Number of findings from site visits	Following a site visit, have zero immediate enforcement actions, fewer than 5 conditions enter the 60-day phase of Progressive Action and fewer than 2 conditions enter the 30-day phase of Progressive Action.
Have a well functioning Co-Applicant Board, with proper representation across numerous areas of subject matter expertise and robust visibility in the community, Brown Act compliant, ethics and conflict of interest	Number of new members on-boarded per year.	
Submit UDS reports on time, answer all responses, improve year over year the processes by which data is reported.	Annual on-time UDS submissions	
Conduct Needs Assessment, update QI/QA and Strategic Plan on a regular basis	QI/QA award amount per year	
Apply for supplemental awards when appropriate.	Amount of supplemental awards received	
Right-sizing contracts throughout the year & identifying opportunities to spend down grant funds.	Amount of unexpended funds remaining at grant cycle end	
Stay connected to technical assistance opportunities through HRSA.	Number of webinars/trainings attended by staff	Program will have no more than 5% of funds remaining at the end of the current grant cycle (December 2023)

**TAB 4**

**QI/QA**

**Subcommittee**

**Update**



DATE: June 10<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, WOC 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 will meet next on June 24<sup>th</sup>, from 1 to 2:30pm.

- Reporting to SMMC Primary Care Quality Committee
  - As part of the HCH/FH QI/QA Annual Plan, HCH/FH met with the chair of the SMMC Primary Care Quality Committee to discuss how the HCH/FH QI/QA Committee can align and share information with the PC Quality Committee
  - Presented an overview of the HCH/FH QI/QA Committee and will have slotted time to share homeless and farmworker clinical metrics
- SMMC Patient Services Assistant (PSA) Learning Module
  - Joint effort between HCH/FH, SMMC Diversity Equity and Inclusion (DEI) Department, and SMMC Education to produce a learning module for PSA staff
  - Module covers required registration processes and rationale for collecting race, ethnicity, language, sexual orientation and gender identity data, as well as homeless and farmworker status for all patients
  - Began planning and development in January 2020, finalized and launched to current PSA staff on May 17<sup>th</sup>, 2021
    - Will be assigned to all new PSA staff as part of onboarding
  - Module should improve how data is collected, as well as data validity and accuracy
- Telehealth Pilot at Maple Street
  - Information Sharing
    - HCH/FH and LifeMoves Maple Street Shelter now share a living document that will have an updated list of current residents and assignment to PCPs
  - Appointment Coordination
    - Adding to workflow that SMMC providers send a Doxy.me calendar invite to Maple Street LVN's email address, LVN can then help reschedule conflicting appointments
  - Workflow and Surveys

- Drafting workflow, patient post-visit survey, provider post-visit survey
- Gift Card Incentives
  - Using funds from the Virtual Care Innovations Grant, will be working with SMMC to have gift card purchase approved
  - \$10 incentives after patients turn in post-visit surveys (150)



**TAB 5**

**Contracts and**

**MOUs Update**



DATE: June 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 and MOU update

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

#### **LifeMoves and Puente**

Contracts for Care Coordination to support PHPP Mobile Clinic and Street/Field medicine teams and SMMC New Patient Connection Center will be reviewed at the Board of Supervisors meeting on June 29<sup>th</sup> and are expected to be approved for July 1<sup>st</sup>, 2021 start dates. In June, staff will be scheduling meetings with LifeMoves, Puente, PHPP Mobile Clinic and Street & Field Medicine teams and New Patient Connection Center to review contract goals and establish communication pathways between entities.

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

The MOU for Saturday Dental Clinic services is under review by SMMC leadership. The first Saturday Dental Clinic for farmworkers and their dependents is scheduled for Saturday, June 12<sup>th</sup>.

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

HCH/FH and BHRS are drafting an MOU to continue providing behavioral health coordination services for people experiencing homelessness, and to add a psychiatric social worker or licensed marriage and family therapist to provide field-based, direct behavioral health services to individuals experiencing unsheltered homeless and to provide in-person outreach and engagement to clients residing at homeless shelters in San Mateo County.

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

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

A new 3-year MOU combining the Mobile Clinic and Street & Field Medicine programs is being reviewed by SMMC and PHPP leadership.

**Abode Services**

HCH/FH is in contract negotiations with Abode services to deliver the service requested in the RFP for medical care coordination to support clients in maintaining their healthcare during their transition into housing.

**ALAS**

Case Management and Counseling: Contract term extended through March 31, 2022.

Promotores services in Half Moon Bay/North Coast: HCH/FH is contract negotiations with ALAS to deliver the service described in the Request for Proposal (RFP) for promotores services in Half Moon Bay/North Coast region.

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



DATE: June 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: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the May 13, 2021 Co-Applicant Board meeting:

HCH/FH submitted the requisite budget and activity plan for the \$1.6M ARPA prior to the May 30, 2021 deadline. The submission is scheduled for discussion elsewhere on today's agenda.

As noted in the Budget & Finance Report, HRSA has also made available a non-competitive funding opportunity for Capital Projects valued at \$562,000 for us. We are working with SMMC on various projects that they have been thinking about or have in the hopper that would benefit the homeless and/or farmworker populations, including specifically inquiring with Coastside Clinic about projects that may benefit farmworkers. The submission deadline is June 24, 2021.

SMMC and SMC Health have now received nearly 30,000 COVID vaccines through the HCH/FH Program's participation in the HRSA Vaccine Distribution Program, with about 18K administered to date. HRSA is also sponsoring a Mask Distribution Program and preparing for a Rapid Antigen Testing Distribution Program, both of which we are awaiting further word on.

The HCH/FH Program has reached out to shelters providing them with information on how staff and clients can be supported to receive a COVID-19 vaccine. The County is able to send nurses to a shelter if there are a couple of clients that need to be vaccinated on-site. Staff presented at the CES Outreach Working Group to share resources available to outreach teams. Street Medicine/Mobile Clinic team have a Provider of the Day phone number that can be used by outreach workers to support them in getting their clients vaccinated. Staff also continues to work closely with Center on Homelessness and Dept of Ag, as well as stay in regular communication with nonprofits serving both populations to support their COVID-19 activities.

The HCH/FH Program is in the process of completing the recruitment for the currently vacant Community Program Analyst II position, to be utilized as the permanent position for the HCH/FH Clinical Services Coordinator. Two (2) candidates applied, and interviews are expected to take place the week of June 7<sup>th</sup>. We also expect to be able to open a permanent position recruitment for the HCH/FH Planning & Implementation Coordinator position very soon.

Dental services for farmworkers were noted as a high priority by the Board during the 2019/2020 Strategic Planning process. Under this direction, HCH/FH has been working with the SMMC Dental Department to create a free Saturday Dental Clinic for farmworkers and their family members. A soft launch of the Saturday Dental Clinic will occur this Saturday, June 12<sup>th</sup>, with 8-9 slots available. Staff is working with Coastside Clinic, ALAS, Puente, and Sonrisas to refer farmworkers to this service. The intent is to ramp up slowly – one Saturday a month to start – eventually getting to every other Saturday and potentially every Saturday. Dr. Margaret Scopazzi (DDS) and Dental assistant Eliza Arzola will be providing dental services at this clinic. We will regularly update the Board on the progress and utilization of the dental clinic.





SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

SMMC has announced their strategic focus for the coming year will be on improving our systems to support our patients with food insecurity and creating a welcoming environment for patients of all literacy levels. As Nutrition/Food Access was cited by the Board as among their priorities from the Planning Retreat that we had not been able to bring into current programming, we look forward to the opportunity to collaborate with SMMC in their efforts to address food insecurity.

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

Seven Day Update

ATTACHED:

- Program Calendar

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

EVENT	MONTH	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (June 10, 2021 from 9:00 a.m. to 11:00 a.m.)</li> <li>Construction NOA submission due June 24</li> </ul>	June	<p align="center"><b>All meetings are held virtually via Teams until further notice.</b></p>
<ul style="list-style-type: none"> <li>Board Meeting (July 8, 2021 from 9:00 a.m. to 11:00 a.m.)</li> </ul>	July	
<ul style="list-style-type: none"> <li>Board Meeting (August 12, 2021 from 9:00 a.m. to 11:00 a.m.)</li> <li>HRSA Operational Site Visit August 3-5</li> </ul>	August	
<ul style="list-style-type: none"> <li>Board Meeting (September 9, 2021 from 9:00 a.m. to 11:00 a.m.)</li> </ul>	September	
<ul style="list-style-type: none"> <li>Board Meeting (October 14, 2021 from 9:00 a.m. to 11:00 a.m.)</li> <li>SMMC Audit approval</li> </ul>	October	

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



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

**TAB 7**  
**Program**  
**Budget/**  
**Finance Report**





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

DATE: June 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 May 2021 show a total expenditure for the year-to-date as \$1,525,541 of which \$1,505,277 is claimable against the grant. Total projected expenditure for the year is approximately \$3.06M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$550K of unexpended funds for year's end. We have been tracking at around this number for a few months, but the profile may change post-July 1 when new and different agreements come online.

Of the original COVID awards from 2020, which totaled around \$880K, approximately \$348K has been expended, which includes all of the available funding from the original COVID award and the COVID Expanded Testing Capacity award. All of the remaining available funding from 2020 (~\$535K) is from the COVID CARES award with an current end date of March 31, 2022. HCH/FH has received an addition ~\$1.6M COVID funding award from the ARP Act, which has an end date of March 31, 2023, and is discussed in greater detail elsewhere on today's agenda.

HRSA has also recently announced the availability of \$562,000 in Capital Projects funding which must be requested by June 24, 2021. HCH/FH is reviewing this possibility with SMMC, SMC Health and our community partners. HRSA has also announced a competitive award for Optimizing Virtual Care, due in July. We are reviewing our capacity to handle additional funding in this area and potential collaborations.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 05/31/21



GRANT YEAR 2021

May \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (05/31/21)	Projection for end of year	Projected for GY 2021
<b>EXPENDITURES</b>					
<u>Salaries</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director new position, misc. OT, other, etc.					
	631,050	43,328	226,918	540,000	650,000
<u>Benefits</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director new position, misc. OT, other, etc.					
	171,990	10,743	59,583	145,000	180,000
<u>Travel</u>					
National Conferences (2500*8)	25,000			5,000	25,000
Regional Conferences (1000*5)	5,000			2,500	5,000
Local Travel	1,500			500	1,500
Taxis	1,000		65	1,000	1,000
Van & vehicle usage	2,000		706	1,500	1,500
	34,500		771	10,500	34,000
<u>Supplies</u>					
Office Supplies, misc.	12,000	2,032	2,913	6,000	10,000
Small Funding Requests			81,767	95,000	
	12,000		84,680	101,000	10,000
<u>Contractual</u>					
2020 Contracts			129,225	129,225	
2020 MOUs			144,645	144,645	
Current 2021 MOUs	872,000		345,130	925,000	1,100,000
Current 2021 contracts	1,184,000	159,920	488,225	1,005,000	1,000,000
ES contracts (SUD-MH & IBHS)					
---unallocated---/other contracts					
	2,056,000		1,107,225	2,203,870	2,100,000
<u>Other</u>					
Consultants/grant writer	30,000			8,000	25,000
IT/Telcom	20,000	2,232	9,744	24,000	25,000
New Automation				0	-
Memberships	5,000			2,500	5,000
Training	10,000		16,356	25,000	20,000
Misc	500			500	500
	65,500		26,100	60,000	75,500
<b>TOTAL</b>	<b>2,971,040</b>	<b>218,255</b>	<b>1,505,277</b>	<b>3,060,370</b>	<b>3,049,500</b>
<b>GRANT REVENUE</b>					
Available Base Grant	2,691,632			2,691,632	2,691,632
Carryover	922,375			922,375	
Available Expanded Services Awards **					553,637 carryover
HCH/FH PROGRAM TOTAL	3,614,007			3,614,007	3,245,269
<b>BALANCE</b>	<b>642,967</b>	<b>BASE GRANT PROJECTED AVAILABLE</b>	<b>553,637</b>		<b>195,769</b>
					based on est. grant of \$2,691,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13750	1442	5,768	19,000	22,000
Health Coverage	57000	3766	14,496	49,000	57,000
base grant prep	-				0
food	2500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	5,208	20,264	68,750	82,000
<b>TOTAL EXPENDITURES</b>	<b>3,045,290</b>	<b>223,463</b>	<b>1,525,541</b>	<b>3,129,120</b>	<b>NEXT YEAR 3,131,500</b>

	BUDGETED	This month	TO DATE	PROJECTED
COVID Expenditures 2021		6727	93,408	635,000
2020			254,669	
Total			348,077	