

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

## Co-Applicant Board Meeting Agenda

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September 16, 2021, 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
<b>A. CALL TO ORDER</b>	Brian Greenberg		9:00am
<b>B. APPROVAL OF THE ORDER OF THE AGENDA</b>	Brian Greenberg		9:02am
<b>C. PUBLIC COMMENT</b>			9:05am
<p>Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.</p>			
<b>D. CONSENT AGENDA</b>			9:10am
1. Approve meeting minutes from August 26, 2021 Board Meeting	Irene Pasma	<b>Tab 1</b>	
<b>E. CONSUMER INPUT/GUEST SPEAKER</b>			9:15am
<p>Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.</p>			
1. Community Updates	Board members		
<b>F. BUSINESS AGENDA</b>			9:30am
1. Board Members with September 2021 expiring terms	Jim Beaumont	<b>Tab 2</b>	
2. Discussion of Board meeting process subsequent to expiration of the Executive Order relating to the Brown Act	Lauren Carroll		
3. Finalize last three Strategic Plan Goals	Irene Pasma	<b>Tab 3</b>	
<b>G. REPORTING &amp; DISCUSSION AGENDA</b>			10:00am
1. QI/QA Subcommittee Update	Danielle & Amanda	<b>Tab 4</b>	
2. Contracts & MOU Update	Sofia Recalde	<b>Tab 5</b>	
3. Planning for Needs Assessment 2022/2023	Irene Pasma		
4. Provider Collaborative Meeting Series Re-Vamp	Irene Pasma	<b>Tab 6</b>	
5. Program Director's Report	Jim Beaumont	<b>Tab 7</b>	
6. Program Budget/Finance Report	Jim Beaumont	<b>Tab 8</b>	
7. Future Board Speakers	Brian Greenberg		
<b>H. ADJOURNMENT</b>			10:55am
Future meeting: October 14, 2021 9am-11am			

# **TAB 1**

## Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (August 26<sup>th</sup>, 2021)  
Teams Meeting**

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson          Steven Kraft          Victoria Sanchez De Alba, Vice Chair          Janet Schmidt          Gabe Garcia          Brian Greenberg, Chair          Suzanne Moore          Eric Debode          Steve Carey          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          Amanda Hing Hernandez, Medical Director          John Nibbelin, County Counsel          Henrietta Williams, SMMC Deputy Director of Ambulatory Care          Lauren Carroll, County Counsel</p>	<p><b><u>Members of the Public</u></b>          Elizabeth Rigall, Puente          Ophelie Vico, Puente          Maricela Zavala, Puente</p> <p><b><u>Absent Board Members/Staff:</u></b>          Christian Hansen          Tony Serrano</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call To Order</u>	Brian Greenberg called the meeting to order at 9:01 A.M and did a roll call.	
<u>Order of the Agenda</u>	No discussion.	<b>Request to approve the Order of the Agenda</b> was <u>MOVED</u> by Robert A. and <u>SECONDED</u> by Janet S. and <u>APPROVED</u> by all Board members present.
<u>Public Comment</u>	Ophelie Vico provided a summary of the services provided by Puente de la Costa Sur, including healthcare services delivered via HCH/FH contract, and she reported that dental care for farmworkers in the region is an unmet need.	
<u>Consent Agenda</u> 1. <b>Mtg minutes from July 8<sup>th</sup>, 2021</b> 2. <b>Mtg minutes from August 4<sup>th</sup> Special Board Meeting</b> 3. <b>NCC/BPR Progress Report Submission</b>	<b>Please refer to TAB 1</b> All items on Consent Agenda were approved.	<b>Request to approve Consent Agenda</b> was <u>MOVED</u> by Suzanne M. and <u>SECONDED</u> by Janet Schmidt and <u>APPROVED</u> by all Board members present.

		Steve K abstained.
<b>Community Input: Updates from Consumers &amp; Board Members</b>	<p>Suzanne Moore reported on upcoming the eviction moratorium expiration date – HMB City Council discussed scarcity of housing with many spending more than 50% of income on housing. Bay Area Tenant Resource is overburdened and unable to keep up with increasing number of calls. Pacifica Resource Center has reported an increase in residents seeking housing assistance. People are discouraged to reapply for rental assistance if they were denied the first time around. Preliminary data from Santa Barbara suggests that an increase in “new” homeless is due to evictions during the pandemic.</p> <p>Steve Carey joined the meeting at 9:12am.</p>	
<b>Business Agenda: Approve QIQA Annual Plan Amendment</b>	<p><b>Please refer to TAB 2</b></p> <p>The QI/QA committee met in July to discuss modifications to the annual plan, including changing prenatal care in first trimester to monitor only, adding in hypertension, adding a focus on malnutrition and food scarcity to adult BMI and follow-up, and monitoring patient satisfaction quarterly instead of yearly.</p>	<b>Request to Approve QI/QA Annual Plan Amendment</b> was <u>MOVED</u> by Suzanne M. and <u>SECONDED</u> by Janet S. and <b>APPROVED</b> by all Board members present.
<b>Approve Board By-Laws Amendments</b>	<p><b>Please refer to TAB 3</b></p> <p>Staff presented on the changes to the HCH/FH Board by-laws including, modifications to Board responsibilities and rights of members regarding speaking on behalf of Board at community events and meetings, terms of office, nomination and selection of Board members, vacancies, removal, quorum and voting requirements.</p> <p style="text-align: center;">Board by-laws without tracked changes can be found following these minutes</p>	<b>Request to Approve Board By-Laws Amendment</b> was <u>MOVED</u> by Steve K. and <u>SECONDED</u> by Janet S. and <b>APPROVED</b> by all Board members present.
<b>Approve Form 5A</b>	<p><b>Please refer to TAB 4</b></p> <p>The purpose of Form 5A is to describe the services provided by health center program whether they are provided by health center or via contract or formal referrals. Program is removing the services in Column II that were provided via contract by Ravenswood Family Health Center. The contract with Ravenswood expired on 6/30/2021.</p>	<b>Request to Approve Form 5A</b> was <u>MOVED</u> by Suzanne M. and <u>SECONDED</u> by Steve K. and <b>APPROVED</b> by all Board members present.
		Eric abstained.

<p><b>Approve updates to:</b></p> <ol style="list-style-type: none"> <li><b>1. HCH/FH Contracts &amp; Agreements Policy and</b></li> <li><b>2. HCH/FH Board Grant Management Policy</b></li> </ol>	<p><b>Please refer to TAB 5</b></p> <p>The HCH/FH Contracts &amp; Agreements Policy and Grant Management Policy have been updated to put in writing and reflect existing program practices regarding compliance with federal procurement standards in 45 CFR Part 75 and expenditure of grant funds in accordance with the terms of the funding award and federal cost principles in 45 CFR Part 75.</p>	<p><b>Request to Approve Contracts &amp; Agreement Policy</b> was <u>MOVED</u> by Janet S. and <u>SECONDED</u> by Suzanne M. and <b>APPROVED</b> by all Board members present.</p> <p>Eric abstained.</p> <p><b>Request to Approve Grants Management Policy</b> was <u>MOVED</u> by Steve K. and <u>SECONDED</u> by Janey S. and <b>APPROVED</b> by all Board members present.</p> <p>Eric abstained.</p>
<p><u>Reporting &amp; Discussion Agenda</u> <b>HRSA Site Visit Debrief</b></p>	<p>Board members debriefed on their participation in the HRSA site Visit. Board members reported a positive experience and were impressed by the background of the audit team and their questions to board members about Board activities and sub-committees.</p> <p>Jim Beaumont reported on the outcomes discussed at the site visit exit conference and informed the Board that HCH/FH received the final audit report within 1 week. The Board approved several items today to correct some audit findings. A few corrective action items, such as credentialing, will require SMMC participation to resolve.</p>	
<p><b>QI/QA subcommittee update</b></p>	<p><b>Please refer to TAB 6</b></p> <p>Telehealth at Maple Street – HCH/FH expects to launch the “Talk to my Doc” pilot project at Maple Street shelter at the end of the month. Staff confirmed appointment notification process with clinic managers and are receiving feedback on proposed process. Primary Care clinics are looking forward to this project’s success.</p> <p>Access to primary care at SMMC – Staff is working with SMMC to develop a homeless care team that is interesting servicing this population and creating a way to make it easier to access appointments more quickly.</p> <p>SMMC is adding two social determinants of health to its strategic plan. One is literacy and the second is food insecurity. SMMC had a 2 -ay LEAP event around initial planning on how to</p>	

	<p>address food insecurity. Some data provided and share with Board. Lack of response to questioning (may be a literacy issue). Danielle conveyed the Board's concerns to attendees regarding the SMMC food insecurity screening questions and the observation that malnutrition, as opposed to food insecurity, is the challenge for people experiencing homelessness. SMMC uses hunger vital sign tool as their food insecurity screener.</p>	
<p><b>Contracts and MOU Update / Quarterly Reporting</b></p>	<p><b>Please refer to TAB 7</b></p> <p>BHRS is intends to hire a HEAL clinician that will provide field-based behavioral health services to people experiencing homelessness by the end of 2021. Staff will share this news with homeless outreach teams to start developing a coordinated method of reaching and providing services to PEH.</p> <p>SMMC Dental is in the process of hiring additional dental staff. This would enable Coastside Clinic to increase the frequency of Saturday Dental clinic, which is currently occurring once a month. In the interim, staff is working with Sonrisas on a temporary solution to provide dental service to farmworkers in the Pescadero region and reduce the waitlist for the Saturday Dental Clinic. This is anticipated to start in September.</p> <p>Brian Greenberg left the meeting. Victoria Sanchez De Alba took over Chair responsibilities.</p>	
<p><b>Program Director's Report</b></p>	<p><b>Please refer to TAB 9</b></p> <p>Irene Pasma has transitioned to a permanent position on the HCH/FH team. Staff is working with Sonrisas to develop a limited, short-term agreement to provide dental services in Pescadero while the SMMC Dental ramps up capacity to staff the Saturday Dental Clinic at Coastside Clinic more frequently than once a month.</p>	
<p><b>Program Budget / Finance Report</b></p>	<p><b>Please refer to TAB 10</b></p> <p>Due to the County's Fiscal Year end on 6/30/2021, no expenditures in July, other than salary and benefits, were recorded in July 2021. Total grant expenditures year-to-date are \$1,752,741, of which \$1,723,645 is claimable against the grant. Total year-end projected expenditures are estimated at \$3.08M, providing for an estimated \$530K in unexpended funds at year end.</p>	
<p><u>Adjournment</u></p>	<p>Victoria adjourned the meeting at 10:32am. The next Board meeting is September 16, 2021.</p>	



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

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: Contracts & MOU update and Q2 Contractor Progress Report

### **Contract & MOU Updates**

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

#### **LifeMoves and Puente**

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

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

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

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

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

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

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

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

### **Abode Services**

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

### **ALAS**

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

### **Q2 Contractor Progress Report**

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with eight community-based providers and two County-based programs for Q2 of 2021. Contracts are for primary care services, behavioral health, dental care services, and enabling services such as care coordination and eligibility assistance.

The following is a summary of HCH/FH Contractor financial performance from Jan–Jun 2021:

<b>Contractor</b>	<b>Contract Amount</b>	<b>Amount Spent</b>	<b>% YTD 2021</b>
Ayudando Latinos a Soñar (ALAS)**	\$ 43,500	\$22,180	51%
Behavioral Health & Recovery Services	\$ 42,500	\$42,500	100%
El Centro de Libertad	\$ 40,500	\$32,400	80%
LifeMoves	\$ 154,900	\$144,085	93%
PHPP Mobile Van & Expanded Services	\$ 295,095	\$265,245	90%
PHPP Street & Field Medicine	\$ 249,750	\$98,050	39%
Puente de la Costa Sur	\$ 123,250	\$123,250	100%
Ravenswood - Medical	\$ 59,400	\$59,400	100%
Ravenswood - Dental	\$ 29,700	\$11,340	38%
Ravenswood - Enabling	\$ 42,000	\$42,000	100%
Samaritan House - Safe Harbor	\$ 56,300	\$56,300	100%
Sonrisas Dental	\$ 80,150	\$59,540	74%
StarVista	\$ 96,250	\$44,400	46%
<b>TOTAL</b>	<b>\$ 1,313,295</b>	<b>\$ 1,000,690</b>	<b>76%</b>

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



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

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

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

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

Agency	Outcome Measure	Performance through Q1 2021
<b>Ayudando Latinos a Soñar (ALAS)</b>	<ul style="list-style-type: none"> <li>• Provide case management services to at least 50 farmworkers over 150 visits</li> <li>• Provide counseling to 50 farmworkers over 120 visits</li> <li>• Develop programs and activities that benefit mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Provided case management services to 86 clients and conducted 128 visits</li> <li>• Provided counseling to 9 clients over 31 visits.</li> </ul>
<b>Behavioral Health &amp; Recovery Services (BHRS)</b>	<ul style="list-style-type: none"> <li>• At least 100% screened will have a behavioral health screening.</li> <li>• At least 70% will receive individualized care plan.</li> <li>• Connect patients to behavioral health treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• 100% (101 clients) had a behavioral health screening</li> <li>• 87% (88 clients) received individualized care plan</li> <li>• 66% (67 clients) were referred to either BHRS or ACCESS for behavioral health services</li> </ul>
<b>El Centro de Libertad</b>	<ul style="list-style-type: none"> <li>• Provide at least 100 screening/assessments to homeless/farmworkers</li> <li>• Provide at least 60 Motivational outreach sessions on AOD/mental health resources</li> <li>• Provide at least 35 substance use prevention education sessions</li> </ul>	<ul style="list-style-type: none"> <li>• 72 clients had a behavioral health screening</li> <li>• 52 clients referred to AOD and 15 referred to MH services</li> <li>• 1 motivational outreach event conducted</li> <li>• 3 prevention education events conducted</li> </ul>
<b>LifeMoves</b>	<ul style="list-style-type: none"> <li>• Minimum of 50% (250) will establish a medical home.</li> <li>• At least 75% with a scheduled primary care apt will attend at least one apt.</li> <li>• At least 30 will complete submission for health coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• 29% (56 out of 192 clients) established a medical home</li> <li>• 26% (50 clients) attended at least one primary care appointment</li> <li>• 49 clients completed an application for and were enrolled into a health coverage plan</li> </ul>
<b>Public Health Mobile Clinic</b>	<ul style="list-style-type: none"> <li>• At least 80% will receive a comprehensive health screening for chronic disease and other health conditions.</li> <li>• Number of women survey and expressed interest in Pap test services</li> </ul>	Not available
<b>Public Health - Service Connect</b>	<ul style="list-style-type: none"> <li>• At least 80% will receive a comprehensive health screening for chronic disease and other health conditions.</li> <li>• At least 20% of patient encounters will be related to a chronic disease.</li> </ul>	Not available

<b>Public Health Street &amp; Field Medicine</b>	<ul style="list-style-type: none"> <li>• At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• At least 50% of street homeless/farmworkers seen will be referred to Primary Care</li> <li>• Number of patients provided women's health services</li> </ul>	<p>Not available</p>
<b>Puente de la Costa Sur</b>	<ul style="list-style-type: none"> <li>• At least 90% served care coordination services will receive individualized care plan.</li> <li>• At least 25 served will be provided transportation and translation services.</li> <li>• At least 170 will complete a health coverage application</li> </ul>	<ul style="list-style-type: none"> <li>• 64% (83 out of 130 clients) received an individual care plan</li> <li>• 93% (121 out of 130 clients) received transportation and translation services.</li> <li>• 50% (62 out of 125 clients) clients completed a health coverage application</li> </ul>
<b>Ravenswood Family Health Center – Medical</b>	<ul style="list-style-type: none"> <li>• 100% will receive a comprehensive health screening.</li> <li>• At least 300 will receive a behavioral health screening.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% (531 clients) received a comprehensive health screen</li> <li>• 19 clients received a behavioral health screen</li> </ul>
<b>Ravenswood Family Health Center – Dental</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 80% will attend their scheduled treatment plan appointments.</li> <li>• At least 50% will complete their denture treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>• 7% (3 out of 42) completed their dental treatment plan</li> <li>• 100% attended their scheduled treatment plan visit</li> <li>• 3% (1 client) completed their denture treatment plan</li> </ul>
<b>Ravenswood Family Health Center – Enabling</b>	<ul style="list-style-type: none"> <li>• At least 85% will receive care coordination services and will create health care case plans</li> <li>• 65% of homeless diabetic patients will have hbA1c levels below 9.</li> </ul>	<ul style="list-style-type: none"> <li>• 65% (100 out of 154) received care coordination services and create healthcare case plans</li> <li>• 15% (23 out of 154) have hbA1c levels below 9%</li> </ul>
<b>Samaritan House – Safe Harbor</b>	<ul style="list-style-type: none"> <li>• At least 95% of patients will receive individualized health care case plan.</li> <li>• At least 70% will complete their health care plan.</li> <li>• At least 70% will schedule primary care appointments and attend at least one.</li> </ul>	<ul style="list-style-type: none"> <li>• 24% (38 out of 158 clients) received an individualized health care case plan.</li> <li>• 58% (22 clients out of 38) completed their health care plan</li> <li>• 26% (41 out of 158) clients scheduled primary care appointments</li> </ul>
<b>Sonrisas Dental</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 75% will complete their denture treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>• 70% (26 out of 37 clients) completed their treatment plans</li> <li>• No clients were scheduled for denture treatment</li> </ul>
<b>StarVista</b>	<ul style="list-style-type: none"> <li>• At least 90% served care coordination services will receive individualized care plan.</li> <li>• Provide brief therapeutic services to a 145 individuals January-June 2021</li> </ul>	<ul style="list-style-type: none"> <li>• 42% (24 out of 57) adults receive individualized care plans.</li> <li>• 43 adults and 10 youth received therapeutic services</li> </ul>

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

(Amended August 26, 2021)

**Article 1: Name**

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

**Article 2: Purpose**

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

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

**Article 3: Responsibilities**

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

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

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

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

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

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

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

## **Article 5: Members**

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

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

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

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

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

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

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

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

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

### Section B - Responsibilities and Rights of Members

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

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

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

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

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

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



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

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

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

The term of each Board member shall be four (4) years. Any vacancies in or removals from the Board membership shall occur pursuant to these Bylaws and, to the extent applicable, the San Mateo County Charter.

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Article 11: Compensation**

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

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

## **Article 12: Meetings**

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

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

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

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

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

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

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

members present at the hearing.

#### Section D - Special Meetings

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

#### Section E - Format of Meetings

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

#### Section F - Quorum and Voting Requirements

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

#### **Article 13: Officers**

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

#### Section A - Nomination & Election

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

#### Section B - Term of Office

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

#### Section C - Vacancies

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

#### Section D - Responsibilities

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

##### 1. Chair

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

##### 2. Vice-Chair

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

##### 3. Secretary

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

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

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

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

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

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

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

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

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

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

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

# **TAB 2**

## **Business Agenda**

Board Members with

September 2021

Term Expiration





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

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

DATE: September 16, 2021

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

FROM: Jim Beaumont, Program Director

SUBJECT: Request to re-nominate Board Members with terms expiring in September 2021

Per the Board's By-Laws, the term of each Board Member will be four (4) years and there is no limit on the number of terms a member of the Board may serve. In September 2021, three board Members (highlighted below) would have completed their 4-year term. All members indicated interest in continuing on the Board.

There must be a majority vote of members present to nominate the Board Members onto the Board for another term. Their terms would then expire in September 2025.

Joined the Board	Term Expires	<u>Board Members</u>
Oct-13	Sep-2023	Tayischa Deldridge
<b>Oct-13</b>	<b>Sep-2021</b>	<b>Brian Greenberg</b>
Apr-16	Sep-2023	Christian Hansen
<b>Jul-17*</b>	<b>Sep-2021</b>	<b>Robert Anderson</b>
<b>Nov-17*</b>	<b>Sep-2021</b>	<b>Steven Kraft</b>
Feb-19	Feb-2023	Eric DeBode
Apr-19	Apr-2023	Victoria Sanchez De Alba
May-19	May-2023	Suzanne Moore
Aug-20	Aug-2024	Tony Serrano
Nov 2020	Nov-2024	Steve Carey
Jan-21	Jan-2025	Janet Schmidt
Mar-21	Mar-2025	Gabe Garcia

\*Pursuant to the old By-Laws, Board members were slotted into existing terms. Robert A. and Steven K. both entered member slots which began in 2017, meaning their terms would end in 2021.

**TAB 3**

**Business Agenda**

Strategic Plan Targets



DATE: September 16, 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 remaining three HCH/FH strategic plan outcomes

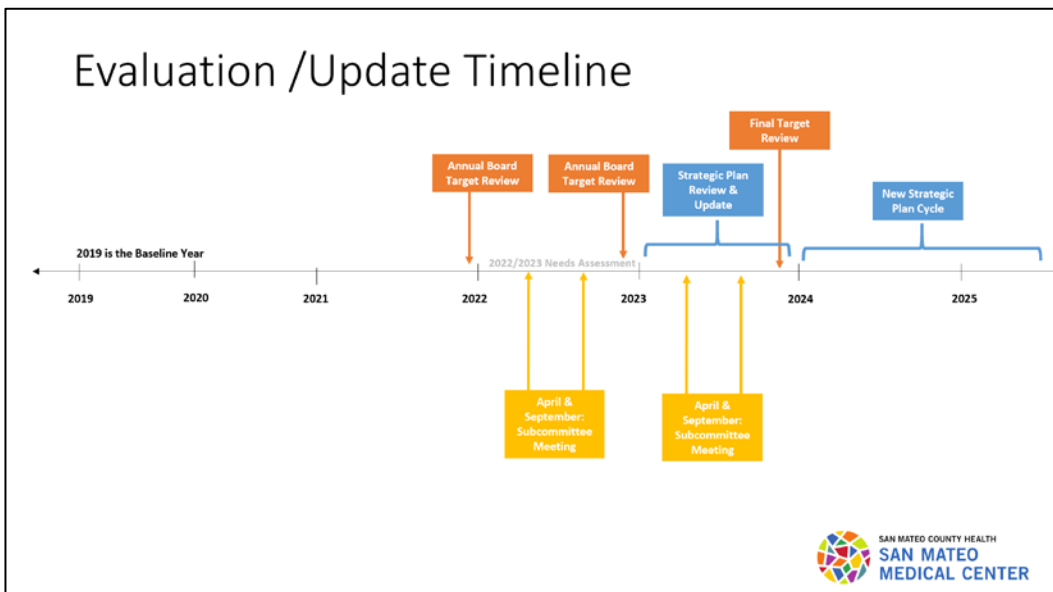
At the July Board Meeting, the Board approved three strategic outcome goals:

- By EOY 2023, **50%** of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.
- By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by **40%** from 2019 baseline.
- By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by **20%** from 2019 baseline.

At this September Board Meeting, the Board is asked to consider/review and approve via vote the last three targets. See attachment for some additional information about each goal.

- By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to **5% and 10%** respectively.
- Following a site visit, have no more than **5** immediate enforcement actions, fewer than **2** conditions enter the **120**-day phase of Progressive Action and **0** conditions enter the 30-day phase of Progressive Action.
- Program will have no more than **5%** of funds remaining at the end of the current grant cycle (December 2023)

Additionally, staff is recommending a Board subcommittee convene twice a year to review the Strategic Plan, get an update on progress, and tweak the activities/outputs section as needed. The subcommittee will report back to the Board at the subsequent meeting. This would be a 4-hour annual commitment.



Attachments:

- HCH/FH Strategic Plan Goals/Metrics Ad Hoc Meeting 6/23/2021 (revised, see slides 11-13)
- HCH/FH 2020-2023 Strategic Targets (excerpt from Strategic Plan)

# HCH/FH Strategic Plan Goals/Metrics

Ad Hoc Meeting

6/23/2021

[revised for Sept

2021 Board

Meeting



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

# Health Insurance Goal Setting

By EOY 2023, decrease number of un-insured homeless and farmworker patients seen by HCH/FH by 5% and 10% (respectively)

	2018	2019 (baseline)	2020
Homeless Uninsured	20%	18%	17%
Farmworker Uninsured	10%	11%	11%

## Activities to reach goal:

- Working closer with Health Coverage Unit
- Contract language with Puente and LifeMoves regarding signing clients up for health insurance and helping them retain coverage

## In Scope of Target:

- Patients/clients seen by SMMC, PHPP, BHRS, and contractors

# Clinical Metrics and Patient Satisfaction

- Clinical Quality Improvement/Quality Assurance and Patient Satisfaction Goals are met per the QI/QA Plan

# Compliance Metrics

- **[revised following August site visit experience] Following a site visit, have no more than 5 immediate enforcement actions, fewer than 2 conditions enter the 120-day phase of Progressive Action and 0 conditions enter the 30-day phase of Progressive Action.**
  - In 2021, Program had 6 immediate enforcement actions and 2 120 day grant conditions
  - In 2018, Program had zero immediate enforcement actions and 11 90-day grant conditions
  - In 2016, Program had 6 120 day conditions
- **Program will have no more than 5% of funds remaining at the end of the grant cycle (December 2023)**
  - In 2019, contractors spent down 83% of funds, in 2020, 87%
  - In 2019, program overall spent down 93% of the base grant

# **TAB 4**

QI/QA Update





DATE: September 16<sup>th</sup>, 2021

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

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

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee did not meet in August.

- Homeless/Farmworker Death Data
  - The template for shelter reporting has been drafted. HCH/FH will be checking in with Public Health, Policy, and Planning (PHPP) Epidemiology to develop longer term data collection and validation plan. An update will be provided at the next Board meeting.
- QI/QA Annual Plan Update
  - Amanda and Danielle reviewed the potential inclusion of maternal and infant mortality data. There is a very small sample size of women who delivered during the calendar year, and any deaths found during chart review will be shared to the QI/QA Committee. However, due to the sample size not being large enough for the data to be significant, it will not be included in the plan.
- Hypertension Disparity Pilot
  - Summary of effort:
    - Effort to engage AA/Black hypertensive patients into care
      - Will also address hypertensive patients due for CRC Screening
    - Separate workflow has been developed for homeless patients
    - Scripted Interview Guide, Post Survey
    - Patients will receive \$15 gift card incentives for participating
    - Patient Navigator will provide 8-10 hours of work weekly specifically for homeless patients
  - The pilot is moving forward at Fair Oaks Clinic, and they have confirmed they will take on the work. We anticipate the patient navigator will begin outreaching to AA/Black hypertensive homeless patients within the next month.
- Self-Administered HPV Testing

- HCH/FH is working with the HIPAA Compliance Officer to build a consent form for patients who opt-in to self-collected HPV testing and cervical cancer screening as this method of collection is not currently FDA approved.
- There will be a narrow criteria of women who will be selected and offered this method of collection to ensure appropriateness of care.

# **TAB 5**

Contracts and MOU

Update



DATE: September 16, 2021

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: Contracts & MOU update

### **Contract & MOU Updates**

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

**Abode Services** - The agreement with Abode Services to provide medical care coordination for individuals transitioning from homelessness into stable housing is scheduled to be reviewed by the Board of Supervisors at the September 14, 2021 meeting. HCH/FH is hosting a virtual informational meet and greet on September 15<sup>th</sup> with Abode and shelter providers and homeless outreach teams who want to learn more about how to support their clients who are transitioning into stable housing.

**ALAS** - HCH/FH is finalizing the agreement with ALAS to provide Promotores services in the Half Moon Bay region and anticipates that the agreement to be reviewed by the Board of Supervisors at the October 19, 2021 meeting. Staff is currently working with ALAS to develop a Promotores training plan for staff and to draft a health education plan so that they can begin delivering health education to the community when the contract term starts.

**Behavioral Health & Recovery Services (BHRS)** - BHRS has initiated the hiring process for a field-based clinician and expects to have a clinician onboard by end of 2021/early 2022. HCH/FH staff is amending the MOU with BHRS to include co-occurring substance abuse case management and early intervention to clients on the Coastsides, including farmworkers and their dependents. This service will be provided by El Centro de Libertad in coordination with ALAS/the Cariño Project.

**Saturday Dental Clinic at Coastsides Clinic** – SMMC Dental is in the process of hiring dental staff to increase the frequency of the Saturday Dental Clinic from once a month to twice a month with the end goal of weekly Saturday Dental Clinics.

**Sonrisas** – HCH/FH has finalized a short-term contract with Sonrisas to provide dental services to farmworkers in Pescadero in order to free up capacity at the Saturday Dental Clinic while SMMC Dental hire additional staff. Sonrisas dental services are expected to begin this month.

**LifeMoves** – No update.

**Puente** – No update.

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

# **TAB 6**

Provide Collaborative  
Update



**DATE:** September 16, 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:** Provider Collaborative Re-Vamp

The Provider Collaborative meeting was held quarterly by HCH/FH primarily for the program’s contractors to hear updates from staff and share resources/information, with participation from other stakeholders as well. Due to COVID-19 and not having a Program Coordinator, this meeting series has been on hiatus for a year.

However, with changing circumstances, staff is able and excited to re-vamp the Provider Collaborative, starting with the first one on September 30<sup>th</sup>. Invitees include program contractors, SMMC, BHRS, PHPP, shelter providers, Core service agencies, farmworker providers, Dept. of Agriculture and others. The draft agenda is below – it is still being finalized, but shared here to give the Board a sense of what will be covered.

Staff will update the Board on Provider Collaborative meetings at subsequent board meetings.

<b>AGENDA</b>	<b>SPEAKER</b>	<b>TIME</b>
<b>A. Welcome &amp; Introductions</b>	All	20 min
<b>B. Purpose &amp; Orientation to the Health System</b>	Irene Pasma	10 min
<b>C. Request for Input:</b>		
1. <b>Collecting Death Data:</b> why we’re doing it and what we might be asking of you.	Danielle Hull	15 min
2. <b>Needs Assessment:</b> what <b>HEALTH</b> information would you be interested in knowing about people experiencing homelessness and farmworkers?  Please review our most recent needs assessment: <a href="#">here</a> .	Irene Pasma	15 min
3. <b>Case Management:</b> for those agencies that do case management, what client data is necessary for you to effectively provide this service (i.e. upcoming appointments, doctor name, etc)?	Danielle Hull	15 min
4. <b>Medical care coordination for newly housed individuals:</b> a new HCH/FH contracted service and building an easy-to-use referral pathway.	Sofia Recalde	10 min
5. <b>Clinical Data:</b> how our patients are doing clinically and what you should keep an eye out for.	Danielle Hull	15 min
<b>D. Announcements &amp; Updates</b>		
a. Time for you to share agency updates and/or 1 top health care issue you’re seeing in your patients/clients, including COVID-19 issues.	All	10 min
<b>Next Provider Collaborative Meeting: December 2021</b>		

Enclosed:

- List of attending agencies and their scope of work
- HCH/FH Contractor list and scope of work (updated August 2021)

# **TAB 7**

## **Program Director's Report**



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

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

DATE: September 16, 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 August 26, 2021 Co-Applicant Board meeting:

Program responded to the OSV correspondence request with updated information across the six (6) issues identified during the Operational Site Visit (OSV). On September 2, 2021, we received notice from HRSA of our Final OSV Report. HRSA accepted our updates for four of the cited issues, leaving two areas out of compliance: Clinical Staffing (policies for Basic Life Support (BLS) verification for all clinical staff and National Provider Data Base checks for all non-Licensed Individual Providers (LIPs)), and Quality Improvement/Quality Assurance (policy for at least quarterly per review of quality of services). As noted, both of these items are for having the necessary policies in place. We are currently working with the various necessary offices in SMMC to have the required policies approved. We have not yet received our Notice of Award which will actually include the findings and issue the requisite grant conditions, so we expect to be able to appropriately respond well within any HRSA deadlines once the grant conditions are issued. We will keep the Board updated on our progress.

Ongoing support to our populations and with County efforts around COVID-19 have continued. We will soon begin working with our SMMC and SMC Health partners on the planning for "booster" shots of the vaccines.

On September 7, 2021, I took part in a briefing session on Redesign Topic #1 – Health Related Concern on the Coast. The session was provided to brief staff from the County Manager's Office and Supervisor Horsley's office regarding existing work in Pescadero and the south coast region. There are discussions around an additional two briefing sessions to be held. It was very beneficial for HCH/FH program to have been recognized for our efforts with Farmworkers and in the south coast and to have been included in these sessions.

On August 30, 2021, HRSA announced their Community Health Quality Recognition Badge Recipients. These acknowledgements are awarded based on program performance as reported in the previous year's UDS Report. Previously, they also coincided with Quality Improvement Awards, however, they were discontinued this year as HRSA refocused on Patient Center Medical Home efforts. This year we received an Advancing HIT for Quality Award badge. Last year we had also received a badge for Health Center Quality Leader (top 30% across Clinical Quality Measures), however we apparently did not achieve that this past year.







SAN MATEO COUNTY HEALTH

## SAN MATEO MEDICAL CENTER

On August 18, 2021, the U.S. Department of Housing and Urban Development (HUD) published the Notice of Funding Opportunity (NOFO) for the FY 2021 Continuum of Care (CoC) Competition (see attachment). On September 10<sup>th</sup>, San Mateo County's CoC met to review and vote on Draft 2021 CoC Competition Project Review and Ranking Process. HCH/FH is a voting member at CoC and recommended CoC add health-specific language to the ranking scale of bonus permanent housing projects and a health-narrative for project renewal applications. Both recommendations were adopted/approved.

The County is planning an in-person Ending Homelessness Conference for Q1 in 2022. The purpose of the one-day conference is to bring together cities, county, business, faith leaders, service providers, and community leaders in getting a shared understanding of homelessness, learn about best practices, and collaborate to meet the County's goal of zero homelessness. People with lived experience will also be included. HCH/FH was invited to participate on the planning committee and will update the Board as information becomes available, including how to attend if you are interested.

### Seven Day Update

#### ATTACHED:

- 2021 San Mateo County Continuum of Care Competition
- Program Calendar

**2021 San Mateo County Continuum of Care Competition  
AVAILABILITY OF FUNDING FOR NEW PROJECTS**

**I. General Information**

On August 18, 2021, the U.S. Department of Housing and Urban Development (HUD) published the *Notice of Funding Opportunity (NOFO) for the FY 2021 Continuum of Care Competition*.

The NOFO can be accessed at <https://www.grants.gov>. It establishes this year's funding criteria for the Continuum of Care (CoC) Homeless Assistance Programs (sometimes also referred to as the McKinney-Vento Homeless Assistance Act programs).

All CoCs and project applicants are required to apply for the 2021 CoC competition electronically through HUD's e-snaps system at <https://esnaps.hud.gov/>. The deadline for San Mateo County to submit our CoC application to HUD is November 16, 2021.

**II. Available Funding**

As in past funding rounds, communities can create new projects through bonus funding and re-allocated funding:

- San Mateo County is eligible to request up to \$684,255 for bonus permanent housing projects, which may include: (1) permanent supportive housing (PSH) serving people experiencing chronic homelessness; (2) rapid re-housing (RRH) projects serving homeless single adults or families with children and (3) joint transitional housing/rapid re-housing (TH/RRH) projects serving homeless single adults or families with children.
- San Mateo County may also create new projects through the re-allocation of funds from lower performing existing grants. The availability of re-allocated funds will depend on the performance of currently funded projects and whether there are underperforming projects identified by the CoC Review Panel for reallocation. Re-allocated funds may be used for the same types of projects as the permanent housing bonus (described above) and may also be used by the CoC Lead Agency, San Mateo County Human Services Agency (HSA), for dedicated HMIS projects or Coordinated Entry projects.
- San Mateo County may receive up to \$491,550 for one or more bonus projects serving victims of domestic violence (DV), dating violence, sexual assault, or stalking. Eligible project types under the DV bonus are: (1) Rapid Re-Housing (RRH) projects; (2) joint Transitional Housing/Rapid Re-Housing (TH/RRH) projects; or (3) Supportive Services Only (SSO) for Coordinated Entry to improve the ability of the CES to meet the needs of DV households.
- Applicants may combine bonus and re-allocation funding in a single project.

All essential information relating to the local CoC competition will be available on the Center on Homelessness website at: <https://hsa.smcgov.org/continuum-care-NOFOnofo>

### III. Eligible Project Types and Requirements

#### A. Project Requirements

The table below summarizes requirements for Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and Joint Transitional Housing/Rapid Re-Housing (TH/RRH) projects created using bonus funds or reallocated funds. The information presented below is only a general summary and applicants are strongly encouraged to review the 2021 CoC NOFO, New Project Application Detailed Instructions, and the Interim CoC Rule (24 CFR 578) for further information. All are available at:

<https://www.hudexchange.info/programs/coc/>

Category	Permanent Supportive Housing (PSH)	Rapid Re-Housing (RRH)	Joint Transitional Housing/Rapid Re-Housing (TH/RRH)
Eligible Applicants	Non-profits, government entities, public housing authorities		
Eligible Participants	<ul style="list-style-type: none"> <li>For regular PSH: persons experiencing chronic homelessness</li> <li>For DedicatedPlus Projects: persons experiencing chronic homelessness plus some additional categories of participants (see below)</li> </ul>	<ul style="list-style-type: none"> <li>Persons who qualify as homeless under paragraphs (1), (2) and (4) of the HUD Homeless Definition, 24 CFR 578.3</li> <li>Additional information on youth eligibility is provided below.</li> </ul>	
Participant Selection	All projects must participate in coordinated entry, and selection of program participants must be consistent with the CoC's Coordinated Entry process.		
Eligible Activities/ Expenses  (24 CFR 578.37-578.63)	<ul style="list-style-type: none"> <li>Acquisition</li> <li>Rehabilitation,</li> <li>New construction</li> <li>Leasing</li> <li>Rental Assistance (TRA, SRA, PRA)</li> <li>Operating Costs</li> <li>Support Services</li> <li>Project Administration</li> </ul>	<ul style="list-style-type: none"> <li>Short Term Rental Assistance (up to 3 months)</li> <li>Medium Term Rental Assistance (3 to 24 months)</li> <li>Support Services</li> <li>Project Administration</li> </ul>	<ul style="list-style-type: none"> <li>Leasing</li> <li>Short- or Medium-Term Rental Assistance</li> <li>Supportive Services</li> <li>HMIS</li> <li>Project Administration</li> </ul>
Support Services	Grant funds may be used for any supportive service listed as eligible under 578.53		
Grant Term	Applicants are strongly encouraged to request 1-year grants so as to maximize available funding. Some project types may request initial terms of 2-5 or 15 years (see NOFO). HUD will allow new projects to request a 1 year of funding with a longer initial grant term not to exceed 18 months. HUD has determined that most new projects requesting 1 year of funding normally take approximately 3 to 6 months to begin fully operating the new project (e.g., hiring staff, developing partnerships with landowners if leasing or renting).		

Category	Permanent Supportive Housing (PSH)	Rapid Re-Housing (RRH)	Joint Transitional Housing/Rapid Re-Housing (TH/RRH)
	Therefore, a new project requesting 1 year of funding may request a grant term of 12 months to 18 months that will allow for the additional start-up process. Additional details can be found in NOFO and applicants are strongly encouraged to refer to the document for additional details.		
Timeliness	Must begin operations in a timely manner. HUD strongly encourages all rental assistance to begin within 12 months of award.		
Match	25% of total grant request. Leasing funds do not have to be matched. Match can be cash or in-kind and must be spent on eligible project costs.		
Youth	Any youth-serving provider funded under this NOFO may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence. Applicants should review the NOFO for additional information on definitions of youth-serving provider.		

*Dedicated Plus PSH Projects:* PSH Projects that elect to apply as Dedicated Plus Projects are not restricted to serving only chronically homeless people and may serve an expanded set of participants:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;
2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. Residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability'; or
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

#### B. Domestic Violence Bonus Projects

This year's NOFO includes a set aside of \$102 million for bonus projects serving survivors of domestic violence, dating violence, sexual assault, or stalking. San Mateo County can receive up to \$491,550 for one or more DV bonus projects. DV bonus funds can be used for Rapid Re-Housing (RRH), Transitional Housing/Rapid Re-Housing (TH/RRH), or Support Services Only (SSO) for Coordinated Entry to implement policies to ensure CES meets the needs of domestic violence survivors.

DV bonus projects must meet all the requirements of the applicable project component (RRH, Joint TH/RRH) – see chart above. DV bonus projects are restricted to serve only those households in the target population.

Additional requirements:

- CoC's may submit multiple projects in the RRH and Joint TH/RRH categories, but only one SSO project for Coordinate Entry.
- The minimum DV bonus grant will be \$50,000.
- All DV bonus projects must be ranked on the Project Priority List.
- HUD will select DV projects for funding based on the overall CoC score, need for the project, and quality of the project applicant.
- DV bonus projects selected for funding will be funded from the DV bonus pot and removed from the Priority List. All remaining projects will move up in Rank.
- DV bonus projects not selected for funding by HUD will retain the ranking provided by the CoC and be considered as a normal ranked project.

### C. Expansion Projects

Applicants that already have an existing CoC funded PSH or RRH project may apply to use either bonus or re-allocation funding to create new projects that are expansions of existing projects. This provides an opportunity for the CoC to expand capacity for projects that are high performers and for which additional capacity is needed. The expansion project must be of the same project-type as the existing project – PSH projects can add more PSH units and RRH projects may add more RRH slots. Existing TH projects may not add RRH slots to become a joint TH/RRH project. Joint TH/RRH projects must be created as entirely new projects.

Project applicants may expand an existing renewal project that is not currently dedicated to serving survivors of domestic violence, dating violence, or stalking that meet the definition of homeless in 24 CFR 578.3 to dedicate additional beds, units, persons served, or services provided to existing program participants to this population.

### D. Transition Grants

Applicants that want to transition one of their existing projects to a new project component (e.g., TH becomes RRH or RRH becomes PSH) can do so by voluntarily re-allocating their existing grant and creating a new project. Unlike regular re-allocation, with Transition Grants there will be no “lag time” between the end of the old project and the beginning of the new project. Some other restrictions apply (see NOFO).

### E. Threshold and Project Quality Requirements

The 2021 HUD NOFO requires that all projects (new and renewal) must meet Threshold Requirements as listed in Section V.C.3 (page 44-50). Applicants are strongly encouraged to review Section V.C.3. of the NOFO to ensure that threshold requirements are met.

In addition, all new PSH, RRH and Joint TH/RRH projects will be scored by HUD for Project Quality using the criteria listed below.

PSH and RRH projects must receive a minimum of 3 out of 4 points. Projects that do not receive at least 3 points and the point under the third criteria will be rejected.

1. Whether the type of housing, number, and configuration of units will fit the needs of the program participants (e.g., two or more bedrooms for families) (1 point);
2. Whether the type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing—this includes all supportive services, regardless of funding source (1 point);
3. Whether the proposed project has a specific plan for ensuring that program participants will be individually assisted to obtain benefits from the mainstream health, social, and employment programs for which they are eligible to apply (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education) (1 point); and
4. Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing) (1 point).

Joint TH/RRH projects must receive a minimum of 4 out of 6 points. Projects that do not receive at least 4 out of 6 points and the point under the fourth criteria will be rejected.

1. Whether the type of housing, number, and configuration of units will fit the needs of the program participants (1 point);
2. Whether the proposed project will provide enough RRH assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing (1 point);
3. Whether the type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing—this includes all supportive services, regardless of funding source (1 point);
4. Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing) (1 point).
5. Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing) (1 point); and
6. Whether the project adheres to a housing first model as defined in the NOFO (Section III. B.2.o). (1 point).

#### **IV. Application Process for New Project Applicants**

##### **A. Application Format for New Projects**

Interested applicants must complete the New Project Application in HUD's e-snaps website and the CoC's New Project Application Narrative. The CoC's review panel will use the information provided in the e-snaps Project Application and New Project Application Narrative to determine whether a new project will

be included in this year’s application, and where it will be ranked. The New Project Application Narrative is a Word document containing responses from the e-snaps Project Application as well as written responses to additional questions for submission to the CoC Review Panel. HSA will provide a template for the New Project Application Narrative (the template will be posted online at HSA’s NOFO website at <https://hsa.smcgov.org/2019-continuum-care-NOFO-notice-funding-availability>)

Applicants should email the following documents to [HSA\\_Homeless\\_Programs@smcgov.org](mailto:HSA_Homeless_Programs@smcgov.org) no later than October 6, 2021 by 5:00 pm . **Note: do NOT click the “submit” button in-snaps.**

1. PDF of Project Application from e-snaps (see Section V, below for more information)
2. New Project Application Narrative in Word using the template provided by HSA

#### B. Application Timeline for New Projects

Following is the application timeline for 2021. Note that dates are subject to change. Any changes to the timeline will be emailed to renewal applicants and posted on the HSA website for the 2021 CoC NOFO at <https://hsa.smcgov.org/continuum-care-NOFOnofo>

<b>Date</b>	<b>Activity</b>
August 18, 2021	2021 CoC NOFO released
September 10, 2021	CoC Steering Committee meeting to approve review, ranking and tiering criteria/strategy (the Project Review and Ranking Process)
September 15, 2021 9:00 to 10:00 a.m.	Informational Meeting for Applicants (new and renewal). For Zoom link, please go to: <a href="https://hsa.smcgov.org/continuum-care-NOFOnofo">https://hsa.smcgov.org/continuum-care-NOFOnofo</a>
<b>October 6, 2021, by 5:00 pm</b>	<b>Project Applications due to HSA by email to <a href="mailto:HSA_Homeless_Programs@smcgov.org">HSA_Homeless_Programs@smcgov.org</a> no later than October 6, 2021 by 5:00 pm. Applicants must submit the following documents by email.</b> <ul style="list-style-type: none"> <li>• A PDF of the completed project applications from e-snaps</li> <li>• The completed New Project Application Narrative in Word</li> </ul>
Week of October 18, 2021	Review panel meeting; rating and ranking of applications
By October 22, 2021	Applicants notified whether their application is included on the Project Priority List
By October 22, 2021	Applicants receive technical corrections to e-snaps submission
<b>October 27, 2021, by 5:00 pm</b>	<b>Appeals due to HSA via email to <a href="mailto:HSA_Homeless_Programs@smcgov.org">HSA_Homeless_Programs@smcgov.org</a></b>
<b>October 29, 2021</b>	<b>Corrected applications due in e-snaps</b>
November 2, 2021	Applicants receive response to appeals
November 8, 2021	CoC Steering Committee Meeting to approve final project ranking
November 8, 2021	Final corrections due in e-snaps
November 12, 2021	HSA staff submit final application to HUD
November 16, 2021	Application due date

### C. Rating and Ranking Process and Criteria

On September 10, 2021, the CoC Steering Committee will approve a written project review and ranking criteria and process, including an adopted strategy relating to putting projects into Tier 2 (the Project Review and Ranking Process). The objective of the tiering strategy will be to position the CoC to retain as much funding as possible, while taking a broad, system-wide approach to identifying which elements of the system to put at-risk. Projects will be rated on the following key rating factors:

1. Alignment with HUD System Performance Objectives
2. Targeting and Outreach
3. Appropriateness of Housing
4. Housing First Model
5. Service Plan
6. Timing
7. Applicant Capacity
8. Financial Feasibility and Effectiveness
9. Project Type Prioritization

The specific scoring system and detailed rating factors may be found in the *San Mateo County CoC 2021 CoC Competition Project Review and Ranking Process*. This document will be posted on the HSA website for the 2021 CoC NOFO at: <https://hsa.smcgov.org/continuum-care-NOFOnofo> and emailed widely to CoC members and other community stakeholders.

### D. Bonus Points for Projects Leveraging Housing and Healthcare Resources

In the FY 2021 NOFO, HUD will provide additional points in the overall CoC application for communities that include one or more permanent housing projects (PSH or RRH) on the Project Priority List demonstrating coordination with housing providers and health care organizations. To align with this HUD priority, bonus points will be awarded to new PSH or RRH projects with the following features:

- Project utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG program, such as through private organizations, State or local government (including HOME funds from the American Rescue Plan), Public Housing Agencies, faith-based organizations or federal programs other than CoC or ESG.
- Project utilizes healthcare resources (including behavioral health) to help individuals and families experiencing homelessness. Sources of healthcare resources may include: direct contributions from a public or private health insurance provider to the project; or provision of healthcare services by a private or public organization tailored to the participants of the project. Eligibility for the project may not be restricted by the eligibility requirements of the health care service provider.

To receive bonus points, applications must provide written documentation of commitment of resources from the housing or healthcare provider.

Organizations considering applying for a new PSH or RRH program should prioritize developing a partnership with either a housing or healthcare provider (or both) to secure these leveraged resources. Applicants may also enter into a partnership with one or more subrecipients that can leverage these needed resources.



## **V. Submitting a New Project in e-snaps**

Completing a new Project Application in e-snaps is a multi-step process that can be complex for applicants who are unfamiliar with HUD's online application system. Below are links to HUD instructional resources that explain how to navigate the system.

- *Creating an E-snaps User Profile.* This describes how to set up an account in e-snaps, which is the first step in the application process. <https://files.hudexchange.info/resources/documents/Create-an-e-snaps-User-Profile.pdf>
- *Accessing the Project Application.* This provides instructions on how to access and set up Project Applications. <https://www.hud.gov/sites/dfiles/CPD/documents/FY-2021-Accessing-the-Project-Application.pdf>
- *New Project Application Detailed Instructions and Navigational Guide:* This provides instructions about how to access the Project Application in e-snaps and provides screenshots of all the application screens. <https://www.hud.gov/sites/dfiles/CPD/documents/FY-2021-New-Application-Detailed-Instructions.pdf>
- *Common Issues Encountered in E-Snaps.* A useful troubleshooting guide. <https://files.hudexchange.info/resources/documents/Common-Issues-Encountered-in-e-snaps.pdf>

## **VI. Information Sources Available**

HUD has made available several information sources regarding this year's Continuum of Care process at the following webpage: <https://www.hudexchange.info/programs/coc/>. This page links to many different resources, including:

- The 2021 CoC NOFO
- e-snaps Navigational Guides and Detailed Project Instructions
- FAQs about the 2021 CoC Competition

Please note that this year, HUD is NOT using the AAQ help desk for CoC competition questions. Applicants may email questions directly to HUD as follows:

- For questions relating to the competition: [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov)
- For questions relating to e-snaps functionality: [e-snaps@hud.gov](mailto:e-snaps@hud.gov)

If you have questions, the Center on Homelessness recommends first directing any questions to our local team, before reaching out to HUD.

## **VII. Technical Assistance for Applicants**

Applicants may contact the CoC with any questions about the application process or how to complete the application. Questions should be directed to Kate Bristol, Focus Strategies ([kate@focusstrategies.net](mailto:kate@focusstrategies.net)), Jessica Silverberg ([JSilverberg@smcgov.org](mailto:JSilverberg@smcgov.org)) and Lody Saba ([lsaba@smcgov.org](mailto:lsaba@smcgov.org)). Please include Kate, Jessica and Lody on all emails.

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

EVENT	MONTH	NOTES
<ul style="list-style-type: none"> <li>• <b>Board Meeting (September 16, 2021 from 9:00 a.m. to 11:00 a.m.)</b></li> </ul>	September	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (October 14, 2021 from 9:00 a.m. to 11:00 a.m.)</b> <ul style="list-style-type: none"> <li>○ SMMC Audit approval</li> <li>○ Chair and Vice Chair nominations begins</li> <li>○ Conflict of Interest Signing</li> </ul> </li> </ul>	October	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (November 11, 2021 from 9:00 a.m. to 11:00 a.m.)</b> <ul style="list-style-type: none"> <li>○ Chair and Vice Chair Elections</li> </ul> </li> </ul>	November	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (December 9, 2021 from 9:00 a.m. to 11:00 a.m.)</b></li> </ul>	December	

<b>BOARD ANNUAL CALENDAR</b>	
<b><u>Project</u></b>	<b><u>Timeframe</u></b>
UDS Submission – Review	Spring
SMMC Annual Audit – Approve	April/May
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	August/Sept (program)– December/January (grant)
Annual Conflict of Interest Statement	October (and during new appointments)
Annual QI/QA Plan – Approve	Winter
Board Chair/Vice Chair Elections	October/November
Program Director Annual Review	Fall/Spring
Sliding Fee Discount Scale (SFDS)	Spring
Strategic Plan Target Overview	December



**TAB 8**

Program

Budget/Finance

Report



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

DATE: September 16, 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 August 2021 show expenditures for the month of approximately \$181,513. Total expenditures for the year-to-date are \$2,064,401 of which \$2,029,403 is claimable against the grant. Total projected claimable expenditures for the year are estimated at approximately \$3.07M. With carryover from 2020, we expect to have available funding around \$3.6M, providing for an estimated \$544K of unexpended funds for year's end.

COVID Award expenditures for August totaled \$17,713. We expect the level of activity for the COVID awards to begin to pick up this month and next. Our original COVID awards do not expire until March/April 2022 and the APR award runs through March 2023.

Based on the value of our current grant award, we are over-budgeted annually by ~\$200,000. This has no immediate impact on our current awarded contracts, staffing and other planned expenditures, as we have estimated carryover that will cover the budgeted shortfall through the end of GY 2023. At that point, we would likely be looking at a recently completed new strategic plan and funding priorities, leading to a new set of contracts that would then be aligned with the available funding. At this time, these projections do not include any small funding requests during the projection period, as there is no available funding for unbudgeted items, and all of the carryover eventually goes to covering known budgeted shortfalls. Based on these estimates, there is little to no allowance for unexpected and unbudgeted expenditures through the end of 2023.

Attachment:

- GY 2021 Summary Grant Expenditure Report Through 08/31/21



GRANT YEAR 2021

August \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (08/31/21)	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	44,100	379,479	555,000	650,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	171,990	15,246	103,758	170,000	247,000
<u>Travel</u>					
National Conferences (2500*8)	25,000		325	2,500	25,000
Regional Conferences (1000*5)	5,000			1,000	5,000
Local Travel	1,500			500	1,500
Taxis	1,000		163	500	1,000
Van & vehicle usage	2,000		706	1,500	1,500
	34,500		1,194	6,000	34,000
<u>Supplies</u>					
Office Supplies, misc.	12,000		4,393	10,000	10,000
Small Funding Requests			81,767	95,000	
	12,000		86,160	105,000	10,000
<u>Contractual</u>					
2019 Contracts			129,225	129,225	
2019 MOUs			144,645	144,645	
Current 2020 MOUs	872,000	82,088	555,188	950,000	1,210,000
Current 2020 contracts	1,034,000	32,000	599,300	950,000	722,500
ES contracts (SUD-MH & IBHS) ---unallocated---/other contracts	150,000				
	2,056,000		1,428,358	2,173,870	1,932,500
<u>Other</u>					
Consultants/grant writer	30,000			8,000	25,000
IT/Telcom	20,000	2,177	14,098	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		30,454	60,000	75,500
<b>TOTAL</b>	<b>2,971,040</b>	<b>175,611</b>	<b>2,029,403</b>	<b>3,069,870</b>	<b>2,949,000</b>
<b>GRANT REVENUE</b>					
Available Base Grant	2,691,632			2,691,632	2,858,632
Carryover	922,375			922,375	
Available Expanded Services Awards **					544,137 carryover
HCH/FH PROGRAM TOTAL	3,614,007			3,614,007	3,402,769
<b>BALANCE</b>	<b>642,967</b>		<b>PROJECTED AVAILABLE</b>	<b>544,137</b>	<b>453,769</b>
					based on est. grant of \$2,691,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13750	1442	8,839	16,000	22,000
Health Coverage	57000	4460	26,159	48,000	57,000
base grant prep	-				
food	2500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	5,902	34,998	64,750	82,000
<b>TOTAL EXPENDITURES</b>	<b>3,045,290</b>	<b>181,513</b>	<b>2,064,401</b>	<b>3,134,620</b>	<b>NEXT YEAR 3,031,000</b>
	<b>BUDGETED</b>	<b>This month</b>	<b>TO DATE</b>	<b>PROJECTED</b>	
COVID Expenditures	2021	17713	111121	535500	
(not included either COVID APR awards)	2020		254,669		
Total			365790	880000	

Expenditure Details

Drawdown thru 0919

4111 reg hrs	384700.87				
4131 sick lv	4552.41				
4133 vaca	27951.69	29515.32	-1563.63	27951.69	
4134 holiday	14999.86	16301.86	-1302	14999.86	
35/41/61/72 comp/exH/OT	15666.86	24367.47	-8700.61	15666.86	
	<hr/>				
	447,872				
4311 FICA	25269.35				
4312 Medicare	6176.61				
4321 Co Retirement	63003.25				
4328 Co 401 contr.	8545.92				
4402 - 4412 Health plans	11417.63	Q1 only			
4418 - 4431 Retiree/dental/vision	6724.11	includes 2000.34 of retiree helth for Q1			
4441 - 4628 other benefits	3871.62	3875.74	-4.12	3871.62	
	<hr/>				
	125,008				
5724 Other Bus Travel	1390.28	1390.28			
5713 air & veh rental	6038.64	6038.64			
5721 mtgs & conf	19248.91	19248.91			
6153 taxis	159.86	159.86			
5714 - 6717 emp mi reimb/mv mil	1509.85	69.6	1440.25	1509.85	
	<hr/>				
	28,348				
5165 med.dental supplies					
5191 - 5196 Gen Off Supp/Copiers	6177.76	3736.25	365.03	2076.48	6177.76
5188 Misc other exp (sml funding)					
5234 Furn & Equip					
5211-5212, 5423 comp ex laser print	3102.25	2847.48	254.77	3102.25	
5866, 5969 fingerprinting, ergo	388	88	300		
	<hr/>				
	9,668				
5824 spec med (RFHC-PC)	60588	60588			
5825 cont dental	137673	137673			
5856 cont special prgm	516974	516974			
6161 bhrrs	36000	36000			
6167 phpp	599220	599220			
	<hr/>				
	1,350,455				

5858 consultants	71337	71337		
5132, 6712 cell phone & telephon	2143.66	1044.35	1099.31	2143.66
5215 - 6713 sftw lic & automation :	7592.3	364.29	7228.01	7592.3
5331 memberships	2300	2300		
5731, 5732 training	175	175		
6733 HR Services	44.64	44.64		
	<u>83592.6</u>			

2,044,943

4100 salary overage	6304			
4411-4412 health insurance	27510			
5199 Oth Off Exp (gift cards)				
5858 grant wrting specifically				
6719 catering	815			
	<u>34629</u>			

2,079,572

Expenditure Details

459437.93

	Drawdown thru	TOTAL	Dec-19	Nov-19	Oct-19
4111 reg hrs		316433			
4131 sick lv		-8652			
4133 vaca		0			
4134 holiday		0			
35/41/61/72 comp/exH/OT		0			
	-	307,781			
4311 FICA		102215			
4312 Medicare		-23092			
4231 Co Retirement		0			
4328 Co 401 contr.		0			
4402 - 4412 Health plans		0			
4418 - 4431 Retiree/dental/vision		0			
4441 - 4628 other benefits		0			
	-	79,123			
5724 Other Bus Travel		213			
5713 air & veh rental		935			
5721 mtgs & conf		9546			
6153 taxis		789			
5714, 5722, 6717 emp mi reimb/mv mil		820			
	-	12,303			
5165/5164/5167 med.dental supplies		1472			
5191 - 5199 Gen Off Supp/Copiers		10117.1	863.63	228.42	
5188/5711 Misc other exp (sml funding)		60398.68	4020.84	150	4170.84
5234 Furn & Equip		0			
5211-5212, 5423 comp ex laser print		1094.77	1094.77		
5866, 5969 fingerprinting, ergo		2186.82			
	-	75,269			
5824 spec med (RFHC-PC)		73044	19800		
5825 cont dental		102047	16190		
5856 cont special prgm		618378	80365	-7300	73065
6161 bhrs		154555			
6167 phpp		338520	15045		
SUD-MH/IBHS		102350	7300		
	-	1,388,894			



5858/5857	consultants	3594	
5132, 6712	cell phone & telephone srv	1771	267
5215 - 6713	sftw lic & automation srv	11669	1965
5331	memberships	500	
5731, 5732, 5733	training	9399	5900
6733	HR Services	0	
		<hr/>	
		0	26933

- 1,890,303 152811.2 -6921.58 77235.84

4100	salary overage	8652
4411-4412	health insurance	23092
5199	Oth Off Exp (gift cards)	0
5858	grant wrting specifically	0
6719	catering	300
		<hr/>
		0
		32044

- 1,922,347 152,811 (6,922) 77,236

45675.13 66852.75 43910.63 46632.42 46764.47 53903.52 69377.52 48851.79

Sep-19 Aug-19 Jul-19 Jun-19 May-19 Apr-19 Mar-19 Feb-19

46818 46279 58649 46455 48484  
-1442 -1442 -1442 -1442 -1442

2

12712 15723 19417 16033 16560  
-3322 -4030 -3832 -3922 -4048

102

17

3688 4375 93

41 206 247 57

506 314

1092.05 284 417 771  
4122 3684 127  
5067 3448 15000

2186.82

2754 2754 16218 10098 16371  
3383 995 23693 16177 39022  
92088 65574 106899 83758 97033  
109055 4500 7500 9000 21500  
46435 163195 83700  
8500 10350 52800 23400

					3594			
			346	346	116	462	117	
2232			1657	1657	1001	1657	750	
			500					
			2122	15		275	1027	
114565.87	0	0	175630	196404	448510	187607	358522	
			1442	1442	1442	1442	1442	
			3322	4030	3832	3922	4048	
					-	100	100	
114,566	-	-	180,394	201,876	453,784	193,071	364,112	

37469.7

Jan-19

69748

-1442

287755

287755

21770

-3938

73639

73639

111

918

1390

238

1390.28

1560.09

6543.83

159.86

570.01

69.6

500.41

10224.07

28542

2157.17

3102.25

2847.48

254.77

388

5647.42

5049

2587

26896

3000

30145

54817 2019 conti

33145 2019 MOL

87962 from 2019

47889

109651

399402

33000

490855

1,080,797

el c

lm

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son

2550

14760

6732

2985

3104

19150

5320

6870

				71337		
117		561	230	1208.5	812.35	396.15
750		1657		2164.29	364.29	1800
				2300		
60				175		
				44.64		
				<hr/>		
				77229.43		
185941						
						1,535,292
1442				6197.68		
3938				27143.49		
		2410				
		55187				
				815		
				<hr/>		
				34156.17		
191,421						