

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

Co-Applicant Board Meeting Agenda

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+ 1 628-212-0105 ID: 562 834 360#

October 13, 2022, 9:00 - 11:00am

A. CALL TO ORDER & ROLL CALL	Robert Anderson	9:00am
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B. PUBLIC COMMENT 9:05am

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

C. ACTION TO SET THE AGENDA & CONSENT AGENDA Robert Anderson 9:10am

1. Approve meeting minutes from September 8, 2022 Board Meeting	Tab 1
2. Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees.	Tab 2
3. Budget & Finance Report	Tab 3
4. Contracts & MOUs update	Tab 4
5. Quality Improvement/Quality Assurance Memo	Tab 5

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER 9:15am

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

1. Community Updates	Board members
2. Bridges to Wellness Program	Sandra Kiapi & Cynthia Dresner

E. BUSINESS AGENDA

1. Renew QI/QA Annual Plan	Dr. Frank Trinh	9:45am	Tab 6
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F. REPORTING & DISCUSSION AGENDA

1. HCH/FH Director's Report	Jim Beaumont	10:00-10:10am	Tab 7
2. Chair/vice chair nominations	Jim Beaumont	10:10-10:15am	Tab 8
3. Board speakers	Robert Anderson	10:15-10:30am	
4. Contractor Spotlight: Public Health Policy & Planning (PHPP), Field Medicine	Meron Asfaw & Mayela Perez	10:30-10:45am	
5. Field Medicine Expansion Update	Dr. Frank Trinh	10:45-10:55am	

G. ADJOURNMENT 11:00am

Future meeting: November 10, 2022 9am-11am

TAB 1

Meeting Minutes

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (September 8th, 2022)
Teams Meeting**

<p><u>Co-Applicant Board Members Present</u> Victoria Sanchez De Alba, Vice Chair Eric Debode Janet Schmidt Steven Kraft Steve Carey Suzanne Moore Tayischa Deldridge Judith Guerrero Francine Serafin-Dickson Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><u>County Staff Present</u> Danielle Hull, Clinical Coordinator Meron Asfaw, Program Coordinator Kapil Chopra, Behavioral Health Director Anessa Farber, Public Health Clinics Manager Frank Trinh, Medical Director HCH/FH Lauren Carroll, County Counsel</p>	<p><u>Members of the Public</u> Maricela Zavala, Puente de la Costa Sur Ophelie Vico, Puente de la Costa Sur Jerome Olimpiada, Samaritan House</p> <p><u>Absent Board Members/Staff:</u> Irene Pasma, Planning & Implementation Coordinator Amanda Hing Hernandez, Interim Medical Director Gabe Garcia Brian Greenberg Robert Anderson Tony Serrano</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call to Order</u>	Victoria A called the meeting to order at 9:03am and did a roll call.	
<u>Public Comment</u>	None.	
<u>Action to set the Agenda & Consent Agenda</u>	<p>Items on the consent agenda:</p> <ul style="list-style-type: none"> • Approve meeting minutes from August 11, 2022 Board Meeting • Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees. • Contractors and MOUs update memo • Quality Improvement/Quality Assurance Memo • Program Budget/Finance Report 	<p>Request to approve the Consent Agenda was MOVED by Steve Kraft and SECONDED by Suzanne Moore.</p> <p>APPROVED by all Board members present.</p>
<u>Community Announcements/Guest Speaker</u> Community Updates	None.	

<p>Samaritan House (Update on Coordinated Entry System)</p>	<p>Jerome Olimpiada, Program manager, presented about the Coordinated Entry System (CES) Diversion Program and Shelter Placements.</p> <ul style="list-style-type: none"> • There are eight core service agencies throughout San Mateo County (SMC) <ul style="list-style-type: none"> ○ Clients can access CES through these agencies. ○ Must be a resident of SMC for 30 days. • Staffing: 8 trained staff <ul style="list-style-type: none"> ○ Assessments with clients take about 25 to 45 minutes. ○ 11 different housing vouchers; offer shelter as placement if ineligible for other housing options. • Institution Program <ul style="list-style-type: none"> ○ Only SMMC hospitals and SMC jails get immediate assistance from a CES coordinator to place clients/patients into housing. ○ Desire to expand this program to all other hospitals in San Mateo County, PES, and other mental health services. ○ All patients still need medical clearance before being placed in housing. ○ No after-hours support. • Staff is currently 100% remote, and about 75 people are on the waiting list for a CES housing placement interview. <ul style="list-style-type: none"> ○ ~45 for congregate shelter. ○ ~30 for Coast house in HMB. ○ The waitlist has increased drastically since COVID-19. • COVID-19 <ul style="list-style-type: none"> ○ Currently telling anyone who is COVID+ and needs housing to reapply after they test negative for COVID-19. ○ Isolation location is limited and, in general, only for those who are already in a congregate shelter that tests positive. 	
<p>Interview with Farmworker Patient</p>	<p>HCH/FH staff interviewed a farmworker patient.</p> <ul style="list-style-type: none"> • The patient has worked at Cabrillo Farms for 11 years and resides in Moss Beach, CA. • Both of her children have asthma. • Currently covered by Medi-Cal; has occasionally had to pay for services out of pocket due to insurance-related issues. • Where do you go for healthcare? <ul style="list-style-type: none"> ○ Coastside Clinic but gets specialty care at Stanford for chronic illness. • The patient mentioned that it is difficult to attend Coastside Clinic appointments because of work; when she misses work, she loses income. They stated that they are only making enough to survive month-to-month, and earning \$1 more an hour would make them ineligible for their healthcare coverage. <ul style="list-style-type: none"> ○ The patient mentioned that having mobile services (drop-in) on the coast would be very helpful in preventing loss of income. 	

	<ul style="list-style-type: none"> ○ The patient's main healthcare needs are primary care and specialty accesses often to manage a health issue. ○ The patient goes to Stanford for some specialty care. ○ The patient recommended changing the business hours of Coastside Clinic to be accessible to farmworkers who work long hours (Monday through Saturday, sometimes Sundays) ● The patient mentioned that it's hard to get appointments at Coastside Clinic and has sometimes needed to wait two months for an appointment. <ul style="list-style-type: none"> ○ The patient stated that the staff is "sometimes nice, sometimes not" when asked about staff treatment of patients. ○ When asked if the patient trusts the clinic, they stated that it depends on the doctor; sometimes the doctor does not take a patient seriously, and they end up going to the emergency room (ER) ● When there are urgent needs, the patient goes to the emergency room and shared a story of bringing their child to the Stanford ER multiple times after being sent home and told it was "nothing" <ul style="list-style-type: none"> ○ Called a Nurse Practitioner friend to help, and x-rays determined the child had pneumonia and subsequently spent three days in the hospital. ● The patient shared that they have difficulty accessing dental care and had to pay out of pocket for dental services in 2021. ● Prescriptions are not always covered by insurance. ● The patient emphasized the importance of on-farm COVID-19 boosters as many agricultural workers will not get them otherwise. 	
<p><u>Business Agenda</u> None</p>	<p>None.</p>	
<p><u>Reporting & Discussion Agenda</u> Program Director's Report</p>	<ul style="list-style-type: none"> ● On August 29th, HRSA announced its Health Center Quality Recognition Badges for performance in 2021. (Link to site) We were awarded three (3) badges this year, up from one (1) last year. ● Sofia Recalde has resigned from her Management Analyst position with the HCH/FH Program. Recruitment for her position opened Tuesday, August 30th, and has an initial closing date of Tuesday, September 13th. <ul style="list-style-type: none"> ▪ Victoria A requested the link to the job opening to share with her network to ensure community agency staff that work directly with homeless and farmworker populations are notified and given the opportunity to apply. 	

Submission of Non-Competing Continuation/Budget Period Report (NCC/BPR)	<ul style="list-style-type: none"> ▪ Program successfully submitted its Non-Competing Continuation/Business Period Renewal (NCC/BPR) report. We should hear from HRSA in 60-90 days on approval of the continuation of the grant. 	
Contractor Spotlight: Public Health Policy & Planning (PHPP), Field Medicine	This item was tabled for the next HCH/FH Board meeting	This item will be discussed at the October HCH/FH Board meeting.
Monkeypox & COVID-19 Update	<ul style="list-style-type: none"> • COVID-19 <ul style="list-style-type: none"> ▪ The bivalent COVID-19 vaccine is now available and contains some of the original vaccination mRNA and mRNA from the current variant, BA5. ▪ The bivalent vaccine brings a better immune response to the Omicron variant, which means a reduced risk of severe illness and death and reduced risk of testing positive for infection. ▪ COVID hospitalizations are still down. ▪ Vaccine eligibility will eventually be offered to those aged 5 and older. ▪ Judith G requested a user-friendly vaccine schedule to share with clients. • Monkeypox <ul style="list-style-type: none"> ▪ Monkeypox is a viral infection that is primarily sexually transmitted. ▪ Research is still being done to determine if it can be transmitted through non-sexual contact. 	
<u>Adjournment</u>	Victoria A adjourned the meeting at 11:00 am. The next HCH/FH Board meeting is scheduled for Thursday, October 13th, 2022.	

Coordinated Entry System

CES Diversion Program and Shelter Placements



SAMARITAN
HOUSE

CORE Agencies

- 8 CORES throughout San Mateo County
- Clients can access many various services and programs through Client Services
- Coordinated Entry Systems/Services (CES) is one service accessed through the client's local CORE agency

List of CORE Agencies

Core Service Agency	Address	Phone Number	Areas Served
Daly City Community Services Center	350 - 90th St., Daly City	(650) 991-8007	Daly City, Colma, Broadmoor
Samaritan House South	1852 Bay Road, East Palo Alto	(650) 294-4312	East Palo Alto, Menlo Park
Coastside Hope	99 Ave. Alhambra, El Granada	(650) 726-9071	Half Moon Bay, Montara, Moss Beach, El Granada,
Pacifica Resource Center	1809 Palmetto Avenue, Pacifica	(650) 738-7470	Pacifica
Samaritan House	4031 Pacific Blvd., San Mateo	(650) 347-3648	San Mateo, Belmont, Burlingame, Foster City, Hillsborough, Millbrae, San Carlos
Puente de la Costa Sur	620 North Street, Pescadero	(650) 879-1691	Pescadero, La Honda, Loma Mar, San Gregorio
Fair Oaks Community Center	2600 Middlefield Rd., Redwood City	(650) 780-7500	Redwood City, North Fair Oaks, Portola Valley, Woodside, Atherton
YMCA Community Resource Center	1486 Huntington Ave, South San Francisco	(650) 276-4101	South San Francisco, Brisbane, San Bruno

Welcome to CES

- We work with families and single adults
- Clients must meet the required criteria to gain access to CES
- This is done while conducting an intake with Client Services Case Manager at the client's local CORE
- Clients must be currently homeless or "at-risk" of being homeless within 3 days (eviction from residence, being kicked out of family home, losing lease or rental agreement, etc.)
- Clients must be a resident of San Mateo County for the past 30 consecutive days
- Must fill out an residency affidavit with Client Services Case Manager
- Once the requirements have been met, Client Services will send a CES Diversion Program referral

Determining what's best for the Client

- CES consists of 7 trained Diversion Specialist
- Client will have a conversation with a Diversion Specialist, approximately 25-45 minutes long
- Assessment and enrollment is completed
- Every Client has a different life story
- Our first option would be to divert the client away from homelessness by means of diversion (Rental assistance, using the client's network system, friends and/or family)
- Shelter is the last option, but in most cases, it's their only option

Plan of Action

- Diversion through Flex Funding (rental assistance or travel assistance to residential location)
- Possible to divert to SLE or residential treatment center
- Shelter placement
- Assessments completed allow clients to a potential housing intervention match (11 possible different housing vouchers)

Shelter Placements

- Family shelters and single congregate/non-congregate shelters
- 5 family shelters throughout San Mateo County
- 3 congregate single shelters in San Mateo County
- 2 non-congregate shelters in San Mateo County
- Half Moon Bay's Coast House accepts families and singles that are residents of Coastside (Pacifica, Montara, Moss Beach, El Granada, HMB, Pescadero and La Honda)
- Pacific Emergency Shelter accepts singles that are residents of RWC only
- Shelter placements priority are given to the highest need client, no reservations as we do have a waitlist
- Clients do need to be cleared by shelters before placements

Shelter Placements and more

- Clients are assigned a Case Manager once placed at shelter
- Develop a case plan
- Minimum of 30 days
- Stay could be cut short if clients are not following rules or have violent behaviors
- Clients can stay longer if they are following rules and showing success on their case plan
- Every client is different and has a different case plan

Contact Information

Jerome Olimpiada, CES Program Manager

jolimpiada@samaritanhousesanmateo.org

(415) 702-7853

TAB 2

COVID-19 Emergency

Continuation

RESOLUTION NO.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that

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

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TAB 3

Budget & Finance

Report



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

DATE: October 13, 2022

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary grant expenditures for the month total about \$105,000, putting our year-to-date expenditures at approximately \$1,853,208. This is in line with our typical expenditures for the year. We now project estimated expenditure just under \$3,000,000 in claimable expenditures for the year.

This projection leaves us with right around \$635,000 unexpended funding when compared to our total funds for the year. This is in line with the planned spend-down of the carryover funds balance.

Attachment:

- GY 2022 Summary Grant Expenditure Report Through 09/30/22



GRANT YEAR 2022

September \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (09/30/22)	Projection for end of year	Projected for GY 2023
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	604,532	49,375	509,733	685,000	721,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	178,640	16,418	183,087	240,000	270,000
<u>Travel</u>					
National Conferences (2500*8)	4,000		2,623	5,000	15,000
Regional Conferences (1000*5)	2,000			2,000	5,000
Local Travel	500			100	1,500
Taxis	250			400	1,000
Van & vehicle usage	250			500	1,500
	7,000		2,623	8,000	24,000
<u>Supplies</u>					
Office Supplies, misc. Small Funding Requests	3,960		3,378	5,000	10,000
	3,960		3,378	5,000	10,000
<u>Contractual</u>					
2021 Contracts			30,375		
2021 MOUs					
Current 2022 MOUs	1,245,000		445,038	1,200,000	1,100,000
Current 2022 contracts	795,000	38,152	663,374	780,000	1,000,000
---unallocated---/other contracts					
	2,040,000		1,138,787	1,980,000	2,100,000
<u>Other</u>					
Consultants/grant writer	17,000			10,000	20,000
IT/Telcom	4,200	500	14,854	28,000	30,000
New Automation				0	-
Memberships	1,500		500	2,500	5,000
Training	1,800			15,000	20,000
Misc			243	500	500
	24,500		15,597	56,000	75,500
TOTAL	2,858,632	104,445	1,853,205	2,974,000	3,200,500
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Carryover	749,838		749,838	749,838	
Available Expanded Services Awards **					634,470 carryover
HCH/FH PROGRAM TOTAL	3,608,470		3,608,470	3,608,470	3,493,102
BALANCE	749,838	Available	1,755,265	634,470	292,602
			Current Estimate	Projected	based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13,750	950	7,200	15,000	20,000
Health Coverage	57,000	4,452	33,207	48,000	62,000
base grant prep	-				
food	2,500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	5,402	40,407	63,750	85,000
TOTAL EXPENDITURES	2,932,882	109,847	1,893,612	3,037,750	NEXT YEAR 3,285,500

TAB 4

**Contracts &
MOUs update**



DATE: October 13th, 2022

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

FROM: Meron Asfaw, Community Programs Coordinator

SUBJECT: Contracts & MOUs Update

HCH/FH has several contracts and MOUs with County departments and community-based organizations to provide primary care services for people experiencing homelessness and farmworkers and their dependents. Below is a description of each contractor's status update for September 2022.

Abode Services:

HCH/FH conducted a site visit on September 19/2022. HCH/FH staff reviewed the client's file to ensure contract compliance and accurate records of what is being invoiced. HCH/FH and Abode discussed that 80% of newly housed individuals might be existing Abode clients, and 20% will be new clients referred to Abode. Abode's case manager is preparing a folder for the shelters and referral agencies, which includes fliers, referral process, and contact information to increase referrals for the medical care coordination program. Abode anticipates meeting the target client number by the end of December 2022.

Ayudando Latinos a Soñar (ALAS):

On September 28/2022, HCH/FH, partnering with Behavioral Health and Recovery Services (BHRS), hosted an in-person training on the topic of Stress Management at the Coastside Clinic. HCH/FH met with ALAS this month and discussed program updates. Promotors mentioned that the training that HCH/FH provided enabled them to engage confidently with farm workers. HCH/FH conducted a site visit on October 3/2022. HCH/FH staff reviewed the client's file to ensure contract compliance and accurate records of what is being invoiced.

Behavioral Health & Recovery Services (BHRS):

HCH/FH conducted a site visit on September 16/2022. HCH/FH staff reviewed the client's file to ensure contract compliance and accurate records of what is being invoiced. HCH/FH and BHRS discussed methods to keep the client's initial assessment form and information on Avatar (electronic health record system) for HCH/FH team to verify the reported client information on the next annual site visit.

- **HCH:** BHRS hired a new peer counselor. The new peer counselor is in training, and HCH will function fully after the new staff completes the training and onboarding process.
- **HEAL:** BHRS hired the second HEAL clinician. The new clinician is in training this month.
- **EI-Centro:** When HCH/FH conducted a site visit on August 22/2022, EI-Centro discussed how the substance use disorder (SUD) case manager could collaborate with ALAS and neighboring agencies to increase farmworker patient enrollment. BHRS, EI-Centro, and HCH/FH will meet to discuss the collaboration between ALAS and EI-Centro's substance use disorder case manager.



Public Health Policy & Planning (PHPP):

HCH/FH met with PHPP this month and discussed depression and screening follow-up. HCH/FH provided a patient resources sheet for mobile and street medicine. HCH/FH staff is working on an additional resource sheet for the patient. HCH/FH is organizing a learning meeting between PHPP and BHRS to increase collaboration between the street medicine team and the HEAL/HCH clinician.

Puente:

Puente is serving farmworkers with Care Coordination and Health Insurance assistance. Puente's Promoters attended the Promoters Workshop training that HCH/FH hosted on September 28/2022, with ALAS promoters. HCH/FH conducted an in-person site visit on September 12/2022. HCH/FH staff reviewed the client's file to ensure contract compliance and accurate records of what is being invoiced

LifeMoves:

HCH/FH conducted an in-person site visit on September 26/2022. HCH/FH staff reviewed the client's file to ensure contract compliance and accurate records of what is being invoiced. LifeMoves mentioned that the referral process and coordination between Mental Health Primary Clinic (MHPC) and LifeMoves has been great.

Saturday Dental Clinic at Coastside Clinic:

Saturday Dental Clinic has been holding monthly clinics since June 2021. The dental clinic is anticipating hiring another dentist by the end of this year which will increase the frequency of the Saturday Dental Clinic

Sonrisas:

The Sonrisas agreement to provide weekly dental services in Pescadero will end on December 2022. Sonrisas is requesting HCH/FH to extend the contract for another year.

TAB 5

**Quality Improvement/
Quality Assurance Memo**



DATE: October 13th, 2022

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee met on September 22nd, 2022.

- **ACTIVATE Pilot**

- Committee members discussed solutions to limited progress on pilot:
 - Approach Mitre to discuss change in timeline/project flow
 - Discuss project flow change with Coastside Clinic and ALAS
- Coastside Hope volunteered to participate in information gathering process.

- **Telehealth at Maple Street**

- As we were closing in on another presentation date, the shelter had another outbreak of COVID-19.
- Gift cards were re-allocated towards the Needs Assessment effort and can be replaced whenever this pilot resumes.
- It's unclear what will happen with the Navigation Center opening in 2023 and the closure of Maple Street Shelter.
- Committee recommended requesting the equipment be transferred to the Navigation Center and approach BHRS to see if they are interested in using the equipment as an access point for visits.

- **Clinical Quality Metric Review for 2022 Quarter 2 (January – June)**

- The committee reviewed second quarter performance of clinical quality metrics of focus for calendar year 2022.
- Noticeably higher performance for farmworker patients and their family members across several clinical quality metrics – recommendation by the committee to:
 - Notify Coastside Clinic and Field Medicine of success.
 - Identify reasons for clinical quality metric success:
 - Where are patients being seen?
 - # assigned to primary care provider
 - Breakdown of insurance status

- **QI/QA Annual Plan Amendment**

- The Committee discussed potential changes to the QI/QA annual plan 2021-22
 - Committee agreed to continue to improve and monitor current clinical quality metrics
 - In response to last board meeting, the committee discussed information sharing pathways between external service agencies and SMMC/County Health.
 - Recommendation to create data communication pathway between service agencies and HCH/FH program to exchange information on number of clients experiencing homelessness or agricultural workers served.
 - Once pathway is created, ensure that county leaders are aware of changes in population.

- **Clinical Services Coordinator**

- Frank Trinh will be taking over several essential duties of clinical services coordinator until recruitment process for position is complete.

TAB 6

Renew QI/QA

Annual Plan



DATE: October 13th, 2022

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO QUALITY IMPROVEMENT COMMITTEE QUALITY IMPROVEMENT ANNUAL PLAN 2022-2023

The San Mateo County HCH/FH Program QI/QA Committee met on September 22nd and discussed recommendations to amend the Quality Improvement Annual Plan 2021-2022. The QI/QA Committee is looking for board approval of the amendment to be executed October 2022 to September 2023. The request is for the board to take action to approve the amendment.

Summary of changes:

- 1. Amended standardize a reporting pathway between gathering and analyzing data and presenting the data to the system to execute change:**
 - a. Build reporting pathway to Health Plan of San Mateo to ensure clinical data of vulnerable populations are included in future programs and planning.
 - b. [New] Create data communication pathway between service agencies and HCH/FH program to exchange information on number of clients experiencing homelessness or agricultural workers served.
 - i. Share changes in population total with county leaders.
- 2. Updated calendar of events**
 - a. Added "Data Available" for clinical metrics of focus
 - b. Added "Quarterly Chart Reviews" for HRSA compliant peer review process
 - c. Added "Homeless Death Data Event"

Attachments:

- HCH/FH Program QI/QA Committee 2021-22 Annual Plan Amendment

HCH/FH PROGRAM QI/QA COMMITTEE 2022-23 ANNUAL PLAN AMENDMENT

TERM: October 2022 – September 2023



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Quality Improvement Mission Statement

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, meet or exceed clinical performance objectives, and provide the highest levels of patient satisfaction.

Meeting Schedule and Calendar

The QI/QA Committee meets quarterly unless otherwise stated. The Committee will meet a minimum of four times a year.

EVENT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
HCH/FH QI Committee Meetings			X			X			X			X
Approval of QI Plan Amendment by HCH/FH Program Co-Applicant Board	X											X
Patient Satisfaction Survey Data			Review available reports				Review available reports				Review available reports	
UDS Report			X	X	X	Final Report FY22						
Evaluation of Selected CQMs	Review CY22Q3			Review 2022 Data				Review CY23Q1		Review CY23Q2		
FY22-23 QI Annual Plan Amendments									X			X
Needs Assessment	X	X	X	X	X	X	X					
Data Available	Q3 data refreshed			Q4/2022 data refreshed			Q1 data refreshed			Q2 data refreshed		
Homeless Death Data Event	X	X	X	X	X	DEA data available	X	X	Tentative Report complete			
Quarterly Chart Reviews			X			X			X			X

2021-22 Performance

- 330 program performance data have been released for calendar year 2021. The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the UDS annually.
- Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).
- Our program changed quartile rankings for the following metrics:

Metric	2020 Adjusted Quartile Ranking	2021 Adjusted Quartile Ranking	Positive/Negative Change
Early Entry into Prenatal Care (1 st Trimester)	4	3	Positive
Hypertension	4	3	Positive
Diabetes A1c >9%	2	1	Positive

2022-23 QI Annual Plan Goals

The following goals were selected for 2020 to align with the quality improvement efforts of SMMC, as well as the adjusted quartile ranking as the measures in the 4th quartile have the largest capacity for improvement. Cancer screenings were selected as a result of the 2019 HCH/FH Needs Assessment, which indicated disparity in the number of screenings performed for colorectal and breast cancer for both homeless and farmworkers, as well as incidence of cancer in the homeless patient population. Cervical cancer screening and diabetes remain SMMC priorities and have been decreasing since 2017 indicating a need for improvement to prevent any further decline in these clinical measures. Prenatal Care in the 1st trimester saw a vast improvement in 2019 due to data quality improvement and will be monitored in 2022-23 to ensure this measure maintains upward progress. Depression Screening and Follow-up remains a challenging measure for quality improvement and relies heavily on SMMC roll-out of depression screening procedure in outpatient clinics. Lastly, Adult BMI Screening & Follow-up will be a focus of 2022-23 to determine if data quality or process improvement is necessary. In 2021, Hypertension was been added as a measure of focus due to significant decrease in performance during the COVID-19 pandemic.

QI Measures of Focus	2021 H	2021 FW	SMMC Performance (Prime/QIP)	CA 330 Programs 2021	2021 Adjusted Quartile Ranking
Screening and Preventive Care					
Cervical Cancer Screening	44%	83%	60%	55.2%	1
Colorectal Cancer Screening	55%		60%	39.9%	1
Breast Cancer Screening	47%	78%	70%	48.5%	1
Depression Screening and Follow-up**	30%	44%	46.7%	65%	4
Adult BMI Screening and Follow-up**	20%	14%	N/A	58.1%	4
Chronic Disease Management					
Hypertension**	48%	52%	61%	56.9%	3
Diabetes A1c >9%**	32%	33%	28%	35.1%	1
Maternal Health					
Prenatal Care 1st Trimester	65%	75%	N/A	77.1%	3

*Data from UDS Report of corresponding year

**Ranking (from 1 to 4) of health center clinical performance compared to other health centers nationally, one is highest

1. Standardize a reporting pathway between gathering and analyzing data and presenting the data to the system to execute change.

- a. Build reporting pathway to Health Plan of San Mateo to ensure clinical data of vulnerable populations are included in future programs and planning.
- b. Create data communication pathway between service agencies and HCH/FH program to exchange information on number of clients experiencing homelessness or agricultural workers served.
 - i. Share changes in population total with county leaders.

2. Cervical Cancer Screening

- a. Goal: Improve the percentage of women ages 21 to 68 with a medical visit who are screened for cervical cancer in 2021 and 2022.
- b. Criteria
 - i. Numerator: Women with one or more screenings for cervical cancer using either of the following criteria:
 - 1. Women age 23-64 who had cervical cytology during the measurement period or the 2 years prior to the measurement period

2. Women age 30-64 who had cervical cytology/HPV during the measurement period or the 4 years prior to the measurement period
 - ii. Denominator: Women 23-64 with a medical visit during the measurement period
- c. Collaborate with Mobile Clinic and Street Medicine Team to implement self-administered pap testing for high-risk patients.
- d. Analyze current challenges in getting patients screening for cervical cancer. Implement evidence-based intervention to improve clinical performance.

3. Diabetes

- a. Goal: Reduce the percentage of known diabetic patients ages 18 to 75 with a medical visit who had HbA1c > 9.0% in 2021 and 2022.
- b. Criteria
 - i. Numerator: Patients whose most recent HbA1c level during the measurement year is greater than 9.0% or who had no test conducted during the measurement period
 - ii. Denominator: Patients 18 to 75 years of age with a medical visit during the measurement period

4. Prenatal Care in the First Trimester [Monitor Only]

- a. Goal: Improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2021 and 2022.
- b. Criteria
 - i. Numerator: Women beginning prenatal care at the health center or with a referral provider, or with another prenatal care provider during the first trimester.
 - ii. Denominator: Women seen for prenatal care during the year.
 - iii. Trimester of entry based on last menstrual period

5. Depression Screening and Follow-up

- a. Goal: Improve the percentage of patients ages 12 and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen in 2021 and 2022.
- b. Criteria
 - i. Numerator: Patients screened for depression on the date of the visit using an age-appropriate standardized tool, and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen.

- ii. Denominator: Patients aged 12 years and older with at least one medical visit during the measurement period.

6. Adult BMI Screening & Follow-up

- a. Goal: Improve the percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and, when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit in 2021 and 2022.
- b. Criteria
 - i. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit.
 - ii. Denominator: Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period.
- c. Malnutrition and Food Scarcity
 - i. Perform analysis to understand current challenges for patients experiencing homelessness and agricultural workers in consuming and accessing quality food.
 - ii. Investigate evidence-based solutions to address malnutrition and food scarcity for patients experiencing homelessness and agricultural workers.

7. Colorectal Cancer Screening

- a. Goal: Improve the percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer in 2021 and 2022.
- b. Criteria
 - i. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 1. Fecal occult blood test (FOBT) during the measurement period
 2. Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
 3. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
 4. Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period

- 5. Colonoscopy during the measurement period or the 9 years prior to the measurement period
- ii. Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period.

8. Breast Cancer Screening

- a. Goal: Improve the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period in 2021 and 2022.
- b. Criteria:
 - i. Numerator: Women with one or more mammograms during the 27 months prior to the end of the measurement period.
 - ii. Denominator: Women 51* through 73 years of age with a medical visit during the measurement period.

9. Monitor and Review: SMMC Patient Satisfaction

The Clinical Services Coordinator will monitor and review patient satisfaction performance received by the San Mateo Medical Center to ensure quality of care. The Clinical Services Coordinator will provide updates to the QI Committee quarterly.

10. Develop Baseline for Homeless Death Data with Public Health, Policy and Planning (PHPP) Epidemiology

The Clinical Services Coordinator and Planning and Implementation Coordinator will work with PHPP Epidemiology to validate current death data collected for persons experiencing homelessness in San Mateo County. Collaborate to improve data collection following validation.

**Baseline will be defined as CQMs data reported in the 2019 UDS Report.

APPENDIX

QI/QA Committee Structure

The role of QI Committee members is to:

Provide leadership and recommendations for:

- Ongoing assessment, monitoring and improvement of services including primary care
- Patient and staff education, continuity of care
- Patient satisfaction
- Support services

Information systems integrity and accountability **The role of the Medical Director** is to:

- Oversee and guide of QI/QA activities and clinical services coordinator
- Prepare and present the HCH/FH QI quarterly report to the HCH/FH CAB
- Report out to various QI and Hospital Groups working with homeless and farmworker patients
- Represent QI/QA and HCH/FH Program interests

With support from the HCH/FH Program staff, **the role of the Clinical Services Coordinator** is to:

- Prepare agenda and meeting material
- Present previous meeting minutes for approval
- Review of status of UDS quality of care and health disparities clinical measures
- Review of HCH and FH utilization trends
- Review of areas of concern/problem reports
- Follow-up on previously identified problems/opportunities for improvement
- Work with SMMC and other stakeholders to meet identified goals

QI/QA Process

The HCH/FH QI Plan will be carried out in accordance with SMMC policy by:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values and goals of SMMC
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring organization performance through appropriate data collection, aggregation and analysis

- Providing information regarding performance improvement activities and education to the HCH/FH CAB, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program employees, outpatient clinics and program contractors.
- PDSA (Plan-Do-Study-Act) Models will be used to plan action for CQM goals.

Reporting Channels

A concerted effort is being undertaken during the 2020-2021 year to standardize reporting pathways for both gathering and analyzing data as well as presenting the data to SMMC or County Health to execute change.

- The HCH/FH QI Plan will be submitted by the HCH/FH QI/QA Committee to the HCH/FH Co-Applicant Board (CAB).
- Quarterly reports of performance improvement activities will be provided to the HCH/FH CAB with annual reports provided to the SMMC Hospital Board.
- Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC and Primary Care QI Group as appropriate.
- Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee to the Program Coordinator as appropriate.

TAB 7

HCH/FH

Director's

Report



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San Mateo Medical Center
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San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: October 13, 2022

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the September 08, 2022, Co-Applicant Board meeting:

We often mention at meetings the County audit, sharing the annual report with the Board. This is generally referred to as The Single Audit – a process by which organizations that have multiple federal grants, contracts, and agreements, can meet federal audit requirements without having to have each and every federal program fully audited every year. Instead, a variable sub-group of federal programs are selected each year and included in the county's general audit. The HCH/FH Program was selected for inclusion in this year's Single Audit. We have had multiple correspondence exchanges with the auditors and a virtual meeting and expect there may be a few more. We do not particularly expect any issues, although we acknowledge that our programmatic and fiscal requirements as a HRSA program may not be common audit reference points for the auditors.

In other program activities:

- We assisted SMMC is acquiring 2,500+ antigen test kits for use in 1A (Long Term Care) through the HRSA COVID supply program and website.
- In discussions with Health Administration, HCH/FH has committed up to \$250,000 from our COVID ARPA award to help support creating a dental operatory at the County's new Navigation Center.
- There was expressed interest from a couple members of the County Youth Commission on being liaison(s) to the HCH/FH Board. We are continuing to explore this possibility although the timing of the Board meetings does make participation likely problematic. This effort has also been slowed by the ongoing staff changes.
- We are continuing efforts with the Health Coverage Unit (HCU) for a cleaner implementation of the HCH/FH Sliding Fee Discount Program and are close to have a (near) automated solution.

As I informed the Board on September 22nd, Danielle Hull has resigned her Clinical Services Coordinator position with the HCH/FH Program effective October 7th. She has accepted a position with Population Health at SMMC. This is a wonderful opportunity for Danielle as she will have the opportunity to continue her work with analyzing clinical performance data and developing strategies to address disparities, but we will greatly miss her efforts that have shaped our Quality perspective and





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QA efforts, as well as her kindness and laughter. We are working with Human Resources (HR) to open a recruitment to bring in a new Clinical Services Coordinator. We hope to have it opened by the end of the week. Please share this information with anyone who might have an interest.

The Program has completed initial interviews with the referred candidates for the HCH/FH Management Analyst position. We have a candidate and are currently negotiating with them.

Seven Day Update

ATTACHED:

- Program Calendar

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

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

MONTH	ADDITIONAL EVENTS HAPPENING THIS MONTH
<i>January</i>	<ul style="list-style-type: none"> • <i>Board's 1st Meeting of the year!</i> • <i>Needs Assessment Advisory Group Inaugural Meeting (Date TBD)</i> • <i>Board self-evaluation survey administered</i>
<i>February</i>	<ul style="list-style-type: none"> • <i>Initial UDS Submission – February 15, 2022</i> • <i>2022 National Conference on Ending Unsheltered Homelessness, February 16-18 (link)</i>
<i>March</i>	<ul style="list-style-type: none"> • <i>Final UDS Submission due March 31, 2022</i> • <i>Q1 Provider Collaborative Quarterly Meeting, March 15</i> • <i>QI/QA Quarterly Subcommittee Meeting (Date TBD)</i>
<i>April</i>	<ul style="list-style-type: none"> • <i>Strategic Planning Subcommittee, March 28th</i> • <i>2022 Western Forum for Migrant and Community Health, April 11-13, Portland, OR, https://www.nwrpca.org/page/westernforum</i>
<i>May</i>	<ul style="list-style-type: none"> • <i>National Health Care for the Homeless Conference and Policy Symposium, May 10-13, Seattle WA, https://nhchc.org/trainings/conferences/</i>
June	
July	
August	<ul style="list-style-type: none"> • Q3 Provider Collaborative Quarterly Meeting (August 23/2022)
September	<ul style="list-style-type: none"> • Strategic Planning Subcommittee (Date TBD) • International Street Medicine Symposium (September 22-24), Toronto, Canada, https://www.streetmedicine.org/isms-18-registration
October	
November	<ul style="list-style-type: none"> • Q4 Provider Collaborative Quarterly Meeting (Date TBD)
December	

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

TAB 8

**Chair/Vice Chair
Nominations**



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DATE: October 13, 2022

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: NOMINATIONS FOR CHAIR AND VICE CHAIR FOR 2023

In accordance with Article 13 of the Board's Bylaws, the annual selection of the Chair & Vice Chair for the next calendar year is to occur at the October or November meeting of the Board. Traditionally, nominations begin at the meeting immediately preceding the election meeting, continue to be taken by correspondence between the meetings, and are finalized for the vote at the election meeting. As the Board's next meeting will be the November meeting – at which the vote will take place – we will begin the nomination process today.

Any Board member may offer a nomination and any Board member is eligible to be nominated, with the exception of those who have already served the maximum allowable of four (4) terms in the given office. Members may offer the nomination verbally at the meeting by requesting the floor, and as noted above, can also submit them via email to the Secretary of the Board (the Director) anytime between today's meeting and the beginning of next month's meeting. We will again take nominations from the floor immediately preceding the vote at the beginning of our November meeting (Bylaws require the vote to be the first order of business).

A nominee may decline the nomination.

