

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

Co-Applicant Board Meeting Agenda

Join Microsoft Teams Meeting

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August 13, 2020; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			
C. PUBLIC COMMENT			9:03am
<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>			
D. CONSUMER INPUT <ul style="list-style-type: none"> Local news and updates 	Suzanne Moore		9:07am
E. CLOSED SESSION <ul style="list-style-type: none"> No closed session 			
F. CONSENT AGENDA <ol style="list-style-type: none"> Meeting minutes from July 9, 2020 Contract amendments and extensions <ul style="list-style-type: none"> Request to approve an amendment to the Puente contract to extend the agreement term through June 30, 2021, increasing the budget by \$123,250 to an amount not to exceed \$673,750 Request to approve an amendment to the Samaritan House contract to extend the agreement term through June 30, 2021, increasing the budget by \$56,300 to an amount not to exceed \$299,300 Request to approve an amendment to the LifeMoves contract to extend the agreement term through June 30, 2021, increasing the budget by \$154,900 to an amount not to exceed \$890,280 Request to approve an amendment to the BHRS MOU to extend the agreement term through June 30, 2021, increasing the budget by \$42,500 to an amount not to exceed \$312,500 Request to approve an amendment to the El Centro contract to extend the agreement term through June 30, 2021, increasing the budget by \$40, 500 to an amount not to exceed \$196,500 Request to approve an amendment to the StarVista contract to extend the agreement term through June 30, 2021, increasing the budget by \$96,250 to an amount not to exceed \$426,250 Request to approve an amendment to the Ravenswood Family Health Center (RFHC) Primary Care contract to amend service rates extend the agreement term through June 30, 2021, increasing the budget by \$33,057 to an amount not to exceed \$354,357 	Sofia Recalde	Tab 1	9:12am

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact HCH/FH staff at SMMC_HCH_FH_Program@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Public records that relate to any item on the open session agenda for a regular board meeting are available for public inspection. The HCH/FH Co-Applicant Board agendas are posted at least 72 hours prior to the meeting and are accessible online at: <https://www.smchealth.org/smmc-hchfh-board>. Records that are distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Board. The designated location for such inspection is San Mateo Medical Center, 222 W 39th Ave, San Mateo. Please contact HCH/FH staff at SMMC_HCH_FH_Program@smcgov.org with any requests.

<ul style="list-style-type: none"> Request to approve an amendment to the RFHC Dental contract to amend service rates and extend the agreement term through June 30, 2021, increasing the budget by \$16,362 to an amount not to exceed \$180,537 Request to approve an amendment to the RFHC Enabling Services contract to amend service rates and extend the agreement term through June 30, 2021, decreasing the budget by \$5,672 to an amount not to exceed \$285,328 			
<p>G. BUSINESS AGENDA</p> <ol style="list-style-type: none"> HCH/FH Board Nomination for Lorenzo Antonio Serrano Garcia <ul style="list-style-type: none"> Request to approve Lorenzo Antonio Serrano Garcia as a new HCH/FH Board member Presentation of Boards and Commissions Handbook Strategic Planning Subcommittee Recommendations to the Board <ul style="list-style-type: none"> Request to approve the below services, to be provided by contract or MOU: <ul style="list-style-type: none"> Community Health/Promotores Model on the Coast Case Management for homeless individuals newly moved into housing Case Management linked to Street & Field, Mobile Clinic & New Patient Connection Center Primary Care services provided by Street & Field Medicine and Mobile Clinic Dental services via Saturday Dental Clinic at Coastside Clinic 	<p>Robert Anderson</p> <p>Andrea Donahue Irene Pasma</p>	<p>Tab 2</p> <p>Tab 3</p> <p>Tab 4</p>	<p>9:25am</p> <p>9:30am</p> <p>9:45am</p>
<p>H. REPORTING AGENDA</p> <ol style="list-style-type: none"> Quarter 2 Contractor Report QI Report Finance Report HCH/FH Program Director’s Report 	<p>Sofia/Danielle Danielle Hull Jim Beaumont Jim Beaumont</p>	<p>Tab 5</p> <p>Tab 6</p> <p>Tab 7</p> <p>Tab 8</p>	<p>10:15am</p> <p>10:25am</p> <p>10:30am</p> <p>10:40am</p>
<p>I. BOARD DISCUSSION</p> <ol style="list-style-type: none"> COVID-19 Update 	<p>Irene Pasma</p>	<p>Tab 9</p>	<p>10:45am</p>
<p>J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS</p> <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>			
<ol style="list-style-type: none"> Future meetings – every 2nd Thursday of the month (unless otherwise stated) <ol style="list-style-type: none"> Next Regular Meeting September 10 2020; 9:00AM – 11:00AM 			
<p>K. ADJOURNMENT</p>	<p>Brian Greenberg</p>		<p>11:00am</p>

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TAB 1

Consent Agenda

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (July 9, 2020)
Microsoft Teams Meeting**

Co-Applicant Board Members Present

Brian Greenberg
Tayischa Deldridge
Robert Anderson
Steven Kraft
Victoria Sanchez De Alba
Eric Debode
Michael Vincent Hollingshead
Christian Hansen
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Irene Pasma, Program Implementation Coordinator
Danielle Hull, Clinical Coordinator
Sofia Recalde, Management Analyst
Andrea Donahue, County Counsel's Office
Frank Trinh, Program Medical Director
Henrietta Williams, SMMC Financial Services Manager
Jessica Silverberg, Center on Homelessness
Peter Shih, Senior Manager of Delivery System
Planning

Members of the Public

Jeff Essex, El Centro
James O'Connell, PHPP

Absent: Mother Champion, Suzanne Moore

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:04. Everyone present introduced themselves.	
Public Comment	No public comment	
Consumer Input <u>Supporting resident transitions out of motels post COVID – Jessica Silverberg</u>	Jessica Silverberg, Program Manager with Center on Homelessness (COH) gave a presentation on housing homeless individuals during COVID-19. The current economic and employment climate and the COVID crisis are presenting additional challenges to people experiencing homelessness. Additional space has been added at Maple Street and Project WeHope to house more clients. Non-congregate shelter in the form of hotel rooms are available in the County. The first is an offsite temporary shelter program that was implemented in early March to move vulnerable clients into a location where they have individual space. In addition, it allowed shelters to reduce capacity and space beds to maintain a safe social distance. The second shelter program is the Bayfront Station, which is operated via a partnership between COH and Samaritan House. Both non-congregate sites have case management associated with them to support people moving into housing once the temporary shelter funding expires. Efforts to add additional shelter capacity in Redwood City are underway.	
Closed Session	No Closed Session	

<p>Consent Agenda <u>Meeting minutes</u></p>	<p><i>Please refer to TAB 1 on the Board meeting packet.</i></p> <p>All items on Consent Agenda (meeting minutes from May 7, 2020) were approved</p>	<p>Consent Agenda was <u>MOVED</u> by Steve <u>SECONDED</u> by Robert and <u>APPROVED</u> by all Board members present; Victoria abstains</p>
<p>Business Agenda: <u>Request to approve County of San Mateo 2019 Single Audit Report</u></p>	<p><i>Please refer to TAB 2 on the Board meeting packet.</i></p> <p>The County of San Mateo Controller’s Office sent HCH/FH the 2019 Single Audit Report, which showed no findings. The Board approved the report.</p>	<p>Request to approve County of San Mateo 2019 Single Audit Report <u>MOVED</u> by Ty <u>SECONDED</u> by Christian and <u>APPROVED</u> by all Board members present, Victoria abstains</p>
<p><u>Request to approve contract extension for Sonrisas</u></p>	<p>Sofia Recalde presented a proposal to the Board to extend the term of Sonrisas’s contract for dental services through June 30, 2021. Based on prior years’ performance between January and June, staff proposed amending the contract to provide services to a total of 70 unique farmworker individuals between January 1, 2021 – June 30, 2021. The rate would remain the same. This contract extension would add \$80,150 to their contract, bringing the contract total to \$500,125 for the period of January 1, 2018 – June 30, 2021. The Board approved the contract extension.</p>	<p>Request to approve contract extension for Sonrisas <u>MOVED</u> by Robert <u>SECONDED</u> by Steve and <u>APPROVED</u> by all Board members present; Victoria abstained.</p>
<p>Reporting Agenda: <u>Quality Improvement (QI) Report</u></p>	<p><i>Please refer to TAB 3 on the Board meeting packet.</i></p> <p>Danielle Hull reported on the QI subcommittee virtual meeting that was held on June 25th, during which staff gave an overview of what has been done in the past, compared Q2 of CY 2020 with Q2 2019 performance, and reviewed disease prevalence data. At the end of the meeting, the subcommittee selected clinical quality measures that they could look at for the next annual plan and discussed additional potential projects such as conducting a small cohort study to see how people fare from a primary care perspective after they transition back into housing. The annual QI plan will be presented at the September board meeting.</p>	
<p><u>HCH/FH Program Budget & Financial Report</u></p>	<p>Based on activity year-to-date, staff projects that there will be \$37K unexpended funds from the base grant, including carry over funds, by end of 2020. The projections, however, estimate over 95% contract expenditure rates, which may not be feasible given the challenges COVID has created in delivering services.</p> <p>HCH/FH received 3 one-time awards for COVID-related projects totaling \$878K. Staff will provide</p>	

	<p>an update on COVID projects and expenditures that are covered under this award at the next Board meeting.</p>	
<p><u>HCH/FH Program Director's Report</u></p>	<p>The SMMC outpatient pharmacy is still in operation through the end of 2020. HCH/FH is working with the Pharmacy Director to fund a portion of the operations starting into 2021 to continue supporting homeless and farmworker access to medication when being discharged from the ER or inpatient care, and through medication provided by the Mobile Clinic, Street and Field Medicine Team and IMAT.</p> <p>Shanna Hughes submitted her notice of resignation from the Board as she is moving out of County. She recommended another officer to replace her, and staff will contact him to gauge interest in joining the Board.</p> <p>Frank will be the primary representative on the Health DOC, replacing Irene who has been sitting in on the DOC since March 2020.</p> <p>Staff had an introductory call with the SMC Youth Commission. The Youth Commission liaises with other County committees and boards, and we discussed the potential of one of the youth commissioners would like to liaise with the or join the Board.</p>	
<p>Board Presentation/ Discussions <u>HCH/FH Needs Assessment</u></p>	<p><i>Please refer to TAB 4 on the Board meeting packet.</i></p> <p>Irene Pasma presented the main findings of the 2019 HCH/FH Needs Assessment and requested Board input on which findings should be highlighted in the Executive Summary. In addition, staff requested input on who/which entities should be on the distribution list to receive the Needs Assessment once completed.</p>	
<p><u>UDS report</u></p>	<p>HCH/FH saw more homeless and fewer farmworker patients in 2019 compared to 2018. The decrease in farmworker patients is likely due to the hostile immigration climate and distrust in government institutions. Staff hopes outreach to farmworkers improves with the recently HCH/FH Board approved contract with ALAS to deliver behavioral health services in Half Moon Bay.</p> <p>The number of homeless and farmworker clients who accessed behavioral health services in 2019 increased 83%, likely due to the StarVista contract.</p>	

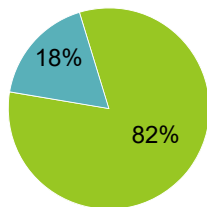
<u>Strategic Plan/RFP</u>	Irene Pasma is scheduling the next strategic plan subcommittee meetings. Calendar invites forthcoming. The goal is to have contract amendments to extend current contracts through June 30, 2021, while staff works on and rolls out the RFP process. Staffing shortage and COVID-19 has impacted the program's capacity to work through contracting and RFP process.	
<u>COVID-19 Update</u>	Peter Shih, the Senior Manger of Delivery System Planning, gave an update on the County's COVID-19 testing in homeless and farmworker settings. Irene Pasma gave an update on a project HCH/FH is partnering with the County to develop COVID-19 outreach materials (e.g., social media and print messaging, PSAs, etc.) specifically targeted to the County's homeless and farmworker populations.	
Board Communication & Updates	The next Board meeting on August 13th will also be a Teams virtual meeting.	
Adjournment	Time 11:06	Brian Greenberg

2019 HCH/FH Needs Assessment [topics for discussion]		
	Individuals experiencing homelessness	Farmworker + Families
Survey Response	N=274	N=180: 151 (farmworker) 29 (family)
Est. Population	4,638 to 6,798 [2019 UDS: 4769]	2,990 to 3,680 [2019 UDS: 1020]
Findings	The average age of a homeless client seen at SMMC or a contractor through HCH/FH was 42 years old; the mode of a homeless individual seen at SMMC alone is 58. Homeless individuals reported difficulty with moving around (like walking or changing clothes) as early as 18-29 age range.	The majority of farmworker/dependents seen at SMMC clinics are children: the mode age was 12 and the median age 23. The average farmworker in San Mateo County is between 43-45. This may indicate a need to better connect adults to brick & mortar care.
	Long term care/placement for homeless individuals is a large need	Saturday clinic in Pescadero is desired, especially since no transportation/can't take time off work are highest barriers to care.
	Shelters need to be able to provide more primary and behavioral health needs on-site	Promotoras health model is desired to provide culturally competent education to agricultural workers and help them connect to medical care
Distribution: Stakeholders + Method	County Health Center on Homelessness Health Plan San Mateo	CBOs Board of Supervisors SMMC <i>Who should send the report out to stakeholders?</i>

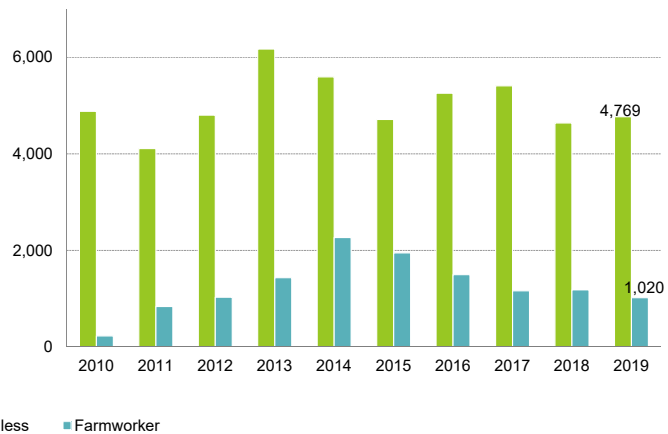
2019 Annual HCH/FH Performance (UDS)

- 5,721 Patients
- 33,379 Visits
- \$18.2M Cost of all HCH/FH services

2019 HCH/FH Patient Mix



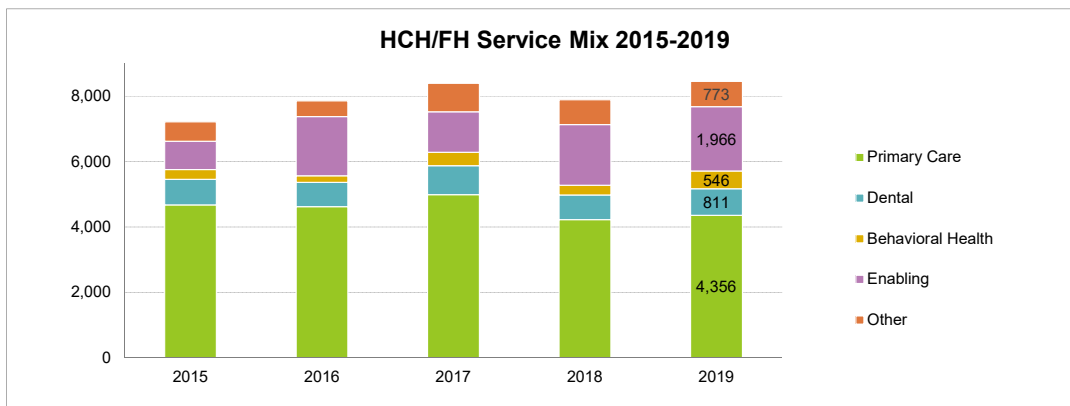
HCH/FH Patients 2010-2019



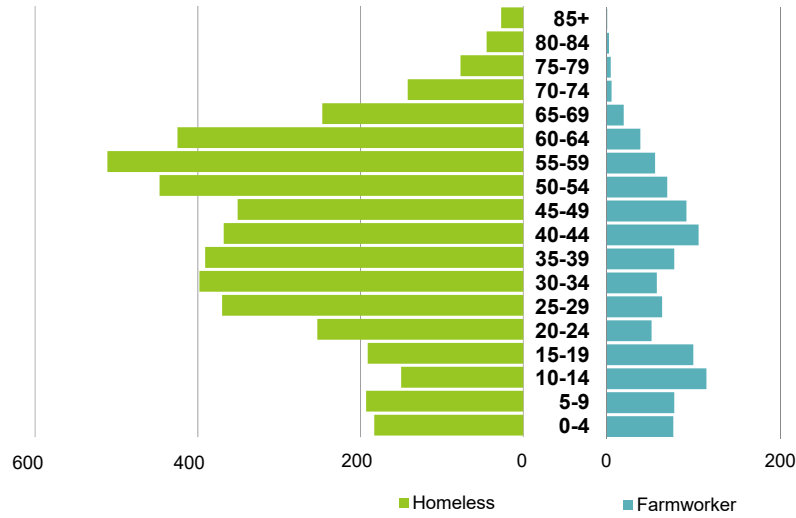
2019 HCH/FH Services

- 76% of HCH/FH clients seen for primary care services
- Clients seen for behavioral health services increased 74% from 2018 to 2019

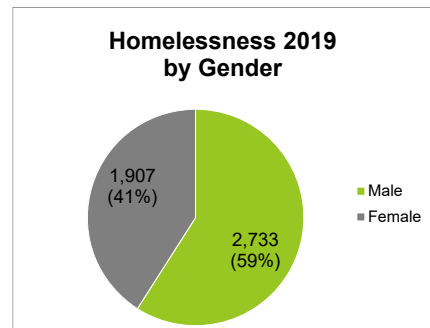
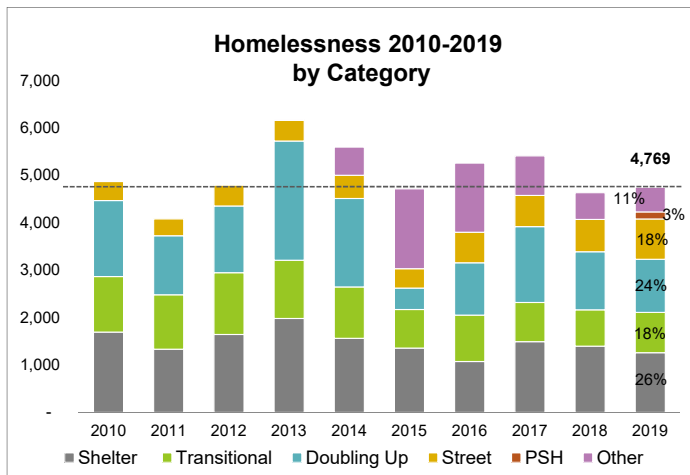
HCH/FH Service Mix 2015-2019



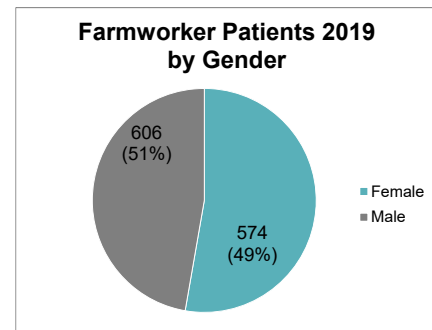
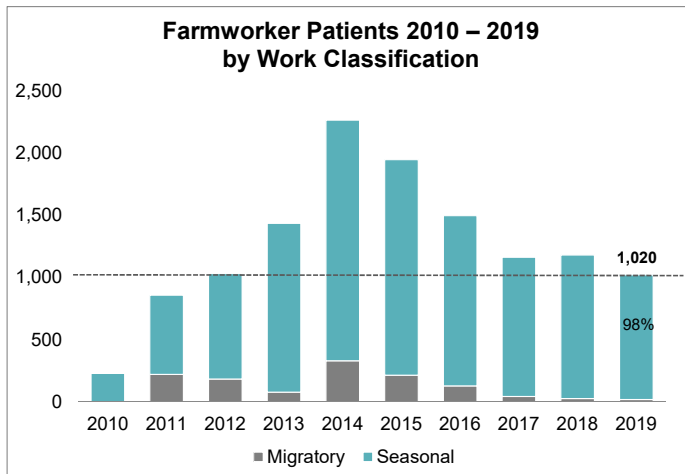
2019 HCH/FH Age Distribution



2019 HCH/FH Patients Experiencing Homelessness



2019 HCH/FH Farmworker Patients

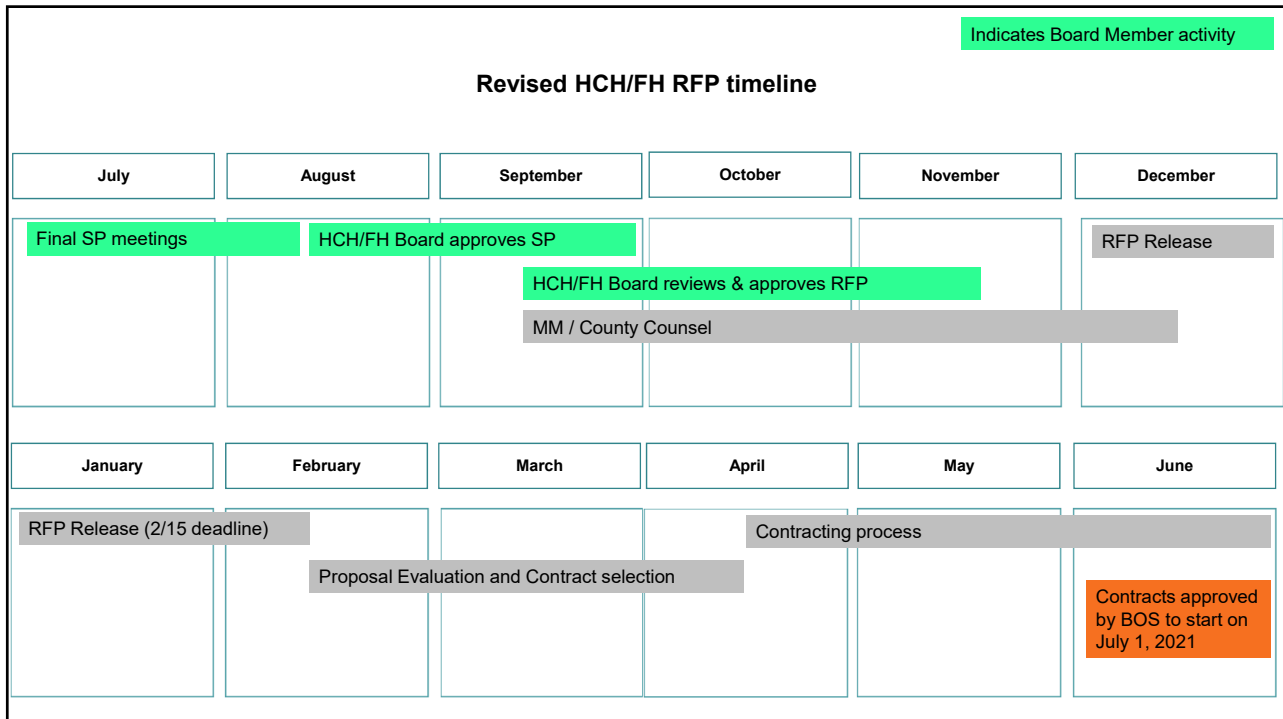


UDS Outcome Measures	2012	2013	2014	2015	2016	2017	2018	2019	
Childhood IZs Completed by Age 2-3 (90%)	74%	87%	88%	86%	80%	66%	54%	64%	↑
Pap Test in Last 3 Years (70%)	86%	67%	57%	64%	60%	63%	*59%	54%	↓
Child & Adolescent BMI & Counseling (85%)	47%	83%	80%	74%	*57%	*59%	*58%	57%	↓
Adult BMI & Follow-up Plan (75%)	31%	66%	44%	50%	29%	43%	*33%	27%	↓
Tobacco Use Queried (96%)	80%	96%	77%	*92%	*86%	*78%	*87%	89%	↑
Tobacco Cessation Offered (96%)	90%	90%							
Treatment for Persistent Asthma (100%)	88%	100%	100%	100%	99%	*90%	*89%	100%	↑
Lipid Therapy in CAD Patients (96%) Replaced by Statin Therapy in 2019	96%	96%	90%	*80%	*74%	*81%	*73%	74%	↑
Aspirin Therapy in IVD Patients (96%)	99%	96%	98%	*89%	*84%	*86%	*85%	86%	↑
Colorectal Screening Performed (60%)	40%	54%	34%	*49%	*48%	*57%	*54%	58%	↑
Babies with Normal Birth Weight (95%) (all babies delivered)	87%	94%	99%	92%	97%	98%	92%	89%	↓
Hypertension Controlled <140/90 (80%)	60%	80%	64%	61%	*53%	*63%	64%	63%	↓
Diabetes Controlled <9 HgbA1C (75%)	71%	74%	49%	*69%	*54%	*72%	*71%	67%	↓
First Trimester Prenatal Care (80%)	71%	75%	84%	89%	65%	49%	44%	60%	↑
Depression Screening and Follow-up			8.6%	27%	37%	41%	27%	22%	↓

Strategic Planning – A Refresh

The most time sensitive task is to identify the specific services the Board wants to include in the RFP.

Included in RFP ~\$1.2M	Not included in RFP ~\$1M	Not in RFP
Service X	Street/Field & Mobile Clinic Services <i>[per recommendation from strategic subcommittee]</i>	Staff Salaries ~\$700k
Service Y	Strategic priorities which can be executed by HCH/FH staff partnering internally with stakeholders. May require consultants, training, technology, etc.	
<i>Request community based organizations to:</i>		
Behavioral Health	Care Coordination	Health Education
Connect homeless individuals and agricultural workers to recovery services by partnering with AOD providers	Provide care coordination services to homeless and farmworker individuals by supporting Mobile Clinic team	Provide culturally competent health education to agricultural workers in HMB and Pescadero
<p><i>These are examples of services the Board could request in the RFP; specifics would be fleshed out before RFP is finalized.</i></p> <p><i>HCH/FH Board should consider the option of doing a few larger contracts/MOUs for a targeted number of services versus doing a large number of smaller contracts for a wide variety of services. HCH/FH also should consider how to build in flexibility to response to COVID needs.</i></p>		





DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE PUENTE CONTRACT

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with Puente to provide enabling services to farmworkers and their dependents in the Pescadero region. Under the contract with HCH/FH Puente provides care coordination to 180 unique farmworkers, intensive care coordination to 20 unique farmworkers and health insurance assistance to 170 unique farmworkers each calendar year between 2018 – 2020. The budget is \$183,500 per calendar year for a total of \$550,500 for the three-year period.

Based on prior years’ performance between January and June, staff is proposing to extend the Puente contract to provide care coordination to a total of 100 unique farmworkers, intensive care coordination to 20 unique farmworkers and health insurance assistance to 125 unique farmworkers for the period between January 1, 2021 – June 30, 2021. The service rates would remain the same. This contract extension will add \$123,250 to their contract, bringing the contract total to \$673,750 for the period of January 1, 2018 – June 30, 2021.

Service	Rate	Patient Target				Contract Total
		2018	2019	2020	Jan - Jun 2021	
Care Coordination	\$500	180	180	180	100	
Intensive Care Coordination	\$850	20	20	20	20	
Health Insurance Assistance	\$450	170	170	170	125	
Total per calendar year		\$183,500	\$183,500	\$183,500	\$123,250	

This request is for the Board to approve the proposed amendment to the Puente contract.

Attachments:

- Exhibits A & B for the Puente amendment

EXHIBIT A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement. The first reporting period is January 1, 2018 – December 31, 2018. The second reporting period is January 1, 2019 – December 31, 2019. The third reporting period is January 1, 2020 – December 31, 2020. The fourth reporting period is January 1, 2021 – June 30, 2021.

Contractor shall provide the following services for each reporting period:

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Puente de la Costa Sur for a full range of health care enabling services to farmworker individuals, centered on care coordination and eligibility assistance. Puente de la Costa Sur will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least 200 unduplicated farmworker individuals in each of the first three reporting periods and 120 farmworkers in the fourth reporting period who meet Bureau of Primary Health Care (BPHC) criteria for Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who has not been previously served and invoiced for that service during the specified reporting period. Also, a minimum of 170 unduplicated farmworker individuals in the first three reporting periods and 125 farmworkers in the fourth reporting period will be assisted with eligibility assistance for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate.

The services to be provided by Puente de la Costa Sur will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide initial assessments and on-going care coordination services to a minimum of 180 unduplicated farmworker individuals in each of the first three reporting periods and 100 farmworkers in the fourth reporting period to engage and maintain participation in health programs in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. A minimum of 360 on-going care coordination encounters will be provided to these 180 individuals in each of the first three reporting periods.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines an enabling services encounter as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be conducted in person or via telehealth with the patient.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

Outcome Measure 1.A: At least 180 of the farmworker individuals served will receive care coordination services during the first three reporting periods and 100 farmworkers in the fourth reporting period. Provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support to improve client access to San Mateo County Health System primary medical services

Outcome Measure 1.B: At least 25 farmworker individuals will be provided with transportation and translation services necessary to access medical, dental, and/or behavioral health services during the reporting period.

Outcome Measure 1.C: At least 90% of the farmworker individuals will receive an individualized care plan.

OBJECTIVE 2: Intensive Care Coordination- In addition to the farmworker individuals receiving care coordination services, assist at least 20 new (client has not been seen for primary care in the past two years) unduplicated farmworker individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access primary medical services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of 60 on-going encounters will be provided to these 20 individuals.

Outcome Measure 2.A: At least 10 farmworker individuals receiving intensive case coordination services during the reporting period will be provided with transportation and translation services necessary to access medical, dental, and/or behavioral health services.

Outcome Measure 2.B: At least 90% of the 20 farmworker individuals will receive an individualized care plan.

OBJECTIVE 3: To improve access to health care by providing eligibility assistance to farmworker individuals to apply or renew for appropriate health insurance coverage plans.

Outcome 3.A: All (100%) farmworkers engaged by Puente de la Costa Sur during the reporting period will be screened for health insurance/coverage eligibility. At least 170 farmworker individuals will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, etc. as appropriate, during the first three reporting periods and 125 farmworkers in the fourth reporting period.

RESPONSIBILITIES:

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker individual receiving enabling services from Puente de las Costa Sur during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include data for farmworker individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's homeless status as defined by BPHC.

If there are charges for services provided in this contract, a sliding fee scale policy must be in place.

Any revenue received from services provided under this contract must be reported.

Site visits will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will try to accommodate contractors with advance notice of visits, but visits may also occur unannounced.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all farmworker individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

Contractor will report to HCH/FH any breach of patient protected health information as soon as it is known to have occurred.

If contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, tracking and documenting occurrences are required with submission to designated HCH/FH staff for follow up.

In response to staff turn-over, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in County and community activities that address farmworker issues.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process, as requested.

EXHIBIT B

In consideration of the services provided by Contractor in Exhibit A, County shall pay Contractor based on the following fee schedule:

County shall pay Contractor at a rate of \$500.00 for each unduplicated farmworker individual invoiced, per reporting period, for delivery of care coordination services, including transportation, and translation services, up to the maximum of 180 during each of the first three reporting periods and 100 in the fourth reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$850.00 for each unduplicated farmworker individual invoiced per reporting period for delivery of intensive care coordination services for “new” clients as defined in Exhibit A, up to the maximum of 20 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay contractor at a rate \$450.00 per unduplicated farmworker individual invoiced for completing the enrollment process for Covered California, Medi-CAL or the ACE program as appropriate, up to a maximum of 170 during each of the first three reporting periods and 125 in the fourth reporting period.

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of farmworker individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this Agreement will not exceed SIX HUNDRED SEVENTY-THREE THOUSAND, SEVEN HUNDRED AND FIFTY DOLLARS (\$673,750).

Budget Overview	Service	Unduplicated Maximum	Payment per Unit
2018 Reporting Period Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	180 patients	\$500
	Intensive Care Coordination	20 patients	\$850
Can be invoiced in addition to any care coordination	Health Coverage	170 patients	\$450
Total			\$183,500

2019 Reporting Period

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	180 patients	\$500
	Intensive Care Coordination	20 patients	\$850
Can be invoiced in addition to any care coordination	Health Coverage	170 patients	\$450
Total			\$183,500

2020 Reporting Period

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all	Care Coordination	180 patients	\$500

two categories and invoiced only once in one category	Intensive Care Coordination	20 patients	\$850
Can be invoiced in addition to any care coordination	Health Coverage	170 patients	\$450
Total			\$183,500

2021 Reporting Period

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	100 patients	\$500
	Intensive Care Coordination	20 patients	\$850
Can be invoiced in addition to any care coordination	Health Coverage	125 patients	\$450
Total			\$123,250



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE SAMARITAN HOUSE CONTRACT

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with Samaritan House to provide enabling services to homeless individuals residing at Safe Harbor shelter. Under the contract with HCH/FH Puente provides care coordination to 200 unique homeless individuals and intensive care coordination to 10 unique homeless individuals each calendar year each calendar year between CY 2018 – 2020. The budget is \$81,000 per calendar year for a total of \$243,000 for the three-year period.

Based on prior years’ performance between January and June, staff is proposing to extend the Samaritan House contract to provide care coordination to a total of 135 unique homeless individuals and intensive care coordination to 10 unique homeless individuals for the period between January 1, 2021 – June 30, 2021. The service rates would remain the same. This contract extension will add \$56,300 to their contract, bringing the contract total to \$299,300 for the period of January 1, 2018 – June 30, 2021.

Service	Rate	Patient Target				Contract Total
		2018	2019	2020	Jan - Jun 2021	
Care Coordination	\$380	200	200	200	135	\$299,300
Intensive Care Coordination	\$500	10	10	10	10	
Total per calendar year		\$81,000	\$81,000	\$81,000	\$56,300	

This request is for the Board to approve the proposed amendment to the Samaritan House contract.

Attachments:

- Exhibits A & B for the Samaritan House amendment

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as:

- First reporting period: Calendar Year (CY) 2018
- Second reporting period: CY 2019
- Third reporting period: CY 2020
- Fourth reporting period: January 1, 2021 – June 30, 2021

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Samaritan House for a full range of enabling services to homeless individuals, centered on health care coordination and patient education. Samaritan House, through Safe Harbor Shelter, will provide care coordination, health care navigation, patient and community education, transportation, referral services to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and other enabling services as defined by BPHC and as necessary for the client, to at least 210 unduplicated homeless individuals annually who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals in the first three reporting periods and 145 individuals in the fourth reporting period.

The services to be provided by Samaritan House will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide initial assessments and on-going health care coordination services to a minimum of 210 homeless individuals in the first three reporting periods and 145 in the fourth reporting period in order to better access primary care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of 360 on-going health care coordination encounters will be provided to these 210 individuals annually in the first three reporting periods, and each patient shall have a minimum of at least one such encounter.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Health care services delivery is provided upon individual's consent.

OBJECTIVE 1.1: Intensive Care Coordination- Of the 210 homeless individuals served annually in the first three reporting periods and 145 individuals in the fourth reporting period, assist at least 10 new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of 30 on-going encounters will be provided to these 10 individuals.

Each care coordination encounter must meet BPHC criteria for a case management visit to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines a case management encounter (visit) as an encounter between a case management provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems. These encounters must be face-to-face with the patient. Third party interactions on behalf of a patient are not counted in case management encounters.

Outcome Measure 1.A: All (100%) homeless clients will receive an assessment to identify medical, dental, behavioral health (mental health and AOD services), and other health care needs.

Outcome Measure 1.B: Of those clients identified with having a health care need, at least 95% will receive ongoing care coordination services and will create individualized health care case plans.

Outcome Measure 1.C: Of those clients receiving ongoing care coordination services, at least 70% will complete their health care case plan.

Outcome Measure 1.D: Of the homeless individuals that do not currently have a medical home, a minimum of 60% will establish medical homes, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.E: All homeless clients with a health care need will be linked and referred to health care services as identified in their health care case plan. At least 70% of clients with scheduled primary care appointments will attend at least one of these appointments.

OBJECTIVE 2: Provide clients with health education program to increase knowledge of healthy behaviors and increase awareness of available resources in the community. Health education program will include information regarding nutrition, HIV/AIDS and STD/STI testing, tobacco cessation, Well Body program, etc.

Outcome Measure 2.A: At least 70% of clients with an identified health care need will participate in the health education program at Safe Harbor.

Outcome Measure 2.B: A minimum of 85% will improve their knowledge of healthy behaviors as evidenced by pre- and post-test results.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Samaritan House must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from Contractor during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include

data for homeless individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a sliding fee scale policy must be in place.

Any revenue received from services provided under this contract must be reported.

Site visits will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will work with Contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

In response to staff turn-over, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

If determined by the County, the contract may require entering into an amendment upon County's review of the contract expenditure after the second quarter of the contract period.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.)

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of \$380.00 for each unduplicated homeless individual invoiced per reporting period, for delivery of enabling services, up to the maximum of 200 annually in the first three reporting periods and 135 individuals in the fourth reporting period, limited as defined in Exhibit A for "unique unduplicated." Contractor shall not be paid the unduplicated homeless individual rate if Contractor has also received payment in the same reporting period for the same person under the new unduplicated homeless individual rate described below

County shall pay Contractor at a rate of \$500.00 for each new (client not currently receiving or participating in any health program) unduplicated homeless individual invoiced, per reporting period, for delivery of intensive care coordination services, up to the maximum of 10 per reporting period, limited as defined in Exhibit A for "unique unduplicated."

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this Agreement will not exceed TWO HUNDRED NINETY-NINE THOUSAND, THREE HUNDRED DOLLARS (\$299,300).

Budget Overview:

Calendar Year 2018	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient	\$76,000
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$81,000

Calendar Year 2019	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient	\$76,000
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$81,000

Calendar Year 2019	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient	\$76,000
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$81,000

January 1, 2021 – June 30, 2020	Service	Unduplicated Maximum	Payment per Unit	Max Total
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	135 patients	\$380/patient	\$51,300
	Intensive Care Coordination	10 patients	\$500/patient	\$5,000
				\$56,300



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE LIFEMOVES CONTRACT

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with LifeMoves to provide enabling services to homeless individuals throughout the County. Under the current contract with HCH/FH LifeMoves provides care coordination to 385 unique homeless clients, intensive care coordination to 75 clients, street medicine care coordination to 140 clients, assistance with SSI/SSDI eligibility to 40 clients, health insurance to 40 clients and 450 one-way trips. The total budget for the three-year period between 2018-2020 is \$890,280.

Based on prior year's activity in the January to June period, staff is proposing to extend the Life Moves contract to provide care coordination to 180 unique homeless clients, intensive care coordination to 60 clients, street medicine care coordination to 65 clients, health insurance assistance to 20 clients, SSI/SSDI assistance to 30 clients and 160 one-way trips during the period between January 1, 2021 – June 30, 2021. The services rates will remain the same as 2020 rates. This contract extension and amendment will increase the contract by \$154,900, bringing the contract total to \$1,045,180 for the period of January 1, 2018 – June 30, 2021.

Service	Patient Target				Contract Total
	2018	2019	2020	Jan - Jun 2021	
Care Coordination	500	400	385	180	
Intensive Care Coordination	50	50	75	60	
Street Medicine	140	140	140	65	
Health Insurance Eligibility	30	50	40	20	
SSI/SSDI Eligibility	75	50	40	30	
Transportation	344	400	450	160	
Total per calendar year	\$298,030	\$296,500	\$295,750	\$154,900	

This request is for the Board to approve the proposed amendment to the LifeMoves contract.

Attachments:

- Exhibits A & B for the LifeMoves amendment

Revised Exhibit A (07/29/2020)

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as:

- First Reporting period: Calendar year (CY) 2018
- Second Reporting period: CY 2019
- Third Reporting period: CY 2020
- Fourth Reporting Period: January 1, 2021 – June 30, 2021

The County of San Mateo, through the Health Care for the Homeless/Farmworker Health (HCH/FH) Program, is contracting with LifeMoves (Contractor) to provide a full range of enabling services to homeless individuals, centered on care coordination, eligibility assistance and transportation. The term of this agreement is January 1, 2018 to June 30, 2021.

Contractor will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and eligibility assistance for health coverage and Supplemental Security Income (SSI) or Social Security Disability (SSDI) to homeless individuals in San Mateo County who meet the Bureau of Primary Health Care (BPHC) criteria for homelessness.

At least 550 unduplicated homeless individuals during the first reporting period, at least 500 during the second reporting period, at least 460 during the third reporting period and at least 240 in the fourth reporting period will receive care coordination. An unduplicated individual is one who has not been previously served and invoiced for during the reporting period in which the person is claimed as an unduplicated individual. At a minimum, 75% of these individuals will meet the BPHC definition as a street or shelter homeless individual.

At least 140 unduplicated homeless individuals in the first three reporting periods and at least 65 in the fourth reporting period will receive care coordination with the Public Health, Policy and Planning (PHPP) Street Medicine Team in order to better access primary medical care through the San Mateo County Health System.

At least 75 of these homeless individuals during the first reporting period, at least 50 in the second reporting period, at least 40 in the third reporting period and at least 30 in the fourth reporting period will complete an SSI (Medi-Cal) or SSDI (Medicare) application.

At least 30 of these homeless individuals during first reporting period, at least 50 during second reporting period, at least 40 during the third period and at least 20 in the fourth reporting period will complete a health coverage application.

The services to be provided by Contractor will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide initial assessments, healthcare planning and on-going care coordination services to at least 550 homeless individuals during first reporting period, at least 500 during second reporting period and at least 460 during the third reporting period to improve access to primary medical care through the San Mateo County Health System and HCH/FH Program contractors. A minimum of 1,375 on-going care coordination encounters will be provided to these individuals during the first three reporting periods. At least 90% will have a documented care plan.

Care Coordinator/Manager definition - Acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines a enabling services encounters as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be conducted in person or via telehealth with the client.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

OBJECTIVE 1.1.: Intensive Care Coordination - Of the 550 homeless individuals served during first reporting period, 500 served during the second reporting period and 460 served during the third reporting period, Contractor shall assist at least 50 **new** homeless individuals in the first two reporting periods, 75 in the third reporting period and 60 in the fourth reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. A new client is defined as a homeless individual who has not been seen for primary care in the past two years. These individuals will receive intensive and on-going care coordination services as appropriate. The determination of a client's status as a new unduplicated homeless individual shall be determined by Contractor through use of a standard

information gathering protocol, as approved by the HCH/FH Program, which may include self-attestation by the client. A minimum of 150 on-going encounters will be provided to these individuals.

Outcome Measure 1.A: Of the homeless individuals that do not currently have a medical home, at least 50% will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.B: At least 150 of homeless individuals served will be homeless individuals with chronic health conditions (including, but not limited to, obesity, hypertension, diabetes, and asthma).

Outcome Measure 1.C: At least 75% of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

OBJECTIVE 2: To improve access to health care by providing eligibility assistance to homeless individuals completing an application for appropriate health insurance coverage plans.

Outcome 2.A. 100% of clients that are uninsured will be referred to Contractor Health Care for Homeless staff for health insurance enrollment. As warm hand offs increase rate of success, it is highly encouraged that Contractor HCH eligibility staff accompany CHOW in field as schedule permits.

Outcome 2.B: At least 75 individuals during the first reporting period, at least 50 during the second reporting period, at least 40 during the third reporting period and at least 30 in the fourth reporting period will complete an SSI (Medi-Cal) or SSDI (Medicare) application. SSI/SSDI claims will be supported from the initial submission to Administrative Law Judge (AJL) hearing as needed. At least 60% will attend their scheduled Consultative Exam. At least 20% of these individuals will be classified in the street homeless category.

Outcome 2.C: All (100%) homeless clients will be screened for health insurance/coverage eligibility. At least 30 homeless individuals in the first reporting period, at least 50 in the second reporting period, at least 40 in the third reporting period and at least 20 individuals in the fourth reporting period will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, as appropriate.

OBJECTIVE 3: Provide initial assessments, healthcare planning and on-going care coordination services to a minimum of 140 street homeless individuals for coordination with the PHPP Street Medicine Team annually during the first three reporting periods and to a minimum of 65 in the fourth reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of 300 on-going care

coordination encounters will be provided to these 140 individuals in the first three reporting periods. At least 90% will have a documented care plan.

Outcome Measure 3.A: Working with the Street Medicine Team, provide medical needs assessment for 100% of the individuals served.

Outcome Measure 3.B: Of the homeless individuals that do not currently have a medical home, a minimum of 20% will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 3.C: At least 80% of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from Contractor during the term of the Agreement. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include data for homeless individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If Contractor charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

When disclosing funding sources and/or reporting on activities covered under this contract, LifeMoves shall acknowledge that activities are supported by an agreement with the San Mateo County HCH/FH program, utilizing funds from the Health Resources & Services Administration (HRSA) under the Health Center Program authorized under Section 330 of the Public Health Act.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

Contractor will report to HCH/FH any breach of patient protected health information as soon as it is known to have occurred.

The HCH/FH Program will advise the contractor of the issue and provide notice to the Contractor of the possibility to perform an unannounced site visit.

Reporting requirements- Monthly and quarterly submission of invoices and reports are required via template supplied to Contractor. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, Contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. A separate transportation encounter spreadsheet will also be provided monthly. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Contractor will provide County with notice (within 10 calendar days) of staff changes involving services provided under this Agreement, and a plan on how to ensure continuity of services. Contractor will facilitate HCH/FH staff meeting with new staff members soon after they have started to orient them with the Agreement and program, including contracting and related staff.

Furthermore, Contractor shall participate in the following:

- Planning and quality assurance activities related to the HCH/FH Program.
- HCH/FH Provider Collaborative Meetings and other workgroups.
- Community activities that address homeless issues (i.e., Homeless, One Day Count, Homeless Project Connect, etc.).
- Active involvement in the BPHC Office of Performance Review Process.

Revised Exhibit B (07/29/2020)

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at the following rates for each established (not “new” as defined in Exhibit A) unduplicated homeless individual invoiced for the delivery of care coordination services, limited as defined in Exhibit A for “unique unduplicated”:

- \$275.00 for each unduplicated homeless individual up to a maximum of 500 homeless individuals during the first reporting period
- \$315.00 for each unduplicated homeless individual up to a maximum of 450 homeless individuals during the second reporting period
- \$330.00 for each unduplicated homeless individual up to a maximum of 385 homeless individuals during the third reporting period
- \$330.00 for each unduplicated homeless individual up to a maximum of 180 homeless individuals during the fourth reporting period

County shall pay Contractor at the following rates for each “new” unduplicated homeless individual as defined in Exhibit A invoiced for the delivery of intensive care coordination services, limited as defined in Exhibit A for “unique unduplicated”:

- \$525.00 for each unduplicated homeless individual up to a maximum of 50 during the first and second reporting periods
- \$550.00 for each unduplicated homeless individual up to a maximum of 75 during the third reporting period.
- \$550.00 for each unduplicated homeless individual up to a maximum of 60 during the fourth reporting period.

County shall pay Contractor at a rate of \$600.00 for each unduplicated street homeless individual during each reporting period invoiced for delivery of care coordination services for street medicine clients, up to the maximum of 140 individuals annually during the first three reporting periods and 65 individuals in the fourth reporting period limited as defined in Exhibit A for “unique unduplicated.” Individuals invoiced under this term must also be unique and unduplicated from the care coordination terms in paragraphs 2 and 3 above of this Exhibit.

County shall pay Contractor at the following rates for each unduplicated homeless individual invoiced for completing application to SSI (Medi-Cal) or SSDI (Medicare) up to and including at least one potential appeal of a denial, as defined in Exhibit A for homeless category and “unique, unduplicated”:

- \$420.00 per unduplicated homeless individual up to a maximum of 75 during the first reporting period
- \$420.00 per unduplicated homeless individual up to a maximum of 50 during the second reporting period

- \$470.00 per unduplicated homeless individual up to a maximum of 40 during the third reporting period.
- \$470.00 per unduplicated homeless individual up to a maximum of 30 during the fourth reporting period.

County shall pay Contractor at a rate of \$110.00 per unduplicated homeless individual invoiced for completing the enrollment process for Covered California, Medi-Cal or the ACE program, as appropriate, limited as defined in Exhibit A for “unique unduplicated”, up to a maximum of:

- 30 homeless individuals during the first reporting period
- 50 homeless individuals during the second reporting period
- 40 homeless individuals during the third reporting period
- 20 homeless individuals during the fourth reporting period

County shall pay contractor at a rate of \$45.00 per unduplicated one-way trip by homeless individuals invoiced during each reporting period for the delivery of transportation services up to a maximum of:

- 344 trips during the first reporting period
- 400 trips during the second reporting period
- 450 trips during the third reporting period.
- 160 trips during the fourth reporting period

A separate transportation encounter spreadsheet will also be provided monthly. Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of homeless individuals and encounters for the previous month.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this agreement will not exceed EIGHT HUNDRED NINETY THOUSAND, TWO HUNDRED EIGHTY DOLLARS (\$890,280).

Budget Overview:**First reporting period – January 1, 2018 to December 31, 2018**

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all three categories and invoiced only once in one category	Care Coordination	500 patients	\$275/patient
	Intensive Care Coordination	50 patients	\$525/patient
	Street Medicine Care Coordination	140 patients	\$600/patient
Can be invoiced in addition to any care coordination	SSI/SSDI	75 patients	\$420/patient
Can be invoiced in addition to any care coordination	Health Coverage	30 patients	\$110/patient
Can be invoiced in addition to any care coordination	Transportation	344 trips	\$45/trip

Second reporting period - January 1, 2019 to December 31, 2019

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all three categories and invoiced only once in one category	Care Coordination	450 patients	\$315/patient
	Intensive Care Coordination	50 patients	\$525/patient
	Street Medicine Care Coordination	140 patients	\$600/patient
Can be invoiced in addition to any care coordination	SSI/SSDI	50 patients	\$420/patient
Can be invoiced in addition to any care coordination	Health Coverage	50 patients	\$110/patient
Can be invoiced in addition to any care coordination	Transportation	400 trips	\$45/trip

Third reporting period - January 1, 2020 to December 31, 2020

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all three categories and invoiced only once in one category	Care Coordination	385	\$330/patient
	Intensive Care Coordination	75	\$550/patient
	Street Medicine Care Coordination	140	\$600/patient
Can be invoiced in addition to any care coordination	SSI/SSDI	40	\$470/patient
Can be invoiced in addition to any care coordination	Health Coverage	40	\$110/patient
Can be invoiced in addition to any care coordination	Transportation	450	\$45/trip

F

Fourth reporting period - January 1, 2021 to June 30, 2021

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all three categories and invoiced only once in one category	Care Coordination	180	\$330/patient
	Intensive Care Coordination	60	\$550/patient
	Street Medicine Care Coordination	65	\$600/patient
Can be invoiced in addition to any care coordination	SSI/SSDI	30	\$470/patient
Can be invoiced in addition to any care coordination	Health Coverage	20	\$110/patient
Can be invoiced in addition to any care coordination	Transportation	160	\$45/trip



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE BEHAVIORAL HEALTH & RECOVERY SERVICES (BHRS) MEMORANDUM OF UNDERSTANDING (MOU)

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a Memorandum of Understanding (MOU) in place with BHRS to provide behavioral health and care coordination services to homeless individuals. Under the HCH/FH MOU, BHRS provide services to 180 homeless individuals annually. The budget is \$90,000 per calendar year for a total of \$270,000 for the three-year period between 2018-2020.

Based on prior years' performance between January and June, staff is proposing to extend the BHRS MOU to provide behavioral health and care coordination services to a total of 85 unique homeless individuals between January 1, 2021 – June 30, 2021. The rate would remain the same. This MOU amendment will add \$42,500 to their MOU, bringing the BHRS MOU total to \$312,500 for the period of January 1, 2018 – June 30, 2021.

Service	Rate	Patient Target	MOU Total
Jan - Jun 2018	\$300	180	\$90,000
Jul - Dec 2018	\$500		
2019	\$500	180	\$90,000
2020	\$500	180	\$90,000
Jan - Jun 2021	\$500	85	\$42,500
TOTAL BUDGET			\$312,500

This request is for the Board to approve the proposed amendment to the BHRS MOU.

- Attachments:
- BHRS amendment

Amendment No. 2 to the Memorandum of Understanding Between
San Mateo Medical Center
And
Health System, Behavioral Health and Recovery Services

The purpose of this Amendment No. 2 to the Memorandum of Understanding (MOU) is to describe and make explicit the agreement between the San Mateo Medical Center (SMMC) and the Behavioral Health and Recovery Services (BHRS) Division of the San Mateo County Health System, regarding the provision of Behavioral Health Care Services as defined by U.S. Department of Health and Human Services, Health Resources and Services Administration through the Health Care for the Homeless/Farmworker Health Program funding.

Each reporting period shall be defined as:

- First Reporting period: Calendar year (CY) 2018
- Second Reporting period: CY 2019
- Third Reporting period: CY 2020
- Fourth Reporting Period: January 1, 2021 – June 30, 2021

I. Background Information

SMMC is a 509-bed public hospital and clinic system fully accredited by The Joint Commission. SMMC operates outpatient clinics throughout San Mateo County, an acute care hospital, and long-term care facilities in San Mateo and Burlingame. SMMC serves the health care needs of all residents of San Mateo County, with an emphasis on education and prevention, and without regard for ability to pay. SMMC is part of the San Mateo County Health System and receives financial support from the San Mateo County Health Foundation.

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program is a program within SMMC. The HCH/FH Program oversees the provision of primary health care, dental health care, and behavioral health care services to individuals and families who are homeless or at-risk of being homeless, and the farmworker community in San Mateo County. In order to ensure access to a continuum of services for homeless individuals, the HCH/FH Program provides federal (330(h)) funding to the Division of Behavioral Health and Recovery Services for the purpose of providing Behavioral Health Care Services to individuals who are homeless in San Mateo County.

II. Goals and Objectives

Goal: To stabilize homeless individuals by providing behavioral health assessment and care coordination services, and facilitating access to the full range of behavioral health, primary care, and other supportive services available in San Mateo County.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan. These visits must be conducted in person or via telehealth with the client.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

Objective 1: The Division of Behavioral Health and Recovery Services will provide behavioral health services to 180 unduplicated individuals through 900 visits annually in the first three reporting periods and 85 in the fourth reporting period who are homeless residing at a shelter, in a transitional housing program, or on the street, and those who are in danger of becoming homeless.

Outcome Measure a) In each contract year, 100% of the homeless individuals seen will receive a behavioral health screening as documented in each client's BHRS chart.

Outcome Measure b) In each contract year, at least 75% of the homeless individuals served by BHRS will have behavioral health issues (or absence thereof) documented as identified by the behavioral health screening and noted in the client's BHRS chart.

Objective 2: In each contract year, at least 95% of the screened homeless individuals will receive care coordination services.

Outcome Measure a) In each contract year, of those clients receiving behavioral health case management services, at least 70% of these individuals will receive an individualized case management/care plan.

Outcome Measure b) In each contract year, of those clients receiving behavioral health case management services, at least 60% of these individuals will participate in their individualized case management plan.

Outcome Measure c) In each contract year, of those clients receiving behavioral health care coordination services, at least 60% will establish a medical home if they do not already have one (defined by a minimum of two attended visits) for primary medical care and/or behavioral health services as documented on the monthly spread sheet submitted to HCH/FH Program staff.

Objective 3: In each contract year document patients connected to behavioral health treatment services.

Outcome Measure a) Document number of patients assessed as severely mentally ill being connected to County behavioral health treatment services.

Outcome Measure b) Document number of patients referred to private provider network -ACCESS, for behavioral health treatment services.

III. Term of Agreement

This MOU shall be in effect from January 1, 2018 through June 30, 2021.

IV. Responsibilities

A. The HCH/FH Program is responsible for the following under this MOU:

1. Monitor the performance of the Division of Behavioral Health and Recovery Services to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process, and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met. If, as determined within the sole discretion of the HCH/FH Program, goals and objectives are not being met and/or the contract expenditures are not on pace to likely meet the goals and objectives, the HCH/FH Program may at any point in the contract term require the Division of Behavioral Health and Recovery Services to amend the contract to reduce the goal and objective targets and correspondingly reduce to total contract amount.
4. Provide technical assistance to the Division of Behavioral Health and Recovery Services related to program development, data collection, or other HCH/FH Program related issues as needed.

B. The Division of Behavioral Health and Recovery Services is responsible for the following under this MOU:

1. All demographic information will be obtained from each homeless individual receiving enabling services by the Division of Behavioral Health and Recovery Services during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's farmworker status as defined by BPHC.
2. A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.
3. Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract. If at any point in the contract term the HCH/FH Program determines the goals and objectives are not being met and/or the contract expenditures are not on pace to likely meet the goals and objectives, the Division of Behavioral Health and Recovery Services shall agree to an amendment to the contract to reduce the goal and objective targets and corresponding total contract amount as proposed by the HCH/FH Program.
4. Participate in planning and quality assurance activities related to the HCH/FH Program.
5. Participate in HCH/FH Provider Collaborative Meetings, Quality Improvement Committee meetings, and other workgroups as requested.
6. Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect).
7. Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.
8. Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide

contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

The HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

V. Amount and Source of Payment

The Division of Behavioral Health and Recovery Services will receive \$300.00 (THREE HUNDRED DOLLARS) from January 1 to May 31, 2018 and will receive \$500.00 (FIVE HUNDRED DOLLARS) June 1, 2018 to December 31st, 2020 for each unduplicated individual who meets the homeless criteria and receives behavioral health services, up to the maximum of 180 individuals annually in the first three reporting periods and 85 individuals in the fourth reporting period.

The total amount of HCH Funding allocated to the Division of Behavioral Health and Recovery Services for this agreement will not exceed \$312,500 (THREE HUNDRED TWELVE THOUSAND, FIVE HUNDRED DOLLARS). This total not-to-exceed amount may be reduced via amendment at the discretion of the HCH/FH Program per Sections IV.A.3 and IV.B.3 herein.

The Division of Behavioral Health and Recovery Services will invoice the HCH/FH Program by the 10th of each month for the prior month's efforts. Each invoice will indicate the number of unduplicated individuals served in the prior month.

Budget Overview

Date	Unduplicated Maximum	Payment per Unit	Maximum funding per year
January 1, 2018 to May 31, 2018	180 patients	\$300/patient	\$90,000
June 1, 2018 to December 31, 2018		\$500/patient	
January 1 to December 31, 2019	180 patients	\$500/patient	\$90,000
January 1 to December 31, 2020	180 patients	\$500/patient	\$90,000
January 1 to June 30, 2021	85 patients	\$500/patient	\$42,500



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

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

DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE EL CENTRO DE LIBERTAD (EL CENTRO) CONTRACT

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with El Centro to provide screenings/assessments and navigation assistance to homeless and farmworker individuals in San Mateo County and to conduct in-person motivational interviewing and prevention education sessions at homeless shelters and at locations where farmworkers and farmworker dependents gather. The current contract budget is \$156,000 for the two-year period between 2019-2020.

Based on recent modifications El Centro has made its service provision, staff is proposing to extend their contract to provide screening/assessments and navigation assistance to a total of 70 unique individuals, 15 motivational interviewing sessions and 15 prevention education sessions during the period between January 1, 2021 – June 30, 2021. Service rates would remain the same. This contract extension will add \$40,500 to their contract, bringing the contract total to \$196,500 for the period of January 1, 2019 – June 30, 2021.

Service	Rate	Patient Target			Contract Total
		2019	2020	Jan - Jun 2021	
Screening and Navigation Assistance	\$450	120	100	70	
Motivational Interviewing	\$300	50	60	15	
Prevention education	\$300	45	35	15	
Total per calendar year		\$82,500	\$73,500	\$40,500	\$196,500

This request is for the Board to approve the proposed amendment to the El Centro contract.

Attachments:

- Exhibits A & B for the El Centro amendment

Revised Exhibit A
(rev. 7/30/2020)

In consideration of the payments set forth in Exhibit B, Contractor shall provide the services described below:

Each reporting period shall be defined as:

- First reporting period: Calendar Year (CY) 2019
- Second reporting period: CY 2020
- Third reporting period: January 1, 2021 – June 30, 2021

The County of San Mateo, through the Health Care for the Homeless/Farmworker Health (HCH/FH) Program, is contracting with El Centro de Libertad/The Freedom Center (El Centro) (Contractor). The term of this Agreement is January 1, 2019 to June 30, 2021.

During the Agreement term, Contractor shall provide a full range of enabling services to homeless and farmworker individuals, centered on outreach, drug prevention education programs, and screening and navigation assistance in homeless shelters and farmworker communities. Contractor will provide client screening and navigation assistance, including, but not limited to, assistance in identifying needed services and treatments for: usage of alcohol and other drugs (AOD), substance use disorders (SUD), mental health disorders, and/or other services as appropriate, as well as ongoing support to improve client access to San Mateo County Behavioral Health and Recovery Services (BHRS) and HCH/FH Program contractors, to at least one hundred and twenty (120) unduplicated homeless or farmworker individuals in the first reporting period and one hundred (100) unduplicated homeless or farmworker individuals in the second reporting period who meet the Bureau of Primary Health Care (BPHC) criteria for homeless individuals and/or migratory and seasonal agricultural workers. A unique unduplicated individual is an individual who has not been previously served and invoiced for the same service during the calendar year. The HCH/FH Program will monitor the services provided, even as Contractor will invoice for unduplicated individuals.

HCH/FH shall measure the services provided by El Centro under this Agreement pursuant to the objectives and outcome measures listed below. The numbers included in the objectives and outcome measures are minimum target numbers.

OBJECTIVE 1: Provide client screenings/assessments or client navigation assistance to one hundred and twenty (120) unduplicated homeless or farmworker individuals in the first reporting period, one hundred (100) unduplicated homeless or farmworker individuals in the second and seventy (70) unduplicated homeless or farmworker individuals in the third reporting period. Contractor shall conduct each encounter face-to-face or via telehealth with the client.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

Outcome Measure 1.A: Contractor shall provide navigation assistance to homeless and/or farmworker individuals who complete the client screening for suitability for appropriate treatment programs designed to break the cycle for opioid and/or AOD usage, or Contractor shall assess whether these individuals need other gap services. Contractor shall then refer individuals who complete client navigation assistance to AOD, BHRS or other needed support services provided by San Mateo County Health.

Outcome Measure 1.B: Contractor shall document the number of individuals referred to the following San Mateo County Health referrals/treatment programs, as appropriate: Outpatient, Inpatient, Mental Health, Primary Care, Dental and other support services.

Outcome Measure 1.C Contractor shall follow up with fifty percent (50%) of the patients referred for care during the second reporting period. Under this Agreement, follow up may include a telephone call directly with the patient or with the patient's case manager.

OBJECTIVE 2: Contractor shall provide fifty (50) motivational outreach sessions during the first reporting period, sixty (60) motivational outreach sessions during the second reporting period and fifteen (15) sessions during the third reporting period.

Outcome Measure 2.A: Participating homeless and/or farmworker individuals will learn about available AOD and/or mental health resources through San Mateo County Health, and 20% of these individuals will express interest in treatment to Contractor staff.

OBJECTIVE 3: Contractor shall provide forty-five (45) prevention education sessions during the first reporting period, thirty-five (35) prevention education sessions during the second reporting period and fifteen (15) sessions during the third reporting period.

Outcome 3.A: Contractor shall utilize prevention education modules to educate participating homeless individuals about the physical, physiological and mental health impact of opioids, alcohol and other drugs on adults, youth and families. These modules shall furthermore educate participating homeless individuals on personal substance use indicators as well as refusal skills.

Outcome 3.B: Provide general substance abuse education to farmworkers and/or their families.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

Contractor shall obtain all demographic information, as defined by the HCH/FH Program, from each homeless and/or farmworker individual whom it has served under the terms of the Agreement. Furthermore, Contractor shall collect all encounter information, as defined by the HCH/FH Program, for each encounter. Contractor shall submit all demographic and encounter data to the HCH/FH Program with each monthly invoice. The demographic and encounter data may include data for homeless and/or farmworker individuals for whom the Contractor is not reimbursed. Contractor shall also assess and report each individual's homeless status as defined by BPHC.

If Contractor charges for services provided in this contract, a sliding fee scale policy must be in place.

Contractor shall report any revenue received from services provided under this Agreement.

When disclosing funding sources and/or reporting on activities covered under this contract, Contractor shall acknowledge that activities are supported by an agreement with the San Mateo County HCH/FH program, utilizing funds from the Health Resources & Services Administration (HRSA) under the Health Center Program authorized under Section 330 of the Public Health Act.

The County will conduct site visits at least annually to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities and progress on outcome measures. HCH/FH will work with Contractor to accommodate scheduling requests, when reasonable, for annual site visits and will provide Contractor with a minimum notice of two (2) weeks for

routine site visits. However, HCH/FH may conduct unannounced site visits if it identifies issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly;
- Multiple invoicing errors (i.e. billings for duplicates; spreadsheet and invoice don't match);
- Ongoing difficulties in scheduling routine site visits;
- Complaints or reports that raise concerning issues; etc.

HCH/FH will notify Contractor of the identified issue and HCH/FH's right under this Agreement to perform an unannounced site visit.

Reporting requirements: Contractor shall submit monthly and quarterly invoices and reports (as described below) to HCH/FH; HCH/FH will provide Contractor with a template for such use. If HCH/FH pursues a cloud-based data depository (database) for monthly and quarterly data, Contractor will be required to upload/submit data into such database.

Contractor shall submit a monthly invoice to HCH/FH detailing the number of new unduplicated homeless and/or farmworker individuals served in the previous month and the total encounters provided to all homeless and/or farmworker individuals in this same time period by the tenth (10th) day of the following month. Invoices shall be sufficiently detailed to allow for tracking each individual to the individual's provided demographic data.

Additionally, Contractor shall submit quarterly reports to HCH/FH detailing progress made on goals, objectives and outcome measures, including follow up phone calls in the second reporting period, pursuant to this Agreement no later than the fifteenth (15th) day of the month following the completion of each calendar quarter throughout the term of the Agreement.

If Contractor observes routine and/or ongoing problems in homeless and/or farmworker individuals' ability to access medical or dental care services within SMMC, it shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Contractor shall provide County with notice (within ten (10) calendar days) of staff changes involving services provided under this Agreement and a plan for ensuring continuity of services. Contractor will facilitate meeting with HCH/FH staff to orient new staff members with the Agreement and program, including contracting and related staff. This meeting shall take place reasonably soon after the new employees' start dates.

Furthermore, Contractor shall participate in the following:

- Planning and quality assurance activities related to the HCH/FH Program
- HCH/FH Provider Collaborative Meetings and other workgroups
- Community activities that address homeless/farmworker issues (i.e. One Day Homeless Count, Project Homeless Connect, etc.).
- Active involvement in BPHC's Office of Performance Review Process.

Revised Exhibit B
(rev. 7/30/2020)

In consideration of the services provided by Contractor, as described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of three hundred dollars (\$300.00) for each outreach event invoiced for the delivery of motivational outreach presentation in appropriate locations (i.e. homeless shelters, farms, or schools), up to a maximum of:

- Fifty (50) events during the first reporting period
- Sixty (60) events during the second reporting period
- Fifteen (15) events during the third reporting period

County shall pay Contractor at a rate of three hundred dollars (\$300.00) for each event invoiced for the delivery of prevention education modules in appropriate locations (i.e. homeless shelters, farms, or schools), up to a maximum of:

- Forty-five (45) events during the first reporting period
- Thirty-five (35) events during the second reporting period
- Fifteen (15) events during the third reporting period

County shall pay Contractor at a rate of four hundred and fifty dollars (\$450.00) for each unique unduplicated homeless or farmworker individual invoiced per reporting period for delivery of screening and navigation services, limited as defined in Exhibit A for “unique unduplicated,” up to a maximum of:

- One hundred and twenty (120) individuals during the first reporting period
- One hundred (100) individuals during the second reporting period
- Seventy (70) individuals during the third reporting period

Contractor will invoice the HCH/FH Program by the tenth (10th) of each month after services are rendered with the number of unique unduplicated homeless or farmworker individuals and encounters for the previous month.

2019 Reporting Period: January 1, 2019 – December 31, 2019

Service	Maximum Unit	Payment per Unit
Motivational Outreach Presentations	50 sessions	\$300/sessions
Prevention Education Module Presentations	45 sessions	\$300/ sessions
Screening and Navigation	120 unduplicated patients	\$450/patient
2019 Total		\$82,500

2020 Reporting Period: January 1, 2020 – December 31, 2020

Service	Maximum Unit	Payment per Unit
Motivational Outreach Presentations	60 sessions	\$300/sessions
Prevention Education Module Presentations	35 sessions	\$300/ sessions
Screening and Navigation	100 unduplicated patients	\$450/patient
2020 Total		\$73,500

2021 Reporting Period: January 1, 2021 – June 30, 2021

Service	Maximum Unit	Payment per Unit
Motivational Outreach Presentations	15 sessions	\$300/sessions
Prevention Education Module Presentations	15 sessions	\$300/ sessions
Screening and Navigation	70 unduplicated patients	\$450/patient
January 1, 2021 – June 30, 2021 Total		\$40,500



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE STARVISTA CONTRACT

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with StarVista to provide substance use disorder/behavioral health and enabling services to homeless and farmworker adults and youth in San Mateo County. Under the contract with HCH/FH StarVista provides adult outreach and engagement and therapeutic services to homeless and farmworker individuals at First Chance and youth case management and therapeutic services for youth residing at Your House South and Daybreak. The budget is \$330,000 for the CY 2019-2020 period.

Based on prior years' performance between January and June, staff is proposing to extend the StarVista contract to provide adult outreach and engagement to a total of 145 unique homeless and farmworker individuals, adult therapeutic services to a total of 145 unique homeless and farmworker farmworkers individuals, case management/care coordination services to 10 homeless and farmworker youth, therapeutic services to 10 homeless and farmworker youth, and 50 one-way trips for the period between January 1, 2021 – June 30, 2021. The rates would remain the same. This contract extension will add \$96,250 to their contract, bringing the contract total to \$426,250 for the period of January 1, 2019 – June 30, 2021.

Service	Rate	Patient Target			Contract Total
		2019	2020	Jan - Jun 2021	
Adult outreach & engagement	\$350	150	150	145	
Adult brief therapeutic services	\$200	75	205	145	
Youth case management	\$650	75	35	10	
Youth brief therapeutic services	\$750	25	25	10	
Transportation	\$50	300	300	50	
Total per calendar year		\$180,000*	\$150,000	\$96,250	\$426,250

*includes one-time payments for adding a minimum of 1.0 FTE to staff and staff training

This request is for the Board to approve the proposed amendment to the StarVista contract.

Attachments:

- Exhibits A & B for the StarVista amendment

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement. The first reporting period is January 1, 2019 – December 31, 2019. The second reporting period is January 1, 2020 – December 31, 2020. The third reporting period is January 1, 2021 – June 30, 2021.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with StarVista for expansion of outreach and engagement services, including engagement to Medication Assisted Treatment (MAT) services for adult homeless and/or farmworker clients, and expansion of outreach and substance abuse and mental health services for homeless and/or farmworker youth (under 21 years of age) clients. Both services shall include intake of client information and assessment of clients' needs, development of potential care plan, warm handoffs whenever possible, transportation to services, training in evidence-based practices for program staff, and therapeutic services. A unique unduplicated individual is one who have not been previously served and invoiced for during each reporting period. The individuals served under this agreement must meet the Bureau of Primary Health Care's (BPHC) definition as a homeless or migrant seasonal farmworker individual.

The services to be provided by Contractor will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Contractor shall employ a minimum of one additional FTE by April 1, 2019 dedicated to the fulfilling of the service requirements of this agreement.

OBJECTIVE 1.1: Contractor shall provide training on County approved evidence-based strategies to staff delivering services under this agreement.

OBJECTIVE 2: Engage in expanded and increased outreach activities leveraging existing StarVista AOD services primarily provided through First Chance's Sobering Station and provide initial assessments, healthcare planning and on-going **care coordination/case management** services to a minimum of **150** unique unduplicated homeless or farmworker individuals during the first two reporting periods and 145 individuals in the third reporting period in order to better access substance abuse (including MAT services), mental health and primary care services as needed. At least 90% of the individuals engaged will have a potential care plan developed.

OBJECTIVE 2.1: Provide brief therapeutic services of 1 to 3 sessions to a minimum of 75 individuals CY 2019, 205 in CY 2020 and 145 from January to June 2021.

OBJECTIVE 2.2: Of the individuals engaged, provide access and transportation to MAT services for a minimum of 15 of the individuals each reporting period.

OBJECTIVE 2.3: Of the individuals engaged, provide a referral to appropriate substance abuse and/or mental health services, including MAT services to 100% of the individuals each reporting period.

OBJECTIVE 2.4: Of the individuals engaged, determine the establishment of their medial home and provide referrals to an appropriate SMMC Primary Care Clinic for those without an established medical home.

OBJECTIVE 3: Engage in expanded and increased mental health and substance abuse services to homeless and farmworker youths and young adults, primarily provided through StarVista's Daybreak and Your House South programs, including assessment of needs for mental health, substance abuse, medical and supportive (enabling) services, including ongoing **care/coordination/case management** and transportation, for a minimum of 75 unique unduplicated individuals aged 12 to 21 in the first reporting period, 35 in the second reporting period and 10 in the third reporting period in order to better access mental health, substance abuse and medical services. At least 90% of the individuals engaged will have an agreed upon care plan developed.

OBJECTIVE 3.1: Of the individuals engaged, provide therapeutic services to a minimum of 25 unique individuals in the first two reporting periods and 10 in the third reporting period.

OBJECTIVE 3.2: Of the individuals engaged, provide access and transportation to identified mental health, substance abuse and/or medical services for a minimum of 300 transportation trips (one-way) in the first two reporting periods and 50 trips in the third reporting period.

OBJECTIVE 3.3: Of the individuals engaged, determine the establishment of their medical home and provide referrals to an appropriate SMMC Primary Care Clinic for those without an established medical home.

Care Coordinator/Case Management definition- Acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines an enabling service encounter as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be conducted in person or via telehealth with the patient.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless or farmworker individual receiving contract services from Contractor during the term of the Agreement. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program

with the monthly invoice. **This may include data for homeless or farmworker individuals for whom the Contractor is not reimbursed.** Homeless and farmworker status shall be as defined by BPHC.

If Contractor charges for services provided in this contract, a **sliding fee scale policy** must be in place and approved by the HCH/FH Program.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with Contractor to try and accommodate scheduling for routine site visits and will provide Contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- a. Lack of timely reporting, especially repeatedly
- b. Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- c. Ongoing difficulties in scheduling routine site visits
- d. Complaints or reports that raise concerning issues; etc.,

The HCH/FH Program will advise Contractor of the issue and provide notice to the Contractor of the possibility to perform an unannounced site visit.

Reporting requirements- Monthly and quarterly submission of invoices and reports are required via template supplied to Contractor. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, Contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If Contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Contractor will provide County with notice (within 10 calendar days) of staff changes involving services provided under this Agreement, and a plan on how to ensure continuity of services. Contractor will facilitate HCH/FH staff meeting with new staff members soon after they have started to orient them with the Agreement and program, including contracting and related staff.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless and farmworker issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide active involvement in the BPHC Office of Performance Review Process.

Any and all printed or published articles or materials related to services under this agreement must contain the following mention: "This project/these services is/are/was/were supported by an agreement with the San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program of the San Mateo Medical Center (SMMC), utilizing funding received by the HCH/FH Program from the federal Health Resources and Services Administration (HRSA) under their Health Center Program authorized under Section 330 of the Public Health Act.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay contractor a single payment of \$10,000 upon invoice for the completion of employing a minimum of one (1) additional FTE dedicated to the completion of services under this agreement. Employment must occur prior to April 1, 2019 to be eligible for this payment.

County shall pay Contractor at a rate of \$350.00 for each unduplicated homeless or farmworker individual invoiced for outreach, engagement and assessment services up to the maximum of 150 individuals during the first two reporting periods and 145 in the third reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$200.00 for each unduplicated homeless or farmworker individual invoiced for brief therapeutic services up to the maximum of 75 individuals in the first reporting period, 205 individuals in the second reporting period and 145 in the third reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$650.00 for each unduplicated homeless or farmworker individual invoiced for delivery of assessment and care coordination/case management services for youth and young adult clients engaged through the Daybreak and Your House South programs, up to the maximum of 75 individuals in the first reporting period, 35 in the second reporting period and 10 in the third reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$750.00 for each unduplicated homeless or farmworker individual invoiced for therapeutic services for youth and young adults up to the maximum of 25 individuals during the first two reporting periods and 10 in the third reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay contractor a single payment of \$20,000 upon invoice for the completion of County approved training on evidence-based strategies for staff engaged in delivering services under this agreement as well as additional Contractor staff as space may be available, A separate training event spreadsheet will be provided on completion of the training. Contractor may also include non-contractor employees in the training on a space available basis with County approval. Training must be completed and invoiced prior to November 30, 2019.

County shall pay contractor at a rate \$50.00 per unduplicated one-way trip for homeless or farmworker individuals invoiced during each reporting period for the delivery of transportation services, up to a maximum of 300 trips during the first two reporting periods and 50 trips in the third reporting period. A separate transportation encounter spreadsheet will also be provided monthly.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of homeless individuals and encounters for the previous month.

The term of this Agreement is January 1, 2019 through June 30, 2021. Maximum payment for services and deliverables provided under this Agreement will not exceed FOUR HUNDRED TWENTY-SIX THOUSAND TWO HUNDRED AND FIFTY DOLLARS (\$426,250).

Budget Overview

Calendar Year 2019 – First reporting period

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated between Adult and Youth/Young Adult Services	Adult Outreach & Engagement	150 patients	\$350/patient
	Adult Brief Therapeutic Services	75 patients	\$200/patient
	Youth/Young Adult Assessment & Care Coordination/Case Management	75 patients	\$650/patient
	Youth/Young Adult Therapeutic Services	25 patients	\$750/patient
Can be invoiced in addition to other services	Transportation	300 trips	\$50/trip
One-time payment	Staff addition of a minimum of one (1) FTE	1	\$10,000
One-time payment	Delivery of staff training on Evidence-Based strategies	1	\$20,000

Calendar Year 2020- Second reporting period

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated between Adult and Youth/Young Adult Services	Adult Outreach & Engagement	150 patients	\$350/patient
	Adult Brief Therapeutic Services	205 patients	\$200/patient
	Youth/Young Adult Assessment & Care Coordination/Case Management	35 patients	\$650/patient
	Youth/Young Adult Therapeutic Services	25 patients	\$750/patient
Can be invoiced in addition to other services	Transportation	300 trips	\$50/trip

January 1, 2021 – June 30, 2021 - Third reporting period

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated between Adult and Youth/Young Adult Services	Adult Outreach & Engagement	145 patients	\$350/patient
	Adult Brief Therapeutic Services	145 patients	\$200/patient
	Youth/Young Adult Assessment & Care Coordination/Case Management	10 patients	\$650/patient
	Youth/Young Adult Therapeutic Services	10 patients	\$750/patient
Can be invoiced in addition to other services	Transportation	50 trips	\$50/trip



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE RAVENSWOOD FAMILY HEALTH CENTER CONTRACT FOR PRIMARY CARE

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with Ravenswood to provide primary care services to homeless individuals in the East Palo Alto area. Under the current contract with HCH/FH Ravenswood provides primary care to 700 homeless individuals annually at a rate of \$153 per unique individual for an annual budget of \$107,100. The total budget for the CY 2018-2020 period is \$321,300.

Due to the severe impact COVID has had on Ravenswood’s ability to deliver primary care services to homeless individuals and the anticipated reduction in overall patient volumes for 2020 compared to 2019, staff is proposing to amend the service rate from \$153 to \$220 per unique individual beginning July 1, 2020. Staff is also proposing to a reduction in the 2020 patient target from 700 to 449 patients. This would bring the CY 2020 budget down from \$107,100 to \$80,757.

In addition to the patient target and service rate modifications for CY 2020, staff is proposing to extend the Ravenswood contract to provide primary care services to 270 homeless individuals at a rate of \$220 per unique individual for the period between January 1, 2021 – June 30, 2021. This contract extension and amendment will add \$33,057 to their contract, bringing the contract total to \$354,357 for the period of January 1, 2018 – June 30, 2021.

Period	Rate	Patient Target	Total
CY 2018	\$153	700	\$107,100
CY 2019	\$153	700	\$107,100
Jan – Jun 2020	\$153	269	\$80,757
Jul – Dec 2020	\$220	180	
Jan – Jun 2021	\$220	270	\$59,400
CONTRACT TOTAL			\$354,357

This request is for the Board to approve the proposed amendment to the Ravenswood Primary Care contract.

Attachments:

- Exhibits A & B for the Ravenswood Primary Care amendment

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

A "Reporting Period" shall be defined as:

- First Reporting period: Calendar year (CY) 2018
- Second Reporting period: CY 2019
- Third Reporting period: CY 2020
- Fourth Reporting Period: January 1, 2021 – June 30, 2021

Contractor shall provide the following services for each Reporting Period.

The County, through the Health Care for the Homeless (HCH) Program, is contracting with Contractor to provide primary health care services to individuals who are homeless in San Mateo County.

Contractor will provide primary health care services to a minimum of 700 unduplicated homeless individuals for a total of at least 2,100 visits annually in the first two reporting periods, 449 unduplicated individuals in the third reporting period and 270 in the fourth reporting period. At least 75% of the homeless individuals served each Reporting Period will be living in shelters, transitional housing or on the street. All visits must be conducted in person or via telehealth with the client.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a licensed or credentialed provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

The primary health care services to be provided by Contractor will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to primary health care services to at least 700 homeless individuals in San Mateo County for a total of at least 2,100 visits annually in the first two reporting periods, 449 unduplicated individuals in the third reporting period and 270 unduplicated individuals in the fourth reporting period.

Outcome Measure 1A: 100% of the homeless adults served each Reporting Period will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drugs and alcohol, diabetes, obesity, STI, TB and, for those patients who provide consent, HIV. All women will be offered gynecological screenings and referred, as age and/or risk appropriate, for a mammogram.

Outcome Measure 1B: At least 300 homeless individuals served within each Reporting Period will receive behavioral health screenings using a behavioral health assessment tool as a guide and will receive continued counseling with the behavioral health professional based on their assessment and identified concerns that the client would like to address.

OBJECTIVE 2: Provide prenatal care for homeless women.

Outcome 2.A: At least 70% of pregnant homeless patients will receive their prenatal care during their first trimester.

OBJECTIVE 3: Provide ongoing primary health care to homeless individuals diagnosed with hypertension.

Outcome 3A: At least 65% of homeless patients with diagnosed hypertension will have most recent blood pressure levels less than 140/90.

OBJECTIVE 4: Provide ongoing primary health care services to homeless individuals diagnosed with either Type I or Type II diabetes.

Outcome 4A: At least 60% of homeless patients diagnosed with Type I or Type II diabetes will have HbA 1 c levels less than 9%.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from Contractor during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include data for homeless individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's farmworker status as defined by the Bureau of Primary Health Care (BPHC).

If Contractor charges for services covered under this Agreement, a sliding fee scale policy must be in place.

Any revenue received from services provided under this contract must be reported on a quarterly basis.

Contractor must provide services listed under Contractor's HRSA Form 5A Scope of Services.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with Contractor to reasonably accommodate scheduling for routine site visits and will provide Contractor with a minimum notice of two (2) weeks for such visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice do not match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.

The HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- Monthly and quarterly submission of invoices and reports are required in the format prescribed by the County. If County pursues a cloud-based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless Individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If Contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

On execution of contract, provide a copy of RFHC's Form 5a Scope of Services. Provide written updates within 30 days of any changes of services listed in Form 5A.

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on Section 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the BPHC Office of Performance Review Process.

The following are the contracted reporting requirements that the HCH/FH Program must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.

4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

Payment terms:

- A. For the reporting periods of January 1, 2018 – December 31, 2019 County shall pay Contractor at a rate of \$153.00 each for each unduplicated homeless individual served, per Reporting Period, up to the maximum per Reporting Period of 700 individuals, and limited as defined in Exhibit A.
- B. For the period of January 1, 2020 – June 30, 2020 County shall pay Contractor at a rate of \$153.00 each for each unduplicated homeless individual invoiced to the maximum of 269 individuals, and limited as defined in Exhibit A.
- C. For the period of July 1, 2020 – December 31, 2020 County shall pay Contractor at a rate of \$220.00 each for each unduplicated homeless individual invoiced to the maximum of 180 individuals, and limited as defined in Exhibit A.
- D. For the period of January 1, 2021 – June 30, 2021 County shall pay Contractor at a rate of \$220.00 each for each unduplicated homeless individual invoiced to the maximum of 270 individuals, and limited as defined in Exhibit A.

Fee Schedule:

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices shall be in a form prescribed by the HCH/FH Program Director and shall be subject to the Director's review and approval.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this agreement will not exceed THREE HUNDRED THOUSAND FIFTY-FOUR THOUSAND, THREE HUNDRED FIFTY-SEVEN DOLLARS (\$354,357).

CY 2018 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Primary Care	700 unduplicated clients	\$153.00	\$107,100

CY 2019 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Primary Care	700 unduplicated clients	\$153.00	\$107,100

CY 2020 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Primary Care for the period of January 1, 2020 – June 30, 2020	269 unduplicated clients	\$153.00	\$41,157
Primary Care for the period of July 1, 2020 – December 31, 2020	180 unduplicated clients	\$220.00	\$39,600

January 1, 2020 – June 30, 2020 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Primary Care	270 unduplicated clients	\$220.00	\$59,400



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE RAVENSWOOD FAMILY HEALTH CENTER CONTRACT FOR DENTAL CARE

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with Ravenswood to provide dental services to homeless individuals in the East Palo Alto area. Under the current contract with HCH/FH Ravenswood is contracted to provide dental care to 275 homeless individuals annually at a rate of \$199 per unique individual for an annual budget of \$54,725. The total budget for the CY 2018-2020 period is \$164,175.

Due to the severe impact COVID has had on Ravenswood’s ability to deliver dental care to homeless individuals and the anticipated reduction in overall patient volumes for 2020 compared to 2019, staff is proposing to amend the service rate from \$199 to \$270 per unique individual beginning July 1, 2020. Staff is also proposing to a reduction in the 2020 patient target from 275 to 183 patients. This would bring the CY 2020 budget down from \$54,725 to \$41,387.

In addition to the patient target and service rate modifications for CY 2020, staff is proposing to extend the Ravenswood contract to provide dental care to 110 homeless individuals at a rate of \$270 per unique individual for the period between January 1, 2021 – June 30, 2021. This contract extension and amendment will add \$16,362 to the contract, bringing the contract total to \$180,537 for the period of January 1, 2018 – June 30, 2021.

Period	Rate	Patient Target	Total
CY 2018	\$199	275	\$54,725
CY 2019	\$199	275	\$54,725
Jan – Jun 2020	\$199	113	\$41,387
Jul – Dec 2020	\$270	70	
Jan – Jun 2021	\$270	119	\$29,700
CONTRACT TOTAL			\$180,537

This request is for the Board to approve the proposed amendment to the Ravenswood Dental Care contract.

Attachments:

- Exhibits A & B for the Ravenswood Dental Care amendment

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

A "Reporting Period" shall be defined:

- First Reporting Period: Calendar Year (CY) 2018
- Second Reporting Period: CY 2019
- Third Reporting Period: CY 2019
- Fourth Reporting Period: January 1, 2021 – June 30, 2021

Contractor shall provide the following services for each Reporting Period.

The County, through the Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Contractor to provide dental services for homeless individuals. Contractor will provide preventive and restorative dental services including examinations, prophylaxis, fillings, crowns, prosthetics, x-rays, and other general dental services to at least 275 unduplicated homeless individuals for a total of 780 dental visits during each of the first two reporting periods, 183 unduplicated individuals in the third reporting period and 110 unduplicated individuals in the fourth reporting period. A minimum of 100 of the homeless individuals are to be adults (over the age of 18 at the time services are initiated) in the first two reporting periods. A minimum of 20 homeless individuals will be provided with Major Restorative services as defined below. Referrals for patients requiring more specialized care, such as oral surgery, periodontal services, and endodontic care will be coordinated by Contractor staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services, as needed.

Treatment Plan Priorities:

Alleviate pain

Restore function

Prevent further disease

Consider esthetic results

Diagnostic and Preventive:

Exam and evaluation

Routine Cleaning

Digital imaging (FMX on all new patients)

Digital imaging of problematic area

Fluoride treatment (as recommended)

Dental Education

Sealants (for children)

Palliative treatment for dental pain

Basic Services:

Composite and amalgam fillings

Extractions

Temporary crowns

Stainless steel crowns

Major Restorative Services:

Qualification for removal prosthetics: 1) no teeth, 2) no posterior occlusion, 3) missing front teeth.

Full Dentures - If the arch is edentulous or teeth needing extraction will cause the arch to become edentulous

Partial Dentures with Metal Framework - If three (3) or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant

Acrylic-Base Stay plate (Flipper)- If one (1) to four (4) teeth are missing or if the needing of an extraction will cause them to be missing

The dental services to be provided by Contractor will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to dental health services to at least 275 unduplicated individuals who qualify as homeless in San Mateo County, for a total of 780 dental visits in the first two reporting periods, 183 unduplicated individuals in the third reporting period and 110 individuals in the fourth reporting period.

Outcome Measure 1A: Each patient will be scheduled for a series of appointment to complete their treatment plan. Support completion of treatment plans through clear explanations of time and appointments required for completion, quadrant by quadrant treatment and enabling services.

Outcome Measure1B: Each patient's progress and their dental plan will be tracked, with a goal to make significant progress in their treatment plans. At least 50% of homeless dental patients will complete their treatment plans, determined from patient's initial oral assessment, within the Reporting Period.

OBJECTIVE 2: Provide comprehensive dental health screenings for each homeless individual in order to establish an individualized dental treatment plan for each patient.

Outcome 2A: At least of 80% of the patients will receive comprehensive oral health screenings and have documented treatment plans.

OBJECTIVE 3: Provide dentures for homeless patients who need them to improve eating and speaking abilities and appearances.

Outcome 3A: Provide treatment in preparation for dentures, take impression, provide fittings, and educate patients on denture care. Explain the three to four step denture process and provide enabling services and standby appointment access to support completion of the process.

Outcome 3B: Of the homeless patients who need dentures, at least 50% will complete their denture treatment plan and have dentures delivered within the grant year.

RESPONSIBILITIES

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from Contractor during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include data for homeless individuals for whom the Contractor is not reimbursed. The Contractor will also assess and report each individual's farmworker status as defined by the Bureau of Primary Health Care (BPHC).

If Contractor charges for services provided in this Agreement, a sliding fee scale policy must be in place.

Any revenue received from services provided under this Agreement must be reported on a quarterly basis.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will coordinate to reasonably accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice do not match; etc. Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.
- The HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements-monthly and quarterly submission of invoices and reports are required in a format determined by the County. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If Contractor observes routine and/or ongoing problems in accessing medical or dental care services within SMMC, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The following are the contracted reporting requirements that the HCH/FH Program must fulfill:

1. Monitor Contractor's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Contractor on the HCH/FH Program as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

Payment terms:

- A. For the period of January 1, 2018 – December 31, 2019 County shall pay Contractor at a rate of \$199.00 for each unduplicated homeless individual invoiced, per Reporting Period, up to the maximum per Reporting Period of 275 individuals, and limited as defined in Exhibit A.
- B. For the period of January 1, 2020 – June 30, 2020 County shall pay Contractor at a rate of \$199.00 for each unduplicated homeless individual invoiced, up the maximum of 113 individuals, as defined in Exhibit A.
- C. For the period of July 1, 2020 – December 31, 2020 County shall pay Contractor at a rate of \$270.00 for each unduplicated homeless individual, up to the maximum of 70 individuals, as defined in Exhibit A.
- D. For the period of January 1, 2021 – June 30, 2021 County shall pay Contractor at a rate of \$270.00 for each unduplicated individual invoiced, up to the maximum of 110 individuals, as defined in Exhibit A.

Fee Schedule:

Contractor will invoice the HCH/FH Program by the 10th of the month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices shall be in a form prescribed by the HCH/FH Program Director and shall be subject to the Director's review and approval.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED EIGHTY THOUSAND FIVE HUNDRED AND THIRTY-SEVEN DOLLARS (\$180,537).

CY 2018 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services	275 unduplicated patients	\$199	\$54,725

CY 2019 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services	275 unduplicated patients	\$199	\$54,725

CY 2020 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services January – June 30, 2020	113 unduplicated patients	\$199	\$22,487
Dental Services July 1 – December 31, 2020	70 unduplicated patients	\$270	\$18,900
Total for CY 2020	183 unduplicated patients	NA	\$41,387

January 1, 2021 – June 30, 2021

Service	Maximum Unit	Payment per Unit	Max Total
Dental Services	110 unduplicated patients	\$270	\$29,700



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO THE RAVENSWOOD FAMILY HEALTH CENTER CONTRACT FOR ENABLING SERVICES

All HCH/FH contracts for services expire on December 31, 2020. HCH/FH staff had planned to release a Request for Proposal (RFP) in the middle of 2020 so that new contracts for services would be ready to start January 1, 2021. However, the COVID-19 crisis has disrupted daily operations of HCH/FH staff and delayed the release of the RFP. Furthermore, homeless and farmworker providers are busy managing the impact of COVID-19 on their clients and services; it is not an ideal time for CBOs and healthcare providers to respond to an RFP. As a result, HCH/FH is working with contractors to extend current contracts through June 30, 2021 to ensure continuity of services for the homeless and farmworker community in 2021.

HCH/FH has a contract in place with Ravenswood to provide enabling services to homeless individuals in the East Palo Alto area. Under the current contract with HCH/FH Ravenswood is contracted to provide enabling services to 500 homeless individuals annually at a rate of \$194 per unique individual for an annual budget of \$97,000. The total budget for the CY 2018-2020 period is \$291,000.

Due to the severe impact COVID has had on Ravenswood's ability to deliver enabling services to homeless individuals and the anticipated reduction in overall patient volumes for 2020 compared to 2019, staff is proposing to amend the service rate from \$194 to \$300 per unique individual beginning July 1, 2020. Staff is also proposing to a reduction in the 2020 patient target from 500 to 204 patients. This would bring the CY 2020 budget down from \$97,000 to \$49,328.

In addition to the patient target and service rate modifications for CY 2020, staff is proposing to extend the Ravenswood contract to provide enabling services to 140 homeless individuals at a rate of \$300 per unique individual for the period between January 1, 2021 – June 30, 2021. This contract extension and amendment will reduce the contract budget by \$5,672, bringing the contract total to \$285,328 for the period of January 1, 2018 – June 30, 2021.

Period	Rate	Patient Target	Total
CY 2018	\$194	500	\$97,000
CY 2019	\$194	500	\$97,000
Jan – Jun 2020	\$194	112	\$49,328
Jul – Dec 2020	\$300	92	
Jan – Jun 2021	\$300	140	\$42,000
CONTRACT TOTAL			\$285,328

This request is for the Board to approve the proposed amendment to the Ravenswood Enabling Services contract.

Attachments:

- Exhibits A & B for the Ravenswood Enabling Services amendment

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

A "Reporting Period" shall be defined as:

- First Reporting period: Calendar year (CY) 2018
- Second Reporting period: CY 2019
- Third Reporting period: CY 2020
- Fourth Reporting Period: January 1, 2021 – June 30, 2021

Contractor shall provide the following services for each reporting period.

The County, through the Health Care for the Homeless (HCH) Program is contracting with Contractor to provide enabling health care services to individuals who are homeless in San Mateo County.

Contractor will provide a full range of enabling services, centered on care coordination of health care services, to a minimum of 500 unduplicated homeless individuals for a total of at least 1,200 visits annually during the first two reporting periods, 204 unduplicated homeless individuals in the third reporting period and 140 in the fourth reporting period. RFHC will provide care coordination, including outreach, assessment and assistance of immediate needs and barriers, care management of health services, health navigation assistance, expedited health center registration and intake procedures, education on system navigation, motivational interventions, transportation, translation, discharge and care/housing transitions coordination. At least 50% of the homeless individuals served each Reporting Period will be living in shelters, transitional housing or on the street.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan. These visits must be conducted in person or via telehealth with the client.

Telehealth visit definition – Countable telehealth visits are conducted through interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a patient and a provider who exercises independent, professional judgement in providing services. Text or email communication or third-party interactions on behalf of or with a patient are not counted visits. Telehealth visits must be similar in nature as in person visits, documented appropriately and in compliance with HIPAA/PHI rules.

The enabling health care services to be provided by Contractor will be implemented as measured by the following objectives and outcome measures.

Objective 1: Provide access to enabling services for homeless individuals. Contractor will deliver care coordination services for at least 500 homeless individuals annually through at least 1,200 encounters during the first two reporting periods, 204 homeless individuals in the third reporting period and 140 homeless individuals in the fourth reporting period. Providing outreach, health navigation, health

coverage enrollment assistance, transportation assistance, personal health and hygiene support, and care management services for homeless people.

Objective 2: Provide screenings to identify access barriers and inform treatment plans for 80% of the homeless patients served. This includes the use of open-ended interview questions to identify homeless patients' potential barriers to care and treatment plan compliance, and to inform health care providers of relevant barriers.

Outcome Measure 2A: Of those clients identified with having a health care need, at least 85% will receive on going care coordination services and will create individualized health care case plans.

Outcome Measure 2B: Of those clients receiving ongoing care coordination services, at least 60% will be compliant with their health care case plan.

Objective 3: Improve the health outcomes of homeless patients diagnosed with hypertension through the provision of self-care education, reinforcement of medication instructions, and connecting patients to healthy food assistance programs.

Outcome Measure 3A: At least 65% of homeless hypertension patients with most recent blood pressure levels below 140/90.

Objective 4: Improve the health status of homeless patients diagnosed with diabetes through the provision of self-care education; development of self-care plans tailored for their homeless living situations; and working with patients to attend appointments and lab tests, practice self-care, and use and refill medications as directed.

Outcome Measure 4A: At least 65% of homeless diabetic patients will have hbA 1 c levels below 9.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from RFHC during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. This may include data for homeless individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's farmworker status as defined by the Bureau of Primary Health Care (BPHC).

If Contractor charges for services provided in this agreement, a sliding fee scale policy must be in place.

Any revenue received from services provided under this Agreement must be reported on a quarterly basis.

Site visits will occur at least annually, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will coordinate to reasonably accommodate scheduling for routine site visits and will

provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice do not match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.

The HCH/FH Program will advise the contractor of the issue and provide notice to the Contractor of the possibility to perform an unannounced site visit.

Reporting requirements-Monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud-based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract

Contractor will report any breach of client protected health information to County as soon as it is known to have occurred.

If Contractor observes routine and/or ongoing problems in accessing specialty services within SMMC, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA

Provide active involvement in the BPHC Office of Performance Review Process.

The following are the contracted reporting requirements that the HCH/FH Program must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

Payment terms:

- A. For the periods of January 1, 2018 – December 31, 2019 County shall pay Contractor at a rate of \$194.00 each for each unduplicated homeless individual invoiced, up to the maximum per reporting period of 500 individuals, and limited as defined in Exhibit A.
- B. For the period of January 1, 2020 – June 30, 2020 County shall pay Contractor at a rate of \$194.00 each for each unduplicated homeless individual invoiced up to the maximum of 112 individuals, and limited as defined in Exhibit A.
- C. For the period of July 1, 2020 – December 31, 2020 County shall pay Contractor at a rate of \$300.00 each for each unduplicated homeless individual invoiced, up to the maximum of 92 individuals, and limited as defined in Exhibit A.
- D. For the period of January 1, 2021–June 30, 2021, County shall pay Contractor at a rate of \$300.00 each for each unduplicated homeless individual invoiced, up to the maximum of 140 individuals, and limited as defined in Exhibit A.

Fee Schedule:

Contractor will invoice the HCH/FH Program by the 10th of the month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices shall be in a form prescribed by the HCH/FH Program Director and subject to the Director's review and approval.

The term of this Agreement is January 1, 2018 through June 30, 2021. Maximum payment for services provided under this agreement will not exceed TWO HUNDRED EIGHTY-FIVE THOUSAND, THREE HUNDRED AND TWENTY-EIGHT DOLLARS (\$285,328).

CY 2018 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Enabling Services	500 unduplicated clients	\$194.00	\$97,000

CY 2019 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Enabling Services	500 unduplicated clients	\$194.00	\$97,000

CY 2020 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Enabling Services for the period of January 1, 2020 – June 30, 2020	112 unduplicated clients	\$194.00	\$21,728
Enabling Services for the period of July 1, 2020 – December 31, 2020	92 unduplicated clients	\$300.00	\$27,600

January 1, 2020 – June 30, 2020 Reporting Period

Service	Maximum Unit	Payment per Unit	Max Total
Enabling Services	140 unduplicated clients	\$300.00	\$42,000

TAB 2

HCH/FH Board

Member Nomination



DATE: August 13, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: HCH/FH BOARD NOMINATION FOR LORENZO ANTONIO SERRANO GARCIA

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

A member of the HCH/FH Board Recruitment/Membership committee interviewed Lorenzo Antonio (Tony) Serrano Garcia on July 15th over the phone. Tony brings both personal and professional experience with the homeless and farmworker communities in San Mateo County. Both of his parents are farmworkers on the San Mateo County coast, and he has experience working with both homeless and farmworkers in his role as a Case Manager with St. Vincent de Paul and manger of the food panty in Pescadero that provides food and other necessities to area residents. Tony also serves on the Latino Advisory Board in Half Moon Bay, which acts as a liaison between the Latino residents of Half Moon Bay and the City. Tony expressed interest in joining the HCH/FH Board in order to improve the quality of life of the County's homeless and farmworker populations.

The Board Recruitment/Membership Committee nominates Tony Serrano for a seat on the HCH/FH Co-Applicant Board.

This request is to approve Lorenzo Antonio Serrano Garcia as a new HCH/FH Board member to expand the knowledge and expertise available to the Board for its review, guidance and strategic planning functions.

ATTACHMENT:

- Lorenzo Antonio Serrano Garcia HCH/FH Board member application

**Board Recruitment Committee
Nomination to Board**

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant: Board Application for Board Membership.

1. Please state your name

Lorenzo Antonio Serrano Garcia

2. Your contact information (email and phone number).

[REDACTED]

3. What city/county do you reside in?

[REDACTED]

4. What is your place of employment and title, if applicable?

Lead Case Manager and Logistics Manager for St. Anthony's mission Pescadero Society of St. Vincent de Paul San Mateo County.

5. What experience and/or skills do you have that would make you an effective member of the Board?

Both of my parents are farm workers. I have experience helping and working with farmworkers and homeless individuals. I am also a member of the Latino Advisory Board of Half Moon Bay which serves as a bridge between the Latino Community and the City of Half Moon Bay. I also manage a food pantry in Pescadero where we serve about 150 farm worker families with food and other necessities.

6. Briefly describe why you would like to join the HCH/FH Board

I truly believe the farmworkers are the backbone of the community and yet, they do not get the treatment they truly deserve. Especially during the pandemic, for many workers, the fact that they are now considered both illegal and essential is an irony. It is sad that it takes a health crisis like this to highlight the farmworkers' importance. We have to work together to protect the most vulnerable population, our farm workers and homeless individuals.

7. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker?

My parents are both farm workers.

We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

The Board requires a member to be a **resident of San Mateo County**.

Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

- No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.

(45 CFR Part 74.42 and 42 CFR Part 51c.304b)

TAB 3

Boards &

Commissions

Handbook



SAN MATEO COUNTY

Boards & Commissions

HANDBOOK



Cover Photograph "Evening Fog, Crystal Springs"
San Mateo, California
by Robert Adler Photography ©
<http://www.rgaphoto.com>

San Mateo County Mission Statement

San Mateo County government protects and enhances the health, safety, welfare, and natural resources of the community; and provides quality services that benefit and enrich the lives of the people of this community.

We are committed to:

- The highest standards of public service;
- A common vision of responsiveness;
- The highest standards of ethical conduct;
- Treating people with respect and dignity.



Opportunities

Advisory Boards and Commissions are those that provide recommendations or advice to the Board of Supervisors.

Advisory Boards and Commissions (Partial List)

- Agricultural Advisory Committee
- Arts Commission
- Colma Creek Citizens Advisory Committee
- Commission on Aging
- Commission on Disabilities
- Commission on the Status of Women
- Domestic Violence Council
- Housing and Community Development Committee
- North Fair Oaks Municipal Advisory Council
- Parks and Recreation Commission
- Youth Commission

Non-Advisory Boards and Commissions, also known as decision-making groups, are those that make final County decisions, can compel a County decision, can prevent a County decision, or make substantive recommendations that are regularly approved without significant modification by the Board of Supervisors.

Non-Advisory (Decision-Making) Boards and Commissions (Partial List)

- Assessment Appeals Board
- Board of Building Permit Appeals
- Civil Service Commission
- Design Review Committee
- Licensing Board
- Temporary Assistance for Needy Families (TANF) Planning Council
- Workforce Investment Board

For more information and a full listing of each San Mateo County Board and Commission, please visit: www.co.sanmateo.ca.us/bnc





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Are You Board Material?



Not everyone is cut out to serve as a member of a community Board or Commission. Accompanying the many benefits of membership are responsibilities. Ask yourself the following questions. Do you find that these questions characterize you?

10 Questions:

Am I service-oriented?

Do I enjoy working for the greater public good?

Do I have an active interest and involvement in the community?

Can I work toward a consensus?

Am I honest, open-minded and willing to listen to and consider the thoughts and opinions of others?

Am I an effective communicator?

Am I curious?

Do I have a general understanding of the functions and workings of county government?

Am I passionate about public issues and willing to work to achieve goals?

Am I willing to commit the time needed to serve effectively and agree to regularly attend meetings?



The Benefits of Membership

The benefits of service on a Community Board or Commission are many and include:

- Making a difference in your community
- Having a voice
- Learning new skills
- Developing and enhancing leadership capabilities
- Expanding networks

The individuals who serve on San Mateo County Boards and Commissions are among the most respected and appreciated volunteers in the community.

The Responsibilities of Membership

Board and Commission members perform a variety of tasks and are responsible for staying informed, complying with established policies and regulations and providing high-quality service to the community.

Some of the duties you will be expected to perform as a member of a Board or Commission include:

- Attending meetings regularly.
- Understanding the function of the commission on which you serve.
- Familiarizing yourself and ensuring compliance with regulatory statutes such as the Brown Act and the Public Records Act (see Chapters 5 and 6).
- Acting responsibly and efficiently when using County assets, including personnel, time, property, equipment and funds.
- Maintaining the highest ethical standards.
- Respecting the voice and spirit of your Board or Commission peers and the community you serve.



Frequently Asked Questions



What Are Boards and Commissions?

Boards and Commissions are organizations of knowledgeable local residents who study a specific area of concern. Some committees are mandated by State statute, some are established by County Charter, ordinance or resolution and some are established through Joint Powers Agreements. These Committees vary in legal status; some have advisory capacity, and some make legally binding decisions. While some advisory groups provide advice to the Board of Supervisors, others advise county departments.

What Are the Requirements for Service?

Living in San Mateo County is the sole requirement for service on most County Boards and Commissions. County employees are permitted to serve provided there is no conflict of interest.

Once appointed, a member may serve on one Board or Commission at a time. This is to ensure broad participation. An exception is made when the work of one Board or Commission may impact the work of another. For instance, a member of the Commission on Aging serves as a liaison with the Community Development Committee.

Where Can I Get More Information about Joining a Board or Commission?

The primary source of information for open recruitments is the staff or contact person for each Board or Commission. To find that person, please call the County Manager's Office at (650) 363-4123. San Mateo County has a number of resources where residents can learn more about the County, the role and operation of County government and the community's priorities.

- San Mateo County Shared Vision 2025 (www.co.sanmateo.ca.us/sharedvision2025)
- Office of the Clerk of the Board of Supervisors (www.co.sanmateo.ca.us/cmo)
- Boards and Commissions (www.co.sanmateo.ca.us/bnc)

Vacancies occur year round. To help spread the word about vacancies, news releases citing openings are provided to local newspapers and are sent to various community groups. Notices are also posted on the County's web site and public bulletin boards at 400 County Center, Redwood City.



What Are the Appointment Procedures?

The Board of Supervisors appoints and reappoints most members of committees that advise the Board. The County Charter requires this vote at a public meeting.

In most cases, a subcommittee of two Supervisors interviews applicants. However, the subcommittee may initially review applications rather than conduct interviews when more than twelve applications are received for a particular opening. The subcommittee's recommendations are then forwarded to the full Board of Supervisors for consideration.

In some cases, membership on Boards or Commissions is limited to one representative from each of the five supervisorial districts. This is the case for the Planning Commission, the Parks and Recreation Commission, Arts Commission and Civil Service Commission.

Applications are retained for six months.

Under the County Charter, the Board of Supervisors has the discretion to remove an appointee.

Board or Commission members generally serve without compensation, unless otherwise specified by law or by action of the Board of Supervisors.

How Long Can I Serve on a Board or Commission?

A typical term is four years. Members may serve up to three complete terms unless a specific exemption is made by the Board of Supervisors or state law.

Members whose terms have expired may continue to serve until they are re-appointed or the Board of Supervisors appoints a replacement. If a member seeks re-appointment, the normal interview process will take place only at the request of a Supervisor.

What Are the Rules that Apply?

The Board of Supervisors has adopted a resolution describing the standing rules for County Boards, Commission and Advisory committees. Go to www.co.sanmateo.ca.us/bnc to view the standing rules.



You've Been Appointed, Now What?

Meeting Basics

As a new member of a San Mateo County Board or Commission, you have a responsibility for the content and productivity of the meetings you attend. The following information is intended to help you in your new role. We have found that meetings work best when they are conducted according to ground rules. The following ground rules may be helpful to Boards and Commissions.



What Are Rosenberg's Rules of Order?

"Rosenberg's Rules of Order" are a simplified version of the well-known *Robert's Rules of Order*. "Rosenberg's Rules of Order" were written to cover the rules of procedure for meetings in state and local government and are supported by the following four principles:

1. **Rules should establish order.** The first purpose of the rules of procedure is to establish a framework for the orderly conduct of meetings.
2. **Rules should be clear.** Simple rules lead to wider understanding and participation. Complex rules create two classes: those who understand and participate and those who do not fully understand and do not fully participate.
3. **Rules should be user-friendly.** That is, the rules must be simple enough that citizens feel they have been able to participate in the process.
4. **Rules should enforce the will of the majority while protecting the rights of the minority.** The ultimate purpose of the rules of procedure is to encourage discussion and to facilitate decision-making by the body. In a democracy, the majority rules. The rules must enable the majority to express itself and fashion a result, while permitting the minority to also express itself (but not dominate) and fully participate in the process.

The Chairperson Should Take a Back Seat during Discussions

While all members of the governing body should know and understand the rules of procedure, it is the chairperson (chair) who is charged with applying the rules of conduct. The chair should be well versed in those rules, because the chair for all intents and purposes makes the final ruling on the rules. In fact, all decisions by the chair are final unless overruled by the governing body itself.

Because the chair conducts the meeting, it is common courtesy for the chair to take a less active role than other members of the body in debates and discussions. The chair should strive to be the last to speak at the discussion and debate state, and should not make or second a motion unless he or she is convinced that no other member of the body will do so.



The Basic Format for an Agenda Item Discussion

Boards or Commission meetings are required to have a written published agenda. The meeting is governed by the agenda and the agenda constitutes the body's agreed-upon road map. Each agenda item can be handled by the chair in the following basic format.

- **First**, the chair should clearly announce the agenda item number and should clearly state the subject. The chair should then announce the agenda format that will be followed.
- **Second**, following that agenda format, the chair should invite the appropriate people to report on the item, including any recommendation they might have. The appropriate person may be the chair, a member of the governing body, a staff person, or a committee chair charged with providing information about the agenda item.
- **Third**, the chair should ask members of the body if they have any technical questions for clarification. At this point, members of the governing body may ask clarifying questions to the people who reported on the item, and they should be given time to respond.
- **Fourth**, the chair should invite public comments or, if appropriate at a formal meeting, open the meeting to public input. If numerous members of the public indicate a desire to speak to the subject, the chair may limit the time of each public speaker. At the conclusion of the public comments, the chair should announce that public input has concluded (or that the public hearing, as the case may be, is closed).
- **Fifth**, the chair should invite a motion from the governing body members. The chair should announce the name of the member who makes the motion.
- **Sixth**, the chair should determine if any member of the body wishes to second the motion. The chair should announce the name of the member who seconds the motion. It is normally good practice for a motion to require a second before proceeding with it, to ensure that it is not just one member of the body who is interested in a particular approach. However, a second is not an absolute requirement, and the chair can proceed with consideration and a vote on the motion even when there is no second. This is a matter left to the discretion of the chair.





You've Been Appointed, Now What? Meeting Basics

- **Seventh**, if the motion is made and seconded, the chair should make sure everyone understands the motion. This is done in one of three ways:
 1. The chair can ask the maker of the motion to repeat it;
 2. The chair can repeat the motion; or
 3. The chair can ask the secretary or the clerk of the body to repeat the motion.
- **Eighth**, the chair should now invite discussion of the motion by the members of the governing body. If there is no desired discussion or the discussion has ended, the chair should announce that the body will vote on the motion. If there has been no discussion or a very brief discussion, the vote should proceed immediately, and there is no need to repeat the motion. If there has been substantial discussion, it is normally best to make sure everyone understands the motion by repeating it.
- **Ninth**, the chair takes a vote. Simply asking for the "ayes" and then the "nays" is normally sufficient. If members of the body do not vote, then they "abstain." Unless the rules of the body provide otherwise or unless a super-majority is required (as delineated later in these rules), a simple majority determines whether the motion passes or is defeated.
- **Tenth**, the chair should announce the result of the vote and should announce what action (if any) the body has taken. In announcing the result, the chair should indicate the names of the members, if any, who voted in the minority on the motion. This announcement might take the following form: "The motion passes by a vote of 3-2, with Smith and Jones dissenting. We have passed the motion requiring a 10-day notice for all future meetings of this governing body."

Motions

Motions are the vehicles for decision-making. It is usually best to have a motion before the governing body prior to discussing an agenda item, to help everyone focus on the motion before them.

Motions are made in two steps. First, the chair recognizes the member. Second, the member makes a motion by preceding the member's desired approach with the words: "I move..." A typical motion might be: "I move that we give a 10-day notice in the future for all our meetings."

The chair usually initiates the motion by:

1. Inviting the members to make a motion: "A motion at this time would be in order."
2. Suggesting a motion to the members: "A motion would be in order that we give a 10-day notice in the future for all our meetings."
3. Making the motion.

As noted, the chair has every right as a member of the body to make motion, but normally should do so only if he or she wishes a motion to be made but no other member seems willing to do so.

Courtesy and Decorum

The rules of order are meant to create an atmosphere where the members of the body and the public can attend to business efficiently, fairly and with full participation. And at the same time, it is up to the chair and the members of the body to maintain common courtesy and decorum. Unless the setting is very informal, it is always best for only one person at a time to have the floor, and it is always best for every speaker to be first recognized by the chair before proceeding to speak.



The chair should always ensure that debate and discussion of an agenda item focus on the item and the policy in question, not on the personalities of the members of the body. Debate on policy is healthy; debate on personalities is not. The chair has the right to cut off discussion that is too personal, too loud or too crude.

Debate and discussion should be focused, but free and open. In the interest of time, the chair may, however, limit the time allotted to speakers, including members of the body.

Special Notes about Public Input

The rules outlined here help make meetings very public-friendly. But in addition, and particularly for the chair, it is wise to remember three special rules that apply to each agenda item:

Rule One: Tell the public what the body will be doing.

Rule Two: Keep the public informed while the body is doing it.

Rule Three: When the body has acted, tell the public what the body did.

Public input is essential to a healthy democracy, and community participation in public meetings is an important element of that input. The challenge for anyone chairing a public meeting is to accommodate public input in a timely and time-sensitive way, while maintaining steady progress through the agenda items. The rules presented here for conducting a meeting are offered as tools for effective leadership and as a means of developing sound public policy.

Tips for Conducting Effective Meetings

The Meetings

Members of San Mateo County Boards, Commissions and Advisory Committees have a responsibility for the content and productivity of meetings they attend. Members should come prepared to take ownership for their contribution to the end result of the meeting. Meetings do matter. Here are some ways in which member groups produce a product and make a contribution:

- All participants arrive prepared
- There are clear ground rules that all agree to honor
- Agenda is written and shared
- Physical environment is comfortable and assigned
- Start and end on the times agreed on by the group
- All participants contribute
- Process is moved and focused
- Outcome is clear to all
- Work to be accomplished is defined
- Laughter and fun are encouraged

Ground Rules

Every group should establish ground rules on how meetings will run, how members will interact and what kind of behavior is acceptable. Because each group member is an individual, each has a different way of accomplishing tasks. At times these different ways can cause friction between members and slow down the process of the group as a whole.





You've Been Appointed, Now What? Meeting Basics

Each member is expected to respect these rules, which usually prevents misunderstandings and disagreements. Three to five ground rules are sufficient for most groups. Some of the more important ground rules might include:

- **Attendance.** Groups should place a high priority on attendance at meetings. Talk about what would be legitimate reasons for missing a meeting, and establish a procedure for informing the group leader of a member's absence from a scheduled meeting.
- **Promptness.** Meetings should start and end on time.
- **Participation.** Everyone's viewpoint is valuable. Every team member can make a unique contribution; therefore, emphasize the importance of both speaking freely and listening attentively.
- **Basic conversational courtesies.** Listen attentively and respectfully to others, do not interrupt, one conversation at a time, and so forth.
- **Breaks.** Decide whether there will be breaks, when and for how long.
- **Interruptions.** Decide when interruptions will be tolerated and when they will not.
- **Agendas, minutes, and records.** Decide how the group will handle these issues.

Group Roles

By participating as a member of a group, each person makes a unique contribution with their presence alone, but some members may assume additional roles within the group. Each role within the group has guidelines that help ensure success. The following are general guidelines that may vary with the requirements or needs of each group.

Chair

- As group leader, the chair suggests group direction and options for setting goals.
- The chair provides a supportive environment for process, content, and group members.
- The chair coordinates activities of sub-committees.
- The chair ensures that agendas are set.
- The chair sets the tone and pace for the group.
- The chair may share the role of meeting preparation with the advisory group staff person.
- The chair represents the group in the community.
- If there is no appointed facilitator, the chair serves as facilitator and while in that role, remains neutral on content and focuses on process.

Group Member

- Arranges adequate time to carry out responsibility as a group member.
- Comes to meetings prepared.
- Listens to other group members and follows the rules of the group.
- Participates in group discussion and decision-making.
- Keeps facilitator neutral and on track with the process.
- Serves on appropriate sub-committees.

Recorder

- Records the group's ideas.
- Asks for clarification to ensure accuracy.
- Helps keep the facilitator and group focused.



Checklist of Effective Meetings

Now that you have the basics, ask yourself the following questions after every meeting to determine how successful it was:

- Was the purpose of the meeting clearly stated and understood?
- Did people understand their roles?
- Was the established process followed?
- Did you stick to the agenda?
- Did all participants contribute?
- Were visual aids or written materials used effectively?
- Was the time well spent?
- Was consensus encouraged and, if so, reached?
- How were participants with divergent viewpoints handled?
- Was there a clear understanding of the next steps? Who will do what when?
- Was there an opportunity for feedback?
- What worked?
- What didn't?
- What needs improvement?
- What would you have changed?



The Ralph M. Brown Act

Boards and Commissions are subject to certain legal requirements that are based on the public's right to know how decisions are made. These include the Brown Act (open meeting law), and the Public Records Act. If your group would benefit from legal advice about the Brown Act, the Public Records Act, or any other legal issue, the Chair or your groups county liaison may contact the County Counsel's office at (650) 363-4250.

The Brown Act applies to advisory Boards and Commissions created by the Board of Supervisors. All members must adhere to the provisions and requirements of the Brown Act.



What Is a Meeting?

Any congregation of a majority of the members of a Board or Commission at the same time and place to hear, discuss or deliberate on any matter within its jurisdiction.

What this means: A majority may not consult outside an agency-convened meeting.

Brown Act Illegal Meetings

A majority of members may not "develop a concurrence as to action" on business through serial meetings, intermediaries, electronic or telephonic communication, or other means of subterfuge.

What Is Not a Meeting?

- Individual contacts between board members and another person.
- Majority of board at conferences that are open to public (as long as majority does not discuss board business).
- Majority of board at social or ceremonial occasions (as long as majority does not discuss board business).
- Majority of board at public meeting on topic of local community concern.

Agenda Requirements

- Regular meeting—Agenda posted 72 hours in advance.
- Special meeting—Agenda posted 24 hours in advance.
- Limited exceptions where business not on the agenda may be transacted.
- Must contain a brief description of every item to be discussed.
- Closed session items must be listed.
- Must include time for public comment.

There will be no consideration of matters not properly agendized unless:

- A majority vote determines an emergency exists.
- A two-thirds vote determines need to take immediate action if the matter came to the agency's attention after the agenda was posted.



Rights of the Public

The public has the following rights:

- Right to attend without identifying oneself.
- Right to record the meeting.
- Right to speak before or during consideration of an item.
- Right to see Board agenda materials.
- Right to say anything, even if unrelated to agency business.

Under limited circumstances members of Boards and Commissions may speak to an item not on the Agenda, including:

- When briefly responding to statements or questions.
- When briefly announcing or reporting on own activities.
- When clarifying questions asked.
- When referring to staff for information.

Permissible Closed Meetings

It would be extremely rare for Boards and Commissions to be involved in the types of activities that would justify a closed session. Therefore, we advise that Boards and Commissions check with County Counsel when considering whether to conduct a closed session.

Standing and Ad Hoc Committees of a Board or Commission

If a Board or Commission wishes to establish a standing or ad hoc committee of certain members, check with County Counsel as to establishing such a sub committee and the applicability of the Brown Act.

Consequences of Violation of the Brown Act

The consequences for violations of the Brown Act include:

- Lawsuit brought by the District Attorney or any interested persons.
- Violations may be stopped by civil lawsuit.
- Some actions, if not "cured" may be declared void.
- Criminal sanctions for intentional violations (up to 6 months in jail/\$1,000 fine).
- Attorney's fees.



Public Records Act



Principle Behind the Public Records Act

"Implicit in the democratic process is the notion that government should be accountable for its actions. In order to verify accountability, individuals must have access to government files. Such access permits checks against the arbitrary exercise of official power and secrecy in the political process" CBS Ins. v Black, (1986) 42 Cal. 3d 646, 651

What Is a Public Record?

Reports include any writings containing information relating to the conduct of the public's business that are prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics.

- Board reports and files of boards or commissions are open to the public under Public Records Act.
- Materials distributed to the Board or Commission, except privileged items, are public records and must be made available for inspection and copying "without delay."
- Assume that e-mail sent among members of the Board or Commission and/or staff are public information. (Don't send anything you don't want to read in the newspaper.)

Information on a Phone, PDA or "Smart Phone"

- Information kept on a home computer or PDA or "smart phone" related to government business is subject to disclosure unless exempt. This includes e-mail and appointment calendars.
- Personal information is not subject to disclosure and may be redacted to protect privacy interests.
- If the County pays for the device, it is subject to County computer policy. There is no "personal" information on a County computer.
- Requests for public records can be made orally or in writing.
- Public records shall be open for public inspection.



What Is Not a Public Record

There are a wide variety of specific exemptions where records may be withheld and not disclosed to the public. The most often specific exemptions include:

- Some preliminary drafts that are not retained in the ordinary course of business.
- Pending litigation records.
- Some private personal information if disclosure would constitute unwarranted invasion of personal privacy (e.g., social security number, medical information, tax information).
- Some law enforcement records.

Public Records Requests

If a Board or Commission receives a public records request it should immediately forward the request to County Counsel and work with County Counsel to:

- Respond to the request in writing within 10 days.
- Assist the member of the public in making a focused and effective request, if the request is unclear.
- Turn over copies of documents within a reasonable time.
- If the public record is in an electronic format, the agency may be required to turn the record over in an electronic format.

The consequences for failing to turn over public records are serious and may include:

- Lawsuit
- Paying plaintiff's court costs
- Paying plaintiff's attorney's fees

For further detail, the full text of the Public Records Act, or advice on application in a particular instance, contact:

San Mateo County Counsel
400 County Center, Sixth Floor
Redwood City, CA 94063
Phone (650) 363-4250
www.co.sanmateo.ca.us/county counsel



Ethics and Form 700

A key responsibility of Board and Commission membership is maintaining a high standard of ethics. Members are expected to demonstrate the highest degree of principle and integrity.

Core Concept

An ethics code is a framework for day-to-day actions and decision-making by officeholders and, depending on how the code is written, an entire agency.



Ethics Code Goals

An agency usually has three ethical goals:

1. Encouraging high standards of behavior by public officials;
2. Increasing public confidence in the institutions that serve the public; and
3. Assisting public officials with decision-making.

Ethics Training

All members of Boards and Commissions that pay a stipend to any member for attending meetings and/or reimburse any expenses (e.g. parking, attending a conference, mileage etc.) must receive ethics training every two years. All members of such Board and Commissions must receive the training even if they did not personally receive a stipend or reimbursement. If you are unsure if you need to complete ethics training, please contact your Board or Commission's staff liaison. Ethics online training is available at the FPPC website: <http://www.fppc.ca.gov/>

Ethics training covers topics like:

- Laws relating to personal financial gain by public servants, including laws prohibiting conflicts of interest;
- Laws relating to claiming prerequisites of office such as gifts and travel, use of public resources or gifts of public funds, and mass mailing restrictions;
- Government transparency laws such as financial interest disclosure requirements, the Brown Act and the Public Records Act.

Conflict of Interest

All four of the following conditions must be met for a conflict to exist:

1. The individual makes, participates in or uses his or her official position to influence a governmental decision;
2. It is foreseeable that the decision will affect the individual's economic interest;
3. The effect of the decision on the individual's economic interest is material;
4. The effect of the decision on the individual's economic interest is distinguishable from the effect on the general public.

A material effect is considered to have occurred when the decision accrues over \$420 to the individual's personal income or assets, of their spouse or dependent children. This is regardless of whether the effect was positive or negative.

Acknowledgment of Financial Conflict of Interest Laws Form

Members of Boards and Commissions who are not required to file Form 700 are still required by the County to sign the Acknowledgment of Financial Conflict of Interest Laws form. This form serves as acknowledgment to a member of a Board or Commission that financial conflict laws do apply to them and cautions them against participating in decisions where they do have such a conflict.

Conflict of Interest Frequently Asked Questions

What is the Purpose of Filing a Conflict of Interest Statement (Form 700)?

The purpose of financial disclosure is to alert public officials to personal interests that might be affected while they are performing their official duties, i.e., making government decisions. Disclosure also helps inform the public about potential conflicts of interest. The Statement of Economic Interests (Fair Political Practices Commission Form 700) form must be filed annually. Filed forms are public documents that must be made available to anyone who requests them. Online forms are available from the Fair Political Practices Commission: <http://www.fppc.ca.gov>

In San Mateo County, only members on decision-making Boards and Commissions who are "designated employees" on the County's conflict of interest code must file Form 700. These Boards and Commissions are:

- Assessment Appeals Board
- Board of Building Permit Appeals
- Civil Service Commission
- Design Review Committee
- Treasury Oversight Committee
- Licensing Board
- Parks and Recreation Commission
- Temporary Assistance for Needy Families (TANF) Planning Council
- Workforce Investment Board

Planning Commission members are specifically mandated by state law to file Form 700.

The fact that a member of a Board or Commission is not required to file a Form 700, however, does not relieve that member from the obligation to comply with state conflict of interest laws when carrying out his or her duty. Filing a Form 700 reminds Boards and Commission members that they should be aware of financial conflicts of interest during their tenure.

Where Can I File My Form 700?

San Mateo County Boards and Commissions members may file their form 700 at:

County Manager's Office/Clerk of the Board

400 County Center, 1st floor, Redwood City, CA 94063

Phone (650) 363-4123 | Fax (650) 363-1916 | www.co.sanmateo.ca.us/bnc

When Do I Have to File My Form 700?

- Within 30 days of assuming office. The typical annual filing date is in early April. Please check with your Board or Commission staff liaison to determine the exact date.
- Within 30 days of leaving office.

Where Do I Go for Help with My Acknowledgment of Financial Conflict of Interest Laws Form?

Questions regarding this form should be directed to:

County Manager's Office/Clerk of the Board

400 County Center, 1st floor, Redwood City, CA 94063

Phone (650) 363-4123 | Fax (650) 363-1916 | www.co.sanmateo.ca.us/bnc



Conclusion



We hope that you have found this handbook useful. If you have any questions that are not addressed here, please direct your questions to the San Mateo County Manager's Office. They will be able to assist you. Thank you for your service to our County.

San Mateo County Boards and Commission Directory

For information on Board and Commission vacancies, applications and service, please contact:

County Manager's Office/Clerk of the Board

400 County Center, 1st floor

Redwood City, CA 94063

Phone (650) 363-4123 | Fax (650) 363-1916

www.co.sanmateo.ca.us/bnc



SAN MATEO COUNTY

Boards & Commissions





San Mateo County Manager's Office
Intergovernmental & Public Affairs
400 County Center
Redwood City, CA 94063
(650) 363-4123
www.co.sanmateo.ca.us/igpa

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TAB 4

Strategic Plan

Recommendations

HCH/FH Strategic Planning Subcommittee Recommendations August 13, 2020

Please note the subcommittee is reviewing these recommendations; any changes they have will be mentioned during the Aug. 13th Board Meeting.

HCH/FH Strategic Subcommittee Recommendations

Overview

<p>Strategic Priorities Executed by Contract or MOUs</p> <p>Included in RFP ~\$1.2M Not included in RFP ~\$1M</p>	[Enabling services] Community Health // Promotores Model on the Coast
	[Enabling services] Staying connected to health services after moving into housing
	[Enabling services] Case Management for Street/Field/Mobile & NPCC
	[Primary care] Street/Field & Mobile Clinic
	[Dental Services] Saturday Dental Clinic at Coastside
	Operational costs [training, consultants]

<p>Strategic Priorities executed by HCH/FH Staff and Board Members</p>	Mandatory	Strategic Priorities *see slide 6
	HRSA Reporting	Short Term
	Quality Improvement	Medium Term
	Needs Assessments/Patient Satisfaction	Long Term

HCH/FH Strategic Subcommittee Recommendations

Services for competitive bid from external partners ~\$1.2M (included in RFP)

Service	Description	Additional Considerations
[Enabling services] Community Health // Promotores Model on the Coast	Community members are trained to be health educators to farm workers on the Coast (HMB & South Coast). Community health workers will educate peers about chronic health management, how to get connected to services, help people get to their appointments, etc.	<ul style="list-style-type: none">•ALAS Multicultural Wellness Center•Puente’s Promotores Model•Coastside Clinic Community Worker
[Enabling services] Staying connected to health services after moving into housing	Provide case management for ~1 year after moving into housing from homelessness to ensure individual is able keep up with their health and not potentially lose housing.	HCH/FH has little expertise in this space, we will need to learn and coordinate with COH and PSH providers
[Enabling services] Case Management for Street/Mobile & NPCC	Provide care coordination support to Street/Field Medicine, Mobile Clinic and New Patient Connection Center to enable homeless individuals to better access medical care through San Mateo County Health System.	This is a service HCH/FH currently funds for Street Medicine. This would expand the service to the Mobile Clinic and New Patient Connection Center.

HCH/FH Strategic Subcommittee Recommendations

Non-compete services ~\$1M (not included in RFP) *not discussed by Subcommittee

Service	Description	Additional Considerations
[Primary care] Street/Field & Mobile Clinic	Provide primary care at shelters, encampments, RV camps, on farms, and at designated locations throughout the community. Often times these are the only healthcare providers individuals might see.	This service was deemed by the Strategic Planning Subcommittee and the Board agreed to be a cornerstone of the HCH/FH Program.
[Dental Services] Dental Clinic at Coastside	Provide full-scope dental care on Saturdays at the Coastside Clinic in Half Moon Bay with predominant focus on agricultural works and homeless individuals.	SMMC Dental Director indicated this is feasible. Would consider ramping slowly (i.e. one Saturday every 2 weeks or month). Would need to consider how to bring South Coast farmworkers to Coastside Clinic.
[Behavioral] IBHS linked to Street Medicine*	Mental health professional who would be linked to Street & Field Medicine team to link people to mental health services.	Due to County Health's hiring freeze, PHPP and BHRS have not been able to hire someone for this position.
[N/A] Operational costs (training, consultants)	Training for healthcare providers and contractors, including conferences, consultants for projects/grant writing.	This is part of the HCH/FH program operational budget.

Current Contracts/MOUs		Population	Location
Primary Care	Street/Field Medicine	Both	County-wide
	Mobile Clinic	H	County-wide
	Ravenswood	H	East Palo Alto
Dental	Sonrisas	FW	South Coast
	Ravenswood	H	East Palo Alto
Behavioral	BHRS ARMS (MH)	H	County-wide
	EI Centro (SUD) - AIMS	Both	County-wide
	StarVista (SUD + MH) – SUD MH	Both	County-wide
Enabling Health insurance enrollment, eligibility assistance, regular & intensive care coordination	LifeMoves	H	County-wide
	Samaritan House	H	Safe Harbor
	Ravenswood	H	East Palo Alto
	Puente	FW	South Coast

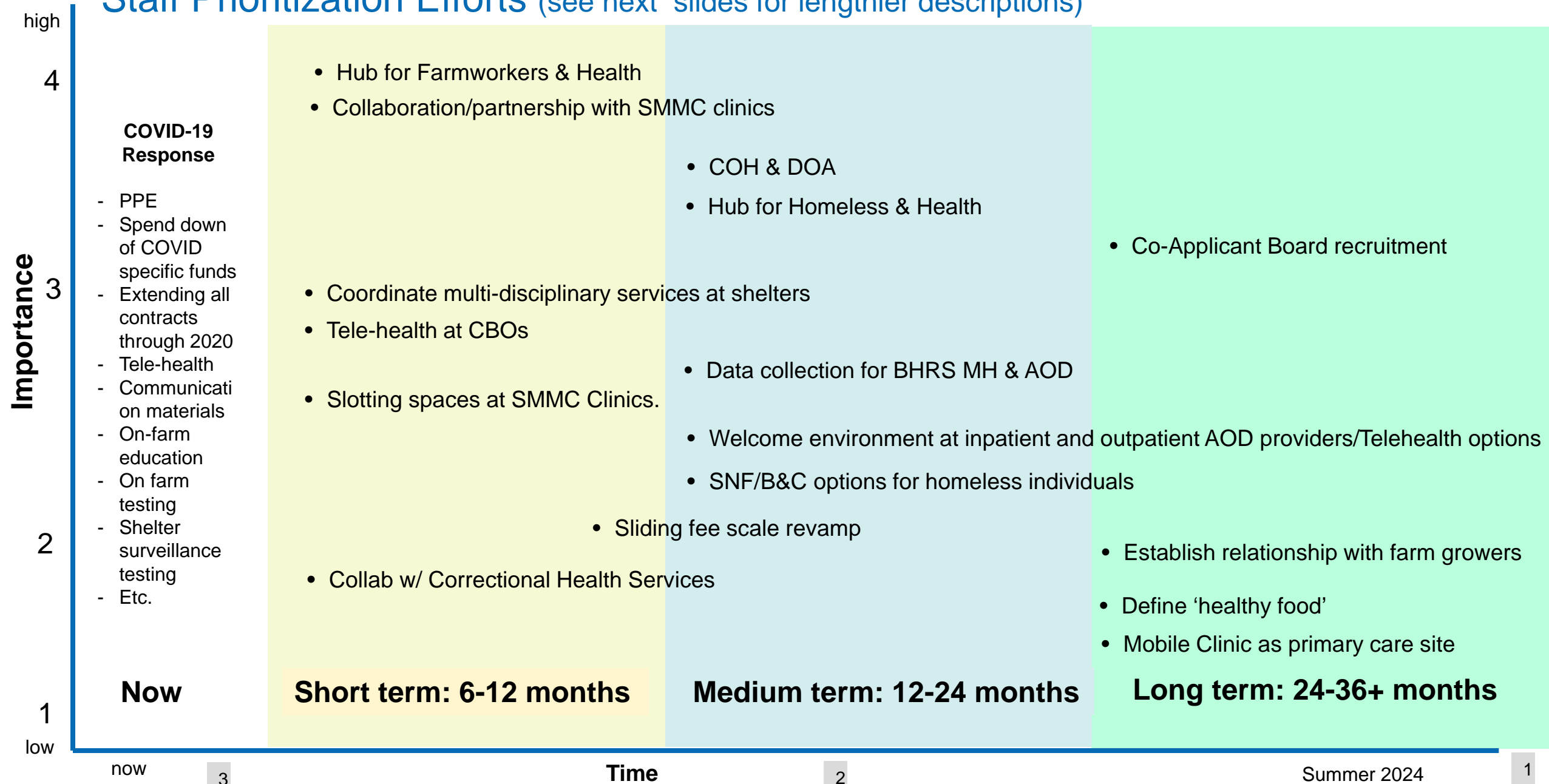


Proposed Services June 2021		Population	Location
Primary Care	Street/Field Medicine	Both	County-wide
	Mobile Clinic	H	County-wide
Dental	Coastside Saturday Dental Clinic	F	North + ?
Behavioral	IBHS linked to Street/Field Medicine PENDING	Both	County
Enabling Education outreach, health insurance enrollment, eligibility assistance	Promotores Community Health Model	F	North + South Coast
	Stay healthy after you get housed	H	County
	Care navigator linked to Street/Mobile and New Patient Connection Center	H	County

This topic was not discussed during the Strategic Planning Subcommittee. More information will be provided during Board Meeting.

HCH/FH Strategic Subcommittee Recommendations

Staff Prioritization Efforts (see next slides for lengthier descriptions)



Higher Priority



- Become a hub for conversations and actions around farmworkers and health (i.e. host forums, panels, one-day educational events)
- More collaboration/partnership with SMMC clinics

- Become a hub for conversations and actions around homelessness and health (i.e. host forums, panels, one-day educational events)
- Co-Applicant Board recruitment
- Coordinate multi-disciplinary services at shelters to improve health of individuals staying at shelter (telehealth)
- Tele-health at CBOs: primary care, behavioral health, nutritional services, and health education
- Solidify collaboration with Center on Homelessness and Department of Agriculture. **HPSM**
- Improve data collection for MH & AOD Services provided by BHRS
- Slotting spaces at SMMC Clinics.
- Work with BHRS to create more welcoming environments for homeless clientele at inpatient and outpatient AOD providers (could include telehealth)
- Publish an Annual Report

- Intra-county collaboration to promote/advocate for more SNF/B&C options for homeless individuals
- Sliding fee scale revamp
- Establish relationship with farm growers
- Closer collaboration with Correctional Health Services
- Partner with departments in County Health to set aspirational definition of “healthy food”
- Look into what it would take to designate Mobile Clinic as a primary care site

Lower Priority

TAB 5
Quarter 2
Contractor
Report



DATE: August 13, 2020

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

FROM: Sofia Recalde, Management Analyst and Danielle Hull, Clinical Services Coordinator

SUBJECT: Quarter 2 2020 Contractor Financial Report

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers and two County-based programs for the 2020 grant year. Contracts are for primary care services, 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 January–June 2020:

Contractor	Contract Amount	Amount Spent	% YTD 2020	% YTD 2019	EOY 2019
Behavioral Health & Recovery Services	\$90,000	\$49,000	54%	33%	57%
El Centro de Libertad	\$73,500	\$18,600	25%	24%	51%
LifeMoves	\$295,750	\$174,440	59%	52%	99%
PHPP Mobile Van & Expanded Services	\$482,250	\$188,730	39%	49%	93%
PHPP Street & Field Medicine	\$249,750	\$197,950	79%	90%	100%
Puente de la Costa Sur	\$183,500	\$99,000	54%	61%	96%
Ravenswood - Medical	\$107,100	\$41,157	38%	47%	81%
Ravenswood - Dental	\$54,725	\$22,487	41%	57%	89%
Ravenswood - Enabling	\$97,000	\$21,534	22%	39%	60%
Samaritan House - Safe Harbor	\$81,000	\$46,040	57%	65%	94%
Sonrisas Dental	\$131,675	\$45,800	35%	61%	83%
StarVista	\$150,000	\$81,200	54%	39%	79%
TOTAL	\$1,996,250	\$985,938	49%		

The following is a summary of HCH/FH Contractor Patient and Visit count from January–June 2020:

Agency	Contracted Service	Target 2020 Undup Pts	Actual 2020 YTD Undup Pts	% YTD 2020	% YTD 2019	% 2019 EOY
Behavioral Health & Recovery Services	Care Coordination (CC)	180	98	54%	33%	57%
El Centro de Libertad	CC	100	30	30%	17%	35%
	Motivational Outreach	60 presentations	7 presentations	12%	46%	74%
	Prevention Education	35 presentations	10 presentations	29%	27%	87%
Life Moves	CC	385	175	45%	40%	79%
	Intensive CC	75	100	133%	90%	290%
	Street Medicine	140	60	43%	62%	96%
	SSI/SSDI	40	39	98%	42%	136%
	Eligibility	40	50	125%	26%	108%
	Transportation	450 trips	188 trips	42%	62%	110%
PHPP Mobile Van & Expanded Services	Primary Care (PC)	1,000	361	36%	48%	90%
	PC for formerly incarcerated & homeless	210	96	46%	51%	97%
PHPP Street & Field Medicine	Primary Care	135	107	79%	90%	159%
Puente de la Costa Sur	CC	180	74	41%	51%	93%
	Intensive CC	20	20	100%	15%	100%
	Health Insurance Assistance	170	100	59%	84%	105%
Ravenswood Family Health Center	Primary Care	700	269	38%	47%	81%
	Dental	275	113	41%	57%	89%
	CC	500	111	22%	39%	60%
Samaritan House	CC	200	104	52%	70%	118%
	Intensive CC	10	14	140%	0%	0%
Sonrisas Dental	Dental	115	40	35%	61%	83%
StarVista	Adult Outreach & Engagement	150	146	97%	25%	73%
	Adult Therapeutic Services	75	145	193%	45%	140%
	Youth CC	75	8	11%	51%	72%
	Youth Therapeutic Services	25	10	40%	40%	152%
	Transportation	300 trips	48 trips	16%	18%	38%
Total HCH/FH Contracts		4,800	2,270 patients	47%		

The following are selected outcome measures from HCH/FH Contractor narrative reports for the period January—June 2020.

Agency	Outcome Measure	Performance through Q2 2020
Behavioral Health & Recovery Services (BHRS)	<ul style="list-style-type: none"> At least 100% screened will have a behavioral health screening. At least 70% will receive individualized care plan. Connect patients to behavioral health treatment services 	<ul style="list-style-type: none"> 100% (98 clients) had a behavioral health screening 92% (90 clients) received individualized care plan <ul style="list-style-type: none"> 88% completed CC plan 13% established a medical home 86% (70 clients) were referred to either BHRS or ACCESS for behavioral health services
El Centro de Libertad	<ul style="list-style-type: none"> Provide at least 120 screening/assessments to homeless/farmworkers Provide at least 60 Motivational outreach sessions on AOD/mental health resources Provide at least 35 substance use prevention education sessions 	<ul style="list-style-type: none"> 30 homeless clients received a screening/assessment 7 motivation outreach sessions, reaching 37 homeless individuals 10 prevention education sessions, reaching 34 farmworkers or dependents
LifeMoves	<ul style="list-style-type: none"> Minimum of 50% (250) will establish a medical home. At least 75% with a scheduled primary care apt will attend at least one apt. At least 30 will complete submission for health coverage. 	<ul style="list-style-type: none"> 34% (114 clients) established a medical home 35% (118 clients) scheduled at least one primary care appointment 50 clients completed an application for and were enrolled into a health coverage plan
Public Health Mobile Van	<ul style="list-style-type: none"> At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. Number of women survey and expressed interest in Pap test services 	<ul style="list-style-type: none"> 100% (361 clients) received a comprehensive health screening 0 women were surveyed on interest of receiving a Pap test.
Public Health - Service Connect	<ul style="list-style-type: none"> At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. At least 20% of patient encounters will be related to a chronic disease. 	<ul style="list-style-type: none"> 100% (96 clients) received a comprehensive health screening 100% of visits were related to a chronic disease
Public Health Street & Field Medicine	<ul style="list-style-type: none"> At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed At least 50% of street homeless/farmworkers seen will be referred to Primary Care Number of patients provided women's health services 	Not available at this time

Puente de la Costa Sur	<ul style="list-style-type: none"> At least 90% served care coordination services will receive individualized care plan. At least 25 served will be provided transportation and translation services. At least 170 will complete a health coverage application 	<ul style="list-style-type: none"> 42% (31 clients) received an individual care plan 81% of CC clients and 55% of ICC clients received transportation and translation services. 66 out of the 124 clients who completed a health coverage application have been enrolled into an insurance program
Ravenswood Family Health Center – Medical	<ul style="list-style-type: none"> 100% will receive a comprehensive health screening. At least 300 will receive a behavioral health screening. 	<ul style="list-style-type: none"> 87% (233 clients) received a comprehensive health screen 6 clients received a behavioral health screen
Ravenswood Family Health Center – Dental	<ul style="list-style-type: none"> At least 50% will complete their treatment plans. At least 80% will attend their scheduled treatment plan appointments. At least 50% will complete their denture treatment plan. 	<ul style="list-style-type: none"> 6% (14 clients) completed their dental treatment plans 91% attended their scheduled treatment plan appointments 50% (5 out of 10 clients) completed their denture treatment plan
Ravenswood Family Health Center – Enabling	<ul style="list-style-type: none"> At least 85% will receive care coordination services and will create health care case plans 65% of homeless diabetic patients will have hbA1c levels below 9. 	<ul style="list-style-type: none"> 26% (28 out of 107 clients) received both care coordination services and created a health care case plan 55% of homeless diabetic patients had a hbA1C below 9
Samaritan House – Safe Harbor	<ul style="list-style-type: none"> At least 95% of patients will receive individualized health care case plan. At least 70% will complete their health care plan. At least 70% will schedule primary care appointments and attend at least one. 	<ul style="list-style-type: none"> 44% (48 clients) received an individualized health care case plan 34% (38 clients) completed their health care plan 9% (10 clients) have attended at least one scheduled primary care appointment
Sonrisas Dental	<ul style="list-style-type: none"> At least 50% will complete their treatment plans. At least 75% will complete their denture treatment plan. 	<ul style="list-style-type: none"> 37.5% (15 clients) completed their treatment plans 100% (1 client) completed their denture treatment plan
StarVista	<ul style="list-style-type: none"> At least 90% served care coordination services will receive individualized care plan. At least 250 served will be provided transportation and translation services. 	<ul style="list-style-type: none"> 91% (130 clients) received an individualized care plan 48 one-way trips have been provided

¹ Medical home -defined as a minimum of (2) attended primary care appointments;

² Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes, challenges and emerging trends

Puente de la Costa Sur

Successes

- Puente offering limited in-person services with intake/phone service prior to in-person to minimize face-to-face time in office

Challenges

- Poor cell service in Pescadero has made it difficult to provide services to clients over the phone and has delayed intake/applications.
- When testing for COVID became available, farmworker participants were hesitant to get tested. They expressed a variety of concerns. Mainly, they were scared their personal information would be provided to the government or what would happen if their results are positive and they aren't able to generate income for their family. Even if they were informed of paid sick-time, participants are hesitant with obtaining financial services or government benefits due to their immigration status.

Need

- Having access to MEDS continues to be something Puente's Safety Net team would greatly benefit from. When the shelter-in-place order went into effect, the team began to receive calls from participants requesting information on the status of their MediCal or MediCal renewal.

PHPP Mobile Clinic/Street Medicine/Service Connect

Successes

- Collaboration/Coordination with HCHF community partners and contractors (PHPP Mobile/Street/Service Connect)

Challenges

- Having to respond to COVID quickly without processes in place. Housing continues to be a challenge and where medically fragile seniors will be discharged after temporary housing ends (PHPP Mobile)
- The service connect main building is currently closed due to COVID. Still providing services/clinic outside Maple Street and working on a once a week schedule for all appointments. (Service Connect)
- More meth and use with street homeless causing more health and mental health issues. (PHPP Mobile Clinic)
- Client being released from jail and prison have more chronic diseases. We are having challenges getting records from clients released from prison. (PHPP Service Connect)

Need

- Real time access to treatment for AOD and stable housing for homeless clients. (PHPP Mobile)

RFHC (Dental/Enabling/Primary)

Successes

- RFHC Dental Clinics have re-opened all dental services except for high risk dental services
- RFHC Enabling
 - COVID Education for clients
 - Screenings and patients sharing back with providers if someone is symptomatic in encampments
 - Testing in Main Clinic parking lot
 - Care packages for homeless: care packages include hygiene products, staple clothing items, masks, and hand sanitizer.
 - Food and clothing pantry: bringing supplies to encampments to encourage sheltering in place/minimize travel
 - Partnership with Dignity on Wheels to provide hygiene/laundry services
 - Provided hotel rooms for homeless: priority for hotel rooms went to homeless patients who were age 60+ and/or chronically ill who were currently staying in the shelter.

- Partnership with WeHope; if clients need referrals for additional services (like detox), shelter contacts Ms Deldridge

Challenges

- Due to COVID-19, have had to delay, limit, or suspend some services for homeless patients. Additionally, have had to spend more staff time, energy, and resources on screening patients, setting up patients for their appointments, making sure there is appropriate personal protective equipment (PPE) for appointments, and then sanitizing after appointments. Due to the pandemic, seen a very low number of dental homeless patients seeking services. Homeless patients who would regularly walk in on a weekly basis have not made many appearances in-person. Additionally, since many of homeless patients do not have access to cell phones, it has been difficult to contact them. Lastly, it has been difficult to track down homeless patients when conducting outreach. (RFHC Dental)
- Prior to the pandemic, the HCH Team's interactions with homeless patients promoted a sense of connection and helped establish trust with our homeless population. Social distancing requirements under COVID-19 are a barrier when providing care and maintaining a connection with our homeless patients. Before the COVID-19 pandemic, our HCH Team already had difficulty building a sense of credibility and trust with some homeless individuals. COVID-19 has further strained our ability to establish credibility and trust with these homeless individuals. (RFHC Enabling)
- Many homeless patients are not comfortable leaving their shelters or encampments or have relocated due to COVID-19. (RFHC Dental/Enabling)
- Patients who were in the middle of being placed in housing have limited access to receiving the required documents from the DMV and thus cannot be placed. Some homeless patients expressed fear for their life and safety after a fire broke out in the largest encampment. All of the belongings of those living in the encampment could have been engulfed within the fire. With the temperatures rising as we enter summer, HCH patients fear another fire may break out. **HCH Manager fears for the lives of homeless individuals and their access to shelter. She will be meeting with the City Council, Police Department, and Fire Department to discuss the incident.** (RFHC Enabling)

Need

- Would like to see additional products, such as toothpaste, floss, and toothbrushes, donated to our dental clinic so that we can assemble more oral hygiene kits to distribute to our homeless patients. (RFHC Dental)
- We would like to see more agencies provide food to our homeless population as food is a necessity that external agencies are able to provide. (RFHC Enabling)
- We would like to see other agencies who serve the homeless population share the services we are providing and where they can go to seek resources. This would help increase access to care for our HCH population. Also, COVID-19 material available in Tongan (RFHC Primary)

BHRS ARM Team (Adult Resource Management Team)

Successes

- Homeless clients staying in shelters longer making it easier to find/contact them for follow-up services; PPN referrals have been faster.

Challenges

- Due to the shelter in place mandate with COVID-19, client contact has been limited to phone contact with clients and thereby making it harder to build connections since we are not able to meet face to face.
- Our clients continue to have housing concerns. Many of our clients are on fixed income or disabled and unable to work, preventing them in attaining permanent housing. Some of our clients that do have an opportunity for vouchers have trouble following through with their housing authority appointments.

LifeMoves

Successes

- The Street Medicine team has continued to operate throughout COVID-19 and has been a huge help to unsheltered clients who are struggling with anxiety and depression due to ongoing circumstances, additionally many clients are fearful of entering the hospitals and the street medicine team is a great tool for outreaching to these individuals and also helping to spread the information regarding the safety of going into the hospital if one is sick.
- Amazing collaboration with the Health Coverage Team at SMMC; assisting in locating high-cost homeless individuals, and they can assist us in getting Medi-Cal applications approved in a matter of days instead of weeks.

Challenges

- Due to COVID-19 related restrictions, and the prevalence of telehealth appointments, the transportation metric is proving to be a challenge.
- Noticeable increase in the number of MediCal ICT's (intercounty transfers) for people coming from San Francisco County specifically. These people are reporting that, whether they are originally from SMC or not, they may have become homeless in SFC and come to SMC for the resources and lower cost of living. There is also an increased need for psychiatric services from the street medicine team.

Need

- LifeMoves would like to build a better collaborative relationship with the Mobile Dental Van during COVID to ensure clients still get dental services

Sonrisas

Sonrisas closed to all but emergency dental care effective 3/16/20. We will not be providing services at the Pescadero location until the county wide shelter-in-place is lifted and the school district reopens the board room. With schools being closed until the fall, it is not clear yet how that will affect the availability of the room for mobile care. We continue to provide emergency treatment at our San Mateo clinic. Patients can call our phone numbers and a message will be taken and our on-call dentist will contact the patient.

Safe Harbor

Successes

- The shelter continues to use the format we began at the top of 2020 to track clients who have medical needs, referrals, and health plans.

Challenges

- COVID-19 has eliminated volunteers coming to shelter and offering programming to clients (dental van, foot clinic) (Safe Harbor)
- A lot of people have had to have their primary care appointments rescheduled due to COVID-19.

El Centro de Libertad

Successes

- As the COVID-19 continues to impact our ability to provide services. We have made adjustments to our outreach efforts including doing outreach to street homeless individuals.

Challenges

- We were still facing difficulty accessing some homeless individuals to follow up due to (leaving the shelter, no phone access, non-responsive)

StarVista

Successes

- First Chance has been able to conduct quick assessments and connect clients to resources like Samaritan House, Serenity House, St. Vincent De Paul and Palm Ave
- New case manager at Day Break

Challenges

- First chance residents must wait for COVID-19 testing and results prior to admittance, and residency is limited to 8 hours during COVID-19.
- Lack of PPE and COVID-19 testing at Daybreak
- All clients residing at Daybreak have lost their jobs due to COVID-19

TAB 6
QI Report



DATE: August 13th, 2020

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
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI COMMITTEE REPORT

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

- QI Annual Plan
 - The QI Committee will convene in August to approve the QI Annual Plan.
- QI Presentations
 - Frank Trinh presented HCH/FH quality improvement updates to the SMMC QI Committee and SMMC Department of Medicine.
 - Pediatric concerns were raised in relation to COVID-19. HCH/FH QI will investigate the impact of COVID-19 on homeless (particularly shelter) and farmworker children in the county.
- Telehealth Pilot
 - HCH/FH received supplies for the telehealth station at Maple Street and installed it on August 5th. Items included a desktop with built-in speakers, webcam, and microphone, desk with adjustable height, and wipes.
 - Danielle Hull and Frank Trinh will work with Maple Street LVN and San Mateo Medical Center to determine how virtual appointment scheduling will work. The process developed will likely be used when expanding telehealth to other shelters and key locations.
 - Danielle Hull and Sofia Recalde will work to purchase additional peripheral equipment.
 - Coastside Clinic is offering telehealth at Puente twice a month. We are still waiting for the iPad purchased to support telehealth at the Pescadero location.

Clinical Quality Measures (CQM)	FY19 Q2	FY20 Q2
Cervical Cancer Screening	58%	53.4%
Diabetes (A1c <9%)	60%	53.3%
Depression Screening & Follow-up	14%	20.9%
Hypertension	64.5%	29.7%
Child Weight Assessment	43%	21.9%
Adult Weight Assessment	25%	23.2%
Colorectal Cancer Screening	54%	44.8%
Tobacco Use and Cessation	89%	89.3%
Coronary Artery Disease (CAD): Lipid Therapy	75%	80.7%

Table shows rates for Homeless and Farmworker patients combined.

TAB 7
Finance
Report



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

DATE: August 13, 2020

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 expenditure numbers for June 2020 show a total expenditure of \$76,403 of which \$71,569 is claimable against the grant. However, due to the county using essentially all of July to close their Fiscal Year accounting, almost no July invoices were paid. Almost all of the shown July expenditures are salary and benefits expenses.

Because of this, along with the COVID pandemic impact, there is insufficient information to make any realistically accurate projections. We expect normal processing to have occurred for July & August by the end of the month, so we expect to be able to provide a fuller report next month.

Nonetheless, we do continue to show a small balance for unexpended funds from our base grant for the end of the year. In addition, HRSA did provide the HCH/FH Program with its full carryover request – base grant, SUD-MH and IBHS.

Attachment:

- GY 2020 Summary Grant Expenditure Report Through 07/31/20

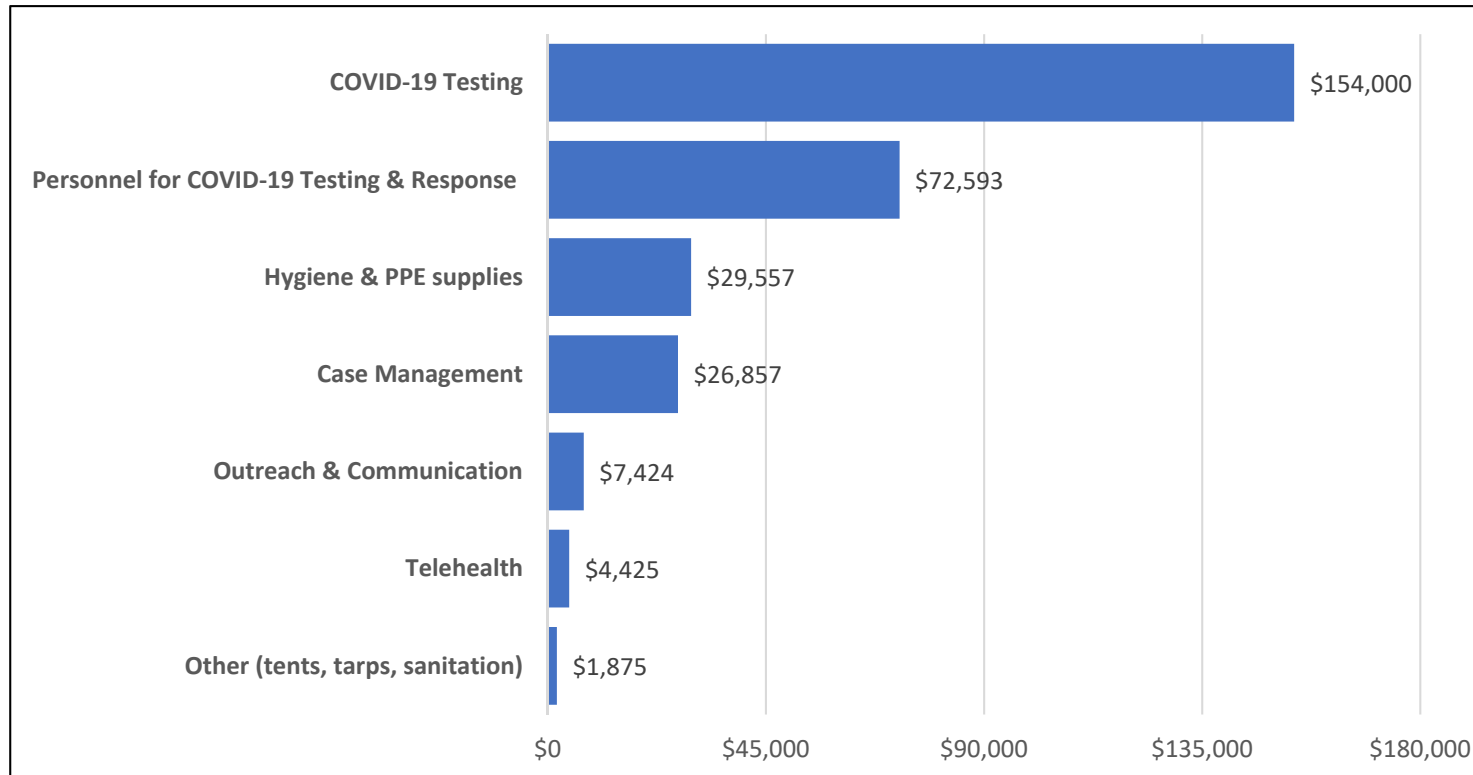


GRANT YEAR 2020

Details for budget estimates	July \$\$		To Date (07/31/20)	Projection for final adds	allocated to SUD-MH or IBHS	Projected for GY 2021
	Budgeted [SF-424]					
EXPENDITURES						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	601,000	57,348	365,129	565,000		631,050
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	160,000	11,989	91,112	154,000		171,990
<u>Travel</u>						
National Conferences (2500*8)	16,000		2,529	2,529		25,000
Regional Conferences (1000*5)	5,000		8,671	8,671		5,000
Local Travel	1,500			1,000		1,500
Taxis	1,000		789	1,500		1,000
Van & vehicle usage	1,000		314	1,000		2,000
	24,500	0	12,303	14,700		34,500
<u>Supplies</u>						
Office Supplies, misc.	10,000		4,999	15,000		12,000
Small Funding Requests			46,990	47,000		
	10,000	0	51,989	62,000		12,000
<u>Contractual</u>						
2019 Contracts			54,817	54,817		
2019 MOUs			33,145	33,145		
Current 2020 MOUs	822,000	0	368,975	800,000		872,000
Current 2020 contracts	1,033,250	0	523,387	990,000		1,034,000
ES contracts (SUD-MH & IBHS)	150,000	0	95,050	142,500	132,250	150,000
---unallocated---/other contracts						
	2,005,250		1,075,374	2,020,462		2,056,000
<u>Other</u>						
Consultants/grant writer	30,000		3,594	10,000		30,000
IT/Telcom	10,000	2,232	11,208	25,000		20,000
New Automation				0		-
Memberships	2,500		500	2,500		5,000
Training	3,000		3,499	7,000		10,000
Misc	500			500		500
	46,000		18,801	45,000		65,500
TOTAL	2,846,750	71,569	1,614,708	2,861,162	132,250	2,971,040
GRANT REVENUE						
Available Base Grant	2,625,049			2,625,049		2,625,049
Carryover	132,709			166,213		167,000 IBHS
Available Expanded Services Awards **	317,000			297,250		
HCH/FH PROGRAM TOTAL	3,074,758			3,088,512		2,792,049
BALANCE	228,008		PROJECTED AVAILABLE	227,350		(178,991)
	(88,992)		BASE GRANT PROJECTED AVAILABLE	62,350		based on est. grant of \$2,678,621 before reduction
** includes \$150,000 of SUD-MH (allocated) & \$167,000 for IBHS not yet allocated						
Total special allocation required	\$ 138,446					
<u>Non-Grant Expenditures</u>						
Salary Overage	12500	1442	8,652	12,498		13,750
Health Coverage	57000	3392	23,092	47,256		57,000
base grant prep	-					0
food	2500		300	2,500		1,500
incentives/gift cards	1,000			1,000		1,500
	73,000	4,834	32,044	63,254		73,750
TOTAL EXPENDITURES	2,919,750	76,403	1,646,752	2,924,416	NEXT YEAR	3,044,790
	BUDGETED	<i>This month</i>	TO DATE	PROJECTED		
COVID Expenditures		0	9473			

COVID-19 Actual & Planned Expenditures as of August 5, 2020

Funding awarded for COVID-19	\$878,720
COVID-19 related expenditures	\$386,514
Allowable expenditures	\$296,731
Percent of COVID-19 awards allocated to projects/services	34%



*** COVID related expenses to be charged to Base Grant**

Nutrition

Shelter in Place supplies

ALAS contract for mental health and case management services

TAB 8
Director's
Report



DATE: August 13, 2020

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 July 09, 2020 Co-Applicant Board meeting:

On July 16, 2020, HRSA issued Notice of Award (NOA) 19-04 which provided carryover funding as requested by the Program. This included \$167,000 for the carryover of year 1 of IBHS award, \$130,250 for carryover of year 2 of the SUD-MH award, and \$166,213 for carryover of our GY 2019 base grant award.

Much of the Program's activities for the past month are captured in the COVID and Strategic Planning/RFP updates elsewhere on today's agenda.

On July 16, 2020, HRSA notified us that the window for submission of our NonCompeting Continuation/Business Period Renewal (NCC/BPR) Progress Report was available. This report is completed each year during an ongoing grant (non-Services Area Competition years). It comprises a general update of the program's progress to that point and upcoming plans. Our deadline for submission is September 8, 2020. We will be providing the Board with the report following its submission.

We have a draft Memorandum of Understanding (MOU) being reviewed for HCH/FH to support part of an FTE for the SMMC Main Campus Pharmacy to ensure that our homeless and farmworker patients (Ambulatory, ED, inpatient, IMAT) that need to get their prescriptions filled on site will be able to do so. Estimated costs are up to \$50,000 per year.

To date, Program has received over \$880,000 in targeted COVID related funding from the various pieces of federal pandemic legislation. The current negotiations ongoing in Washington portend the possibility of additional funding as both Houses of Congress included \$7.6 billion in funding for the Health Center Program in their individual bills – albeit with some significant differences in priorities, etc.

Seven Day Update

ATTACHED:

- Program Calendar



Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2020 Calendar (Revised August 3, 2020)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (August 13, 2020 from 9:00 a.m. to 11:00 a.m.) Contractor Report - Quarter 2 Provider Collaborative 	August	
<ul style="list-style-type: none"> Board Meeting (September 10, 2020 from 9:00 a.m. to 11:00 a.m.) Approve Program Budget and Non-Competing Continuation Renewal Approve Services/Sites: Form 5A, 5B, 5C 	September	
<ul style="list-style-type: none"> Board Meeting (October 8, 2020 from 9:00 a.m. to 11:00 a.m.) Annual Conflict of Interest Statements 	October	
<ul style="list-style-type: none"> Board Meeting (November 12, 2020 from 9:00 a.m. to 11:00 a.m.) Contractor Report - Quarter 3 	November	
<ul style="list-style-type: none"> Board Meeting (December 10, 2020 from 9:00 a.m. to 11:00 a.m.) 	December	

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

TAB 9
COVID-19
Update

DATE: August 13, 2020

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

FROM: Irene Pasma Program Implementation Coordinator, HCH/FH Program

SUBJECT: COVID-19 Update

Below is a comprehensive list of COVID-19 related work HCH/FH has engaged in since March 2020:

COVID-19 Funding Efforts

- **COVID-19 Testing**
 - Equipment, reagent, supplies, staff support for Public Health Lab
- **Personnel for COVID-19 Testing & Response**
 - Supported baseline testing at 5 largest homeless shelters by SMC Emergency Operations Center
- **Hygiene & PPE Supplies**
 - Distributed ~4000 facemasks, 500 boxes of gloves, face shields, cleaning supplies, hand sanitizer to 20 different organizations
 - Donations from SMC Health Foundation, Stanford, and community members
 - Hygiene station at SMMC
- **Case Management**
 - Case management for homeless at Bayfront Station/Vagabond Inn, Burlingame
 - Case management and counseling for farmworkers by ALAS, Half Moon Bay
 - Safe Parking case management at Project WeHope, East Palo Alto
- **Outreach & Communication**
 - Meal Program at Puente, Pescadero
 - Groceries for 200 families for 4 weeks
 - Creating COVID-19 education materials with SMC Health Public Information Office and Consultant for homeless and farmworkers
 - Communication toolkit and 3 Public Service Announcements
- **Telehealth**
 - Telehealth setup at Maple Street Shelter
 - iPad at Puente for Coastside Clinic
 - 10 Smartphones for SMMC 2AB
- **Other**
 - Tents and portable phone chargers to PHPP Street Medicine Team for street homeless



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

Non-COVID 19 Funding Efforts

- Homeless and Farmworker COVID-19 resource flyers
- Working with PHPP Field Medicine, Puente, ALAS for on-site education for farmworkers
- Supporting on-demand COVID-19 testing by PHPP Mobile Clinic/Street Medicine for symptomatic homeless
- HCH/FH Co-Applicant Board letters of support for encampment sweep moratorium and Safe Parking
- SMC DOC Homeless Shelter Liaison
 - Weekly/Biweekly Homeless and Farmworker updates
 - Assisted with testing event in Pescadero and baseline testing in homeless shelters
 - Referral pathway to Alternative Care Site (ACS) for PHPP Mobile Clinic/Street Medicine
 - Referral pathway to ACS for SMMC Ambulatory Clinics