

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

## Co-Applicant Board Meeting Agenda

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+1 628-212-0105 ID: 702 954 709#

April 14, 2022, 9:00 - 11:00am

### AGENDA

### SPEAKER(S)

### TAB/TIME

<b>A. CALL TO ORDER &amp; NEW MEMBER OATH</b>	Robert Anderson		9:00am
1. Administer new member oath to Francine Serafin-Dickson	Lauren Carroll		

### B. PUBLIC COMMENT

9:10am

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

### C. CONSENT AGENDA

Robert Anderson

9:15am

1. Approve meeting minutes from March 10, 2022 Board Meeting		Page 1
2. Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees.		
3. Budget & Finance Memo		Page 20
4. Contracts & MOU Memo		Page 22
5. Quality Improvement/Quality Assurance Memo		Page 24

### D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER

9:17am

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

1. A conversation between Dr. Kapil Chopra and a client with lived homeless experience	Dr. Chopra & Guest
2. Public Health Policy and Planning (PHPP) Update	Anessa Farber
3. Community Announcements	Board Members

### E. BUSINESS AGENDA

9:50am

1. Approve letter supporting recruitment of BHRS HEAL clinician position as a permanent position	Sofia Recalde	9:50	Page 27
2. Approve Board Member Conference Attendance	Sofia Recalde	9:55	Page 29
3. Discuss and approve May HCH/FH Board meeting change	Sofia Recalde	10:00	Page 31

### F. REPORTING & DISCUSSION AGENDA

1. COVID-19 Funding Overview/Update: CARES and American Rescue Plan (ARPA)	Sofia Recalde	10:05	Page 32
2. Strategic Plan Evaluation Discussion	Suzanne Moore	10:15	Page 34
3. Director's Report and Program Calendar	Jim Beaumont	10:30	Page 35
4. <b>Contract Spotlight:</b> Public Health Policy & Planning, Mobile Clinic	Sofia Recalde & James O'Connell	10:40	

### G. ADJOURNMENT

11:00am

Future meeting: May 12, 2022 9am-11am

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (March 10<sup>th</sup>, 2022)  
Teams Meeting**

<p><b><u>Co-Applicant Board Members Present</u></b>          Robert Anderson, Chair          Steven Kraft          Janet Schmidt          Steve Carey          Tayischa Deldridge          Gabe Garcia          Suzanne Moore          Eric Debode          Victoria Sanchez De Alba, Vice Chair          Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><b><u>County Staff Present</u></b>          Irene Pasma, Program Implementation Coordinator          Danielle Hull, Clinical Coordinator          Sofia Recalde, Management Analyst          Lauren Carroll, County Counsel          Ally Hoppis, BHRS Crisis &amp; Outreach          Fatima Olivares, BHRS Crisis &amp; Outreach</p>	<p><b><u>Members of the Public</u></b>          Maricela Zavala, Puente de la Costa Sur</p> <p><b><u>Absent Board Members/Staff:</u></b>          Brian Greenberg          Tony Serrano</p>
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Link to meeting recording:

ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call to Order</u>	Robert A called the meeting to order at 9:01am and did a roll call.	
<u>Public Comment</u>	None.	
<u>Consent Agenda</u> 1) <b>Approve mtg minutes from Feb 10, 2022 Board mtg</b> 2) <b>Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees</b> 3) <b>Director's Budget &amp; Finance Report</b>	<b>Please refer to TAB 1</b> All items on Consent Agenda were approved.	<b>Request to approve the Consent Agenda was <u>MOVED</u> by Steve K. and <u>SECONDED</u> by Suzanne M. APPROVED by all Board members present.</b>

<p><u>Consumer Input</u> <b>Community Announcements</b></p>	<p>Suzanne Moore: 1) The Pacifica Safe Parking Pilot program was passed by City Council. The pilot will be funded by the County and Pacifica Resource Center (PRC) will run the program. The goal is to have place 13 clients in spaces through the city that include waste management and wrap around services to support permanent housing placement. 2) PRC is recording increase in residents seeking assistance. 3) San Mateo County Legal Aid and Community Legal Services in East Palo are preparing for increased evictions when the eviction moratorium expires at the end of the month. Both agencies are encouraging people concerned about eviction to complete an Housing is Key application because they will have level of protection from eviction if they have an application on file.</p> <p>Irene: The Working to End Homelessness is hosting a virtual kick-off event on April 22. Irene will send Board members meeting and registration information.</p>	
<p><u>Business Agenda</u> <b>Sliding Fee Scale Discount Program (SFDP)</b></p>	<p>HCH/FH updates its Sliding Fee Discount Program (SFDP) annually to align with the release of the Federal Poverty Level guidelines. The request is for the Board to approve revisions to the SFDP.</p>	<p><b>Request to approve the Consent Agenda was <u>MOVED</u> by Steve C. and <u>SECONDED</u> by Tayischa D. APPROVED by all Board members present.</b></p>
<p><b>New HCH/FH Board member</b></p>	<p>Janet Schmidt recommended Francine Serafin Dickson to join the HCH/FH Board. Francine brings many years of experience and knowledge of the County and healthcare knowledge, including serving as the Executive Director of the Hospital Consortium of San Mateo. The request is for the Board to approve Francine Serafin-Dickson as a new HCH/FH Board member.</p>	<p><b>Request to approve the Consent Agenda was <u>MOVED</u> by Gabe G. and <u>SECONDED</u> by Victoria S. APPROVED by all Board members present.</b></p>
<p><u>Reporting &amp; Discussion Agenda</u> <b>2021 UDS and Contractor Performance</b></p>	<p>The Uniform Data System (UDS) is a performance report that Health Center programs like the HCH/FH program prepare for the Health Resources &amp; Services Administration (HRSA) on an annual basis. Data is collected from throughout the health system, including our contracted service providers. In 2021, HCH/FH saw 5,777 unique individuals over 35,035 visits, which is comparable to prep-pandemic performance in 2018 and 2019. Eighty-seven percent of all clients received primary care services.</p> <p>In 2021, contracted service providers saw 4,052 clients (not unduplicated) over close to 10,000 visits. Forty-seven percent of clients received primary care services and 48% received enabling services via a contracted service provider.</p>	
<p><b>QI/QA</b></p>	<p>PHPP Mobile Clinic and UDS metrics: Staff is working with PHPP to increase BMI reporting and depression screening on the Mobile Clinic and to validate that data is being captured in HCH/FH clinical reports.</p>	

	<p>Telehealth: Maple Street will restart efforts to launch a telehealth pilot now that clients are returning to shelter. HCH/FH will follow-up with Maple Street to do a presentation to residents about telehealth.</p> <p>2021 UDS Clinical measures: Both patients experiencing homelessness and farmworkers and their families did well on a couple UDS Clinical Measures, including tobacco cessation and statin therapy and HIV measures. Farmworkers did very well in comparison to the general SMMC population with women's health related clinical measures such as pap tests and breast cancer screenings, whereas these were disparity areas for female patients experiencing homelessness. In addition, several disparities in the two populations were noted, in areas such as adult weight assessment, hypertension, diabetes and depression screening.</p>	
<b>Board engagement survey</b>	<p>Board Chair Anderson reviewed the Board engagement survey. Survey results revealed that:</p> <ul style="list-style-type: none"> <li>• Board members appreciate guest speakers</li> <li>• The best way to convey information is through Board meetings and guest speakers</li> <li>• Board members would like to be more engaged with Countywide initiatives for homeless and farmworker health issues</li> <li>• Board members would like more information about sub-committees. Staff will prepare a list of all the sub-committees with information about the purpose and frequency</li> <li>• Board members would like to be more involved in outreach about the program and in recruiting new Board members and increasing public participation in the meeting, especially those with lived experience.</li> </ul>	
<b>Annual Report</b>	<p>Staff requested input on what should be included in the HCH/FH Annual Report, in addition to standard items like a letter from the Chair, Board and staff composition and client stories. The report is not a HRSA requirement and has primarily been used as an awareness raising and recruitment tool. Board members suggested including mission and values, services provided via contracts and MOUs, and the program's strategic priorities and how they tie into the HCH/FH mission and impact future activities.</p>	
<b>Director's Report</b>	<p>Program Director, Jim Beaumont, introduced Meron Asfaw, the new Program Coordinator who will be joining the team later this month. Jim informed the Board that the 2021 UDS report was submitted on February 15<sup>th</sup> and will begin working through comments received from HRSA this morning. The deadline to respond to comments is March 22. Finally, Jim made the Board aware of two upcoming conferences that may be of interest to Board members: the Northwest Regional</p>	

	Primary Care Association in Portland in April and the National Healthcare for the Homeless Conference in Seattle in May.	
<b>Contract Spotlight: BHRS HCH</b>	<p>Staff provided an overview of the BHRS MOU and the services provided by the HCH team to provide case management support to clients experiencing homelessness that focuses on behavioral health and also connects clients to primary and dental care. In 2021, HCH saw 173 unique clients and provided intensive case management support to 147 individuals (94%) and successfully connected clients to behavioral health treatment/counseling to 113 clients (68%). In addition, 85 clients (52%) were connected to primary care in 2021.</p> <p>Fatima Olivares, the HCH Mental Health Counselor, presented on her day-to-day work and partnerships with shelters, Street Medicine and Mobile Clinic and LifeMoves HOT and HCH teams. She receives referrals from shelters and other programs, and she contacts the client virtually or in-person within 2 business days. Her goal is to conduct a needs assessment within 5 business days. She follows up with clients weekly until they connect with treatment and provides consistent emotional support to clients during their journey, which can sometimes take several months.</p>	
<u>Adjournment</u>	Robert A adjourned the meeting at 11am. The next HCH/FH Board meeting is scheduled for Thursday, April 14 <sup>th</sup> , 2022.	



# Health Disparities Summary

UDS Annual Report 2021

HCH/FH Program Quality Improvement

Thursday, March 10<sup>th</sup>, 2022



2021 Calendar Year	Farmworker				SMMC/PRIME Rate (if available)		
	Numerator	Denominator	# not collected	%	Numerator	Denominator	%
Adult Weight Assessment	43	313	30	14%			
Pap Test	162	196		83%	7042	12552	56%
Hypertension	96	186	32	52%	3524	6329	56%
Tobacco Cessation	492	517		95%	13449	14190	95%
Statin Therapy	74	95		78%			
Ischemic Vascular Disease	11	12		92%	679	719	94%
New HIV cases timely followup	0			0%			
HIV positive pregnant women	0			0%			
Diabetes A1C >9%	34	104	7	33%	1292	4611	28%
Breast Cancer Screening	58	74		78%	3955	6166	64%
Depression Remission	1	7		14%			
HIV Screening	363	545		67%			
Depression Screening & F/U	281	633		44%	9455	17725	53%
Trimester of prenatal care	12	16		75%			
Low Birth Weight (% <2500g)	1	17		6%			

Total Farmworkers and Dependents seen in 2021: 1162 patients

## Clinical Metrics Showing Disparity of Farmworker Patients with SMMC PRIME Population in 2021

2021 Calendar Year	Farmworker				SMMC/PRIME Rate (if available)		
UDS measure	Numerator	Denominator	# not collected	%	Numerator	Denominator	%
Adult Weight Assessment	43	313	30	14%			
Hypertension	96	186	32	52%	3524	6329	56%
Diabetes A1C >9%	34	104	7	33%	1292	4611	28%
Depression Screening & F/U	281	633		44%	9455	17725	53%

2021 Calendar Year	Homeless				SMMC/PRIME Rate (if available)		
UDS measure	Numerator	Denominator	# not collected	%	Numerator	Denominator	%
Adult Weight Assessment	496	2452	1057	20%			
Pap Test	285	649		44%	7042	12552	56%
Hypertension	527	1094	289	48%	3524	6329	56%
Tobacco Cessation	2148	2396		90%	13449	14190	95%
Statin Therapy	363	469		77%			
Ischemic Vascular Disease	170	217		78%	679	719	94%
New HIV cases timely followup	0			0%			
HIV positive pregnant women	0			0%			
Diabetes A1C >9%	133	421	64	32%	1292	4611	28%
Breast Cancer Screening	206	440		47%	3955	6166	64%
Depression Remission	4	82		5%			
HIV Screening	1405	2815		50%			
Depression Screening & F/U	932	3099		30%	9455	17725	53%
Trimester of prenatal care	41	63		65%			
Low Birth Weight (% <2500g)	2	26		8%			

Total Patients Experiencing Homelessness (PEH) seen in 2021: 4660 patients

# Clinical Metrics Showing Disparity of PEH with SMMC PRIME Population in 2021

2021 Calendar Year	Farmworker				SMMC/PRIME Rate (if available)		
UDS measure	Numerator	Denominator	# not collected	%	Numerator	Denominator	%
Adult Weight Assessment	496	2452	1057	20%			
Pap Test	285	649		44%	7042	12552	56%
Hypertension	527	1094	289	48%	3524	6329	56%
Ischemic Vascular Disease	170	217		78%	679	719	94%
Diabetes A1C >9%	133	421	64	32%	1292	4611	28%
Breast Cancer Screening	206	440		47%	3955	6166	64%
Depression Screening & F/U	932	3099		30%	9455	17725	53%

Disparities specific to PEH highlighted in orange, unhighlighted are shared with farmworker disparities

## 2021 Health Disparity Summary

### Farmworkers

- Adult Weight Assessment
- Hypertension
- Diabetes A1c >9%
- Depression Screening and Follow-up

### Homeless

- Adult Weight Assessment
- Hypertension
- Diabetes A1C >9%
- Depression Screening & F/U
- Pap Test
- Ischemic Vascular Disease
- Breast Cancer Screening



# 2021 Annual HCH/FH Performance (UDS + Contractor)

HCH/FH Board Meeting March 10<sup>th</sup>, 2022



1

## What is Uniform Data System (UDS)?

Annual performance report submitted to HRSA

Number of clients served	Demographics	Staffing	Services & utilization	Clinical measures & health outcomes	Costs & revenues
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UDS captures clients seen across SMMC, BHRS to a limited extent and by HCH/FH contracted service providers



2

## 2021 UDS Performance

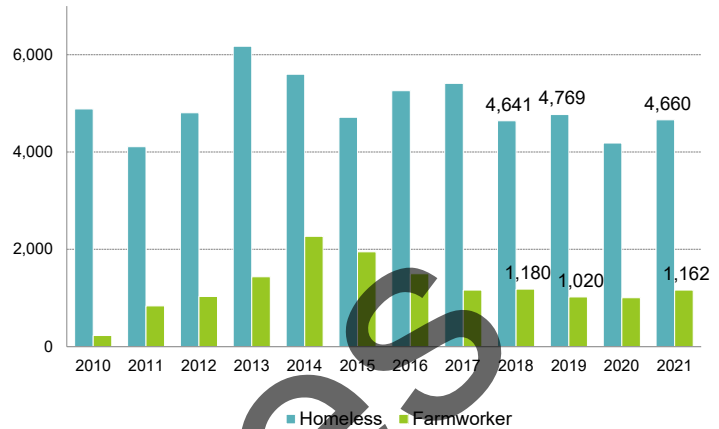
### 5,777 Unique Clients

- 11% increase from 2021
- 1,162 (20%) FW
- 4,660 (80%) PEH

### 35,025 Visits

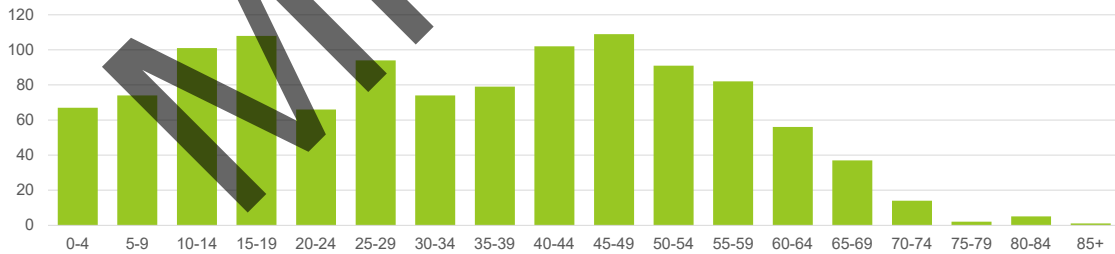
- 22% increase from 2021
- 24,911 In-person visits
- 10,114 Virtual visits

## HCH/FH Clients 2010-2021

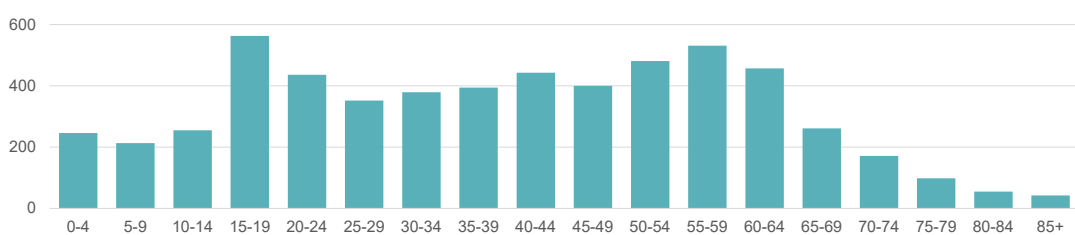


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## Farmworker Age Distribution



## Patients Experiencing Homelessness Age Distribution



4

## Insurance Status

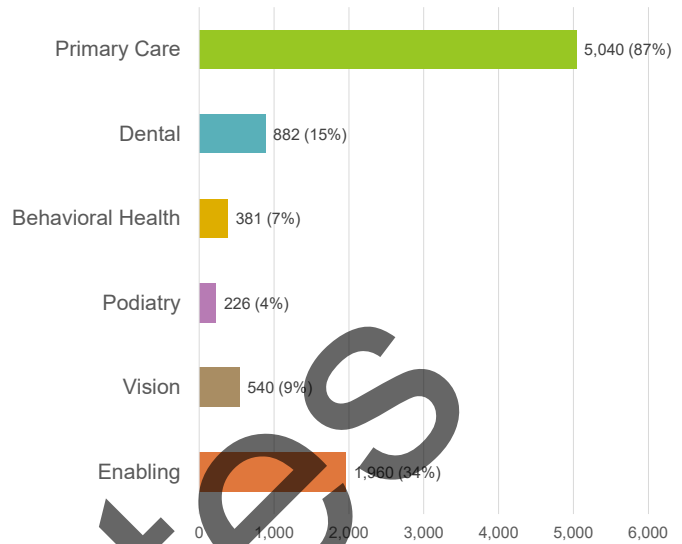
### People Exp Homelessness

Medi-Cal: 65%  
 ACE: 8%  
 Medicare: 7%  
 Private: 1%  
 None or unknown: 19%

### Farmworkers and family

Medi-Cal: 50%  
 ACE: 24%  
 Medicare: 3%  
 Private: 3%  
 None or unknown: 20%

## Service Utilization



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## HCH/FH Contractor Performance

Service Provider	Service	Unique Clients*
Abode Services	Enabling	0
ALAS	Enabling	135
BHRS	Enabling	173
El Centro	Enabling	80
LifeMoves	Enabling + HI Assistance	589
PHPP	Primary Care	1,351
Puente de la Costa Sur	Enabling + HI Assistance	392
<i>Ravenswood</i>	<i>Primary care, dental and enabling</i>	669
<i>Samaritan House Safe Harbor</i>	<i>Enabling</i>	185
Saturday Dental Clinic	Dental	15
Sonrisas	Dental	75
StarVista	Behavioral Health + Enabling	67

Contract expired June 30, 2021

\*Unique clients by provider. Duplicates exist across all service providers.

### Highlights

- 4,052 clients served under contract terms (113% of target)
- 3,257 (80%) PEH
- 795 (20%) FW
- 9,885 visits



6

## Contracted Services by H/FW status

Service	PEH Count	Provider
Primary Care	1,834 (56%)	PHPP Mobile PHPP Street Ravenswood
Dental	42 (1%)	Ravenswood
Behavioral Health	53 (2%)	StarVista
Enabling	1,215 (41%)	BHRS El Centro LifeMoves Ravenswood Samaritan House StarVista

Service	FW Count	Provider
Primary Care	84 (11%)	PHPP Field
Dental	90 (11%)	Saturday Dental Clinic Sonrisas
Behavioral Health	14 (2%)	ALAS
Enabling	607 (76%)	ALAS Puente



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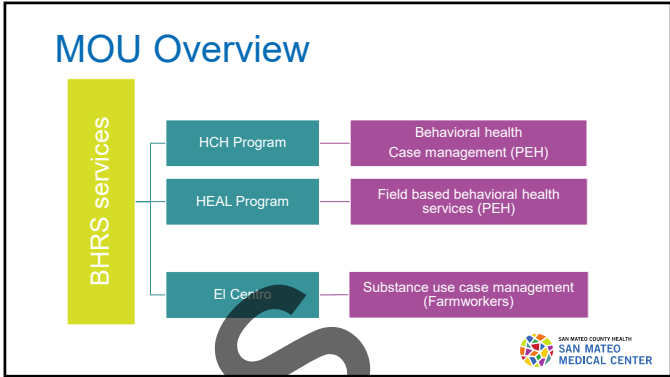
Minutes

# Behavioral Health & Recovery Services (BHRS)

HCH/FH Board Meeting  
March 10<sup>th</sup>, 2022




1



2

## MOU Goals & 2021 Performance

Services/Goals	CY 2021 Target	Actuals
Care Coordination (Behavioral health, primary care, dental)	150	173
Care Plan / Referral to BH provider (85% of all clients)	147	163
Complete care plan / attend 1 scheduled BH appt (60% of referrals)	98	<ul style="list-style-type: none"> <li>113 completed CC plan</li> <li>6 still engaged in case management</li> </ul>
Establish a PC medical home (60% of clients engaged in CC)	98	<ul style="list-style-type: none"> <li>85 have established a medical home</li> <li>10 in progress</li> </ul>



3

# Healthcare for Homeless

BHRS Team

1

## Who We Are

- HCH BHRS is comprised of a Mental Health Counselor and a Peer Support Worker
- The team is part of the BHRS Crisis and Outreach Team



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

2

## What We Do

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- HCH BHRS provides outreach and intensive case management services (for medical, dental, behavioral healthcare services) to individuals experiencing homelessness throughout the County.
- HCH counselors assist clients with stabilizing in the community, connecting to resources, and offering support to both individuals and family members in shelters or encampments.
- HCH works with clients seeking AOD treatment and those existing programs

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## Partners

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- LifeMoves
- Street Medicine
- AOD programs
- BHRS providers



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## Who We Serve

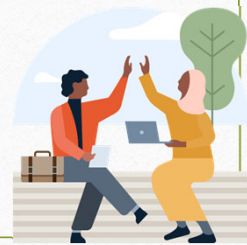
- Individuals in Shelters
- Individuals in AOD programs
- Individuals in encampments



5

## Process

- **Referrals from Shelters or other programs**
  - Attempt client contact within 2 business days
  - Set up the assessment appointment within 5 business days
- **Complete a Needs Assessment**
  - Schedule a PPN or SDA visit within 3 business days



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## Follow Up

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- Follow up with the client weekly until
  - The first appointment with the PPN has been completed
  - The first appointment with the psychiatrist for SDA has been completed
- Follow up as needed until the first PCP appointment has been completed

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## Providing Case Management and Support

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- While working with their clients, HCH BHRS will help with
  - Access to shelter and housing
  - Food, clothing, and other needed items
  - Emergency care
  - Emotional support

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## BHRS HCH Typical Day

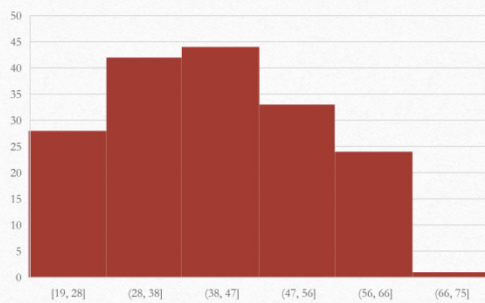
- Visit encampment with LifeMoves
  - Offer services, conduct assessments
- Assess clients referred from Shelters
  - Discuss services, conduct assessments
- Coordinate with PCPs and MH teams



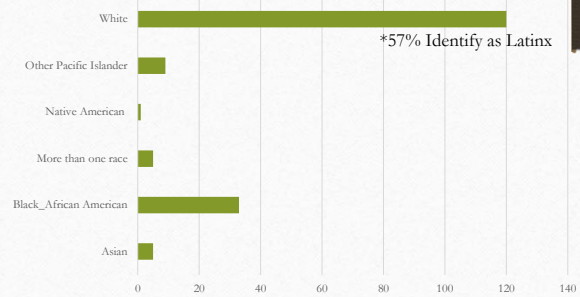
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## Statistics

### Age Range



### Race



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## Servicios de salud mental, alcohol y drogas

*Para personas sin vivienda*

### Outreach and Support Team

Para personas sin vivienda en el Condado de San Mateo que puedan necesitar servicios de salud mental, o drogas y alcohol, el equipo de Adult Resource Management Outreach and Support puede proveer recursos y apoyo.

El equipo incluye profesionales de salud mental que pasaron por problemas de vivienda, salud mental o desafíos de abuso de sustancias.

### Podemos ayudarle con

- **Programar citas**  
Apoyo para hacer citas.
- **Transporte**  
Información sobre rutas de transporte público, fichas para el camion, transporte a sus citas si es necesario.

*Llámenos. Le queremos ayudar.*

Lo visitaremos semanalmente, o más amenudo según su necesidad, para apoyarlo con su tratamiento, citas, referencias, autodefensa y comunicación con otros proveedores de servicios.

### Como obtener servicios

Llámenos directamente si usted, o alguien que conoce, no tiene vivienda y pueda necesitar servicios de salud mental o drogas y alcohol.

Nos reuniremos con usted para determinar que servicios le interesan o le pueden servir y como calificar para los mismos.

### ¿Quién puede referir?

Aceptamos referencias de individuos, familiares, amigos, y programas de todo el Condado de San Mateo.

*Llámenos. Queremos ayudar.*

**(650) 372-8584**

*Assistance in English is available.*



**COUNTY OF SAN MATEO**  
**HEALTH SYSTEM**

BEHAVIORAL HEALTH  
& RECOVERY SERVICES

[www.smchealth.org](http://www.smchealth.org)



## Homeless Outreach & Support Services

*Mental Health and Substance Use Services*

### Outreach and Support Team

For homeless people in San Mateo County who may be in need of mental health and/or substance use services, the Adult Resource Management Outreach and Support Team can provide resources and support.

The Team includes mental health professionals who have experienced homelessness, mental health issues and/or substance use challenges.

### We Can Help You

- **Schedule Appointments**  
We will assist and support you in making appointments.
- **Arrange Transportation**  
We will provide bus information, bus tokens, or if needed, transportation to help you keep your appointments.

*Call us. We want to help.*

We'll meet with you weekly - or more often as needed - to support you in your treatment, including making referrals, scheduling appointments and communicating with other providers.

### How to Get Help

Call us directly if you or someone you know is homeless and may need mental health and/or substance use services.

We will meet with you to determine which program(s) best meet your needs and how to qualify.

### Who Can Make a Referral?

We accept referrals from individuals, family members and programs throughout San Mateo County.

*Call us. We want to help.*

**(650) 372-8584**

*Hablamos español.*



**COUNTY OF SAN MATEO**  
**HEALTH SYSTEM**

BEHAVIORAL HEALTH  
& RECOVERY SERVICES

[www.smchealth.org](http://www.smchealth.org)



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

DATE: April 14, 2022

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

FROM: Jim Beaumont  
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Grant claimable expenditures for February total an estimated \$225,843, for a total year-to-date estimated to be \$531,571. Based on the historical flow of contract expenditures and program operations, and with some information on the County's agreements with employee bargaining units, we project an estimated \$3,016,000 in claimable expenditures for the year.

This projection keeps us in the estimated \$200K-\$300K over-expenditure when compared to our Base Grant awards for the year. This is in line with the planned spend-down of the carryover funds balance.

Attachment:

- GY 2022 Summary Grant Expenditure Report Through 03/31/22



GRANT YEAR 2022

March \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (03/31/22)	Projection for end of year	Projected for GY 2023
<b>EXPENDITURES</b>					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	604,532	54,286	147,364	699,000	721,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	178,640	19,643	55,668	255,000	270,000
<u>Travel</u>					
National Conferences (2500*8)	4,000			6,000	15,000
Regional Conferences (1000*5)	2,000			4,000	5,000
Local Travel	500			100	1,500
Taxis	250			400	1,000
Van & vehicle usage	250			500	1,500
	7,000		0	11,000	24,000
<u>Supplies</u>					
Office Supplies, misc. Small Funding Requests	3,960		480	5,000	10,000
	3,960		480	5,000	10,000
<u>Contractual</u>					
2021 Contracts			30,375		
2021 MOUs					
Current 2022 MOUs	1,245,000		16,192	1,200,000	1,100,000
Current 2022 contracts	795,000	151,110	276,060	780,000	1,000,000
---unallocated---/other contracts					
	2,040,000		322,627	1,980,000	2,100,000
<u>Other</u>					
Consultants/grant writer	17,000			10,000	20,000
IT/Telcom	4,200	804	5,432	28,000	30,000
New Automation				0	-
Memberships	1,500			2,500	5,000
Training	1,800			25,000	20,000
Misc				500	500
	24,500		5,432	66,000	75,500
<b>TOTAL</b>	<b>2,858,632</b>	<b>225,843</b>	<b>531,571</b>	<b>3,016,000</b>	<b>3,200,500</b>
<b>GRANT REVENUE</b>					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Carryover	750,447		750,447	750,447	
Available Expanded Services Awards **					593,079 carryover
HCH/FH PROGRAM TOTAL	3,609,079		3,609,079	3,609,079	3,451,711
<b>BALANCE</b>	<b>750,447</b>	<b>Available</b>	<b>3,077,508</b> Current Estimate	<b>593,079</b> Projected	<b>251,211</b>  based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13,750	825	2,825	16,000	20,000
Health Coverage	57,000	3,752	11,202	53,000	62,000
base grant prep	-				
food	2,500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	4,577	14,027	69,750	85,000
<b>TOTAL EXPENDITURES</b>	<b>2,932,882</b>	<b>230,420</b>	<b>545,598</b>	<b>3,085,750</b>	<b>NEXT YEAR 3,285,500</b>



DATE: April 14<sup>th</sup>, 2022

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: Contracts & MOUs Update

### **Contract & MOU Updates**

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

1. **Abode Services:** With clients returning to shelter and Abode increasing their outreach efforts to core service agencies, Abode has received several referrals for clients who are newly housed to be considered for the medical care coordination program. Abode is currently working with five referrals to see if they are good candidates for the program.
2. **Ayudando Latinos a Soñar (ALAS):**
  - a. **Promotores Services:** ALAS is conducting on-farm health education sessions on nutrition and diabetes and continuing to outreach to farm owners and farmworkers in the North Coast region. HCH/FH and ALAS are exploring training opportunities for the Promotores to learn more about mental health, motivational interviewing, asthma, and dental care.
  - b. **Counseling and Case Management Services:** Contract ended 3/31/2022; however ALAS will continue to provide counseling services to farmworkers and their families.
3. **Behavioral Health & Recovery Services (BHRS):** The field-based mental health clinician position is yet to be filled. The HCH/FH Board will be reviewing a letter of support for this program at today's meeting.
4. **Public Health Policy & Planning (PHPP) and Puente:** HCH/FH hosted a South Coast meeting in March, bringing together Puente, the Field Medicine team and Coastside Clinic to discuss and troubleshoot any issues regarding farmworker health, coverage and barriers to care. The next meeting will be in August/September.
5. **LifeMoves:** HCH/FH and LifeMoves will start meeting monthly to review clients who have a history of no-shows at SMMC; clients with up-coming new patient appointments at SMMC and appointment complications.
6. **Saturday Dental Clinic at Coastside Clinic and Sonrisas:** Saturday Dental Clinic has been holding monthly clinics since June 2021. Clients who are seen at the Saturday Dental Clinic are encouraged (but not forced) to make follow-up visits during the week in

order to make space for new clients on Saturdays. Interest in the Saturday Dental Clinic is increasing. SMMC dental continues to recruit staff so that it can increase frequency of the Saturday Dental Clinic, and HCH/FH is hopeful that the Saturday Dental Clinic will be able to increase capacity later this year. In the meantime, HCH/FH is extending the agreement with Sonrisas to provide dental services in Pescadero, so that farmworkers in Half Moon Bay can be prioritized for the Saturday Dental Clinic





DATE: April 14<sup>th</sup>, 2022

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

FROM: Amanda Hing Hernandez, Medical Director HCH/FH Program  
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee met on April 7<sup>th</sup>, 2022.

- **Patient Satisfaction Survey**
  - Fixed error in homeless and farmworker identification
    - NRC Survey flags will now pull identification data from our patient master list rather than per visit status
  - Waiting on 2021 Patient Satisfaction Data Report from NRC matching 2021 Patient Master Data
    - Anticipate that efforts in 2022 will focus on how to boost survey participation in patients
- **ACTIVATE Pilot**
  - Coastside Clinic and MITRE have both committed to beginning a telehealth pilot in Summer 2022
  - Setting meeting with Coastside BHRS to gauge interest in participating
  - Pilot will follow path of flagship program but will be tailored to SMMC resources and structure; partnership is accompanied by small amount of funding
- **Telehealth at Maple Street Shelter**
  - Shelter is ramping up residents
  - HCH/FH to visit shelter during house meeting in next few weeks to present about the telehealth station and have short discussion about interest and questions
- **Homeless Death Data Event 2022**
  - 2021
    - November 2021: Stakeholder input on potential outcomes and variables to be focused on in the effort
    - December 2021/January 2022: Training for direct service providers on reporting client deaths to PHPP Epidemiology
  - 2022

- January 1st – December 31st, 2022: Community Death Reporting to PHPP: Ongoing follow-up on incomplete reports
- New variable category to be analyzed
- Homeless at time of death (by type, location, etc.)
- Deaths of those who have ever experienced homelessness (new)
- [In progress] PHPP to complete MOU with HSA to receive HMIS data for additional homeless matching
- 2023
  - January 2023: HCH/FH and PHPP review final community reports and perform follow-up as needed
  - January/February 2023: HCH/FH and HSA share 2022 patient/client data for matching in PHPP Death Data System
  - ~March 2023 PHPP receives drug-related death data from DEA
  - ~June 2023: Release 2022 Homeless Death Data Report
- **Adult BMI & Follow-up and Depression Screening & Follow-up**
  - Mobile Van is collecting BMI (height and weight) and screening for depression at every visit that “Minimal Nurse Visit” is coded
  - Receiving MRNs from the clinical team and verifying that they are being coded correctly and pulled into our monthly reports from IT
    - Early Findings
      - Some entries are not auto-calculating BMI when height and weight is entered. Amanda will provide technical assistance to the van to troubleshoot this issue
        - BMI performance in homeless is highly improved (nearly doubled), more analysis is needed to determine if it is solely due to this effort
      - Not all depression screening PHQ2 tools are being followed-up by the PHQ-9 when positive.
        - Seeing increase in screenings performed in the mobile clinic patient population, higher percentage may not be observed until end of calendar year when outpatient clinics screen for depression when patients are due

QI Measures of Focus	2021 H	2021 FW	Q1 H	Q1 FW	SMMC Performance (Prime/QIP)	CA 330 Programs 2020	2020 Adjusted Quartile Ranking
<b>Screening and Preventive Care</b>							
Cervical Cancer Screening	44%	83%	21%	35%	56%	52.5%	1
Colorectal Cancer Screening	55%		42%		60%	37.1%	1
Breast Cancer Screening	47%	78%	53%	80%	64%	46.6%	1
Depression Screening and Follow-up**	30%	44%	16%	18%	53%	59.3%	4
Adult BMI Screening and Follow-up**	20%	14%	38%	42%	N/A	61.3%	4
<b>Chronic Disease Management</b>							
Hypertension**	48%	52%	39%	44%	56%	56.4%	4
Diabetes A1c <9%**	32%	33%	53%	52%	28%	63%	2
<b>Maternal Health</b>							
Prenatal Care 1st Trimester	65%	75%			N/A	77%	4

\*Asterisk indicates clinical measure that resets each calendar year. SMMC Clinics do not operate on calendar year for screenings; ongoing basis of screening every 12 months (or when eCW indicates patient is due)  
*Ex. Patient may “fail” for HCH/FH depression screen measure until they have appointment in June when they are due for rescreening.*



**DATE:** April 14<sup>th</sup>, 2022

**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:** LETTER OF SUPPORT FOR THE RECRUITMENT OF BHRS HEAL CLINICIAN  
AS A PERMANENT POSITION

Through its strategic planning process in 2019-2020, the HCH/FH Board indicated that behavioral health services were a top priority. HCH/FH engaged Behavioral Health & Recovery Services (BHRS) to discuss opportunities to enhance services already being provided by BHRS to meet the needs of clients experiencing homeless and farmworkers and their families. Through these conversations, an opportunity arose to revive the former HEAL (Homeless Engagement Assessment & Linkage) program that ended a few years ago when the pilot funding expired. The HEAL program provided field-based mental health services to unsheltered clients with serious mental illness.

In 2021, the HCH/FH Board approved funding to support a 1.0 FTE HEAL clinician. Separately, MHSAs also set aside funding to support 2 additional HEAL clinicians. Despite the job posting being up for several months BHRS has not had success in filling any of the three available positions. In conversation with BHRS, the issue appears to be that these positions have been posted as “extra help”, which makes them substantially less attractive to people who are qualified for this role, especially when neighboring counties are hiring for similar positions that are permanent and come with benefits.

As a result, staff has drafted a letter of support for reclassifying the position as a permanent position. This letter will be signed by the HCH/FH Board Chair and sent to Louise Rogers, SMC Health Chief, on behalf of Board.

The request is for the Board to approve the letter of support to recruit the BHRS HEAL Clinician as a permanent position.

Attachment:

- Letter of Support

CC: Scott Gilman, Karen Krahn

Dear Louise,

On behalf of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program, I am writing to you to advocate for the BHRS HEAL clinician positions currently being recruited for as “extra help” to instead be turned into “permanent” positions to fill the open requisitions.

As you may know, the HEAL team was a successful 3-year BHRS program which provided behavioral health services in the field to people experiencing homelessness. This included providing therapy as well as conducting clinical assessments allowing clients a faster track into BHRS regional clinics and housing assessments. Unfortunately, the program ended in 2019 when pilot funding ran out. We know there is a large focus at both the Health and County levels on mental health and homelessness and firmly believe the HEAL team is part of the solution to meet the needs of some of the most complex, chronically homeless, and mentally ill clients in the County.

In 2021, the HCH/FH Board approved funding to support the hiring of a 1.0 FTE HEAL clinician. Although the current HCH/FH grant cycle ends in December 2023, our grant funding from the Health Resources and Services Administration (HRSA) has been uninterrupted for over 30 years and is expected to continue indefinitely. The HCH/FH Board is eager for this valuable program to resume and intends to continue funding a HEAL clinician beyond 2023. In addition, MHSA has set aside funding for 2 HEAL clinicians – it is our understanding their funding is also on-going.

Unfortunately, despite the job posting being up for several months and using creative tactics to raise awareness, BHRS has not had success in filling any of the three available positions. In conversation with Karen Krahn and other BHRS colleagues, we understand the fundamental issue is these positions have been posted as “extra help”, which makes them substantially less attractive to people who are qualified for this role. The consensus is that a “limited term” position or contracting out to a non-profit are not sustainable solutions to finding the right type of candidate or ensuring the HEAL program’s continuity. In addition, we are hearing that neighboring counties are implementing similar services utilizing similar level staff, and we are not able to compete with the benefit packages and positional stability they are providing. As a result, we strongly recommend that these positions be recruited as permanent opportunities.

The HCH/FH Board understands there are hiring constraints and that the economic situation remains difficult. However, given the County’s large focus on mental health among people experiencing homelessness, 2022 being the year of Working Together to End Homelessness, and that both HCH/FH and MHSA funds are practically guaranteed to be ongoing, we feel this is an opportune time to advocate for permanent positions dedicated to this important work.

Thank you in advance for your consideration and please let us know if you have any questions.

Sincerely,

Robert Anderson  
Chair, HCH/FH



**DATE:** April 14<sup>th</sup>, 2022

**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:** TRAVEL REQUESTS FOR THE NATIONAL HEALTH CARE FOR THE  
 HOMELESS CONFERENCE

HCH/FH Co-Applicant Board Policy on travel reimbursement for Board members (effective 3/13/2014) states that HCH/FH may reimburse Board members travel to regional events outside of California.

HCH/FH staff received a travel request from HCH/FH Board member, Tayischa Deldridge, to attend the upcoming National Health Care for the Homeless Conference in Seattle, WA (May 10-13).

Agency	Name	Position/Role	Request amount
Ravenswood Family Health Center	Tayischa Deldridge	Community Health Manager	\$2,269

The total amount of this travel request is \$2,269. Detailed travel request information available in attachment.

The request is for the Board to approve Tayischa Deldridge’s request to attend the 2022 National Health Care for the Homeless Conference.

Attachment:

- Tayischa Deldridge travel request

**Reimbursement form - 2022 National Health Care for the Homeless Conference**  
**Tayischa Deldridge**

<b>Date</b>	<b>Conference Fee</b>	<b>Flight</b>	<b>Ground transport</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Hotel</b>	<b>Total</b>
Pre-Conference	\$590.75	\$250.00						<b>\$840.75</b>
9-May			\$50.00	\$17.00	\$18.00	\$36.00	\$232.00	<b>\$353.00</b>
10-May			\$15.00	\$17.00	\$18.00	\$36.00	\$232.00	<b>\$318.00</b>
11-May			\$15.00	\$17.00	\$18.00	\$36.00	\$232.00	<b>\$318.00</b>
12-May			\$15.00	\$17.00	\$18.00	\$36.00	\$232.00	<b>\$318.00</b>
13-May			\$50.00	\$17.00	\$18.00	\$36.00	\$0.00	<b>\$121.00</b>

**Total reimbursement request                    \$2,269**



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

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

**DATE:** April 14<sup>th</sup>, 2022

**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:** DISCUSS AND APPROVE MAY HCH/FH BOARD MEETING DATE CHANGE

The next HCH/FH Board meeting is scheduled for Thursday, May 12<sup>th</sup>, 2022. In consideration of staff and Board members who plan to attend the National Health Care for the Homeless Conference in Seattle on May 10-13, the Board may consider and vote to move the next HCH/FH Board meeting to Thursday, May 19<sup>th</sup> to ensure that there will be a quorum for the May Board meeting.

If Board members and staff are planning to attend the National HCH conference, the request is to vote to approve moving the May Board meeting to Thursday, May 19<sup>th</sup>, 2022.





**DATE:** April 14<sup>th</sup>, 2022

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

**FROM:** Sofia Recalde, Management Analyst

**SUBJECT:** HRSA SUPPLEMENTAL FUNDING UPDATE: CARES AND ARP

The Health Resources & Services Administration (HRSA) provided supplemental one-time funding via the Coronavirus Aid, Relief, and Economic Security (CARES) and American Rescue Plan (ARP) Acts to health centers so that they could mitigate the effects of, respond to and recover from the COVID-19 pandemic. HCH/FH was awarded \$639,995 from CARES in April 2020 and \$1.6M from ARP in April 2021 and has worked with County Health and external providers to fund a range of projects to respond to the impacts of COVID-19 and enhance health center capacity.

Projects that were funded with the CARES award include:

- EMTs to support COVID-19 testing at shelters
- COVID-19 education and outreach, including vaccination outreach and registration
- Hygiene and PPE supplies for shelter and farmworker providers
- Public Health lab COVID-19 testing
- Case Management at the Bayfront Station
- Mental Health counseling and case management for farmworkers (ALAS)
- Health IT staffing to support local, state and federal COVID-19 reporting
- SMMC Interpreter services overhaul

HCH/FH expended 100% of the CARES funding prior to the award deadline of 3/31/2022

Projects that were included in the ARP award proposal include:

- Mobile Clinic/Street Medicine expansion
- SMMC OBGYN clinic equipment
- SMMC workstations on wheels
- SMMC call center expansion
- County Health workforce engagement
- Casement management and Social Determinants of Health (SDOH) digital tools
- COVID-19 testing

As of 3/30/22, HCH/FH has expended 21% of the ARP funding and is working with partners to plan/implement projects. ARP funding expires on 3/31/2023.

Attachments:

- CARES budget and expenditures
- ARP budget and expenditures

CARES Award	HRSA Budget	Actual Expenses
<b>Personnel</b>	<b>\$55,602</b>	<b>\$9,737</b>
Staff placement on SMC DOC		\$1,938
EMTs at Maple Street Shelter		\$857
Public Health Nurse - COVID education		\$6,943
<b>Fringe Benefits</b>	<b>\$19,461</b>	<b>\$3,585</b>
<b>Equipment</b>	<b>\$0</b>	<b>\$0</b>
<b>Supplies</b>	<b>\$90,000</b>	<b>\$96,590</b>
Outreach Materials		\$1,238
Hygiene and PPE supplies		\$18,379
Public Health lab COVID-19 testing supplies		\$76,974
COVID therapeutics and vaccines		\$0
<b>Contracts</b>	<b>\$474,932</b>	<b>\$530,083</b>
Alternative Housing Site (AHS) Case Management		\$58,592
ALAS - Case management/behavioral health support for farmworkers		\$24,260
CBO Vaccine Logistics		\$0
CBO Vaccine Logistics		\$0
El Centro - COVID-19 vaccination outreach		\$186,825
Microbiologist - <b>charged as a Contract</b>		\$18,856
Health IT Data Analyst - <b>charged as a Contract</b>		\$71,477
SMMC Interpreter Service Overhaul		\$170,074
<b>IDC</b>	<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$639,995</b>	<b>\$639,995</b>

100%

ARP Award	HRSA Budget	Planned expenditures	Actual expenses
<b>Personnel</b>	<b>\$280,000</b>	<b>\$97,000</b>	<b>\$0</b>
Staff to support primary care at non-congregate shelters	\$280,000	\$97,000	
<b>Fringe Benefits</b>	<b>\$154,000</b>	<b>\$53,350</b>	<b>\$0</b>
<b>Equipment</b>	<b>\$145,000</b>	<b>\$145,000</b>	<b>\$83,886</b>
OBGYN equipment - fetal diagnostic NST/AFI and ultrasound	\$85,000	\$85,000	
Workstation on Wheel (WOW) carts for outpatient clinics	\$60,000	\$60,000	\$83,886
<b>Supplies</b>	<b>\$221,580</b>	<b>\$191,580</b>	<b>\$99,366</b>
Home COVID-19 testing kits	\$30,000	\$30,000	\$27,954
Workstation on Wheels supplies	\$20,580	\$20,580	\$0
Call Center Expansion supplies	\$126,000	\$126,000	\$71,412
PHPP medical supplies	\$15,000	\$15,000	
Hygiene and COVID-19 safety supplies	\$30,000	\$30,000	
<b>Contracts</b>	<b>\$531,295</b>	<b>\$531,295</b>	<b>\$77,985</b>
Digital tools to support population health management, patient satisfaction, workforce engagement and/or case management	\$431,295	\$431,295	\$30,150
Call Center expansion - Avaya Red Vox project management		\$100,000	\$47,835
Contract to provide recuperative care services	\$105,000	TBD	
<b>Other</b>	<b>\$300,000</b>	<b>\$150,000</b>	<b>\$77,546</b>
Call Center expansion - Avaya Red Vox services licenses	\$300,000	\$150,000	\$77,546
<b>IDC</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$1,631,875</b>	<b>\$1,168,225</b>	<b>\$338,783</b>

21%



DATE: April 14, 2022

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

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: Strategic Plan Evaluation

Per the 2020-2023 Strategic Plan Evaluation Timeline, the Board's Strategic Plan Evaluation Sub-Committee is to meet twice per year to get an update from staff on how the program is performing against the Strategic Plan. The first of these meetings of 2022 occurred on March 28<sup>th</sup>, and was attended by all subcommittee members: Robert Anderson, Suzanne Moore, and Janet Schmidt.

Staff presented quantitative data on how the program is doing on outcome measures listed in Strategic Priorities 1, 2, and 3 based on 2021 data and qualitative data for all activities outlined in the strategic plan. Board Members had good questions and highlighted areas of additional questions, potential changes in goals in a future strategic plan cycle, and thoughts for the future RFP. The information staff presented can be found in the attached. Overall, the subcommittee was pleased with the work performed to date, asked in-depth questions, and had a productive conversation. Additional information will be shared by Suzanne Moore during the Board Meeting.

The next evaluation subcommittee meeting will be held in the late Fall of 2022 and will be reporting on how the program performed for the first six months of 2022.

Attached: Subcommittee Evaluation Presentation 3.28.2022

# HCH/FH Strategic Plan Evaluation Meeting

March 28, 2022

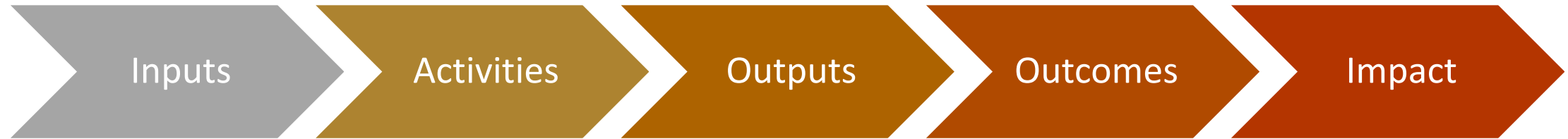
# Strategic Plan Process

- September 2019: Co-Applicant Board day-long kick off
- Key informant interviews with ~40 diverse stakeholders
- 10 two-hour brainstorming sessions with subject matter experts
- Strategic planning subcommittee meetings which consisted of Co-Applicant Board Members and San Mateo County Health Leadership
- A Needs Assessment was completed in parallel to these efforts and its findings, including surveys from ~400 respondents, infused all aspects of Strategic Planning
- Priorities and targets were finalized in 2021 (delayed due to pandemic)
- Full report can be found here:  
<https://www.smchealth.org/smmc-hchfh-board>



# The Strategic Plan is Structured using the logic Model

*Useful planning and evaluation tool developed in the 1950s/1960s and iterated upon ever since*



- Resources dedicated to or consumed by the project
- Usually a noun: staff, facilities, money, time, etc.

- What the project does with the inputs to fulfill its mission
- Usually a verb in its “ing” form, such as “assessing, enabling, reviewing”

- The volume of work accomplished by the project
- Usually a quantity, the number of projects, the number of case studies, etc.

- Benefits or changes for participants during or after project activities
- Usually a change, better projects, increased skills, etc

- The long-term consequences of the intervention
- A fundamental change intended in a system or society

# How we'll evaluate progress against the Plan at this meeting

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

Our “strategic priority” statements are the equivalent to the “impact” in the logic model.

Activities	Outputs	Outcomes
Attach care navigator capacity to New Patient Connection Center to help NPCC locate, follow up, and bring patients to SMMC	Number of patients care navigator locates upon request from NPCC	
Attach care navigator capacity to Mobile Clinic to help patients seen at Mobile Clinic seek follow up/continuous care at Brick and Mortar Clinics	Number of patients referred to Care Coordinators by Mobile Clinic/Street/Field to be seen at SMMC or BHRS.	By EOY 2023, 50% of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.
Attach care navigator capacity to Street/Field Medicine to help patients seen follow up/continuous care at Brick and Mortar Clinics	Number of referred patients Care Navigator helps to get scheduled for a visit.	By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by 40% from 2019 baseline
Attach care navigator capacity to newly housed individuals to transition them from potentially mobile-based health services to brick and mortar/help maintain existing connection to health care services	Number of newly housed homeless patients who maintain their connection or create a connection to SMMC brick and mortar clinics after moving	By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by 20% from 2019 baseline.
Work with SMMC NPCC and SMMC COO to ensure homeless patients can get slotted into a clinic visit within a reasonable time frame	Length of time between patient/care navigator on behalf of patient requests an appointment and obtaining an appointment at SMMC	<i>Approved by the Board July 2021</i>
Open Saturday Dental Clinic at Coastside Clinic for farmworkers and family members	Number of farmworker and dependents receiving preventive dental care.	

We do not have metrics for the outputs available for this meeting, so instead, we provide qualitative updates and give a color-coded rating:

Status Update	
	Project is progressing forward either as planned or in a new equally productive direction
	Project is delayed but still progressing forward
	Project is delayed without a clear path forward

We do have metrics for the outcomes (slide 5)

Strategic Priority	Outcomes	2021 interim goal	Status	Next Steps
<b>Strategic Priority 1:</b> Increase homeless & farmworker patient utilization of SMMC & BHRS Services.	By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by 40% from 2019 baseline.	Increase by 30% in 2021	20% *	<ul style="list-style-type: none"> <li>BHRS data integration</li> <li>Hire HEAL clinicians</li> </ul>
	By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by 20% from 2019 baseline.	Increase by 10% in 2021	542%	<ul style="list-style-type: none"> <li>El Centro Contract (ALAS services will not count next time)</li> </ul>
	By EOY 2023, 50% of clients receiving care coordination will have at least one brick and mortar health care visit within a 12-month period at SMMC or BHRS.	25% in 2021	36%	<ul style="list-style-type: none"> <li>Continue ensuring case managers are able to get clients into SMMC/BHRS</li> </ul>
<b>Strategic Priority 2:</b> Decrease barriers for homeless and farmworker patients to access health care.	By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to 5% and 10% respectively.	N/A	20%, 20%	<ul style="list-style-type: none"> <li>We set rigorous goals, we absolutely want to see low numbers of uninsured individuals in SMC, but it is unclear if 5% and 10% will ever be possible.</li> </ul>
<b>Strategic Priority 3:</b> Support health care providers serving homeless and farmworker patients.	Not Applicable			
<b>Strategic Priority 4:</b> Decrease health disparities among people experiencing homelessness & farmworker patients	Not Applicable			
<b>Strategic Priority 5:</b> Meet and Exceed all HRSA Compliance Requirements	Following a site visit, have no more than <b>5</b> immediate enforcement actions, <b>2 or fewer</b> conditions enter the 90-day phase of Progressive Action and <b>0</b> conditions enter the 30-day phase of Progressive Action	N/A	2 conditions in 2021 site visit	<ul style="list-style-type: none"> <li>Site Visit in 2021 went well, the next site visit is TBD but should not be for several years</li> </ul>
	Program will have no more than <b>5%</b> of funds remaining at the end of the current grant cycle	Will be measured Dec 2023		<ul style="list-style-type: none"> <li>Continue closely monitoring contracts.</li> </ul>



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

Activity	Additional Info	Status
Attach care navigator capacity to <b>New Patient Connection Center</b> to help NPCC locate, follow up, and bring patients to SMMC	We are finding that NPCC doesn't necessarily contact LifeMoves to help find a client, but LifeMoves contacts NPCC to schedule appts. Developing this relationship between LM and NPCC has been successful.	
Attach care navigator capacity to <b>Mobile Clinic</b> to help patients seen at Mobile Clinic seek follow up/continuous care at Brick and Mortar Clinics	Street Medicine / LifeMoves care coordinators continue to have a strong relationship.  Field Medicine and Puente continue to have a strong relationship.	
Attach care navigator capacity to <b>Street/Field Medicine</b> to help patients seen follow up/continuous care at Brick and Mortar Clinics	Staff is actively working on developing that connection between LM Case Coordinators and Mobile Clinic.	
Attach care navigator capacity to <b>newly housed individuals</b> to transition them from potentially mobile-based health services to brick and mortar/help maintain existing connection to health care services	Starting a new service takes time – Abode has not yet received a referral, but the case manager has been very actively raising awareness about the service	
Work with SMMC NPCC and SMMC COO to ensure homeless patients can get slotted into a clinic visit within a reasonable time frame	When we did this analysis at the end of 2021, the range for an appt. was from 3-45 days. We are continuing to do this analysis and will be able to provide a better picture at the second update of 2022.	
Open Saturday Dental Clinic at Coastside Clinic for farmworkers and family members	Since June 2021, Saturday Dental Clinic has seen 25 patients Since October 2021, Sonrisas Wednesday Clinic has seen 48 patients	

<b>Strategic Priority 2: Decrease barriers for homeless and farmworker patients to access health care</b>		
<b>Activities</b>	<b>Additional Info</b>	<b>Status</b>
Bring primary care to locations where <b>people experiencing homelessness</b> reside, i.e. encampments and shelters	Street Medicine has indicated they have been busier than ever. Mobile Clinic is rethinking their location strategy.	
Bring primary care to <b>farmworkers</b> at their employment location in San Mateo County, South and North Coast	Expanding Field Medicine to Half Moon Bay has been escalated to Public Health, we are waiting to hear back on how this effort could be staffed. Field Medicine in Pescadero continues to go well.	
Provide behavioral health services at locations where <b>people experiencing homelessness</b> reside, i.e. street, encampments and shelters	HEAL team clinician has not been hired yet. BHRS HCH team is doing some of this work. PHPP AOD Counselor has been very successful in the field.	
Provide mild/moderate mental health & AOD services to <b>people experiencing homelessness</b> in shelters	HEAL team clinician has not been hired yet.	
Provide mild/moderate mental health& AOD services to <b>farmworkers</b>	El Centro is starting to do this work and we are working on getting data.	
Provide behavioral health care coordination via referral from community providers serving <b>people experiencing homelessness</b>	BHRS HCH contract is going well.	
HCH/FH staff works with SMMC/IT to ensure primary care/behavioral health services are provided via Tele-Health Stations at Maple Street & Puente.	Maple St. work was significantly impeded by COVID-19. Other tele-health initiatives are in the works – a partnership with UC Davis MITRE (beginning summer 2022) and obtaining cell phones for clients.	
Develop relationships with farm owners to support services for <b>farmworkers</b> .	HCH/FH staff isn't interacting directly with growers very much post-COVID, but has strong relationships with Dept of Ag, ALAS, and Puente who do.	
Plan for transportation for <b>farmworkers</b> in South Coast to get to Coastside Clinic for Saturday dental clinic	This has not been necessary because Sonrisas is operating out of Sonrisas now through end of 2022 however the funding is available in the contract.	
Healthcare insurance/other benefits sign up for <b>people experiencing homelessness</b> and <b>farmworkers</b>	Close partnership with HCU, LifeMoves, Puente, and connecting ALAS to HCU to support this.	
Work with BHRS IT to develop data reports from Avatar	<sup>41</sup> This is in progress, did not complete this task in time for UDS 2022	

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

Activities	Additional Info	Status
Provide training to SMMC, BHRS, PHPP, and community providers at least 2/year, including tele-health related topics (could be done via LMS module)	Farmworker provider trauma informed care, outreach workshop, Mobile Dental Clinic trainings. Thinking through trainings for 2022. SOGI training, particularly in Spanish.	
<i>Create/maintain/update LMS modules (i.e. PSA training, homeless &amp; farmworker health topics)</i>	<i>LMS Module went live in 2021, continuing to follow up to ensure all PSAs take the training (currently ~50%). This item will be deleted and incorporated into the above.</i>	
Financially support SMMC, BHRS, PHPP, and community providers to attend relevant health conferences.	Supported several virtual conferences.	
Partner with SMMC's Patient Experience department to conduct "Provider Appreciation" activities	HCH/FH Staff is paying and participating for numerous SMMC-led wellness efforts. Additionally, Needs Assessment will address these issues via the survey.	
Conduct two-way dialogue with clinic managers/providers re HCH/FH program (quarterly report, meetings, etc)	This has not happened on a consistent basis (i.e. regular meetings), but clinic managers are engaged in the Needs Assessment work and Danielle/Amanda work closely with managers on an ad-hoc basis. Still have work ahead.	
Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients	Have hosted two Provider Collaborative meetings (October 2021 and March 2022. Next meeting is scheduled for Summer 2022). Getting good attendance and participation.	
Support providers via small funding requests	We are not doing small funding requests this funding cycle due to the change in how funds can be rolled over year over year.	N/A

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

<b>Activities</b>	<b>Additional Info</b>	<b>Status</b>
Follow work outlined in the HCH/FH QI/QA Plan. In 2021, the Plan focuses on: <ol style="list-style-type: none"> <li>1. Cervical, Breast, and Colorectal Cancer Screening</li> <li>2. Diabetic control</li> <li>3. 1<sup>st</sup> trimester prenatal care</li> <li>4. Depression screening and follow up</li> <li>5. Adult BMI screening &amp; follow up</li> </ol>	This work is tracked by the QI/QA Subcommittee	N/A
Standardize reporting pathways between gathering and analyzing data and presenting the data to the San Mateo Medical Center to execute change	Need to do more thinking/planning on this, but there are some pathways already established including presenting at SMMC QI meetings, engaging wit	
Assess feasibility of capturing homeless and farmworker status in SMC County death certificates.	QI/QA subcommittee changed their focus to developing a baseline for homeless death data in partnership with PHPP's Epidemiology Department. This is underway.	
Education/Outreach for farmworkers and people experiencing homelessness.	ALAS promoters have started conducting education classes on Half Moon Bay farms. LifeMoves provides outreach to homeless clients. Puente provides outreach to farmworkers in Pescadero.	

**Additional activities:**

- *data collection/data quality*
- *patient satisfaction*

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

Activities	Additional Information	Status
Ensure HRSA Site Visits are conducted to an excellent level and minimize findings	2021 Site Visit went well	
Have a well functioning Co-Applicant Board, with proper representation across numerous areas of subject matter expertise and robust visibility in the community, Brown Act compliant, ethics and conflict of interest	While several Board Members have left, we also have some new additions, including one Board Member whose first meeting will be April 2022. The Board Completed a self-evaluation/engagement survey in early 2022 and had productive conversation how to continue being engaged.	
Submit UDS reports on time, answer all responses, improve year over year the processes by which data is reported.	Staff is in the process of answering final questions from the auditor	
Conduct Needs Assessment, update QI/QA and Strategic Plan on a regular basis	Staff is currently in the process of the Needs Assessment cycle.	
Apply for supplemental awards when appropriate.	Staff applies for all COVID related funding opportunities, no other opportunities are currently available.	
Right-sizing contracts throughout the year & identifying opportunities to spend down grant funds.	A lot of attention has gone into right-sizing contracts to ensure all funds are spent by the end of the grant cycle.	
Stay connected to technical assistance opportunities through HRSA.	Staff continues to monitor HRSA technical assistance opportunities and joins when appropriate.	

# Next Steps

- Staff continues working on all program activities.
- Meet again end of the year
- Who do you want to see at the next evaluation meeting?



DATE: April 14, 2022

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the March 10, 2022, Co-Applicant Board meeting:

The HCH/FH Program welcomed aboard our newest staff member, Meron Asfaw, filling our HCH/FH Community Program Services Coordinator position. Meron continues to settle in and learn a great deal about our program and County employment, and we are thrilled to have her with us.

In other staffing news, a reminder that Irene Pasma, HCH/FH Planning & Implementation Coordinator is now on parental leave until fall.

Program staff finalized and submitted requested information and data for our 2021 UDS Report, which was accepted, and the report is now considered final.

HCH/FH has continued to work with HRSA on their programs to provide COVID-19 vaccines, rapid antigen test kits and masks for use with our target populations and the community. To date we have received over 130,000 rapid antigen test kits, 6,000 masks and ten-of-thousands doses of the various COVID-19 vaccines. Recently we were offered to participate in the Therapeutics position of the program, but at this time, SMMC reports having sufficient inventory of the therapeutics being provided by the state.

We received information (thank you, Janet) about a League of Women Voters meeting with a panel presentation on "The Intersection of Homelessness, Mental Health, and Social Equity in San Mateo County". It will be held over Zoom on Tuesday, April 19<sup>th</sup>, from 12:00 Noon to 1:30 PM. For more information, please go to:

<https://my.lwv.org/california/north-central-san-mateo-county/event/april-general-meeting-homelessness-san-mateo-county>

or to register, please go to:

<https://us02web.zoom.us/meeting/register/tZMvd-GtrzsqH9G0DbsU76MnWOTfrmsV6py8>

Seven Day Update

ATTACHED:

- Program Calendar



## HCH/FH Board Sub-Committees

Last Updated: 3/31/2022

### Standing Brown-Act Subcommittees

Subcommittee	Board Member Participants	Staff Lead	Purpose	Meeting Frequency
Finance	1. Robert Anderson 2. Steve Kraft	Sofia Recalde	Review grant budget and contractor fiscal performance.	Monthly prior to Board Meeting
Quality Assurance/Quality Improvement	1. Brian Greenberg 2. Suzanne Moore 3. Gabe Garcia 4. Janet Schmidt	Danielle Hull	Approve QI/QA Annual Plan, set targets QI/QA, and track progress against targets	Quarterly
Strategic Plan Evaluation	1. Robert Anderson 2. Suzanne Moore 3. Janet Schmidt	Irene Pasma	Review how program is doing against Strategic Plan goals, revise strategic plan accordingly	Twice/year (Roughly Q2 and Q4)

### Previous Standing Board Subcommittees:

Subcommittee	Board Member Participants	Staff Lead	Purpose	Meeting Frequency
Recruitment	1. Brian Greenberg 2. Robert Anderson 3. Steve Carey	Planning & Implementation Coordinator + Program Coordinator	It had a diffuse purpose, including getting more full-time Board Members as well as identifying ways to get consumer input	Met monthly or quarterly. Has not met in over 2 years.

### Other Meetings Board Members Attend:

Subcommittee	Board Member Participants	Staff Lead	Purpose	Meeting Frequency
Needs Assessment Working Group	1. Gabe Garcia 2. Victoria Sanchez De Alba	Danielle Hull	Help Plan/Design the 2022/2023 Needs Assessment along with SMMC staff	Monthly



<b>Provider Collaborative</b>	Whoever wants to attend is welcome to do so*	Sofia Recalde	Forum for health care providers and care coordinators to discuss health care issues for farmworkers and people experiencing homelessness	Quarterly to twice a year
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*\*Board Members were accidentally not notified of the March 2022 Provider Collab meeting, but they were informed of, and some attended, the October 2021 Provider Collaborative*