

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

Co-Applicant Board Meeting Agenda

455 County Center, Redwood City, CA 94063 (Room 101)

November 14th, 2024, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at

455 County Center, Redwood City, CA 94063 (Room 101)

Remote participation in this meeting will not be available. To observe or participate in the meeting please attend in-person at above location.

*Written public comments may be emailed to jvidales@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting.

***Please see instructions for written and spoken public comments at the end of this agenda.**

A. CALL TO ORDER & ROLL CALL	Robert Anderson	10:00am
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B. PUBLIC COMMENT
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

C. ACTION TO SET THE AGENDA & CONSENT AGENDA	Robert Anderson	10:05am
1. Approve meeting minutes from October 11 th , 2024 and October 22 nd , 2024 Board Meetings		Tab 1
2. Budget and Finance Report		Tab 2
3. HCH/FH Director's Report		Tab 3
4. Quality Improvement/Quality Assurance Update		Tab 4
5. Contractors Financial Report Update		Tab 5

D. BUSINESS AGENDA			
1. Request to Vote on 2025 HCH/FH Chair and Vice Chair	Jim Beaumont	10:10am	Tab 6
2. Request to Approve the Annual QI/QA Plan	Alejandra Alvarado & Frank Trinh	10:20am	Tab 4
3. Request to Approve HRSA Operational Site Visit (OSV) Documents	Jim Beaumont & Gozel Kulieva	10:30am	Tab 7

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4. Request to Vote on December 12 th , 2024 Board Meeting Time Change	Jim Beaumont	10:50am	Tab 8
5. Request to Re-nominate Board Members with Terms Expired in November 2024	Jim Beaumont	10:55am	Tab 9

E. COMMUNITY ANNOUNCEMENTS

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.

Community updates	Board members	11:05am
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F. GUEST SPEAKER

Pacifica Resource Center: Safe Parking Program	Anitta M. Reese, Executive Director	11:10am
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G. REPORTING & DISCUSSION AGENDA

HCH/FH Base Grant and BHSE Contracts Update	Jim Beaumont	11:40am
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H. CLOSED SESSION, GOV. CODE SECTION 54957

Public Employee Performance Evaluation (Program Director)	11:50am
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I. ADJOURNMENT

12:00pm

Future meeting: **December 12th, 2024**

Time: **TBD**

Location: **TBD**

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*Instructions for Public Comment During Meeting

Members of the public may address the Members of the HCH/FH board as follows:

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

1. Your written comment should be emailed to jvidales@smcgov.org.
2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the HCH/FH board and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, HCH/FH board will make every effort to either (i) provide such emailed comments to the HCH/FH board and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

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Tab 1

Meeting Minutes



HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting Minutes
802 Brewster Ave, Redwood City, CA Room 100
October 10th, 2024, 10:00am - 12:00pm

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
<ul style="list-style-type: none"> • Steve Kraft • Brian Greenberg • Janet Schmidt • Steve Carrey • Robert Anderson • Suzanne Moore 	<ul style="list-style-type: none"> • Anessa Farber • Frank Trinh • Gozel Kulieva • Jocelyn Vidales • Alejandra Alvarado • Amanda Hing-Hernandez • Marisol Escalera Durani 	<ul style="list-style-type: none"> • Marika Buchholz (Center on Homelessness) 	<ul style="list-style-type: none"> • Victoria Sanchez de Alba • Tayischa Delridge • Tony Serrano • Francine Dickson-Serafin • Judith Guerrero • Gabe Garcia

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:00 am and did a roll call.	
B. Public comment		
C. Action to set the agenda and consent agenda.	<ol style="list-style-type: none"> 1. Approve meeting minutes from September 12th 2024 Board Meeting 2. Budget and Finance Report 3. HCH/FH Director's Report 4. Quality Improvement/Quality Assurance Update 	<p>Request to approve the Consent Agenda was <u>MOVED</u> by Steve Kraft and <u>SECONDED</u> by Janet Schmidt</p> <p>APPROVED by all Board members present.</p>
D. Community Announcements 1. Community Updates	<p>Suzanne Moore Suzanne mentioned that a report regarding farmworkers is due to be released soon. She intended to check in with the board on this, but the usual farmworker representatives were not present to provide an update. Janet expressed the importance of having a staff member present at significant county meetings, particularly those that impact people experiencing homelessness (PEH) or farmworkers (FW). She emphasized that it is crucial for the program to have representation and advocate for people experiencing homelessness and farmworkers at such meetings.</p>	

	<p>Robert Anderson Robert reported that the Farmworker Task Force has completed its final inspections and is compiling statistics. He noted that some farms had more challenging conditions than others, and the detailed statistics will be released soon. He also provided an update regarding ALAS, mentioning that Belinda was invited to the White House to represent victims of the Half Moon Bay (HMB) shooting, specifically focusing on gun violence.</p> <p>Marisol Escalera Durani (Office of Supervisor Mueller) Marisol shared updates from a recent board meeting. Supervisor Mueller is working on a resolution urging Governor Newsom to declare a state of emergency for homeless individuals living in unincorporated areas. She highlighted that many people experiencing homelessness live in high-risk fire zones, making them vulnerable and unprotected. She stressed the importance of understanding what kinds of communications or notices constituents are receiving. Her office has been closely following the task force and collaborating with local community-based organizations (CBOs) like Coastside Hope, Puente, and ALAS. Additionally, Marisol mentioned a new issue arising from the home insurance crisis, which is impacting all residents, including homeless and farmworker populations. Brian added that many people now face the consequences of living in fire-prone areas where homes should not have been built, resulting in insurance challenges.</p>	
<p>E. Guest Speaker</p>	<p>Marika Buchholz (Center on Homelessness) – Homeless Outreach 2.0 Marika, an analyst with the Human Services Agency (HSA) Center on Homelessness (CoH), discussed the vision for redesigning and improving homeless outreach. CoH oversees outreach efforts in the county, working closely with Core Service Agencies and contracting with three providers, including Pacifica Resource Center and LifeMoves. Outreach workers engage with individuals living in substandard housing, such as shipping containers and RVs, building relationships and connecting them to services, including the Coordinated Entry System (CES). CoH also collaborates closely with Behavioral Health and Recovery Services (BHRS) and street/field medicine teams.</p> <p>Key points of the redesign vision:</p>	

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	<ul style="list-style-type: none"> • Growth of Outreach Teams: Outreach services have expanded significantly over the past decade, from a few workers to 15-20 county-funded workers (excluding city-funded teams). • Regional Coverage Improvements: The goal is to improve coverage, particularly with first responders like police and fire departments, and to eliminate duplication of efforts. • Efficiency Enhancements: The focus is on improving staff efficiency through clearer roles and responsibilities, particularly in rapid response and case management. • Data Quality: There is an ongoing effort to improve data collection, including mapping encampments, regularly updating service engagement data, and tracking individuals not yet engaged with outreach. • Regional Realignment: They are considering reducing the number of regions for outreach from five to four to improve efficiency. • Funding and Resources: Increased funding through Measure K and Encampment Resolution Grants is helping to support these initiatives. • Technology Integration: They are working on increasing the use of the homeless outreach app, which allows first responders to submit requests that are dispatched appropriately, enhancing data collection and response times. • Expanded Availability: More outreach teams will be available on evenings and weekends to support individuals, such as those living in cars, who work during the day. • Pre-Disaster Outreach: Monthly Homeless Outreach Team (HOT) meetings with community partners are held, and pre-disaster outreach is conducted during challenging weather months. <p>Robert inquired whether other cities besides San Mateo employ their own outreach teams. Marika responded that while San Mateo has a unique model, other cities may have similar setups. One of the goals is to expand the HOT team's capacity to partner with more agencies. Robert also asked about the staff-to-client ratio. Marika explained that with increased capacity, they are able to reach more individuals and provide deeper support, such as helping clients navigate DMV appointments. She noted that building relationships with families living in RVs and shipping containers is essential, as substandard housing remains prevalent, particularly among farmworkers.</p> <p>Steve Carrey expressed frustration with the challenges of accessing the</p>	
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	<p>Coordinated Entry System (CES) and asked when it might be improved or replaced. Marika acknowledged the need for improvement and mentioned their partnership with Focus Strategies to address issues in rapid rehousing, with similar plans for CES improvements.</p> <p>Suzanne Moore thanked Marika for the presentation and highlighted concerns about the high-risk conditions for people experiencing homelessness (PEH), particularly in relation to mortality rates and the resistance to displacement. She asked when Care Court would begin addressing these concerns. Marika responded that their team aims to improve services for PEH and works with partners to ensure timely access to shelters and housing when needed.</p> <p>Robert discussed an ordinance related to Care Court, stating that law enforcement aims to avoid issuing citations that could escalate into legal issues, but emphasized the need for better data on these incidents. He recommended that staff have access to this outreach data countywide to monitor the frequency and locations of such occurrences.</p> <p>Frank Trinh asked whether each region is contracted to a single provider. Marika confirmed that this is the case to avoid duplication of services.</p> <p>Marisol provided an update on the Safe Parking site in Pacifica, noting that it is currently active but set to expire in one year. She emphasized the county's ongoing efforts to prioritize public health in such matters.</p>	
<p>F. Business Agenda</p> <ol style="list-style-type: none"> 1. Request to Approve the Annual QI/QA Plan 2. Request to Approve General Case Management & Dental Services Contracts 	<p>Robert Anderson</p> <p>A full quorum is required to vote on any board agenda items, and unfortunately, a quorum was not present today. As a result, the Board will reconvene for a special meeting to approve the RFP contracts. The vote on the Quality Improvement (QI) Plan will be deferred until the next regular board meeting. Staff will reach out to board members within the next week or two to confirm the date and location of the special meeting.</p> <p>Jim provided a brief overview of what to expect for each RFP contract, including the allocation of funds to each of the potential partners in this cycle. These details will be reviewed further and voted on during the special meeting, which will take place within two weeks. Jim also extended his formal thanks to the partners for their contributions and dedication to the RFP process.</p>	
<p>G. Reporting & Discussion Agenda</p> <ol style="list-style-type: none"> 1. Chair/Vice Chair Nominations for 2025 	<p>Jim Beaumont</p> <p>Jim shared that Victoria has expressed interest in serving as Chair of the board. Robert supports this and is happy to take the role of Vice Chair. He also nominated Steve Carrey for Vice Chair, while Steve nominated Robert. Brian nominated Victoria for Chair. Jim invited board members to continue sending nominations via email, and a formal vote will take place at the next meeting.</p>	

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<p>2. Behavioral Health Service Expansion (BHSE) Grant Update</p>	<p>Jim informed the board about an upcoming site visit scheduled for January. Staff have expressed concerns about the EPIC implementation coinciding with the site visit season, along with UDS reporting requirements. Additionally, the new BHSE grant will be implemented on January 1st, along with the renewal of the new RFP contracts. Jim emphasized that these will be priority items for staff during this period. During the site visit, the review team typically meets with the board, so Jim provided advance notice in case members are available to participate.</p> <p>Jim Beaumont Jim shared that the program was awarded the Behavioral Health Services Expansion (BHSE) grant, one of 400 awarded out of 1,400 applicants. The program aims to collaborate with partners such as Puente, El Centro, and ALAS, with these contracts being separate from the Case Management contracts. The goal, in alignment with HRSA's objectives, is to increase access to therapeutic care and treatment services. Staff are eager to begin this work, with a particular focus on destigmatizing behavioral health care for farmworkers, making partner support crucial.</p> <p>On the Bayside, there are more services available for mental health and substance use disorder (SUD)/alcohol and other drug (AOD) treatment, so selecting the right partners for this initiative is essential. The team is currently in discussions with the Mental Health Association (MHA) and Palo Alto University to support homeless individuals. MHA is being considered for service provision, while partnering with other organizations for outreach efforts.</p> <p>Brian shared that he is working on bringing outreach services onsite to different organizations. He is exploring potential incentives and suggested there might be an opportunity to leverage the BHSE grant to increase outreach numbers through strategic partnerships with county entities.</p> <p>Jim provided a brief update on the grant for expanded hours, which is still under technical review by HRSA. The team remains hopeful and looks forward to the results of this submission.</p>	
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G. Adjournment	Future meeting: Thursday November 14th 455 County Ctr- Room 101 Redwood City, CA 94063	The meeting was adjourned at 11:38 am.
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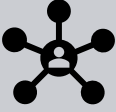


Homeless Outreach 2.0



Homeless Outreach: Opportunities for Improvement



Homeless Outreach 2.0: Redesign Improvements

Homeless Outreach Teams 1.0		Homeless Outreach Teams 2.0
5 Regions		4 Regions
Annual Funding: \$2,595,293		Annual Funding: \$3 million Annual State ERF-3 Outreach Funding: \$652,581
Each Outreach staff provides case management, outreach, and rapid response services		Separate Outreach Roles for Outreach and Engagement/Rapid Response; and Case Manager
Implemented use of new outreach module		Enhance data tracking, implement standard performance measures and report data to jurisdictions
Multiple providers in overlapping regions		No overlapping outreach partners
Rapid Response Time is 24 hours		Rapid Response Time Shortened to 8 hours
Countywide Dispatcher was not always used for rapid response request		Centralize Requests: Must Submit Rapid Response Requests through Countywide Dispatcher

Homeless Outreach 2.0: New Model

Bayside

- ❖ Redwood City
- ❖ North Fair Oaks
- ❖ San Mateo
- ❖ Belmont
- ❖ San Carlos
- ❖ Foster City
- ❖ Hillsborough

Unsheltered Total: 375

- Outreach Total: 315
- Case Management Load: 60

South County

- ❖ East Palo Alto
- ❖ Menlo Park
- ❖ Atherton
- ❖ Portola Valley
- ❖ Unincorporated South
- ❖ Woodside

Unsheltered Total: 161

- Outreach Total: 131
- Case Management Load: 30

North County

- ❖ Daly City
- ❖ San Bruno
- ❖ Colma
- ❖ Millbrae
- ❖ SFO
- ❖ Burlingame
- ❖ Brisbane
- ❖ South San Francisco
- ❖ Unincorporated North
- ❖ Unincorporated Central

Unsheltered Total: 230

- Outreach Total: 198
- Case Management Load: 32

Coastside

- ❖ Pacifica
- ❖ Half Moon Bay
- ❖ Unincorporated Coastside

Unsheltered Total: 277

- Outreach Total: 233
- Case Management Load: 44



**Centralized
Countywide
Dispatch**

(For partner requests)

Regional Response will also:

- Maintain the By-Name List
- Offer After Hours Response
- Convene Multidisciplinary Teams
- Conduct Data Quality Assurance
- Provide Pre-Disaster Outreach
- Ensure Program Supervision



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

Co-Applicant Board Meeting Minutes

415 2nd Ave

San Mateo, CA. 94401

October 22th, 2024, 10:00am - 11:00am

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
<ul style="list-style-type: none"> • Steve Kraft • Steve Carrey • Robert Anderson • Suzanne Moore • Tony Serrano • Victoria Sanchez de Alba • Francine Dickson-Serafin • Gabe Garcia • Jim Beaumont (Director) 	<ul style="list-style-type: none"> • Gozel Kulieva • Jocelyn Vidales • Alejandra Alvarado • Anessa Farber 		<ul style="list-style-type: none"> • Tayischa Delridge • Brian Greenberg • Judith Guerrero • Janet Schmidt

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:03 am and did a roll call.	
B. Public comment	No public comment.	
C. Business Agenda 1. Request to Approve General Case Management & Dental Service Contracts	<p>Jim Beaumont</p> <p>Jim explained the projection of a total of \$2.9 million in funding over a 3-year period, with approximately \$800,000 annually distributed across all contracts. At present, the board is unable to vote on LifeMoves due to ongoing negotiations and is awaiting revised proposals based on the available funds.</p> <p>Tony inquired about the term "carryover," which refers to any unspent funds from this year's grant being carried forward into next year's grant. It is estimated that there will be approximately \$300,000 in carryover for 2025.</p> <p>The board proceeded to vote on the contracts for the upcoming three-year RFP period. The voting results are as follows:</p>	

	<ul style="list-style-type: none"> • Puente: Steve Carrey motioned, Suzanne seconded. All in favor, with Gabe abstaining. • ALAS: Steve Carrey motioned, Suzanne seconded. All in favor, with Tony abstaining. • Sonrisas: Steve Kraft motioned, Francine seconded. All in favor. • Abode: Suzanne motioned, Gabe seconded. All in favor. • Coastside Hope: Gabe motioned, Suzanne seconded. All in favor. <p>Staff inquired whether the board could partially approve the funding for LifeMoves. Jim clarified that LifeMoves can be approved for a specific dollar amount and the services that can fit within that amount currently provided (\$135k). The services, in order of priority, are: street medicine support, health insurance (HI), transportation, care coordination/case management (CC/CM), and MyChart orientation. The board elected to vote to approve the partially decided on contract.</p> <p>LifeMoves: Suzanne motioned, Steve Kraft seconded. All in favor, with Steve Carrey abstaining.</p> <p>Gozel reminded the board that additional voting for approvals will be required in the coming months, including for the newly awarded Behavioral Health Service Expansion (BHSE) grant.</p> <p>Gabe asked a clarifying question about the county's future budget outlook, given that funding comes not only from our program but also from other sources within the county. Jim stated that as long as funding continues to be provided by the medical center, the program and services should remain stable. He also noted that the county has historically funded large-scale projects, with no indication that this will change.</p> <p>There was a discussion about the extent of Behavioral Health and Recovery Services' (BHRS) work in providing services to the coast. Jim explained that BHRS operates a Coastside Clinic focusing on severe mental illness, while coastal partners handle mild to moderate mental health cases. BHRS offers both mental health and alcohol and other drugs/substance use disorder (AOD/SUD) services. Tony added that BHRS also funds prevention projects,</p>	
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	<p>such as assessments, which have allowed various organizations in the county to develop different programs.</p> <p>Victoria inquired about the progress since the assessment. Tony explained that it was the first time such an assessment had been conducted. He suggested having someone present the project findings to the board and encouraged contacting him for more information. The assessment revealed important insights on culture, access to care, and the stigma surrounding mental health, with collaborations involving ALAS, Puente, and other organizations. It also led to five recommendations for the county, conducted during a critical time following the floods and shootings in the area.</p> <p>There was a suggestion to reach out to Gabe for baseline data from San Jose's project and to consider having him present to the board.</p> <p>Jim discussed the expected outcomes of the Behavioral Health Services Expansion (BHSE) grant, emphasizing the goal of increasing visits for AOD/SUD services. The Health Resources and Services Administration (HRSA) aims to boost the number of individuals reported for behavioral health and AOD/SUD services compared to last year. Gabe suggested adding an evaluation component to the grant, to assess its impact and guide potential future implementation. He stressed the importance of improving clinic attendance through these efforts. Robert reminded the board that there are many moving parts, and these elements could be addressed during the upcoming site visit.</p> <p>Jim advised the board that the site visit is scheduled for mid-January, coinciding with the Uniform Data System (UDS) reporting period. This year, the team faces additional challenges, such as the implementation of EPIC and the need to consolidate data from multiple sources. He informed the board that the site visitor may want to meet with them, so they should prepare for this possibility. Some policies and procedures require board approval every three years, meaning several votes may be needed in the upcoming months. Jim outlined the types of questions the board might face during the site visit and explained the complexity of public sector programs, which rely on the medical center for credentialing, documentation, and staff privileging. He walked the board through the process for the three-day Operational Site Visit (OSV).</p>	
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G. Adjournment	Future meeting: TBD	The meeting was adjourned at 10:49 am.
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Contracts Presented to HCH/FH Co-Applicant Board for Approval

10/10/24

Financial Recap for Proposed Contracting

	2025	2026	2027	Total
Available from grant (\$2,858,017)	\$ 885,372	837,614	762,718	\$2,908,704
carryover	300,000	399,401	300,775	
Measure K	123,000			
Total	\$ 1,308,372	1,237,015	1,063,493	
	2025	2026	2027	Total
contract totals	\$908,971	\$936,240	\$964,327	\$2,809,538
unexpended to carryover	399,401	300,775	99,166	

Puente

Farmworkers
South Coast/Pescadero
Promotores de Salud
Care Coordination/Case Management
Health Insurance Assistance
Transportation
MyChart Orientation
Nutrition Education and Food Security

2025	170,530.00
2026	175,645.90
2027	180,915.28
Total	527,091.18

ALAS

Farmworkers
Mid-Coast/Half Moon Bay
Promotores de Salud
Care Coordination/Case Management
Health Insurance Assistance
Transportation
Nutrition Education and Food Security

2025	195,000.00
2026	200,850.00
2027	206,875.50
Total	602,725.50

Sonrisas

Farmworkers
South Coast
Dental Services

2025	123,120.00
2026	126,813.60
2027	130,618.01
Total	380,551.61

Abode

Homeless
Countywide
Care Coordination/Case Management
Health Insurance Assistance
Transportation
MyChart Orientation
Nutrition Education and Food Security

2025	148,068.80
2026	152,510.86
2027	157,086.19
Total	457,665.85

Coastside Hope

Farmworkers/Homeless
Mid-Coast/Half Moon Bay
Health Insurance Assistance
Care Coordination/Case Management
Transportation
Nutrition Education and Food Security
MyChart Orientation

2025	\$137,252.10
2026	\$141,369.66
2027	\$145,610.75
Total	\$424,232.51

LifeMoves

Still in negotiations

Homeless
Countywide
Street Medicine Support
Health Insurance Assistance
Transportation

2025	135,000.00
2026	139,050.00
2027	143,221.50
Total	417,271.50

Tab 2

Program Budget and
Financial Report



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

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

DATE: November 14, 2024

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary grant expenditures for October 2024 total \$212,254. This amount does not include most of the routine monthly service charges from county departments as they are accounted for during the month-end closing process (which doesn't complete until around the 10th). For the year-to-date, expenditures total \$2,204,865.

This current projection indicates that the Program is expected to expend approximately \$3.29 million for the 2024 Grant Year (GY). Based on the total amount authorized by HRSA and the amount expected to be carried over for the GY, this will leave around \$250K of unexpended funds that would be available for carryover into the 2025 GY. We are in the process of finalizing the carryover for this year and, as the Program goes through the upcoming RFP and contracting process for the next 3 years, we will be refining the unexpended funds amount to spread it across the contract period to ensure sufficient funding for the period.

Attachment:

- GY 2024 Summary Grant Expenditure Report Through 10/31/24

GRANT YEAR 2024

October \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (10/31/24)	Projection for end of year	Projected for GY 2025
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	<u>745,000</u>	50,190	<u>558,636</u>	<u>695,000</u>	<u>775,000</u>
<u>Benefits</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	<u>245,000</u>	14,999	<u>173,098</u>	<u>210,000</u>	<u>250,000</u>
<u>Travel</u>					
National Conferences (2500*8)	30,000		11,395	17,500	25,000
Regional Conferences (1000*5)	10,000			500	5,000
Local Travel	1,500			500	500
Taxis	500			500	500
Van & vehicle usage	<u>1,500</u>			<u>1,000</u>	<u>1,000</u>
	<u>43,500</u>		<u>11,395</u>	<u>20,000</u>	<u>32,000</u>
<u>Supplies</u>					
Office Supplies, misc.	10,000	1,567	24,713	27,000	5,000
Small Funding Requests					
	<u>10,000</u>		<u>24,713</u>	<u>27,000</u>	<u>5,000</u>
<u>Contractual</u>					
2022 Contracts			185,329	185,329	
2022 MOUs			26,571	26,571	
Current 2023 MOUs	1,200,000		522,338	1,150,000	1,065,000
Current 2023 contracts	<u>875,000</u>	128,232	<u>571,184</u>	<u>825,000</u>	<u>875,000</u>
---unallocated---/other contracts					
	<u>2,075,000</u>		<u>1,305,422</u>	<u>2,186,900</u>	<u>1,940,000</u>
<u>Other</u>					
Consultants/grant writer	20,000		62,014	65,000	10,000
IT/Telcom	25,000	7,678	38,847	45,000	25,000
New Automation				0	-
Memberships	7,500	786	3,661	5,000	5,000
Training	5,000		5,219	7,500	5,000
Misc	<u>1,000</u>	8,802	<u>21,859</u>	<u>25,000</u>	<u>25,000</u>
	<u>58,500</u>		<u>131,600</u>	<u>147,500</u>	<u>70,000</u>
TOTAL	<u>3,177,000</u>	212,254	<u>2,204,864</u>	<u>3,286,400</u>	<u>3,072,000</u>
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Prior Year Unexpended to Carryover	675,000 est.		675,000	675,000	
Other					247,232 carryover
HCH/FH PROGRAM TOTAL	<u>3,533,632</u>		<u>3,533,632</u>	<u>3,533,632</u>	<u>3,105,864</u>
BALANCE					
	356,632	Available	1,328,768	247,232	33,864
			Current Estimate	Projected	
					based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	20,000	250	3,965	11,000	30,000
Health Coverage	85,000	8,626	88,613	95,000	90,000
base grant prep	0			0	
food	2,500	680	4,524	4,000	3,000
incentives/gift cards	<u>1,000</u>			<u>1,000</u>	<u>1,500</u>
	<u>108,500</u>		<u>97,102</u>	<u>111,000</u>	<u>124,500</u>
TOTAL EXPENDITURES	3,285,500	221,810	2,301,966	3,397,400	NEXT YEAR 3,196,500

Tab 3
HCH/FH Director's
Report



DATE: November 14, 2024

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 October 10, 2024, Co-Applicant Board meeting.

As reported at the Board's Special Meeting on October 22, 2024, Program has been notified by HRSA that they have scheduled an Operational Site Visit (OSV) for January 14-16, 2025. This is a very disadvantageous time for Program as : Program will be in the midst of preparing our annual, required, Universal Data System (UDS) Report which will be complicated by the effort to incorporate a couple months of EPIC data into our usual processes; the initiation of our new service contracts on January 1; the implementation of Program's Behavioral Health Services Expansion (BHSE) projects beginning on January 1, While we knew we would be getting an OSV during 2025, our expectation had been for it to occur between April and July, as it always had in the past, and we had planned the Program schedule to incorporate that. We have expressed our concern and issues with HRSA, but they have not indicated any interest in adjusting the schedule.

As members of the Board who have been with the Board for a while, the OSV Reviewers will need to schedule a meeting with the Board, typically on the middle day afternoon of the OSV. They will be engaging with us on the actual schedule in the coming weeks. We ask the Board members to keep their schedules for Wednesday, January 15th as open as possible, and to let us know as soon as possible of any unchangeable conflicts on your schedule for that day.

Program staff have been working arduously on our base grant service contracts and pulling together the planning (and additional contracts) for the BHSE grant. There is a discussion and update on these efforts elsewhere on today's agenda.

As reported at the last Board meeting, Raven Nash has accepted our offer and will be coming onboard effective December 9th. We are looking forward to Raven joining the team and look to introduce her to the Board at its December meeting on December 12th.

Seven Day Update

ATTACHED:

- Program Calendar



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

Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm

MONTH	AREA		
	Programmatic	Learning/Conferences	Recognition (Health, DEI, Holidays and Misc.)
JANUARY			<ul style="list-style-type: none"> • Glaucoma Awareness Month • Cervical Cancer Screening Month • International Holocaust Remembrance Day • New Year's Day • Martin Luther King Day (15)
FEBRUARY	<ul style="list-style-type: none"> • UDS submission 	<ul style="list-style-type: none"> • NCFH Western Forum for Migrant and Community Health (Seattle, WA, Feb 22-24) 	<ul style="list-style-type: none"> • National Children's Dental Health • American Heart Month • National Cancer Prevention Month • World Day of Social Justice • Lunar New Year (Feb 10) • National Wear Red Day • Lincoln's Birthday • Valentine's Day • Washington's Birthday • Lent begins (14)
MARCH	<ul style="list-style-type: none"> • Sliding Fee Scale Update 	<ul style="list-style-type: none"> • Innovations and Solutions for Ending Unsheltered Homelessness. (San Francisco, CA - Mar 4-6) 	<ul style="list-style-type: none"> • Colorectal Cancer Awareness Month • Self-Injury Awareness Month • Developmental Disabilities Awareness Month
APRIL	<ul style="list-style-type: none"> • SMMC Annual Audit 	<ul style="list-style-type: none"> • Conference for Agricultural Worker Health (Atlanta, GA - April 23-25) • 2024 Midwest Stream Forum- Agricultural Worker Conference (Albuquerque, NM- April 16-18, 2024) 	<ul style="list-style-type: none"> • Alcohol Awareness Month • Counseling Awareness Month • National Minority Health Month
MAY		<ul style="list-style-type: none"> • National Healthcare for the Homeless Conference. (Phoenix, AZ – May 13-16) • NRHA Health Equity Conference. (New Orleans, LA – May 6-7) 	<ul style="list-style-type: none"> • American Stroke Awareness Month • High Blood Pressure Education Month • Mental Health Awareness Month
JUNE	<ul style="list-style-type: none"> • Services/Locations Form 5A/5B – Approve 		<ul style="list-style-type: none"> • PTSD Awareness Month • Cancer Survivor's Month
JULY	<ul style="list-style-type: none"> • Budget Renewal (Program) Approve 		<ul style="list-style-type: none"> • Healthy Vision Month
AUGUST			<ul style="list-style-type: none"> • National Breastfeeding Month • National Immunization Awareness Month
SEPTEMBER	<ul style="list-style-type: none"> • Program Director Annual Review 	<ul style="list-style-type: none"> • September 15-18 International Street Medicine Symposium. Kansas City, MO 	<ul style="list-style-type: none"> • Healthy Aging Month • National Suicide Prevention Month • Sexual Health Awareness Month
OCTOBER	<ul style="list-style-type: none"> • Board Chair/Vice Chair Nomination 		<ul style="list-style-type: none"> • Breast Cancer Awareness Month • Depression Awareness Month • Domestic Violence Awareness Month



NOVEMBER	<ul style="list-style-type: none"> • Board Chair/Vice Chair Elections • Strategic Plan Target Overview 	<ul style="list-style-type: none"> • East Coast Migrant Stream- Agricultural Worker Conference Forum (Date TBA, previously Nov. 2023) (Winston-Salem, NC- Nov 29-Dec 1, 2023) 	<ul style="list-style-type: none"> • American Diabetes Month • Diabetes Awareness Month
DECEMBER		<ul style="list-style-type: none"> • December 8-11 Institute for Healthcare Improvement (IHI) Forum for 2024. Orlando, FL 	<ul style="list-style-type: none"> • Seasonal Affective Disorder Awareness Month

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

Tab 4

QI/QA Report



DATE: October 10th, 2024

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

FROM: Frank Trinh, HCH/FH Medical Director
Alejandra Alvarado, HCH/FH Clinical Services Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

- **HRSA Operational Site Visit (OSV)**

- HRSA has notified the HCH/FH program that they will be conducting an Operational Site Visit (OSV) on January 14-16, 2025. HCH/FH is preparing for this site visit by collected all required documentation, notifying appropriate medical center staff of this visit, and completing all pre-visit tasks. The HCH/FH board has been notified of the HRSA site visit and the staffs preparation for the visit.

- **Smart Watches Project**

- This project has kicked off and is currently in partnership with LifeMoves. HCH/FH is working with different partners to provide smart watches to people experiencing homelessness. LifeMoves is the first partner that HCH/FH is working with to commence this project. Currently, follow up survey data is being collected to assess the clients experiencing using the watch after a one month period. Once HCH/FH has finished collecting survey data from LifeMoves clients, HCH/FH will being working with its next partner on this project.

- **Board Approval of QI/QA Plan**

- The HCH/FH plan is reviewed and amended on an annual basis. This review takes place with the HCH/FH staff and the QI/QA subcommittee members. The board did not have a quorum to approve the QI Annual Plan at the recent board meeting, so this has been added to the agenda for board approval at the November board meeting. The subcommittee will request approval of the QI/QA Plan for the 2024-2025 calendar year at this time. The changes to the plan include updating metric definitions as stated in the UDS manual, adding target goals for each of the metrics as determined by the Healthy People 2030 goals, and removing Adult BMI and Follow-Up from the list of priority metrics.

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

TERM: October 2024 – September 2025



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

Quality Improvement Mission Statement

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

EVENT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
HCH/FH QI Committee Meetings			X			X			X			X
Approval of QI Plan Amendment by HCH/FH Program Co-Applicant Board	X											X
Patient Satisfaction Survey Data			Review available reports				Review available reports				Review available reports	
UDS Report			X	X	X	Final Report FY22						
Evaluation of Selected CQMs	Review CY22Q3			Review 2022 Data				Review CY23Q1		Review CY23Q2		
FY23-24 QI Annual Plan Amendments									X			X
Strategic Plan/Needs Assessment			X			X			X			X
Data Available	Q3 data refreshed			Q4/2022 data refreshed			Q1 data refreshed			Q2 data refreshed		
Homeless Death Data Event	X	X	X	X	X	X	X	X	X	X	X	X
Cancer Screenings Project	Review available data	X	X	X	X	Create dashboard	X	X	X	X	X	X
Quarterly Chart Reviews			X			X			X			X

Meeting Schedule and Calendar

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

2024-25 Performance

- 330 program performance data have been released for calendar year 2022. The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the UDS annually.
- Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).
- Our program changed quartile rankings for the following metrics:

Metric	2022 Adjusted Quartile Ranking	2023 Adjusted Quartile Ranking	Positive/Negative Change
Early Entry into Prenatal Care (1 st Trimester)	1	3	Negative
Cervical Cancer Screening	4	3	Positive
Adult BMI and Follow Up	4	3	Positive
Diabetes A1c > 9% or missing	1	2	Negative

2024-25 QI Annual Plan Goals

The following goals were selected to align with the quality improvement efforts of the San Mateo Medical Center. The Adjusted Quartile Ranking measures the priority performance measures on a national level, placing it's ranking in the 1st (to 25th percentile) to 4th (lowest 25th percentile) quartile, indicating the amount of improvement from the previous year to this year. Cancer screenings were selected as a result of the 2019 HCH/FH Needs Assessment, which indicated disparities in the number of screenings performed for colorectal and breast cancer for both people experiencing homelessness and farmworkers, as well as incidence of cancer in the homeless patient population. Cervical cancer screening and diabetes remain SMMC priorities and have been decreasing since 2017, indicating a need for improvement. Trimester Entry into Care (1st Trimester) saw a vast improvement in 2019 due to data validation and will be monitored in 2023-2024 to ensure this measure maintains upward progress. Depression Screening and Follow-up remains a challenging measure for quality improvement and relies heavily on SMMC roll-out of depression screening procedures in outpatient clinics.

In 2021, Hypertension was added as a measure of focus due to significant decrease in performance during the COVID-19 pandemic. Lastly, Adult BMI Screening & Follow-up will be removed in 2024 in order to align with SMMC's reporting; SMMC has removed or de-prioritized this measure in their Primary Care Quality Report and QIP reporting in 2024.

QI Measures of Focus	2023 PEH	2023 FW	HCH/FH Goals	2023 CA 330 Programs	2023 Adjusted Quartile Ranking	2023 SMMC Annual Performance (QIP)
Screening and Preventive Care						
Cervical Cancer Screening	28%	45%	79%	59%	3	72%
Colorectal Cancer Screening	55%	69%	68%	42%	1	60%
Breast Cancer Screening	52%	81%	80%	55%	1	77%
Depression Screening and Follow-up	29%	35%	45%	67%	4	65%
Chronic Disease Management						
Hypertension	57%	56%	66%	64%	3	64%
Diabetes A1c >9% or missing	35%	29%	12%	29%	2	30%
Maternal Health						
Early Entry into Prenatal Care	73%		81%	77%	3	88%

*Data from UDS Report of corresponding year

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

* Healthy People 2030 used for the following target goals: Cervical Cancer Screening, Colorectal Cancer Screening, Breast Cancer Screening, Diabetes A1c > 9% or missing, Early Entry into Prenatal Care

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

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

2. Cervical Cancer Screening

- a. Goal: Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:
 - Women age 21–64 who had cervical cytology performed within the last 3 years
 - Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years
- b. Criteria

- i. Numerator: Women with one or more screenings for cervical cancer using either of the following criteria:
 - 1. Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women 24–64 years of age by the end of the measurement period.
 - 2. Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test.
- ii. Denominator: Women 24 through 64 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria
- c. Analyze current challenges in getting patients screening for cervical cancer across SMMC and County Health. Implement evidence-based intervention to improve clinical performance.

3. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

- a. Goal: Reduce the percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period
- b. Criteria
 - i. Numerator: Patients whose most recent HbA1c level during the measurement year was greater than 9.0%, or was missing, or was not performed during the measurement period
 - ii. Denominator: Patients 18 to 75 years of age by the end of the measurement period with a countable visit during the measurement period

4. Early Entry into Prenatal Care [Monitor Only]

- a. Goal: Improve the percentage of prenatal care patients who entered prenatal care during their first trimester during the measurement year.
- b. Criteria
 - i. Numerator: Patients who began prenatal care at the health center or with a referral provider, or who began care with another prenatal provider, during their first trimester
 - ii. Denominator: Patients seen for prenatal care during the measurement year.
 - iii. Trimester of entry based on last menstrual period

5. Depression Screening and Follow-up

- a. Goal: Improve the Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit
- b. Criteria
 - i. Numerator: 1) Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, and screened negative for depression. 2) Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, and if screened positive for depression, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit.
 - ii. Denominator: Patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period, as specified in the measure criteria.

6. Colorectal Cancer Screening

- a. Goal: Improve the percentage of adults 45–75 years of age who had appropriate screening for colorectal cancer in the measurement year.
- b. Criteria
 - i. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 1. Fecal occult blood test (FOBT) during the measurement period
 2. Stool deoxyribonucleic acid (DNA) (sDNA) with fecal immunochemical test (FIT)- during the measurement period or the 2 years prior to the measurement period
 3. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
 4. Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
 5. Colonoscopy during the measurement period or the 9 years prior to the measurement period
 - ii. Denominator: Patients 46 through 75 years of age by the end of the

measurement period with a countable visit during the measurement period.

7. Breast Cancer Screening

- a. Goal: Improve the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.
- b. Criteria:
 - i. Numerator: Women with one or more mammograms anytime on or between October 1 two years prior to the measurement period.
 - ii. Denominator: Women 52 through 74 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria

8. Monitor and Review: SMMC Patient Satisfaction

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

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

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

10. Develop Baseline for Cancer Screenings Data with Population Health

The Clinical Services Coordinator and Planning and Medical Director will work with Population Health to evaluate health disparities among cancer screenings and prevalence data collected for people experiencing homelessness and farmworkers in San Mateo County. Collaborate to improve data collection following validation.

APPENDIX

QI/QA Committee Structure

The role of QI Committee members is to:

Provide leadership and recommendations for:

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

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

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

Information systems integrity and accountability- **The role of the HCH/FH Clinical Liaison** is to:

- Advice and guide the HCH/FH Program and its QI/QA activities and Clinical Services Coordinator with the perspective of primary care providers with a particular focus on the brick & mortar clinic sites
- Report out HCH/FH updates to various QI, hospital groups and SMMC providers
- Represent QI/QA and HCH/FH program interests
- Liaison between HCH/FH program and County health clinics

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

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

QI/QA Process

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

- Establishing broad performance improvement goals and priorities that are aligned with the

mission, vision, values and goals of SMMC

- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring organization performance through appropriate data collection, aggregation and analysis
- Providing information regarding performance improvement activities and education to the HCH/FH CAB, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program employees, outpatient clinics and program contractors.
- PDSA (Plan-Do-Study-Act) Models will be used to plan action for CQM goals.

Reporting Channels

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

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

Tab 5
Contractors
Financial Report
Update



DATE: November 14th, 2024

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

FROM: Gozel Kulieva, Management Analyst

SUBJECT: Contracts Financial Progress Report Q3 2024

Contractor Financial Progress Report

The table below provides an overview of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program agreements with eight community-based providers and two County-based programs for Calendar Year 2024. Contracts are for primary care services, behavioral health, dental care services, and enabling services such as care coordination and eligibility assistance.

The following is a summary of HCH/FH Contractor financial performance for Q3 2024

Contracts & Agreements Overview

Contractor	Services
Abode	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Helping to establish medical home • Assisting client with scheduling and attending healthcare appointments • Transportation Assistance • Assisting client with completion and renewal eligibility benefits • Providing health related resources
ALAS Promotores Model	Enabling Services: <ul style="list-style-type: none"> • Health Navigation Assistance • Health Education Classes • Transportation Assistance
Behavioral Health & Recovery Services (BHRS)	1. Homeless Care Coordination (HCH)
	2. Homeless Engagement Assessment and Linkage (HEAL)
	3. El Centro Substance Use Services for Farmworkers and their Dependents Sunset – June 30, 2024
Life Moves	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Health Insurance Assistance • Transportation Assistance • Assisting clients with scheduling and attending healthcare appointments
Public Health Policy and Planning (PHPP)	Primary Care: <ul style="list-style-type: none"> • Mobile Clinic • Street & Field Medicine

	Alcohol and Other Drug (AOD) Services <ul style="list-style-type: none"> • Counseling • Referral to services • Case management
Puente	Enabling Services: <ul style="list-style-type: none"> • Medical Care Coordination • Health Insurance Assistance • Transportation Assistance
Coastside Clinic – Saturday Dental Clinic	Dental Services
Sonrisas	Dental Services
University of Pacific (UOP)	Dental Services at Redwood City Navigation Center



SAN MATEO COUNTY HEALTH

2024 Contract & MOU Expenditures

Updated

11/5/2024

Contract	Contract Amount & Target	YTD	% YTD
Abode	\$ 149,999	\$ 91,791	61%
ALAS	\$ 182,200	\$ 104,459	57%
<i>Care Coordination</i>	200	109	55%
<i>Health Education Classes</i>	50	35	70%
<i>Transportation</i>	120	78	65%
Life Moves	\$ 350,000	\$ 278,350	80%
<i>Care Coordination</i>	400	266	67%
<i>Health Insurance Assistance</i>	75	54	72%
<i>Transportation (one way)</i>	505	174	34%
<i>Medical Visits (in person)</i>	100	139	139%
<i>Medical Visits (telehealth)</i>	20	18	90%
<i>Medical Visits (street medicine)</i>	100	177	177%
Puente	\$ 173,126	\$ 116,428	67%
<i>Care Coordination</i>	200	143	72%
<i>Health Insurance Assistance</i>	160	93	58%
<i>Transportation (round trip)</i>	50	147	294%
BHRS HCH	\$ 90,000	\$ 89,400	99%
<i>BHRS HCH Patients</i>	150	167	111%
<i>BHRS HCH Visits (Tele visit)</i>		375	
<i>BHRS HCH Visits (In-person)</i>		307	
BHRS HEAL	\$ 150,000	\$ 119,539	80%
BHRS EI Centro	\$ 91,469	\$ 91,469	100%
PHPP	\$ 825,000	\$ 618,750	75%
PHPP AOD	\$ 127,500	\$ 63,750	50%
Saturday Dental Clinic at Coastside Clinic	\$ 70,000	\$ 23,782	34%

Sonrisas - Base Grant	\$	123,000	\$	59,500	48%
<i>Dental Visit</i>		384		238	62%
<i>Dental Visit No-Show</i>				20	
<i>New Patients</i>				2	
Sonrisas - Measure-K	\$	123,000	\$	30,800	25%
University of Pacific (UOP) (non-base grant funding)	\$	300,000	\$	-	0%
TOTAL	\$	2,204,794	\$	1,593,468	72%



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

FINANCE COMMITTEE MEETING - November 14, 2024

**455 County Center
 COB Room 101
 Redwood City, CA 94063
 AGENDA**

AGENDA ITEM	SPEAKER(S)	TIME
A. CALL TO ORDER	Robert Anderson	9:00 AM
B. CHANGES TO ORDER OF AGENDA		9:01 AM
C. PUBLIC COMMENT		9:02 AM
<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. CONSENT AGENDA		
1. Meeting minutes from August 2024	Robert Anderson	9:05 AM
E. REPORTING & DISCUSSION AGENDA		
1. Management Analyst report – Contracts’ Performance Q4 2024	Gozel Kulieva	9:10 AM
2. Current Grant/Funding Overview and Updates	Gozel Kulieva	9:25 AM
3. Request for Proposal – Contracting	Jim Beaumont Gozel Kulieva	9:30 AM
4. Director’s report – Budget & Finance Report	Jim Beaumont	9:40 AM
F. BOARD COMMUNICATIONS & ANNOUNCEMENTS		
<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>		
G. OTHER ITEMS		
H. ADJOURNMENT	Robert Anderson	9:45 AM
1. Next meetings: <ul style="list-style-type: none"> - Q4, 2024 - February 13th, 2024, 9:00 AM 2000 Alameda de las Pulgas, San Mateo, CA		

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 the HCH/FH staff Gozel Kulieva at least five working days before the meeting at gakulieva@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smhealth.org/meeting/hchfh-meetings>.



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

August 8th, 2024, 9:00-9:45am

Meeting Minutes

Co-Applicant Board Members	County Staff Present	Members of the Public
Robert Anderson Steve Kraft Victoria Sanchez De Alba Absent: Jim Beaumont, Program Director Francine Serafin Dickson	Gozel Kulieva, Management Analyst	

Agenda Item	Discussion / Recommendations	Action Items/Notes
A. Call to order	Meeting was called to order by Robert Anderson at 9:00am.	
B. Changes to order of agenda	No changes.	
C. Public comment	None	
D. Consent agenda: 1. Meeting minutes from May 2024	Meeting minutes from May were approved. Agenda changed due to presenter absence.	Consent agenda was moved by Steve, seconded by Robert
E. Reporting & Discussion agenda 1. Management Analyst report – Contracts’ Performance Q2 2024 • University of Pacific Updates	Gozel Kulieva reviewed the CY 2024 Q1 performance of program contracts. All contracts are performing as expected averaging a 50% expenditure of their annual budget in the first two quarters of the year. Saturday Dental Clinic at Coastside has seen an increase in the number of patients seen and Saturday dental clinics held due to a recent addition of a new dental provider. We expect their numbers to continue increasing. Services not started due to hiring challenges. Student rotations at the clinic are set to start in October 2024.	
F. Board communications and announcements	None	

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 the HCH/FH staff member Gozel Kulieva at least five working days before the meeting at gkulieva@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smchealth.org/smmc-hfhf-board>



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

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

DATE: November 14, 2024

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

FROM: Jim Beaumont
 Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM Q3 GRANT DRAW DOWN REPORT

Below is a summary by category of the funds drawn down against our base grant through the third quarter. These will differ from the values on the September 30th Budget & Finance Report as the drawdown captures county service charges that may not be identified in time to include in the monthly reports.

Our total mid-year expenditures by category:

Salaries	\$512,666
Benefits	158,063
Travel	13,538
Supplies	46,517
Contracts & MOUs	1,608,747
Consultants	61,925
IT/Phone	39,160
Training/Memberships/Misc.	<u>40,546</u>
	\$2,481,162

This represents an increase of \$349,419 from last year's Q3 report.

Attachment:

- Quarterly Drawdown Tracking

Drawdown Tracking 2024

	Q1	Q2	Q3	Q4	Total
salary	151,886.00	204677.54	156102.19		512,665.73
Benefits	47377.07	63283.48	47402.78		158,063.33
					-
travel	5202.46	6345.55	1989.83		13,537.84
					-
supplies & equipment	11765.6	29494.82	5256.45		46,516.87
					-
previous year's agreements	211899.92	206250	0		418,149.92
					-
contracts	122655.75	334465.9	68711.58		525,833.23
					-
MOUs	42146	339567.36	283050		664,763.36
					-
consultant	11907.74	3087.5	46930		61,925.24
					-
IT/phone	7513.83	17064.39	14581.57		39,159.79
					-
training	65	4718.63	500		5,283.63
					-
memberships		2875	0		2,875.00
					-
misc	7293.85	19229.89	5864.01		32,387.75
					-
	619,713.22	1,231,060.06	630,388.41		2,481,161.69

Tab 6

Request to Vote on
2025 HCH/FH Chair
and Vice Chair



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: November 14th, 2024

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

FROM: Jim Beaumont, HCH/FH Program Director

SUBJECT: REQUEST TO VOTE ON 2025 HCH/FH CO-APPLICANT BOARD
CHAIR AND VICE-CHAIR

Pursuant to our Bylaws, the Chair and Vice-Chair shall be elected annually by a majority vote of members present and voting as the first order of business at the November meeting of the Board. Furthermore, a list of nominees for Chair and Vice-Chair shall be presented to the Board in advance of its November meeting. Listed below are the nominations we have received for Chair and Vice-Chair in alphabetical order by first name:

Chair

- Robert Anderson
- Victoria Sanchez de Alba

Vice-Chair

- Gabe Garcia
- Robert Anderson
- Steve Carey
- Tony Serrano

Tab 7

Request to Approve HRSA Operational Site Visit (OSV) Documents



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: November 14th, 2024

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

FROM: Jim Beaumont, HCH/FH Program Director

SUBJECT: REQUEST TO APPROVE HRSA OPERATIONAL SITE VISIT (OSV)
DOCUMENTS

As a recipient of the federal award under section 330 of the Public Health Service (PHS) Act, San Mateo Healthcare for the Homeless/Farmworker Health (HCH/FH) program is responsible for demonstrating compliance with the statutory and regulatory requirements of the Health Center Program. The Health Resources and Services Administration (HRSA) requires health centers to participate in operational site visits (OSVs) as part of a comprehensive approach to demonstrate program compliance. Our program's OSV is scheduled for January 14-16, 2025.

As part of this process, HCH/FH must provide specific documents to the federal representatives and consultants who will conduct the OSV. Several of these documents require approval from the Co-Applicant Board.

To ensure a successful OSV for the HCH/FH program, we kindly request that the Board approve the following documents:

- HCH/FH QI/QA Policy and Procedures

We appreciate the Board's cooperation and commitment to a successful OSV for the HCH/FH program.

Attached:

- HCH/FH QI/QA Policy and Procedures

SUBJECT: HCH/FH QI/QA POLICY AND PROCEDURES
DEPARTMENT: COUNTY OF SAN MATEO HEALTHCARE FOR HOMELESS AND FARMWORKER HEALTH PROGRAM
AUTHOR: HCH/FH MEDICAL DIRECTOR, HCH/FH CLINICAL SERVICES COORDINATOR

SCOPE:

This policy will address San Mateo Medical Center (SMMC) outpatient all staff and clinics, as well as the Healthcare for Homeless and Farmworker Health (HCHF) Program staff, QI/QA Committee members, contracts and contracted providers, and HCH/FH Co-Applicant Board, as applicable.

PURPOSE:

The purpose of the Health Care for the Homeless and Farmworker Health Program (HCH/FH)'s Quality Improvement (QI)/Quality Assurance (QA) Program is to evaluate and ensure, on an ongoing basis, the effectiveness of health care provided to homeless and farmworker patients and families, success in meeting utilization targets, achievement of clinical and financial performance objectives, and the highest levels of patient satisfaction. The HCH/FH QI Plan will be established and implemented through the QI Policy and Procedure, which will:

- Establish broad performance improvement goals and priorities that are aligned with the goals and objective identified in the Strategic Plan of the HCH/FH Program and meets Section 330-Program requirements.
- Develop and utilize specific mechanisms for the identification, adoption and reporting of performance improvement projects.
- Monitor program performance through appropriate data collection including systematic aggregation and analysis of data from San Mateo Medical Center (SMMC) clinics and program contractors.
- Develop a process by which problems can be assessed and proposed solutions implemented with a method of follow-up that will assure problem resolution.
- Provide information regarding performance improvement activities and education to the HCH/FH Program Co-Applicant Board, San Mateo Medical Center (SMMC) Hospital Board, SMMC Quality Improvement Committee (QIC), program staff, and program contractors.

The HCH/FH QI Program provides the structure, tools, and resources to improve the quality of the HCH/FH Program in three essential areas:

- Patient **Access** to quality care

- Personal and organizational **Excellence**
- **Collaboration** with co-workers and community partners

The HCH/FH QI Plan also provides the outline for monitoring and improving program service delivery in four major areas:

- Quality of **Service**- Patient access and satisfaction
- Quality of **Care**- Clinical indicators and outcome measures
- Quality of **Work**- Staff productivity, satisfaction, and retention
- Quality of **Population Health**- Health status indicators for the target population

The HCH/FH QI Policy and Procedures establishes and implements the QI Program and involves the following components:

- Composition and responsibilities of the HCH/FH QI Committee
- Identification of quality indicators
- Selection of quality objectives
- Measurement of progress on quality indicators and objectives
- Risk Management
- System for using data to guide improvements
- Mechanisms for accountability and organizational responsibility
- QI infrastructure support and resources

POLICY/PROCEDURE:

The San Mateo County HCH/FH Program's Co-Applicant Board has instituted a quality improvement and quality assurance program that establishes the structure and process for improving organizational performance. The HCH/FH QI Program will be carried out in accordance with HCH/FH and SMMC policies through:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values, and goals of the program
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring program performance through appropriate data collection, aggregation, and analysis
- Providing information regarding performance improvement activities and education to the HCH/FH Co-Applicant Board, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program staff, and program contractors.
- Ensuring quality of care by partnering with the SMMC Primary Care Quality Committee to perform quarterly peer-reviews providers performing under baseline of provider-driven clinical metrics.

The HCH/FH QI Plan will be submitted by the HCH/FH QI Committee to the HCH/FH Co-Applicant Board. Annual QI plans will include the following components: quality assurance/control activities, quality improvement activities, patient satisfaction measures, and peer monitoring activities. Quarterly reports of performance improvement activities will be provided to the HCH/FH Co-Applicant Board and to the SMMC QIC as appropriate. After the quarterly reports, further activities will be determined by the HCH/FH Co-Applicant Board to review and approve indications for evaluation studies, review data looking for trends and significant variance, and make recommendations and/or act as required. Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC. Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee directly to the contractors.

I. ORGANIZATION AND REPORTING CHANNELS:

- A. The HCH/FH QI Committee is responsible for implementing the HCH/FH QI Program and development of the annual QI Plan.
- B. The HCH/FH QI Committee will review and analyze data from SMMC clinics and contractors on a quarterly basis. Data collection and analysis of outcome measures indicated by the UDS (Uniform Data System) report are conducted on a yearly basis.
- C. The HCH/FH QI Committee provides reports to the HCH/FH Co-Applicant Board on a quarterly basis and to the SMMC Hospital Board on an annual basis.
- D. Quality improvement concerns regarding services performed by SMMC clinic providers and contractors will be reported as part of quality plan reports to the HCH/FH Co-Applicant Board, SMMC Hospital Board, and SMMC QIC. The HCH/FH QI Committee will make recommendations and/or act as required.
- E. The HCH/FH Program provides services embedded in the SMMC clinic structure as well as through contracts with community partners. Quality improvement concerns regarding services performed by SMMC clinic providers and contractors will be processed through the HCH/FH QI Committee and the HCH/FH Co-Applicant Board.

II. HCH/FH QI COMMITTEE

- A. The HCH/FH QI Committee provides leadership for organization-wide, ongoing assessment, monitoring and improvement of HCH/FH programs and services in major functional areas and important aspects of care, including clinical primary care, patient and staff education, continuity of care, risk management, patient satisfaction, support services, medical record/information systems, and financial integrity and accountability. The HCH/FH QI Committee is responsible for the planning and implementation of activities to ensure the quality of care delivered by the HCH/FH Program for homeless and farmworker patients and families.

- B. The HCH/FH QI Committee will consist of the Medical Director, Program Director, Program Coordinator, representatives of primary care providers, representatives of all program services contractors and other ad hoc members as needed.
- C. The HCH/FH QI Committee will meet at least quarterly (a minimum of four times per year). If a problem, incident, or urgent business arises between the dates of regular meetings, the HCH/FH Medical Director or Program Director may call an emergency meeting.
- D. The HCH/FH Medical Director establishes the agenda for each meeting. The Program Coordinator records and maintains files of minutes of each meeting. Each meeting agenda may include but will not be limited to:
 - i. Presentation of previous meeting minutes for approval
 - ii. Risk management status review
 - iii. Review of status of UDS quality of care and health disparities clinical measures
 - iv. Review of HCH and FH utilization trends
 - v. Review of audits
 - vi. Review of areas of concern/problem reports
 - vii. Follow-up of previously identified problems/opportunities for improvement
- E. The HCH/FH QI Committee will review data from SMMC clinics and contractors on a quarterly basis and monitor progress on utilization and clinical performance measure. Reports and recommendations may include but are not limited to:
 - i. Reports on utilization by homeless and farmworker patients and families and sub-populations within these two target populations
 - ii. Findings from applicable internal and external audits
 - iii. Clinical performance measure findings
 - iv. Patient and staff satisfaction survey results
 - v. Patient and staff concerns or suggestions
- F. SMMC clinics and contractors report risk management and other significant concerns regarding patient safety, including patient-related incident reports, immediately to the HCH/FH Medical Director.
- G. The activities of the HCH/FH QI Committee are legally protected under the California Health and Safety Code Section 1370. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat.” All peer review and other confidential

reviews and actions will be done during closed session of the QI Committee meeting.

H. SMMC Primary Care Department Quarterly Peer Reviews

- i. SMMC (San Mateo Medical Center) will implement a peer review process for the Primary Care department to address provider feedback on a quarterly basis.
- ii. Each quarter, a designated number of clinics will participate by completing assigned chart reviews as part of the peer review process. A dedicated form has been created to explain the peer review process, outline the requirements from HRSA (Health Resources and Services Administration), and facilitate the collection of provider feedback.
- iii. During the review period, providers will be required to complete the dedicated form that evaluates a peer's management of preventative care, acute conditions, and chronic conditions. Providers will also provide a summary of their findings and suggest strategies for improvement where necessary.
- iv. A structured feedback loop will ensure that providers receive the feedback, and the medical center will securely store all peer reviews for future reference.

I. SMMC Medical Staff Peer Monitoring

- i. Implementation of a Continuous Quality Program for the Medical Staff including Affiliates to the Medical staff that through the activities of the Medical Staff, the Ongoing Professional Practice Evaluation (OPPE) of individuals granted clinical privileges are assessed, Focused Professional Practice Evaluation (FPPE) of individuals with clinical privileges is conducted; and the results of such assessments and evaluations is used to improve professional competency, practice, and care.
- ii. San Mateo Medical Center Medical Staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance. Ongoing professional practice evaluation (OPPE) information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal. Relevant information resulting from the focused professional practice evaluation (FPPE) process is integrated into performance improvement activities, consistent with policies and procedures that are intended to preserve confidentiality and privilege of information.
- iii. Ongoing Professional Practice Evaluation [OPPE]
 1. The medical staff has approved indicators for the departments/services. Peer review of licensed independent practitioners to be performed quarterly, or in cases listed below, by supervising physician at each outpatient clinic.

- a. Adverse events including a sentinel event as defined in policy, or a near miss with potential for major or permanent injury.
- b. Events required by regulatory agencies to be reported
- c. Cases identified by external third-party quality reviews
- d. Unusual Occurrence Reports of clinically significant events
- e. Significant patient/family or staff complaints
- f. Autopsy findings
- g. Results of blood utilization review
- h. Results of pre-op and post-op diagnosis review
- i. Medical records completion data

QUALITY IMPROVEMENT ACTIVITIES:

I. QUALITY INDICATORS

- A. The HCH/FH QI Committee will carefully select quality and health disparity indicators based on the following priorities:
 - i. Selected practice guidelines - Use of practice guidelines to meet clinical standards for adult, older adult, and pediatric health maintenance and for treatment of conditions that disparately affect HCH/FH patients
 - ii. Benchmarks for clinical performance measures reported in the annual UDS summary and rollout reports for Section 330 grantees
 - iii. Healthy People 2020 and HEDIS measures for chronic disease and preventive care
 - iv. New or significantly modified major processes - Impact of processes adopted or modified to improve quality of care
 - v. Requirements of external agencies that have significant consequence in either supporting the HCH/FH Program's attainment of its mission or financial well-being - Requirements from funders, requirements from regulatory agencies, and Bureau of Primary Health Care (BPHC) measures Indicators that have been identified as having broad impact across organizational functions and that should be considered for immediate action - Clinical and legal compliance issues, training and staff development requirements, and factors that impact community health and relations

II. SELECTION OF SPECIFIC QUALITY OBJECTIVES

- A. The HCH/FH QI Committee will develop an annual QI Plan with specific objectives in the areas of access and utilization of care, and clinical performance. The annual work plan is revised on an ongoing-basis and will:

- B. Outline specific goals and outcome measures for access to care, utilization of services, and clinical performance measures for homeless and farmworker individuals and families
- C. Propose implementation plan for goals and outcome measures
- D. Measure and analyze proposed goals and outcome measures
- E. Revise or add goals and outcome measures as needed with proposed follow-up plan

III. MEASUREMENT OF QUALITY INDICATORS AND PROGRESS ON OBJECTIVES

- A. The HCH/FH QI Committee oversees and coordinates collection and analysis of data by SMMC clinics and program contractors to measure quality indicators and progress toward annual objectives.
 - i. Data Collection Systems: To ensure the availability of accurate and timely data to inform QI activities, the HCH/FH QI Committee coordinates:
 - 1. Development, testing and application of procedures and tools (forms, charts, logs, etc.) for the collection of data for HCH/FH QI purposes
 - 2. Regular training/re-training of staff on data collection, including “just-in-time” training on changes in procedures and to solve problems
 - 3. Design and posting of simple instructions and reminders about data collection
 - 4. Quality control of data collection and follow-up
 - 5. Assurance that data collection complies with SMMC procedures for data storage, maintenance (including backups) and security, covering all formats of data (charts, notes, electronic records, etc.) and exchange of data between SMMC and program contractors
- B. Patient Records Reviews: Based on SMMC policies and procedures, the HCH/FH Medical Director establishes procedures for and supervises reviews of representative samples of electronic health records and/or SMMC clinic patient charts to measure progress toward selected clinical performance measures and other quality indicators. Contractors have in place procedures and supervision for records review of homeless and farmworker patients. Reviews of patient records are conducted quarterly. A formal Peer Review Program is conducted by SMMC, SMMC Primary Care Quality Committee, and all providers of primary care.
- C. Data Analysis: The HCH/FH Medical Director oversees data analysis conducted by the Program Staff. The Program Director prepares aggregated reports of data

from SMMC clinics and program contractors to the HCH/FH QI Committee as requested by the Medical Director. Data performance compared to the goals for Quality Measures and emerging trends derived from the reports will guide the HCH/FH QI Committee in identifying problem areas/opportunities for improvement and planning improvement projects

IV. SYSTEM FOR USING DATA TO GUIDE IMPROVEMENTS

- A. Improvement activities will follow the Plan-Do-Study-Act (PDSA) methodology. This methodology requires careful planning at all stages of the cycle.

	STEPS IN THE QI PROCESS	USEFUL TOOLS
P	Plan the improvement ➤ Plan the implementation of the improvement ➤ Plan continued data collection	<input checked="" type="checkbox"/> Data Collection Methods <input checked="" type="checkbox"/> Group Decision-Making Tools
D	Do the improvement to the process ➤ Make the change ➤ Measure the impact of the change	<input checked="" type="checkbox"/> Flowchart <input checked="" type="checkbox"/> Data Collection Methods <input checked="" type="checkbox"/> Run Chart
S	Study the results ➤ Examine data to determine whether change led to the expected improvement	<input checked="" type="checkbox"/> Cause and Effect Diagram <input checked="" type="checkbox"/> Run Charts <input checked="" type="checkbox"/> Control Charts <input checked="" type="checkbox"/> Histograms
A	Act to hold the gain and continue to improve the process ➤ Develop a strategy for maintaining the improvements ➤ Determine whether or not to continue working on the process	<input checked="" type="checkbox"/> Flowchart <input checked="" type="checkbox"/> Group Decision-Making Tools

V. RISK MANAGEMENT

- A. The HCH/FH QI Committee will work closely with the SMMC Patient Safety Committee (PSC). The PSC is a chartered subcommittee of SMMC QIC and is responsible for oversight of patient safety at all SMMC patient care facilities. Effective reduction of medical/health care errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, patient families, and organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages recognition and acknowledgment of risks to patient safety and medical/health care errors; initiation of actions to reduce these risks; internal reporting of what has been found and the actions taken; focus on processes and systems; and minimization of individual blame or retribution for involvement in a medical/health care error. Organizational

learning is also encouraged regarding medical/health care errors. Sharing of organizational knowledge is also supported to effect behavioral changes within the organization and in other health care organizations to improve patient safety.

- B. HCH/FH complies with the SMMC Integrated Patient Safety Plan (in WorkSite titled PI.03.01.01-A Integrated Patient Safety Program). In compliance with the Integrated Patient Safety Plan, sentinel events and other significant untoward events, or the risk of such events, will be included in the HCH/FH QI Plan through special reporting. Such events are further defined in the Integrated Patient Safety Plan. These events may also be reportable pursuant to the County's sentinel event reporting ordinance. Actions taken because of root causes analyses and focus reviews will be included in the quality improvement program and reported to the HCH/FH Co-Applicant Board, SMMC Hospital Board, and SMMC QIC. Primary care contractors have in place and comply with their individual risk management plans and all related policies and procedures.

VI. PATIENT/CLIENT COMPLAINTS

- A. Patient/client grievances and complaints are treated with the highest importance. Complaints and concerns should be resolved at the program level whenever possible. When an issue cannot be resolved, procedures are followed as described in the policy in the Rights and Responsibilities of the Patient chapter in WorkSite titled RI.01.07.01-B Patient Grievance Procedure. Complaints and grievances, which relate to quality-of-care issues, are referred to the appropriate department or committee for review and action.

VII. CREDENTIALING AND PRIVILEGING

- A. SMMC primary care providers delivering care for homeless and farmworker patients and families are subject to SMMC credentialing and privileging policies and procedures. These policies and procedures ensure the appointment and re-appointment of appropriately licensed and qualified individuals to the medical staff and grant such individuals specific clinical privileges. Primary care contractors have credentialing and privileging policies and procedures in place as well. The HCH/FH Co-Applicant Board will verify annually, or as needed, that SMMC and primary care contractors have credentialing and privileging policies and procedures verifying that all licensed and certified healthcare practitioners delivering care for homeless and farm worker patients and families are in full compliance with the Bureau of Primary Health Care Policy Information Notices 2001-16 and 2002-22.

VIII. PATIENT SATISFACTION SURVEYS

- A. The HCH/FH Program monitors patient satisfaction survey on an ongoing basis with homeless and farmworker patients of SMMC clinics in partnership with SMMC and survey vendor. The HCH/FH QI Committee will review survey results quarterly and use the findings to assist in identifying important issues for patients that may need to be addressed.

IX. MECHANISMS FOR ACCOUNTABILITY AND ORGANIZATIONAL RESPONSIBILITY:

- A. The HCH/FH Co-Applicant Board has the ultimate authority and responsibility for the implementation and maintenance of ongoing QI activities. This responsibility is delegated to the HCH/FH QI Committee. To ensure accountability for HCH/FH QI, organizational responsibilities are defined as follows:
- B. The HCH/FH Medical Director is responsible for ensuring that the HCH/FH QI Plan is properly developed, implemented and coordinated. The Medical Director oversees reviews of patient records by licensed health professionals. The Medical Director is involved in the coordination of QI activities with primary care contractors. The Medical Director assists the Program Director with the preparation and presentation of the HCH/FH QI quarterly report to the HCH/FH Co-Applicant Board.
- C. The HCH/FH Program Director is responsible for managing the collection, analysis, and reporting of accurate, timely data to inform QI activities. Program Director works with the Medical Director to prepare and present the HCH/FH QI quarterly report to the HCH/FH Co-Applicant Board.
- D. Infrastructure Support and Resources for QI: The SMMC Quality Management Department is responsible for supporting SMMC’s organization-wide quality management program, including the HCH/FH QI Plan. The department provides program support through assisting in the collection of data for performance improvement purposes, conducting clinical review activities, preparing summary reports, reporting data, maintaining a central location for QI records and organizational review activities while safeguarding confidentiality, maintaining records and databases that support performance improvement activities, and providing training related to dissemination and implementation of QI activities.

SMMC Policy Review & Approval Grid	
Origination Date: 2013-12	Last Review Date: 2021-12
Reviewed and approved by:	Date:
HCH/FH Co-Applicant Board	12/8/2021
HCH/FH Co-Applicant Board Chair	12/8/2021

HCH/FH Program Director	12/8/2021
NOTE(s):	

Tab 8

Request to Vote on
December 12th, 2024
Board Meeting Time
Change



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: November 14th, 2024

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

FROM: Jim Beaumont, HCH/FH Program Director

SUBJECT: REQUEST TO VOTE ON DECEMBER 12TH, 2024 BOARD MEETING
TIME CHANGE

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

Healthcare for the Homeless/Farmworker Health (HCH/FH) Board meetings are typically held on the second Thursday of each month from 10am - 12pm. All potential County meeting spaces are unavailable for 10am - 12pm on December 12th, 2024.

HCH/FH has a reservation for Room 101 at 455 County Center, Redwood City, CA 94063 from 11:30am - 4pm.

To ensure the availability of a suitable meeting space and to maintain our scheduled meeting on December 12, 2024, we respectfully request your approval to adjust the meeting time from 10:00 a.m. – 12:00 p.m. to 12:30 p.m. – 2:30 p.m.

The Board's approval is greatly appreciated.

Tab 9
Request to Re-
nominate Board
Members with Terms
Expired in November
2024



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: November 14th, 2024

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

FROM: Jocelyn Vidales, Planning & Implementation Coordinator

SUBJECT: REQUEST FOR APPROVAL TO RE-NOMINATE BOARD MEMBERS
WITH EXPIRING TERMS

Pursuant to our bylaws, one term on the Board is four years, and there are no limitations to the number of terms a Board member can serve. In light of this, we would like to request approval to re-nominate these Board members for another term.

We believe that these Board members have demonstrated an unwavering commitment to HCH/FH board and possess the experience and expertise necessary to continue contributing meaningfully to our mission.

To ensure a seamless continuation of our operations, we kindly request your approval to re-nominate the following Board members:

Steve Carey, whose term expired in November 2024. The new term will expire in November 2028.