

**Health Care for the Homeless /
Farmworker Health Program (HCH/FH)
Co-Applicant Board Meeting**

**December 10, 2015
9:00 AM — 11:00 AM**

**Human Services Agency
400 Harbor Blvd Building B (Bali Room)
Belmont**

**HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting**

Human Services Agency – 400 Harbor Blvd Building B (Bali Room), Belmont
December 10, 2015, 9:00 A.M - 11:00 A.M.

AGENDA

A.	CALL TO ORDER	Robert Stebbins	9:00 AM
B.	CLOSED SESSION		
	1. No Closed Session this meeting		
C.	PUBLIC COMMENT		9:02 AM
	<i>Persons wishing to address items on and off the agenda</i>		
D.	CONSENT AGENDA		9:05 AM
	1. Meeting minutes from November 12, 2015		TAB 1
	2. Program Calendar		TAB 2
E.	BOARD ORIENTATION		
	1. No Board Orientation items this meeting.		
F.	REGULAR AGENDA		
	1. Consumer Input to Board	Linda and Others	TAB 3 9:08 AM
	2. Board Ad Hoc Committee Reports	Committee Members	9:20 AM
	<i>i. Transportation</i>		
	<i>ii. Health Navigation</i>		
	<i>iii. Board Composition</i>		
	3. HCH Program - Request to Approve RFP Funding Policy	Robert Stebbins	TAB 4 9:30 AM
	<i>i. Action Item- Request to Approve Proposal Funding Policy</i>		
	<i>Any documents involved for items #4 through #10 will be available at meeting. Time will be provided for review prior to consideration.</i>		
	4. HCH/FH Program QI Committee Report	Frank Trinh	9:40 AM
	5. HCH/FH Program Director's Report	Jim Beaumont	9:50 AM
	6. HCH/FH Program Budget/Finance Report	Jim Beaumont	9:55 AM
	7. HCH/FH Program – Oath of office/Conflict of Interest	Linda Nguyen	10:00 AM
	8. Strategic Plan Update	Jim/Rachel Metz/	10:05 AM
	9. RFP Proposals for approval and review	Jim Beaumont	10:20 AM
	10. RFP summary of new contracts	Jim Beaumont	10:35 AM
	11. Board Travel Requests discussion	Jim Beaumont	TAB 5 10:50 AM
G.	OTHER ITEMS		
	1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
	<i>i. Next Regular Meeting – January 14, 2016; 9:00 A.M. – 11:00 A.M. at SMMC – Education Classroom One, San Mateo</i>		
H.	ADJOURNMENT	Robert Stebbins	11:00 AM

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 Program Coordinator at least five working days before the meeting at (650) 573-2966 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.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm>.

TAB 1
November 12, 2015
Meeting Minutes
(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board November Meeting Minutes
Coastside Clinic- Half Moon Bay**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Brian Greenberg
Tayischa Deldridge
Julia Wilson
Kathryn Barrientos
Molly Wolfes
Paul Tunison, Vice Chair
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, HCH/FH Program Coordinator
Nirit Eriksson, County Counsel
Elli, Lo, HCH/FH Management Analyst
Anita Booker, Mobile Van Clinic Manager
Frank Trinh, Medical Director

Members of the Public

Rachel Metz, consultant
Pat Fairchild, JSI co

Absent: Eric Brown,

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:30</u> A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Dan SECONDED by, Julia and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Discussion on gun violence from 2 articles shared on the statistics and prevalence in the U.S. as well as it being a public health concern. IVSN is building a kennel for companion animals at their Maple street shelter for 4-6 dogs.	

	<i>Please refer to TAB 3 on the Board meeting packet.</i>	
Transportation <i>Sub-committee reports</i>	No report	
<i>Board orientation Sub-committee reports</i>	Dan drafting letter to send to municipalities to recruit for Board. Discussion on recruiting farmworker consumers. Pat suggested inquiring with Health Center of Watsonville as they have many farmworker consumers on their Board. Molly has volunteered to be part of this ad-hoc sub-committee to help recruit consumers.	
<i>Patient Navigator Sub- committee reports</i>	Pat Fairchild handed out more hand navigator/enabling service documents to the group. Tay and Kat- no report.	Pat- to send soft copy to staff
Regular meeting: QI Report	Dr. Frank Trinh conducted oral report: Summary of last QI Committee meeting on Asthma measure. Patients 5-40 diagnosed with persistent Asthma. Chart reviews will be conducted for the negative results to get better understanding, as many are street and transitional homeless. Discussion on IVSN shelter residents having persistent Asthma, most emergency calls from shelters are related to Asthma. Discussion on health education, including in upcoming street medicine efforts. .	
Regular Agenda: HCH/FH Program <i>Director's Report</i>	Summary of <u>Grant Conditions</u> - On October 21, 2015, we were informed by our Project Officer, that the HRSA review of our October 8th submission for the Appropriate Staffing grant	

condition (Credentialing & Privileging - #3) had been found to be unacceptable. We exchanged information with her on the issue to determine what was still needed, and we were requested to provide a timeline be submitted establishing when we would be able to complete the process

Expanded Service Oppurtunity- The planning for the implementation of the HCH/FH Street/Field Medicine initiative funded by our Expanded Services award is ongoing. The week of November 2nd we hosted Candace Kugel who has been working with us on our clinical grant conditions. Candace has extensive experience working with Migrant Farmworker programs and her visit allowed us to get guidance from her in that area and well as other input on implementing the program.

Street Medicine Symposium- On October 14 through 16, 2015, The International Street Medicine Symposium was held in San Jose. We had over two dozen attendees at the Symposium who are involved with our HCH/FH Program.

Strategic Plan- We have established a contract with Rachel Metz to support our strategic Planning effort. Over the next 3-5 months we expect to work through a ton of ideas, possibilities and thoughts, and come out with a robust, thoughtful strategic plan to submit for Board approval.

Request for Proposal- On October 19, 2015, the HCH/FH Program released its Request for Proposals to use the program's available resources to generate services for the homeless and farmworker communities. The RFP was significantly streamlined in an effort to make the proposal process much simpler and easier to navigate. While the final submission deadline is currently set at November 30, 2015, we introduced a rolling evaluation process where proposals will be addressed as they are received.

Please refer to TAB 4 on the Board meeting packet.

<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Based on the information available, the program has expended \$1,513,729 through October 31, 2015. This represents about 70% of the base grant budget expended through 85% of the grant period.</p> <p>The Expanded Services funding is more on track. The funding was intended to cover approximately 20 months of effort, and through 10 months (50%) the Mobile Van's contract is 55% expended. We are still waiting to begin receiving invoices from Sonrisas.</p> <p>Given the known issues in appropriately and adequately addressing short term increases in expenditures, Program continues to work on a number of options that hold promise for utilizing one-time or short-term expenditures and providing longer-term or ongoing benefits.</p> <p>The GY Expenditures & Projections Report thru 10/31/15 is attached.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program 3rd Quarter Contractors Update</p>	<p>Summary of report: Most contractors are on target for performance of 75% of the contract, as others are a bit behind schedule. Rising housing cost continues to be a trend shared in the quarterly report from contractors.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	

<p>HCH/FH Program- Request to Approve C&P Policy</p> <p>Action item: Request to Approve Credentialing and Privileging Policy</p>	<p>Based on continuing discussions with HRSA representatives, it has been noted that the Co-Applicant <i>must</i> approve credentialing and privileging of providers that serve the program's target populations. The Board's current Credentialing & privileging Policy approved May 14, 2015, uses the term 'endorse' for the Board's actions with regard to the credentialing and privileging actions of the San Mateo Medical Center's Board of Directors.</p> <p>The Credentialing 7 Privileging Policy here presented for Board approval changes the references of 'endorse' to 'approve'</p> <p>This request is for the Board to approve the HCH/FH Credentialing and Privileging Policy as presented. Approval of this item requires a majority vote of the Board members present.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p> <p>Action item: Request to Approve Credentialing and Privileging Policy</p>	<p>MOVED by Dan</p> <p>SECONDED by Kat,</p> <p>and APPROVED by remainder of Board members</p>
<p>HCH/FH Program- Strategic Plan Discussion</p>	<p>Pat Fairchild and Rachel Metz guided discussion on Strategic Plan work:</p> <ul style="list-style-type: none"> • Preliminary report will be ready by February Board meeting to review. • Strategic Plan will guide program for next 2-3 years. • Discussion on goals of strategic plan, to include services etc. • Strategic Plan will guide annual Tactical plans. • Will hold extended meeting for Strategic Plan. • Rachel Metz will conduct local interviews with stakeholders. 	

<p>Regular Agenda: Discussion/Review/Approval of RFP Proposals</p> <p>Action item: <i>Request to Approve Puente's contract for next 2 years.</i></p>	<p>Staff presented contract for Puente to Board. Request to send list of RFP Committee members and summary of recommendations</p> <p>InnVision Shelter Network and Samaritan Houses' contracts will be ready for approval by next December meeting. County Counsel will re-evaluate Bylaws on conflict of interest in entering contracts.</p> <p>Staff presented contract for Puente to Board. Reviewed and discussed Puente's proposal to continue current services for 2 years. Motion to vote on Puente's renewed contract.</p> <p><i>Documents available at meeting prior to approval.</i></p> <p>Action item: <i>Request to Approve Puente's contract for next 2 years (2016-2017).</i></p> <p><i>Documents available at meeting prior to approval.</i></p>	<p>Nirit review ByLaws and IVSN contract for conflicts</p> <p>MOVED by Paul</p> <p>SECONDED by Julia,</p> <p>and APPROVED by remainder of Board members</p>
<p>Regular Agenda National Advisory Council on Migrant Health Nominations:</p>	<p>Call for Nominations: The Secretary of the United States Department of Health and Human Services, Sylvia M. Burwell, requests nominations for qualified candidates to be considered for appointment to the National Advisory Council on Migrant Health (NACMH).</p> <p>NACMH Management and Support: The Health Resources and Services Administration (HRSA) is charged with the provision of management and support services for the Advisory Council and oversees the membership nomination process.</p> <p>Discussion to nominate Molly Wolfes, as it is a very competitive process Molly will accept the nomination and look into responsibilities.</p> <p>Please refer to TAB 9 on the Board meeting packet.</p>	

<p>Discussion on attendance of Western Forum for Migrant & Community Health Conference (Feb 23-25)</p>	<p>Upcoming Western Forum for Migrant and Community health Conference in Portland, Oregon in end of February.</p> <p>Molly and Julia are interested in attending. Molly request to have other Puente staff attend and program pay for, will submit request to staff.</p>	<p>Molly to submit request for funding Puente staff to attend conference.</p>
<p>Adjournment</p>	<p>Time ____11:34 a.m.____</p>	<p>Robert Stebbins</p>

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2015 Calendar *(Revised December 2015)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (November 12, 2015 from 9:30 a.m. to 11:30 a.m.) • Annual Evaluation & Review of Program Director • Review/Approval of RFP proposals • Contracting , prepare for BOS (as required) 	November	Board meeting at Coastside Clinic-HMB
<ul style="list-style-type: none"> • Board Meeting (December 10, 2015 from 9:00 a.m. to 11:00 a.m.) • BOS approval of contracts (as required) • Grant Year Budget Approval • UDS training 	December	Board meeting at HSA Office Belmont-
<ul style="list-style-type: none"> • Board Meeting (January 14, 2016 from 9:00 a.m. to 11:00 a.m.) • Contracts begin January 1, 2016 	January	Board meeting at SMMC
<ul style="list-style-type: none"> • Board Meeting (February 11, 2016 from 9:00 a.m. to 11:00 a.m.) • UDS report • Strategic Plan Draft • 2016 Western Forum for Migrant & Community Health Feb 23-25 Portland 	February	
<ul style="list-style-type: none"> • Board Meeting (March 10, 2016 from 9:00 a.m. to 11:00 a.m.) • Regional NHCHC training in Denver, CO March 31- April 1 2016 	March	

Conference calendar	
National Health Care for the Homeless Council National Conference	May 31- June 3,2016; Portland. OR

TAB 3
Consumer Input

December 21: National Homeless Persons' Memorial Day



While Congress cuts funding to programs that serve individuals experiencing homelessness, we are quickly approaching December 21st, Homeless Persons' Memorial Day. Each year on the first day of winter and longest night of the year, hundreds of local organizations, advocates, and people experiencing homelessness gather in our communities to take pause from their work and everyday lives to honor those whose lives have been lost in homelessness. We state clearly, together with others in scores of communities across our nation, that no person should die for lack of housing.

Each Homeless Persons' Memorial Day event is unique to its community, but the events often include readings of names, candles, prayers, personal remembrances, marches, and moments of silence. They are often held outdoors, sometimes - fittingly - in the bitter cold. And they often include calls to address the systemic causes of tragically avoidable deaths.

To learn more and to get involved see our [resource page](#).

<https://www.nhchc.org/resources/consumer/homeless-persons-memorial-day/>

TAB 4
Request to Approve RFP
Funding Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 10, 2015

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

FROM: Robert Stebbins, Board Chair
HCH/FH Program

SUBJECT: REQUEST TO APPROVE PROPOSAL FUNDING POLICY FOR RESPONSES TO REQUESTS FOR PROPOSALS (RFP) AND SOLICITATIONS FOR SERVICES (SFS)

Evaluation and contract negotiations for the current round of responses to RFPs, for services to HCH/FH patients that represent contract extensions to begin in January 2016, were initiated after release of RFPs on October 19, 2015. Financial negotiations were then concluded before the Board was asked at the November 2015 meeting, and will be asked again at this December meeting, to review a brief summary of the proposals for their anticipated approval. These summaries and negotiated contracts were not, and are not, included in the Board packet for Board member review, but are being presented to members at the time of the Board meeting.

The thorough methods of review and discussion of proposals that have been previously used by the Board in 2013 have been set aside by the Program office.

The Program office departed from the committee structures and evaluation system used in 2103 RFP evaluations and proposed for the 2015 SFS RFP. These earlier RFP review processes comprised an orderly review by subject-matter specific teams (Evaluation Teams), which made recommendations to the RFP Selection Committee about whether to fund, partially fund, or not fund each proposal. The RFP Selection Committee was charged with analyzing the Evaluation Team recommendations and assessing the best utilization of Program funds to provide services to the homeless and farmworker populations.

The Committees' evaluations were included in a comprehensive 8 page report, outlining the reasoning and recommendations of each evaluation group, that was given to the HCH/FH Board for final review and funding decisions. Following Board action, the Program office created MOUs or contracts for each of the contractors.



The earlier Evaluation Teams and Selection Committee included a substantial number of Board members. Board decisions regarding proposal funding were made before contract negotiations were begun.

Because of the release of RFPs in the third week of October 2015, the Board has been required to adopt an unfortunate, abbreviated process for approving extension of existing contracts.

Going forward, several organizations have or will present proposals for new services for the coming year or more. It is suggested that the Board adopt a policy to return the evaluation and contract/MOU discussion timelines and committee structures to those orderly processes utilized previously. Employing those prior processes for evaluation and decision-making will ensure a more balanced and transparent review of proposals, and will enable the Board to make appropriate and fiscally responsible funding decisions.

A copy of the November 4, 2013 RFP Selection Committee Report is included in this Tab.

The proposed Policy follows the structure of review and decision making that was successfully utilized for earlier proposal evaluations.

This request is for the Board to approve the Policy for Evaluation and Funding Decisions for RFPs and SFSs.

Attachments:

HCH/FH Policy for Evaluation and Funding Decisions for Requests for Proposals and Solicitations for Services

RFP SELECTION COMMITTEE REPORT, November 4, 2013

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Scope of Services	Effective Date: 12/10/2015
Subject: Evaluation and Funding Decisions	Approved Date: 12/10/15
Title of Policy: Policy for Evaluation and Funding Decisions for Requests for Proposals and Solicitations for Services	Approved by: Co-Applicant Board

1. Rationale or background to policy:

2. Policy Statement:

1. Subject-specific Evaluation Teams will first evaluate proposals for new services and following committee discussion, will provide their written funding recommendations to the RFP Selection Committee.
2. The RFP Selection Committee will review the Evaluation Teams' recommendations in light of overall funding priorities of the Program and may suggest alterations in the recommendations.
3. The Selection Committee will create a comprehensive report of the Evaluation Teams' and the Selection Committee's reasoning and funding recommendations for presentation to the Co-Applicant Board for its review and decision.
4. The Evaluation Teams and Selection Committee will be comprised of a substantial number of subject-knowledgeable Board members.
5. The Selection Committee comprehensive report will be provided in the Board packet for transmittal to Board members several days in advance of the Board meeting. No reports for Board review will be accepted on the day of the Board meeting.
6. The Co-Applicant Board will review the funding recommendations and decide whether to fund organizations as recommended, or the Board may elect to alter any recommendations as it deems appropriate.
7. Following Board action, the Board recommendations for funding will be presented to the Program office to enable the office to conclude contract or MOU negotiations.
8. RFP releases will be planned so to allow adequate time for the above evaluations and decisions to occur.

3. Procedures:

Approved _____

Board Chair

Program Director

RFP SELECTION COMMITTEE REPORT

November 4, 2013

Program Priorities and Budget Allocation

During the HCH/FH Program (Program) Strategic Planning process, it was determined that aside from the three core services (medical, dental, and behavioral health services), below are the areas of growth that were suggested for each target population:

Farmworkers:

- Eligibility Assistance
- Health Navigation
- Case Management-Medical
- Support for Core Agencies/CBO's in Coastside
- Health Education
- Transportation

Homeless:

- Case Management-Medical
- Health Navigation
- Respite Care
- Eligibility Assistance
- Case Management-Social
- Staff/Provider Training
- Transportation

HRSA roughly estimates that 80% of the Program budget is allocated for homeless services and 20% for farmworker services. The Community Advisory Board suggested the following allocation of funds for each target population and service type:

Farmworkers:

- Medical Primary Care 30%
- Dental Care 30%
- Enabling Services/Other 40%

Homeless:

- Medical Primary Care 30%
- Dental Care 35%
- Enabling Services/Other 35%

Please see the attached RFP budget documents (Attachment 1 & 2), which outlines the allocated budget for the 2013 RFP for each service type and target population, allocated budget for the San Mateo Medical Center clinics, and total funding requests from the RFP proposals.

Process and Protocol for Invoicing and Reporting

HCH/FH Program contracts are typically paid on a per-head basis. Service rates are determined based on the amount requested divided by the proposed number of people served. The average service rate by service type from previous and current contractors are listed below:

Service type	Rate/patient
Primary Care	\$143-\$180
Dental Care	\$274-\$376
Enabling Services	
- Intensive Case Management (BH)	\$260
- Case Management (SS)	\$125-\$240
- Case Management (EA)	\$143-\$360

*BH- mental health & AOD SS-social services EA-eligibility assistance

Contractors send an invoice on a monthly basis (along with a data spreadsheet), and are paid based on the number of new unduplicated patients/clients served the previous month. Contractors also send a quarterly report on their progress in meeting contract goals and outcome measures. If a contractor does not meet their goals and do not use up all their allocated money at the end of the grant year, the unused funds will go back to the HCH/FH Program general fund and can be redirected for other Program expenses/services as determined by the Co-Applicant Board. Contractors who use up all their grant money before the end of the grant year, are not paid beyond their agreed upon amount for the grant year. These contractors would still have to serve our target population and report additional patients served in the monthly data spreadsheets and quarterly reports.

RFP Proposal Feedback and Recommendations

Nine RFP proposals for were received by Program staff on October 18, 2013.

Proposals Received:

Primary Care (homeless)

- Public Health Mobile Clinic
- Ravenswood

Primary Care (farmworker)

- No proposals received

Dental Care (homeless)

- Ravenswood

Dental Care (farmworker)

- Sonrisas

Enabling Services (homeless)

- Behavioral Health and Recovery Services
- Public Health Mobile Clinic
- InnVision Shelter Network
- Safe Harbor

Enabling Services (farmworker)

- Puente de la Costa Sur

As part of the RFP process, each proposal was evaluated by subject-matter specific teams (Evaluation Team) by service category (Primary Medical Care, Dental Care, or Enabling Health Services). Evaluation Team members uses a rating sheet to evaluate each proposal (see Attachment 3). Each Evaluation Team then made recommendations to the RFP Selection Committee on whether to fund, partially fund, or not fund each proposal. The RFP Selection Committee was charged with analyzing the Evaluation Team recommendations and assessing the best utilization of Program funds to provide services to the homeless and farmworker populations.

HCH/FH Program grant funds are meant to supplement programs and services to homeless and farmworker individuals and families. Program funds are not meant to supplant existing funding or to fully fund a program. Some matching funds would need to be included in the proposal. Below are the feedback and recommendations from the Evaluation Teams and the RFP Selection Committee:

Dental Care Services

Ravenswood (\$74,960 for 225 unduplicated homeless patients through 900 visits per grant year)

- Evaluation Team recommendation – fully fund as requested
 - Given that homeless patients tend to be very transient, is it feasible that 60% of homeless dental patients will complete their treatment plan within six months?
 - Evaluation Team felt that 60% is a bit high
 - Evaluation Team felt that the service rate of \$333 per patient is fair considering that the dental facility and equipment are up-to-date and the quality of service is great
 - Location of facility is also great since 25% of homeless are located in that area of the county
- RFP Selection Committee recommendation – partial fund at \$50,000
 - RFP Selection Committee agreed with the Evaluation Team with the exception of the amount of grant funding
 - There was additional concern regarding the estimated program income for next year
 - To account for potential program income from third-party reimbursements, it was recommended that a review of program income and patient data from January through March 2014 would need to be conducted starting in April 2014 and monthly thereafter
 - Indicate number of patients provided restorative care (dentures and partials) in quarterly reports

Sonrisas (\$24,000 for 10 unduplicated farmworker patients per grant year)

- Evaluation Team and RFP Selection Committee were not able to make a recommendation because more information was needed

- Evaluation Team felt that proposed number of patients served (10 people) was too low for the amount requested (\$24,000)
 - Cost per person would be \$2,400, even with intensive comprehensive dental care it is still a bit costly
 - Recommend having a tracking system of how grant money is spent
 - Focus on paying for the portion of treatment plan of the patient that is not otherwise covered by other sources rather than basing funding on staff time
 - Reduce administrative costs (greater than the 10% requirement)
 - Recommend requesting more information regarding:
 - How did Sonrisas determine the proposed number of patients served? What was the reasoning behind this number?
 - What is the protocol/process to determine which ten farmworker individuals will be served?
 - Need justification on the high cost of care (\$2,400 per person)
 - Evaluation Team members did recognize the need for more dental services to farmworkers on the South Coast area of the county, and Sonrisas would be the ideal provider of dental services to these patients
- RFP Selection Committee agreed with the recommendation of the Evaluation Team
 - There was an additional concern that no matching fund was indicated in the proposal
 - Hours of operation would need to include more evening and weekend hours since most farmworkers are not able to get out of work

Enabling Services

Behavioral Health & Recovery Services (\$90,000 for 300 unduplicated homeless patients per grant year)

- Evaluation Team recommendation – fully fund as requested
 - Evaluation Team felt that the proposal was well written and therefore was rated highly by all members
 - It was noted that mental health and AOD recovery services are a requirement as a 330-h program (homeless) so this proposal helps to fulfill that requirement
 - There are a great majority of homeless patients/clients that have behavioral health issues and the services proposed is the entryway to County mental health and AOD recovery resources
- RFP Selection Committee recommendation – fully fund as requested
 - RFP Selection Committee agreed with the recommendation of the Evaluation Team
 - Recommend serving a higher number of street and doubling-up homeless since they are the ones that are harder to reach and are usually not well-connected to other services, and therefore fall through the cracks
 - It was a great plus that BHRS provided over 50% in matching funds in the proposed budget

InnVision Shelter Network (\$189,846 for 600-750 unduplicated homeless individuals through 1,500 visits per grant year)

- Evaluation Team recommendation – fully fund as requested

- All Evaluation Team members rated this proposal highly
- All felt that IVSN is well-connected and well-respected homeless service provider in the county
- IVSN knows San Mateo County homeless population
- However, they did not meet the 10% matching fund requirement
- RFP Selection Committee recommendation – partial fund at \$145,000
 - RFP Selection liked that 30% of their target clients are street homeless, however it was a bit confusing because cover letter stated 600 clients but objectives stated 750 case management clients and 100 SSI/SSDI application
 - As a result of the implementation of the Affordable Care Act, the health insurance policies and eligibility requirements have drastically changed since the last round of RFPs
 - Recommend an increase in rate of case management services for homeless and reduce the amount for assistance with SSI/SSDI applications since it is a labor intensive process

Safe Harbor (\$62,208 for 310 unduplicated homeless individuals per grant year)

- Evaluation Team recommendation – partially fund because there are limited resources in North County; the only “wet” shelter in the county
 - Evaluation Team suggests:
 - Fund only the health case manager activities that focus on health navigation and health education, not intake
 - Clearly state that activities related to shelter intake is not part of funded activities (these activities should already be done at the shelter regardless of HCH/FH Program funding)
 - Better coordination of services with PH Mobile Clinic staff and IVSN staff to ensure that there is no overlap in services
- RFP Selection Committee recommendation – partial fund at \$55,000
 - RFP Selection Committee agrees with the recommendation of the Evaluation Team for partial funding
 - RFP Selection Committee liked that 50% of their target population are street homeless however, it was a bit confusing because cover letter stated 310 unduplicated clients but objectives states that they will screen 400 unduplicated clients and provide intensive case management to 90 clients

PH Mobile Clinic (\$118,486 for 50 unduplicated homeless patients per grant year)

- Evaluation Team recommendation – do not fund
 - Evaluation Team felt that the proposal was a primary care proposal and not an enabling service proposal
 - Outcome measures and supporting documents were medical in nature and not enabling service focused
 - It was unclear when in the process of providing services to patients did the medical service end and when case management began (concern with duplication of services)

- Evaluation Team acknowledged that medical case management is greatly needed and the PH Mobile Clinic would be the right agency to provide these services, but the proposal was not written as an enabling service proposal
- Evaluation Team members felt that continuation of care plan need to be stronger and more clear in the proposal
- Budget is heavy on staffing and not an efficient use of funding
- Too much money for transportation services
- Proposed number of people served was too low for the amount requested
- RFP Selection Committee agreed with the Evaluation Team recommendation and concerns to not fund the proposal
 - RFP Selection Committee also felt that the proposal was a primary care proposal and not an enabling services proposal
 - RFP Selection Committee felt that the composition of the staff listed to provide enabling services were not geared towards providing enabling services
 - Concept of nurse going out with community worker was not sufficiently developed, and there was discussion still if this is part of medical or enabling services
 - RFP Selection Committee felt that it was more efficient use of funds to coordinate case management services with existing resources such as IVSN, BHRS, and Safe Harbor case managers

Puente (\$101,524 for 150 unduplicated farmworker clients per grant year)

- Evaluation Team recommend – partially fund because they are a known and trusted provider to farmworkers
 - The Evaluation Team felt that the number of proposed people served is too low for the amount requested
 - Evaluation Team strongly suggest that if Selection Committee chooses to fund proposal:
 - get clarification on what specific activities will be conducted and how is this different from activities that they are already receiving funding for from other sources (to ensure that there is no duplication of services and to ensure that HCH/FH program funds are not supplanting existing funding)
 - get clarification on the objectives and outcome measures for these activities
 - get clarification on who is leading the efforts for these activities – it was clear who the leader of the organization is, but it was not clear who is the main person that will oversee these activities
 - there were no matching funds indicated in proposal
 - get justification for estimated service rate of \$677/person – Evaluation Team felt that this was a very high rate and that it was not an efficient use of program funds
 - need to improve linkage to other providers for services
- RFP Selection Committee recommendation – partial fund at \$60,500
- RFP Selection Committee agreed with the concerns of the Evaluation Team
 - RFP Selection Committee agreed that the service rate is very high

- There needs to be some matching fund because it was not clearly stated in the proposal
- There needs to be more clarification on what specific activities will be funded with stronger outcome measures
- There needs to be more clarity to ensure that ongoing activities that are already funded by other sources are not also being funded by HCH/FH Program funds (double dipping)
- RFP Selection Committee does recognize the need for more outreach workers and health educators in the South Coast as indicated by the recent Program focus groups conducted earlier this year
- RFP Selection Committee recommends funding the new two community workers, 10 % of the existing outreach coordinator because of additional staff, and some administrative costs not all
- Administrative costs were very high

Primary Care Services

Ravenswood (\$91,645 for 500 unduplicated homeless patients through 2,850 visits per grant year)

- Evaluation Team recommendation – fully fund as requested
 - Evaluation Team rated the proposal highly and liked that other services are available for homeless patients aside from what is being funded by the Program grant
 - Health navigation team is a great plus especially for homeless populations because they are so transient and do not do well with appointments
- RFP Selection Committee recommendation – partial fund at \$65,000
 - RFP Selection Committee agreed with the Evaluation Team with the exception of the amount of grant funding
 - There was additional concern regarding the estimated program income for next year
 - To account for potential program income from third-party reimbursements, it was recommended that a review of program income and patient data from January through March 2014 would need to be conducted starting in April 2014 and monthly thereafter
 - It is recommended that a greater amount of street and doubling up homeless should be targeted considering the large percentage of unsheltered homeless in that part of the County, as indicated in the One-Day Count
 - It is recommended that an outreach plan to reach more of these individuals would need to be part of the reporting requirement

PH Mobile Clinic (\$334,420 for 1,500 unduplicated homeless patients through 2,500 visits per grant year)

- Evaluation Team recommendation – partial funding
 - The Evaluation Team felt that the proposed amount is too high for the number of people served (\$223)

- Service rate is higher than what is the typical rate for primary care services (\$143-\$180)
- There was also a concern that PH Mobile Clinic might not reach their proposed goal for number of people served (1,500 unduplicated patients) since they typically see around 1,200-1,300 patients per year
- Proposal is too staff heavy, and pay rate of staff is really high
- Budget for Nurse Practitioner (NP) is also confusing because in the Budget Table, the NP is budgeted for 0.5 FTE but in the narrative the NP was budgeted for 0.25 FTE
- Evaluation Team suggests lowering service rate so that it is between \$180-\$200 per patient which translates to the amount of \$270,000 to \$300,000
- RFP Selection Committee recommendation – partial fund at \$230,000
 - Recommendation to not fund time for the Medical Director and instead focus on the staff delivering care at the mobile clinic
 - There was additional concern regarding the estimated program income for next year
 - To account for potential program income from third-party reimbursements, it was recommended that a review of program income and patient data from January through March 2014 would need to be conducted starting in April 2014 and monthly thereafter
 - It is recommended that a greater amount of street and doubling-up homeless should be targeted considering that it is a mobile van and they would be best suited to be able to serve them
 - It is recommended that an outreach plan to reach more of these individuals would need to be part of the reporting requirement

TAB 5
Board Travel Request
Discussion

Jim Beaumont - FW: Save the Date: 2016 NHCHC Spring Regional Training

From: Brian Greenberg <Bgreenberg@ivsn.org>
To: 'Jim Beaumont' <jbeaumont@smcgov.org>, "'Nguyen@smcgov.org'" <nguyen@s...>
Date: 11/18/2015 1:01 PM
Subject: FW: Save the Date: 2016 NHCHC Spring Regional Training

I would like to be considered for a travel/attendance subsidy for this conference. Thanks.

From: National Health Care for the Homeless Council [mailto:council@nhchc.org]
Sent: Wednesday, November 18, 2015 12:01 PM
To: Brian Greenberg
Subject: Save the Date: 2016 NHCHC Spring Regional Training

Learn about the Council's upcoming 2016 Spring Regional Training.

If you're having trouble viewing this email, you may [see it online](#).

Share this:    



Save the Date

Spring Regional Training

March 31-April 1, 2016 • Denver, CO

Join the National Health Care for the Homeless Council on March 31-April 1, 2016, at the Colorado Convention Center in Denver, Colorado, as we bring together individuals and organizations that provide compassionate care to people experiencing homelessness throughout your region. The 2016 Spring Regional Training will offer two days of professional development and educational workshops, as well as networking opportunities.

Health Care for the Homeless experts across the Rocky Mountains and Great Plains regions of the United States will offer tailored education to clinicians, administrators, consumers, and advocates of homeless health care services. The content has been specifically crafted to address emerging and current issues in serving people experiencing homelessness in your region.

For more information about the 2016 Spring Regional Training, email Training Coordinator [Alyssa Curtis](#) or call 615-226-2292.



[2016 National Health Care for the Homeless Conference & Policy Symposium](#)

If you haven't already, we hope you will make plans to join us at the 2016 [National Health Care for the Homeless Conference & Policy Symposium](#) on May 31-June 3, 2016, in Portland, Oregon.

National Health Care for the Homeless Council
nhchc.org | (615) 226-2292

PO Box 60427 | Nashville, TN 37206 US

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TO: Jim Beaumont, Director *Health Care for the Homeless/Migrant Seasonal Farmworker*

FROM: Molly Wolfes, Community Health Coordinator *Puente de la Costa Sur*

RE: Request for 2016 WFMSH Conference

DATE: 11/12/15

This is a funding request for myself and the four Community Health Workers to attend the 2016 Western Forum for Migrant and Seasonal Health Conference on February 23rd-25th in Portland, Oregon. I believe this will be a great opportunity for the CHWs to learn about FQHCs and what other Community Health Workers are doing and apply that to their work with farmworker residents of San Mateo County. I would also like to note that Puente has never requested funding for travel in the past and would like that you consider sending the CHWs even though they are not HCHMSFW Co-Applicant Board Members.

Costs:

- **Roundtrip transportation for 5 people: \$1,910**
 - Train fare- 5 people x \$382 per ticket
- **Conference Cost Total: \$700**
 - Community Health Coordinator/Board Member \$300
 - Community Health Worker \$100 x 4 = \$400
- **Accommodations & food for 5 people= \$4,300**
(Per diem as per gsa.gov for Portland, Oregon)
 - \$215 a day x 4 days x 5 people = \$4,300
- **TOTAL ESTIMATED COST: \$6,910**

Thank you for considering this request. Please let me know if you need any additional information that may influence your decision to approve funding.

Sincerely,

Molly Wolfes