

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

San Mateo Medical Center| 222 W. 39th Avenue, 2nd Floor (Classroom 1) San Mateo

May 12, 2016, 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
Persons wishing to address items on and off the agenda		
D. CONSENT AGENDA		9:05 AM
1. Meeting minutes from April 26, 2016		TAB 1
2. Program Calendar		TAB 2
E. BOARD ORIENTATION		
1. No Board Orientation items this meeting.		
F. REGULAR AGENDA		
1. Millennial Conference De-brief	Elli Lo	TAB 3 9:10 AM
2. Board Ad Hoc Committee Reports	Committee Members	9:17 AM
<i>i. Transportation</i>		
<i>ii. Health Navigation</i>		
<i>iii. Board Composition</i>		
3. HCH/FH Program QI Report	Frank Trinh	TAB 4 9:20 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 5 9:25 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 6 9:30 AM
6. Contractor's quarterly report- 1st quarter	Linda/Elli	TAB 7 9:35 AM
7. Update on Strategic Plan	Rachel/Pat/Jim	TAB 8 9:40 AM
8. Update on proposals	Jim Beaumont	TAB 9 10:50 AM
G. OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>i. Next Regular Meeting – June,9 2016; 9:00 A.M. – 11:00 A.M.</i>		
<i>Coastside Clinic- Half Moon Bay</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>.



Parking Lot

- ⇒ Bylaws Review
(as needed)
- ⇒ Annual Tactical Plan
(no current deadline)
- ⇒ Scope Discussion
(no deadline set)
- ⇒ Transportation
(no deadline set)
- ⇒ Program Website
(no deadline set)
- ⇒ How to engage our
populations
- ⇒ Respite Care

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
 Co-Applicant Board Meeting Minutes
 San Mateo Medical Center- Board Room, San Mateo County
 April 26, 2016 9- 10 a.m.**

Co-Applicant Board Members Present

Robert Stebbins, Chair
 Brian Greenberg
 Paul Tunison, Vice Chair
 Rebecca Ashe, SMMC Coastside Clinic
 Julia Wilson
 Kathryn Barrientos
 Steve Carey
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
 Glenn Levy, County Counsel
 Linda Nguyen, HCH/FH Program Coordinator
 Brian Eggers, HSA – SMC- Center on Homelessness

Members of the Public

Pat Fairchild, JSI
 Rachel Metz

New Members Added During Meeting

Christian Hansen
 Theresa Sheats

Absent: Eric Brown, Daniel Brown, Molly Wolfes, Tayischa Deldridge

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:07</u> A.M. Everyone present introduced themselves.	
Public Comment	Brian Eggers: Announcement from Center on Homelessness – Strategic Plan to end Homelessness announced at last Board of Supervisors meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from March 10, 2016 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Paul SECONDED by, Julia and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Regular Agenda: New Board	Brian Greenberg gave statement about Theresa and interview process.	Motion to approve Theresa MOVED by Kat

<p>Members Approval</p> <p>Action Item: Request to Approve new board members</p>	<p>Action Item: Request to Approve new board members</p> <p>Brian Greenberg gave statement about Christian and work with LifeMoves.</p> <p>Action Item: Request to Approve new board members</p> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p>SECONDED by, Paul and APPROVED by all Board members present.</p> <p>Motion to approve Christian MOVED by Julia SECONDED by, Paul and APPROVED by all Board members present.</p>
<p>Regular Agenda: Contracts to Approve</p> <p>Action Item: Request to Approve new contracts</p>	<p>Legal Aid contract proposes to serve farmworkers in South Coast to provide services that include a Needs Assessment, Experience Study to identify the continuing barriers to health care and outreach and education.</p> <p>Brian requested a 6 month presentation from Legal Aid on services. Action Item: Request to Approve Legal Aid Contract</p> <p>LifeMoves CHOW (Community Health Outreach worker) contract proposes to provide care coordination services to the patients of the Street Medicine team.</p> <p>Action Item: Request to Approve LifeMoves CHOW Contract</p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p>Motion to approve Legal Aid contract MOVED by Brian SECONDED by, Kat and APPROVED by all Board members present.</p> <p>Motion to approve LifeMoves contract MOVED by Julia SECONDED by, Kat and APPROVED by all Board members present.</p>
<p>Regular Agenda: Forms 5A/5B to approve changes</p> <p>Action Item: Request to Approve changes in form 5A/B</p>	<p>Under the Bylaws Article 3. E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This is also represented by HRSA Program Requirement #2- Required and Additional Services and Requirement #16 – Scope of Project. Both of these Requirements were found to be out of compliance in the Operational Site Visit Report received August 2015 for site visit March 10-12, 2015.</p> <p>Based on a review of the OSV Report, we concur that there is a duplicate Mobile Health Van listed on Form 5B. We have drafted an updated Form 5b to remove the duplicate entry. In addition, we have come across information that indicates civil legal aide services needs to be listed as an optional “additional/enabling/supportive services” on Form 5A. As the</p>	<p>Motion to approve MOVED by Julia SECONDED by, Paul and APPROVED by all Board members present.</p>

	<p>Program is considering an agreement with Legal Aide for such services, we have drafted an updated Form 5A to include those services.</p> <p>Action Item: Request to Approve changes in form 5A/B</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: Travel Requests</p> <p>Action Item: Request to Approve Travel Requests</p>	<p>Attached in the packet you will find a travel request from our Board Member Tayischa Deldridge (of Ravenswood Family Health) to attend the upcoming National Health Care for the Homeless Council Conference in Portland, Oregon (May 31-June 3, 2016). The request is to cover registration, hotel accommodations and airline travel for a total of \$1,550.</p> <p>Action item: Request to Approve Travel Request from Tayischa Deldridge</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	<p>Motion to approve Request for Travel to conf MOVED by Kat SECONDED by Paul, and APPROVED by all Board members present.</p>
<p>Regular Agenda: SMMC Audit Report</p> <p>Action Item: Request to Accept Audit Report</p>	<p>As part of a government entity, an HCH/FH Program is included as a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.</p> <p>Per the Auditor's Report, the audit contained no findings.</p> <p>Action Item: Request to Accept Audit Report</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	<p>Motion to approve MOVED by Julia SECONDED by, Paul and APPROVED by all Board members present.</p>
<p>Regular Agenda: Update on Strategic Plan</p>	<p>Conversation included:</p> <ul style="list-style-type: none"> • Summary from consultant Rachel on current draft • Discussion of prioritizing goals with timeline • What process and execution of plan will include • Determine short and long term priorities <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	<p>Staff- send reminders to board members to read goal 1 of Strategic Plan draft to prepare for May meeting</p>

Regular Agenda: Notification of Street/Field Medicine presentation for SMMC	Notification to Board that a presentation on the Street Medicine Program was scheduled for the June 2, 2016 SMMC Board of Director's Meeting.	
Regular Agenda: UDS report and outcome measures comparison	<p>2015 UDS report included demographic data and clinical outcome measures:</p> <ul style="list-style-type: none"> • Total of 6,556 unduplicated patients • Homeless total = 4,714 • Farmworkers total = 1947 • Male= 52% Female = 48% <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program Directors report	<p>Report included:</p> <ul style="list-style-type: none"> • Notice from HRSA that plans submitted to become compliant have been accepted. • UDS report submitted has been accepted. • Staff continues to work on obtaining a cloud based care coordination/case management and reporting system that can be used for contractors and UDS reports. <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i>	<p>Expenditures to date total just under \$325,000. A number of contracts are still in the process of ramping up, as well as some contracts for past months still being processed. We anticipate being able to carry-over at least \$264,942 award for 2015 Expanded Services utilized to fund the Street Medicine Program.</p> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p>	
Adjournment	Time <u>10:06 a.m.</u>	Robert Stebbins

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2016 Calendar *(Revised May 2016)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (May 12, 2016 from 9:00 a.m. to 11:00 a.m.) • Prioritize Strategic Plan • National Assoc. of Community Health Centers Conf. for Agricultural Worker Health in Portland, OR May 23-25 • NHCHC Conference in Portland, OR May 31- June 3 2016 	May	@ SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (June 9, 2016 from 9:00 a.m. to 11:00 a.m.) • Finalize Strategic Plan • SMMC Board of Directors meeting presentation on Street/Field Medicine, June 2 	June	@ Coastside Clinic-Half Moon Bay
<ul style="list-style-type: none"> • Board Meeting (July 21, 2016 from 9:00 a.m. to 11:00 a.m.) • Public Entity Conference in Denver, Colorado July 13-15 	July	
<ul style="list-style-type: none"> • Board Meeting (August 11, 2016 from 9:00 a.m. to 11:00 a.m.) • Service Area Competition Grant Application prep & submission 	August	
<ul style="list-style-type: none"> • TBD- HRSA Operational Site Visit 		Likely August

Conference calendar	
Community Health Institute and Expo	August 28- 30; Chicago, IL
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA

TAB 3
Consumer
Input

Bay Area Low Income & Minority Millennials Healthcare Access Forum

On Tuesday, March 29th, Elli Lo (Management Analyst) attended the Bay Area Minority Millennials Healthcare Access Forum, organized by Health Resources and Services Administration Region IX and the San Francisco State University Health Equity Institute. This forum was presented by local millennials and leading experts on ways to address the challenges that low income minority young adults face in accessing appropriate and affordable healthcare services in the Bay Area.

The forum focused low income minority millennials in general, it did not focus specifically on special population farmworker nor homeless. Below are some key points and interesting discussions from the forum:

- Currently in the bay area, some millennials prioritize housing as a more urgent issue than healthcare, a contributing factor as a barrier and delay in healthcare access
- Millennial population heavily relies on mobile devices for daily errands and to obtain information. Women’s Community Clinic in San Francisco, where 58% of its population ages between 18-29, actively uses social media, such as Yelp, Facebook and Twitter to market, outreach and share health education information to the millennial population.
- Recognizing some patients are emergency room high utilizers, Alameda County implemented “convenient care” as a non-emergency and open 24/7 hours care in place of emergency room. These services are contracted out to other clinics, requiring extended hours at the clinic sites.

Note: Millennials – Born after 1980

For reference, HCH/FH served in 2015:

	Patients Served (2015)		
	All	Homeless	Farmworker
18-34 years old	1,482	1,166	334
% of all patients	23%	25%	17%

Source: UDS Report 2015

TAB 4

QI

Committee

Report

San Mateo County HCH/FH Program QI Plan Preliminary Data Report
Medical Outcome Measure: Adult patients diagnosed w/ Coronary Artery Disease receiving Lipid-Lowering Therapy
April 2016 San Mateo County HCH/FH Program Co-Applicant Board Meeting

Medical Outcome Measure: Adult patients (≥ 18 years) with ≥2 visits in 2015 diagnosed with CAD receiving Lipid-Lowering Therapy.
Demographics:

	Total Population	Homeless	Farmworker
Total Number	310	295	18
Male (%)	52.6 %	53.2%	33.3%
Female (%)	47.4%	46.8%	66.7%
Median Age (Years)	66	66	62
Mean Age (Years)	67	67	63
Race:			
- White (%)	54.8 %	53.9%	66.7%
- Black (%)	6.8%	6.8%	11.1%
- Asian (%)	17.4%	17.6%	11.1%
- Pacific Islander (%)	4.2%	4.4%	0
- Native American (%)	1.6%	1.7%	0
- Other (%)	15.2%	15.6%	11.1%
Hispanic (%)	38.4%	38.0%	44.4%
Non-Hispanic (%)	61.6%	61.7%	50.0%
Language:			
- English (%)	58.1%	58.0%	61.1%
- Spanish (%)	33.2%	33.2%	33.3%
- Other (%)	8.7%	8.8%	5.6%

Outcome Measure:

	Total (N)	# on Therapy	% on Therapy
Total Population	310	252	81.3%
Total Homeless	295	241	81.7%
- Doubling Up	21	18	85.7%
- Shelter	24	21	87.5%
- Transitional	4	3	75.0%
- Street	10	6	60.0%
- Other	236	193	81.8%
Total Farmworker	18	15	83.3%
- Migrant	0	0	0
- Seasonal	18	15	83.3%
Total Male	163	133	81.6%
Total Female	147	121	82.3%
Homeless Male	157	129	82.2%
Homeless Female	138	112	81.2%
Farmworker Male	6	4	66.7%
Farmworker Female	12	11	91.7%

TAB 5
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: May 12, 2016

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 activity update since the April 26, 2016 Co-Applicant Board meeting:

1. Grant Conditions

On April 28, 2016, we received a Notice of Award from HRSA (15-03) informing us that our remaining seven (7) plans for compliance with grant conditions have been accepted. The submission deadline for demonstration of compliance is August 26, 2016.

In addition, we held a telephone conference with our Project Officer to begin working through the two more complex grant conditions that revolve around the Scope of Project and, which sites in what fashion should be included in that Scope. We made some progress and have our next call scheduled.

As reported at the April Co-Applicant Board meeting, we had previously received the approval of our plan to achieve compliance with the After Hours grant condition. We have met with Ambulatory Services and initiated the review of the current policies and actual effective client experience (including what the actual message is).

We continue to have conversations with our Project Officer on the scheduling of our 2016 Operational Site Visit (OSV). At present, the most likely dates are August 2-4, 2016.

2. Strategic Plan

We continue our efforts with the Strategic Plan, and there is major Board discussion and action on the plan occurring elsewhere on today's agenda.



3. Request for Proposals & Contracts

We have received three (3) new proposals:

- From Daly City Clinic/Jefferson Union High School District for Homeless Care Coordination Enabling Services at \$97,929.10
- From Project WeHope for Homeless Care Coordination/Case Management at \$60,000
- From Mind, Music, Body and Spirit Connection, Inc. for Homeless Substance Abuse/Mental Health Care at \$671,865.

Program is in the process of reviewing the proposals and is scheduling a meeting of the Proposal Recommendation Committee.

Program also continues to work on the potential contract with CORA, and in reviewing other outstanding proposals (set of proposals from Health Mobile).

4. Automation Efforts

As reported at the April Board meeting, the Program proposals for a cloud-based care coordination/case management & reporting system has received new interest as we are now partnering with the SMMC Care Transition Team on the project as they have similar needs.

We passed the initial discussion phase at the Business Intelligence meeting, and on May 5th, we were approved by the InfoTech group. The proposal will now go to the Executive Management Team for review and approval and then to Health IT for final approvals and scheduling. As the project is an add to the current set of projects, final approvals and scheduling are likely to be the most problematic.

5. July Meeting

The usual meeting date for the Board in July would be July 14th. However, the Public Entity Health Center Leadership Conference & Training is also scheduled for that date. We have tentatively re-scheduled the July Co-Applicant Board meeting to the following Thursday, July 21, 2016.

6. Seven Day Update

TAB 6
Program
Budget/Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: May 12, 2016

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

Expenditures to date – through April 30, 2016 – total just over \$570,000. This includes contract expenditures approved and forwarded to Accounting for payment during April, but that may have been delayed by Accounting's move to South San Francisco. This allows up to show a more realistic flow of expenditures.

Based on expected activity, we project total expenditures to be around \$2,100,000 for the grant year, based on current activity and approved contracts (including Street Medicine Expanded Services, and the contracts recommended on today's agenda) out of our awarded grant of \$2,373,376.00. [We anticipate being able to carry-over at least the \$264,942 award for 2015 Expanded Services utilized to fund the Street Medicine Program. This would bring total available funding to \$2,638,318.00.]

Overall, as we move forward with decision for this grant year – the proposals still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$500,000 in unobligated funding. Based on the expectation of typical growth for Base Grant funding for GY 2017 (and not including any Expanded Services funding), and the continuation of current efforts, we project a similar amount of unobligated funding for GY 2017.

Attachment: GY 2016 Summary Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
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Details for budget estimates

Budget
[SF-424]

To Date
(04/30/16)

Projection for
GY (+~34 wks)

Projected for GY 2017

Salaries

Director
Program Coordinator
Medical Director
Management Analyst
new position, misc. OT, other, etc.

697,262 120,685 370,000

395,000

Benefits

Director
Program Coordinator
Medical Director
Management Analyst
new position, misc. OT, other, etc.

417,915 51,620 165,000

205,000

Travel

National Conferences (1500*4)
Regional Conferences (1000*5)
Local Travel
Taxis
Van

6,000
2,890
1,506
179
1,200
16,000 4,575 13,500

9,000
7,500
1,500
4,000
3,000
25,000

Supplies

Office Supplies, misc.

7,000 3,753 10,500
7,000 3,753 10,500

10,500
10,500

Contractual

Current 2016 contracts
Current 2016 MOUs
---unallocated---

561,425 215,172 725,000
433,300 143,064 440,000
168,474
1,163,199 358,236 1,165,000

775,000
675,000
1,450,000

Other

Consultants/grant writer
IT/Telcom
New Automation
Memberships
Training
Misc (food, etc.)

22,815 75,000
2,914 8,000
50,000 25,000
0 4,000
1,250 2,500
792 2,500
72,000 142,000

75,000
12,000
25,000
5,000
2,000
2,500
121,500

TOTALS - Base Grant

2,373,376 566,640 1,866,000

2,207,000

Expanded Services Grant

264,942 3,850 264,942

HCH/FH PROGRAM TOTAL

2,638,318 570,490 2,130,942

2,207,000

PROJECTED AVAILABLE

BASE GRANT

507,376

493,000

based on est. grant
of \$2,700,000

TAB 7
Contractor's
Quarterly
report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: May, 12, 2015
 TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
 FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst
 SUBJECT: Quarter 1 Report (January 1, 2016 through March 31, 2016)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with four community-based providers, plus two County-based programs for the 2016 grant year. Contracts are for primary care services, dental care services and enabling services such as case management and eligibility assistance.

The following data table includes performance for the first quarter (25%):

HCH/FH Performance	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual YTD Visits	% YTD	HCH/FH Funding
<i>01/01/2016 – 03/31/2016</i>							
Behavioral Health & Recovery Svcs	300	80	27%	900	335	37%	\$90,000
LifeMoves (care coord & eligibility)	600	182	30%	1500	354	24%	\$169,000
LifeMoves (O/E)	40	5	13%				
Public Health Mobile Van	1300	322	25%	2500	574	23%	\$277,500
Public Health- Expanded Services	626	100	16%	782	100	13%	\$178,500
Public Health- Street Medicine	125	56	45%	N/A	84	N/A	\$218,750
Puente de la Costa Sur (CC & Intensive CC)	150	37	25%	350	146	42%	\$111,300
Puente (O/E)	180	54	30%				
Ravenswood (Primary Care)	600	268	45%	1900	481	25%	\$90,000
Ravenswood (Dental)	200	76	38%	600	156	26%	\$50,000
Ravenswood (Care Coordination)	400	166	42%	1200	299	25%	\$82,000
Samaritan House	175	54	31%	300	95	32%	\$63,500
Total HCH/FH Contracts	4,696	1,320	28%	10,032	2,624	27%	\$1,330,550



Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); First Quarter (January 2016 through March 2016)

Agency	Outcome Measure	1st Q -Progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> •At least 75% (225) screened will have a behavioral health screening. •At least 55% (165) will receive case management services. 	During the first quarter: - 80 clients (100%) had a behavioral health screening - 78 received care coordination services
LifeMoves	<ul style="list-style-type: none"> •Minimum of 50% (250) will establish a medical home. •At least 30% (150) of homeless individuals served have chronic health conditions. 	During the first quarter: - 61% (111) established a medical home - 50% of individuals served have a chronic health condition.
Public Health Mobile Van	At least 20% (250) of patient encounters will be related to a chronic disease. At least 75% of clients: <ul style="list-style-type: none"> • seen at foot clinic will be referred to Mobile Clinic for a medical visit • contacted at Service Connect will be seen at Mobile Clinic for medical visit 	<ul style="list-style-type: none"> •35% of patient encounters will be related to a chronic disease. •50% seen at foot clinic will be referred to Mobile Clinic for a medical visit •75% contacted at Service Connect will be seen at Mobile Clinic for medical visit
PH- Mobile Van- Expanded Services	<ul style="list-style-type: none"> •At least 75% (470) of individuals will receive comprehensive health screening. •Provide intensive primary care services to minimum of 100 residents with chronic health issues. 	<ul style="list-style-type: none"> •100% of individuals received comprehensive health screening. •35 intensive primary care services to residents with chronic health issues.
PH- Mobile Van- Street/Field Medicine	<ul style="list-style-type: none"> •At least 75% of individuals will receive health assessment for chronic conditions. •At least 50% seen will be referred to Primary Care services. 	<ul style="list-style-type: none"> •100% received health assessment for chronic conditions •71% referred to Primary Care services.
Puente de la Costa Sur	<ul style="list-style-type: none"> •At least 85 farmworkers served will receive care coordination services. •At least 100 served will be provided transportation and translation services. •At least 70% (105) will participate in at least 1 health education class/ workshop. 	<ul style="list-style-type: none"> -35 received care coordination services - 13 transportation and translation services. - 11% (4) participated in Health education workshop.
RFHC – Primary Health Care	<ul style="list-style-type: none"> •At least 60% will receive a comprehensive health screening. •At least 250 (50%) will receive a behavioral health screening. At least 50 will be provided care coordination. 	<ul style="list-style-type: none"> - 100% (268) received comprehensive health screening. - 38 received behavioral health screening. - 268 received care coordination services.

<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> •At least 30% (39) will complete their treatment plans. •At least 85% will attend their scheduled treatment plan appointments. •At least 40% will complete their denture treatment plan. 	<ul style="list-style-type: none"> - 16% (12) completed dental treatment plan. - 80% attended their scheduled treatment plan - 33% completed denture treatment plan.
<p>RFHC – Enabling services</p>	<ul style="list-style-type: none"> •At least 95% will receive on going care coordination services and will create individualized health care case plans. •At least 70% will complete their health care case plan. 	<ul style="list-style-type: none"> • 15 % receive on going care coordination services and will create individualized health care case plans. • 36% complete their health care case plan
<p>Samaritan House- Safe Harbor</p>	<ul style="list-style-type: none"> •All 100% (175) will receive a healthcare assessment. •At least 95% (166) will receive ongoing care coordination & create health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one. 	<ul style="list-style-type: none"> - 48 (100%) received a healthcare assessment. - 35 received care coordination services. - 63% (30) attended at least one primary care appointment.

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

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

Contractor successes & emerging trends:

- **BHRS** states that it continues to be easier and quicker to get clients into BHRS services.
 - Staff also reports that some clients are having difficulty with housing, even with subsidized housing payments.
- According to **LifeMoves** their HCH team has worked very closely with Street Medicine Team and HOT teams to coordinate care to clients.
 - Lack of dental care and long waits for Primary care appointments.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
 - Challenge of getting clients to go get labs done at SMMC and patient no-shows for appointments.
 - Lack of a medical nurse/case management for service coordination and tracking with clients continues to be an issue.
- **Puente** explained that it worked well that clients were in office for taxes and were able to also assist to ensure that all were screened for health coverage.
- Also expanding primary care services, with Pediatrician also coming out. (Molly)
 - Staff states that they are trying to work with Health Plan of San Mateo to obtain a list of discontinued ACE clients, as they are being unenrolled without notice.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments. At least four appointment slots are reserved for homeless patients each week; this has been helpful in providing immediate care, mitigating the challenges of trying to track and get a hold of patients at times.
- Developing backpack/Street medicine program (Tay)
 - Patients having difficulty taking their medications in secure locations.
 - Lack of affordable housing for clients.
- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients, as a designated "Access Dentist" reserves their day to provide immediate access to dental care.
 - Communication barrier to book/confirm appointments and provide reminders to patients.
 - Lack of affordable housing,
- **Ravenswood Enabling services-** experience in successfully securing housing for 5 individuals for permanent housing under County's Housing First Initiative.
 - Lack of affordable housing in the area.
 - Patient access to food to take medications, lack of facilities that offer afternoon meals to homeless every day.
- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients.
 - They have experienced issues with client follow-through.
 - Would like to see expanded dental services.

TAB 8
Update on
Strategic
Plan

Goal 1: Expand Health Services for Homeless and Farmworkers

Strategy	Actions	Development Responsibility	Delivery Responsibility	Estimated Financial Resources	Estimated Length of Time (staffing constraints mean that not everything can be done at once)
1. Increase dental services for adult farmworkers.					
	A. Work with SMMC Dental & Coastside Clinic to develop available dental services targeted to adult farmworkers, or	Staff	SMMC/ Contractors	Development: \$5-20,000 Services: \$100-200,000	Two-six months
	B. Develop, issues and complete an RFP/Contracting process to acquire dental services focused on adult farmworkers				
2. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.					
	A. Survey and categorize current set or available services and utilization	Staff or contractor/ consultant	BHRS/ SMMC/ Contractors	Development: \$5-20,000 Services: \$0-300,000*	Four-six months
	B. Meet with BHRS to discuss services needs of homeless & farmworkers	Staff			Six-Eighteen months
	C. Work with BHRS to develop service availability for homeless & farmworkers, or				
	D. Develop, issues an complete and RFP/Contracting process to acquire identified MH services				
	E. Work with Primary Care providers to integrate services; provide warm hand-off				
	F. Work with Program partners to coordinate service availability				
3. Increase drug and alcohol support for farmworkers.					
	A. Survey and categorize current set or available services and utilization	Staff or contractor/ consultant	BHRS/SMMC/Contractors	Development: \$5-20,000 Services: \$0-300,000*	Four-six months
	B. Meet with BHRS to discuss services needs of homeless & farmworkers	Staff			Six-Eighteen months
	C. Work with BHRS to develop service availability for homeless & farmworkers, or				
	D. Develop, issues an complete and RFP/Contracting process to acquire identified MH services				
	E. Work with Primary Care providers to integrate services; provide warm hand-off				
	F. Work with Program partners to coordinate service availability				
4. Increase available respite care with wrap-around services for homeless.					
	A. Survey and categorize current set or available services and utilization	Staff or contractor/consultant		Development: \$25-100,000 Services: \$0-300,000 Ongoing: \$40-80,000*	Six-ten months
	B. Research licensure requirements , reimbursement and potential funding.				
	C. Develop & define model, resource requirements & operational flow				
	D. Manage ongoing program	Staff	Contract Partner		Ongoing
5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.					
	A. Analyze service need & potential utilization	Staff	Staff	Development: \$5-10,000 Ongoing: \$40-140,000*	Four-six months
	B. Survey for available program models				
	C. Make recommendation for implementation				
Strategies that were added at the retreat.					
6. Provide wrap-around services for medically fragile, homeless seniors staying at shelters.					
	A. Analyze need; define what wrap-around services are needed to enable medically fragile services to stay in shelters. Develop & complete RFP/Contracting cycle for services.	Staff or consultant.	Contract Partner	Development: \$10-50,000 Services: \$50-150,000	Four-ten months
	B. Provide funding (either through HCH/FH grant or from hospitals) to coordinate care at shelters.				
	C. Depending on model, include funding for transportation for clients between the shelters and medical care or to bring care to shelters.				
7. Promote preventive dental care for homeless and farmworkers.					
	A. Determine current capacity (dental van, Sonrisas, and SMMC) for routine and preventive dental services.	Staff or consultant.	SMMC/Contract Partner	Development: \$5-10,000 Ongoing: \$40-100,000	Six weeks for staff to identify consultant and enter into a contract. Three months of consultant work.
	B. Develop communication and messaging around the importance of oral health.				
	C. Work with case managers and other organizations working directly with homeless and farmworkers on communicating about preventative care.				

* Note that all or a portion of the service funding could potentially come from a partner's budget and not from the HCH-FH budget.

TAB 9
Update on
Proposals



SAN MATEO COUNTY HEALTH SYSTEM

DATE: May 12, 2016
 TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
 FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst
 HCH/FH Program
 SUBJECT: UPDATE ON NEW PROPOSALS

THE PROGRAM RECEIVED 4 NEW PROPOSALS BY APRIL 30, 2016 DEADLINE, SUMMARY BELOW.

PROPOSAL SUBMISSION FROM NEW SERVICES								
Service	Agency/Program	Population	Target Patient Count	Requested Funding	Agency/Program Contribution	Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
Enabling Services								
*New	Project WeHOPE	Homeless	Not specified	\$ 60,000	Not specified	Not specified	Not specified	Dignity on Wheels - shower, laundry, case management
*New	Jefferson Union High School District/Daly City Youth Health Center	Homeless	25	\$ 97,929	\$15,605 (14%)	Not specified	2/3/3/17	Needs Assessment of youth (12-24), care coordination
Coordinating Services								
New	Language Circle of California	Homeless & Farmworkers	22,000	\$ 180,000	Not specified	Not specified	3000/2300/3000/2700 (11000)	Interpretation Services *Count include 11,000 Farmworkers
Behavioral Health (Mental Health & Substance Abuse)								
*New	Mind, Music, Body and Spirit Connection	Homeless	Not specified	\$ 671,865	Not specified	Not specified	Not specified	Behavioral health services, case management, client education, training & workshops



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