

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

Human Services Agency| 400 Harbor Blvd. Bldg B (Bali Room) Belmont  
December 8, 2016, 9:00 A.M - 11:00 A.M.

**AGENDA**

<b>A. CALL TO ORDE</b>	Robert Stebbins		<b>9:00 AM</b>
<b>B. CLOSED SESSION</b>			<b>9:05 AM</b>
1. Closed Session this meeting (Credentialing/Privileging list)			
<b>C. PUBLIC COMMENT</b>			<b>9:10 AM</b>
<i>Persons wishing to address items on and off the agenda</i>			
<b>D. CONSENT AGENDA</b>			<b>9:15 AM</b>
1. Meeting minutes from October 13, 2016 and November 10, 2016		<b>TAB 1</b>	
2. Program Calendar	Linda Nguyen	<b>TAB 2</b>	
<b>E. BOARD ORIENTATION</b>			
1. Discussion on Board meeting time	Robert Stebbins		<b>9:22 AM</b>
<b>F. REGULAR AGENDA</b>			
1. Board Nominations for Chair/Vice Chair	Jim/Linda		<b>9:30 AM</b>
2. Consumer Input	Linda /Brian	<b>TAB 3</b>	<b>9:40 AM</b>
3. Board Ad Hoc Committee Reports	Committee Members	<b>TAB 4</b>	<b>9:50 AM</b>
<i>i. Transportation</i>			
<i>ii. Board Composition</i>			
4. HCH/FH Program QI Report	Frank Trinh	<b>TAB 5</b>	<b>10:05 AM</b>
5. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 6</b>	<b>10: 10 AM</b>
6. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 7</b>	<b>10:15 AM</b>
7. Request to Approve Revised Budget change (DSHII)	Jim Beaumont	<b>TAB 8</b>	<b>10:20 AM</b>
<i>i. Action Item- Request to Approve Revised Budget</i>			
8. Request to Amend Contracts	Jim Beaumont	<b>TAB 9</b>	<b>10:25 AM</b>
<i>i. Action Item- Request to Amend PH-Mobile Van (Street/Field Medicine)</i>			
<i>ii. Action Item- Request to Approve PH-Mobile Van (Expanded Services)</i>			
<i>iii. Action Item- Request to Amend Daly City Youth Health Center</i>			
9. Staffing Plan to add new staff/current staffing load	Jim Beaumont	<b>TAB 10</b>	<b>10:35 AM</b>
<i>Additional documents will be provided at the meeting</i>			
10. Strategic Plan Update	Linda/Jim	<b>TAB 11</b>	<b>10:45 AM</b>
<b>OTHER ITEMS</b>			
1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated)			
<i>i. Next Regular Meeting January 12, 2017; 9:00 A.M. – 11:00 A.M.   San Mateo Medical Center  San Mateo</i>			
<b>H. ADJOURNMENT</b>	Robert Stebbins		<b>11:00 AM</b>

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**  
**Meeting Minutes**

**(Consent Agenda)**

**remHealthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (October 13, 2016)  
San Mateo Medical Center**

Co-Applicant Board Members Present

Robert Stebbins, Chair  
Christian Hansen  
Theresa Sheats  
Paul Tunison, Vice Chair  
Molly Wolfes  
Steve Carey  
Tayischa Deldridge  
Dan Brown

Jim Beaumont, HCH/FH Program Director (Ex-Officio)

Absent: Kathryn Barrientos, Julia Wilson, Brian Greenberg

County Staff Present

Frank Trinh, HCH/FH Medical Director  
Glenn Levy, County Counsel  
Elli Lo, Management Analyst  
Linda Nguyen, Program Coordinator  
CJ, Kunnappilly, SMMC CEO  
Brian Eggers, Center on Homelessness

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:05</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting. Puenta staff advocated for farmworkers, regarding their small funding requests. Discussion on small funding request and what is appropriate. Center on Homeless ness announced RFP announcement for Rapid Rehousing.	
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Sept 8 meetings and the Program Calendar) were approved.  Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Molly <u>SECONDED</u> by, Dan and APPROVED by all Board members present.
Board Orientation:	Staff conducted presentation on Board orientation and responsibilities, handout given.	Add board member selection and evaluation to next agenda.
Regular Agenda Consumer Input	Staff discussed Domestic Violence Awareness Month, evolving from the “Day of Unity” held in October 1981 by the National Coalition Against Domestic Violence. President of the United States made a proclamation of National Domestic Violence Awareness Month on September 30, 2016. US Senate Resolution 566- supports the goals and ideals of NDVA 2016 Domestic Violence especially affects homeless mothers and children according to national statistics.  <i>Please refer to TAB 3 on the Board meeting packet.</i>	
Health Navigation Committee reports: Julia, Tay, Kat	Committee reported on their last meeting that included a discussion to staff a Health Navigator for farmworkers at Puenta in Pescadero. There was a long discussion on the need to document how large the problem is, the current services provided and the need to close the “gap” identified. It was recommended that the committee better identify the duties of the health navigator, as there seemed to be too many responsibilities for one person. Most of the farmworker patients reside in Half Moon Bay region, this Health Navigator needs to support clients in that area as well, not just in Pescadero.  <i>Please refer to TAB 4 on the Board meeting packet</i>	

<p><i>Board orientation Sub-committee reports</i> Brian, Dan, Paul, Bob</p>	<p>Table for next meeting</p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	
<p>OSV discussion</p>	<p>Director summarized current grant conditions that were identified from Exit Conference by consultants. 11 grant conditions were identified; some may be easy to resolve quickly. Conversation on Board composition, with a number of contractors on Board and he need to recruit.</p>	
<p>Regular Agenda QI Committee report</p>	<p>Medical Director gave a presentation on QI Committee Diabetes HgbA1c Outcome Measure that was presented to SMMC QI Committee on September 27, 2016:</p> <ul style="list-style-type: none"> <li>• Overall the rates of HgbA1c &lt; 8% improved on Quarter 2 data compared to Quarter 1.</li> <li>• Appears to be more homeless males in cohort</li> <li>• Data shows more female farmworkers in cohort, reinforcing need to better engage male farmworkers into care.</li> <li>• 23% not tested, may include patients seen only in specialty clinics and not in Primary Care</li> <li>• Conversation about educating Primary Care providers on issues and disparities specific to homeless and farmworker patients.</li> <li>• Next analysis is to compare patients new to the cohort in Quarter 2 vs patients in care for both quarters to see what is driving improvement in HgbA1c &lt; 8% rates.</li> </ul> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	
<p>Regular Agenda: HCH/FH Program <b>Directors report</b></p>	<p>Directors Report on status of: Grant conditions- submitted change requests for 2 conditions and still awaiting further updates from HRSA on 4 grant outstanding grant conditions. UDS- HRSA release 2016 UDS manual last week and program is reviewing. Operational Site visit- on 10/4-10.6 we hosted HRSA OSV team.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget &amp; Financial Report</i></p>	<p>Based on expenditures to date, we are projecting total expenditures to be around \$2,020,000 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00. Overall, as we move forward with decisions for this grant year – contracts on today’s agenda and the proposal still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$350,000 in unobligated funding. Attached is detailed budget.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	

<p>Budget change (DSHII)</p> <p><b>Request to Approve Budget Change</b></p>	<p>Program has received the DSHII supplemental funding award from HRSA for developing the presentation of the homeless and farmworker indicators in eCW for easy and immediate recognition by providers when seeing a patient. HRSA has requested Program to submit a revised SF 424A, Line Item Budget and Budget Narrative Justification for the award. This request is for the Board to approve the Program to submit the budget documents per request from HRSA. A majority vote of the Board members present is required to approve the grant application.</p> <p><b>Action item: <i>Request to Approve Budget Change (DSHII)</i></b></p> <p><i>Please refer to TAB 8 on the Board meeting packet</i></p>	<p>Motion to Approve Budget Change</p> <p><u>MOVED</u> by Dan  <u>SECONDED</u> by, Theresa  and APPROVED by all Board members present.</p>
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<p>Contract Amendments</p> <p><b>Request to Amend- Legal Aid contract</b></p>	<p>Program currently has a one-year contract with Legal Aid Society of San Mateo County (Legal Aid) for Enabling Services for the Farmworkers. The current contract focuses on a strategy to comprehensively address the health needs of farmworkers in San Mateo County rural, coastal communities with a Needs Assessment and an Experience Study; Provide outreach and education; Provide referrals, eligibility assistance, legal advice, and representation. Program is looking to extend the partnership with Legal Aid to next year for provider and farmworker outreach and health-related legal services.</p> <p><b>Action item: Request to Amend Legal Aid contract</b></p>	<p>Motion to <b>Amend Legal Aid contract</b>  <u>MOVED</u> by Steve  <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p>
<p><b>Request to Amend Ravenswood Family Health Center (RFHC) enabling contract</b></p>	<p>Program currently has a one-year contract with RFHC for Enabling Services for the Homeless. The contract focuses on care coordination services, including outreach, assessment and assistance of immediate needs &amp; barriers, care management of health services, and health navigation assistance among other things. Program is looking to extend the partnership with RFHC to next year for the same care coordination services.</p> <p><b>Action item: Request to Amend Ravenswood enabling contract</b></p>	<p>Motion to <b>Amend Ravenswood enabling contract</b>  <u>MOVED</u> by Molly  <u>SECONDED</u> by, Dan and APPROVED by all Board members present.  <u>Tay- recused herself</u></p>
<p><b>Request to Amend Ravenswood primary care contract</b></p>	<p>Program currently has a two-year contract with RFHC for Primary Care Services for the Homeless. As Program just finished the HRSA Site Visit last week, one of the comments was regarding HCH/FH's Form 5A, column II formal written contract/agreement for required services. As Program has some services delivered under the primary care contract with RFHC, the Consultant found the contract language to be insufficient because it does not specify all the services listed on Form 5A. As a result, Program is adding the Form 5A language in the contract, referring and specifying that RFHC will deliver services listed on RFHC's Form 5A.</p> <p><b>Action item: Request to Amend Ravenswood primary care contract</b></p>	<p>Motion to <b>Amend Ravenswood primary care contract</b>  <u>MOVED</u> by Theresa  <u>SECONDED</u> by, Molly and APPROVED by all Board members present.  <u>Tay- recused herself</u></p>
<p><b>Request to Amend LifeMoves (CHOW) contract</b></p>	<p>Program currently has a one-year contract with LifeMoves for a Community Health Worker (CHOW) to work with the Street Medicine Team (Intensive Care Coordination for 150 unduplicated individuals). The contract focuses on intensive care coordination services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team. Program is looking to extend the partnership with LifeMoves to next year for the same care coordination services. This request is for the Board to take action to approve the execution of this amendment with LifeMoves.</p> <p><b>Action item: Request to Amend LifeMoves (CHOW) contract</b></p>	<p>Motion to <b>Amend LifeMoves (CHOW) contract</b>  <u>MOVED</u> by Theresa  <u>SECONDED</u> by, Tay and APPROVED by all Board members present.  <u>Steve, Bob, Paul and Christian recused themselves</u></p>
<p><b>Request to Amend Samaritan House contract</b></p>	<p>Program currently has a one-year contract with Samaritan House for Care Coordination and Intensive Care Coordination Services for the Homeless at their Safe Harbor Shelter. Program is looking to extend the partnership with Samaritan House to next year for the same care coordination services. This request is for the Board to take action to approve the execution of this amendment with Samaritan House.</p> <p><b>Action item: Request to Amend Samaritan House contract</b></p>	<p>Motion to <b>Amend Samaritan House contract</b>  <u>MOVED</u> by Christian  <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p>

<p>Conflict of Interest/Disclosure policy <b>Request to Approve- Conflict of Interest/ Disclosure policy</b></p>	<p>According to HRSA Program Requirement 19: Conflict of Interest Policy: “Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.” The program currently follows San Mateo County Policy on adopting County Conflict of Interest Policy regarding commission and Boards, requiring all Board members to sign a County Conflict of Interest Statement when they become a Board member. During last OSV visit the Governance Consultant advised us that this must be done annually and should include disclosures of any conflicts that Board members have. Program has drafted a policy and form to require Board members to annually confirm and sign Conflict of Interest and Disclosures Statements.</p> <p><b>Action item: Request to Approve Conflict of Interest/Disclosure policy</b></p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	<p>Motion to Approve <b>Conflict of Interest /Disclosure policy</b> <u>MOVED</u> by Steve <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p>
<p>Credentialing and Privileging <b>Request to Approve- Credentialing and Privileging list (October and November)</b>  <b>Request to Amend- Credentialing and Privileging Policy</b></p>	<p>The HCH/FH Co-Applicant Board shall review the QIC’s determination and take action to affirm SMMC compliance with HRSA requirements. As long as the SMMC Credentialing and Privileging policies, procedures and processes have been determined to be in compliance with HRSA requirements, all credentialing and privileging actions taken by the SMMC BOD shall be added to the HCH/FH Co-Applicant Board’s next regular meeting agenda for review and endorsement. County Counsel advised that this will need to be moved to the closed session for future meetings. Discussion on process of privileging/credentialing providers. <b>Action item: Request to Approve Credentialing and Privileging list for October and November</b></p> <p>Staff has drafted a revised policy on Credentialing and Privileging to include further review of licensing and certification report from SMMC Human Resources to verify approval of non-licensed Independent Provider staff. The sentence addition is underlined and hi-lighted and placed under Policy Statement “ Further, the Co-Applicant Board shall periodically review the updated licensing and certification report from SMMC Human Resources, to verify and approve the ongoing licensing and certification of no-licensed Independent Provider staff.” <b>Action item: Request to Amend- Credentialing and Privileging Policy</b></p> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p>	<p>Motion to Approve Credentialing and Privileging list <u>MOVED</u> by Tay <u>SECONDED</u> by, Molly And APPROVED by all Board members present.</p> <p>Motion to Amend Credentialing and Privileging Policy <u>MOVED</u> by Steve <u>SECONDED</u> by, Theresa And APPROVED by all Board members present.</p>
<p><b>Board nominations of Chair and Vice Chair</b></p>	<p>Table for next meeting</p>	<p>.</p>
<p>Regular meeting: Strategic Plan Update</p>	<p>Table for next meeting  <i>Please refer to TAB 12 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>11:31 a.m.</u></p>	<p>Robert Stebbins</p>

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (November 10, 2016)  
Coastside Clinc- Half Moon Bay**

Co-Applicant Board Members Present

Robert Stebbins, Chair  
Christian Hansen  
Theresa Sheats  
Brian Greenberg  
Julia Wilson  
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator  
Glenn Levy, County Counsel  
Elli Lo, Management Analyst

Members of the Public

Absent: Kathryn Barrientos, , Molly Wolfes, Steve Carey, Tayischa Deldridge, Dan Brown, Dick Gregory

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:04</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session <b>Request to Approve C&amp;P list</b>	<b>Table till next meeting, no quorum</b>	
Regular Agenda Consent Agenda	<b>Table till next meeting, no quorum</b>	
Board Orientation:	<p>Staff Presented information on :</p> <ul style="list-style-type: none"> <li>• New board recruitment and orientation</li> <li>• Board self- evaluation</li> <li>• On-going Board training</li> <li>• Board recruitment and retention ideas</li> </ul> <p>Discussion on</p> <ul style="list-style-type: none"> <li>• Conducting a Board evaluation soon to figure out skills and input missing to make recruitment plan</li> <li>• Creation of a possible Finance sub-committee or program committee</li> <li>• Look into idea to pay farmworkers to attend, Pat consultant mentioned</li> <li>• Poll Board members to see what evenings of the week do not work for Board meeting times</li> </ul>	
Regular Agenda Consumer Input	<p>Staff Presented on:</p> <ul style="list-style-type: none"> <li>• Nutrition lacking from many homeless peoples diet for various reasons, including lacking facilities etc.</li> <li>• CalFresh program in San Mateo County not part of the Restaurant Meals program, where they can purchase with their CalFresh (EBT) card prepared meals in participating restaurants.</li> <li>• Will bring up issue with the County's Human Services Agency, as they manage CalFresh</li> </ul> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	



Transportation: Steve, Christian, Molly	<b>Table till next meeting</b>	
<i>Board orientation Sub-committee reports</i>	<b>Table till next meeting</b>	
Regular Agenda QI Committee report	<p>Staff presented:</p> <ul style="list-style-type: none"> <li>• QI is still analyzing Diabetes HgbA1c data from first two quarters of 2016.</li> <li>• The improvement in rates of HgbA1c &lt;8% found between quarters 1 and 2 were driven both by improvement in the measure for patients in care for both quarters along with patients entering care in the 2nd quarter. The QIC will be doing further analysis of the data.</li> <li>• Since there still appears to be a substantial amount of “no test” occurring in some Primary Care Clinics, there was a discussion on follow up of past recommendations from the QI Committee to the Co-Applicant Board, as last September 2015 the QIC recommended to the Board based on the results of a substantial amount of Diabetic patients with “no test.”</li> <li>• The QIC briefly spoke about the need to update the QIC Annual plan for 2017 and to consider what outcome measures we may want to analyze; possibly changing some of the ones we currently have in the plan. The QI Award and how to use the funds was also mentioned as both these items will be further discussed at the next January meeting. The Patient Satisfaction Survey data has been collected and a full report is being drafted by JSI consultants for review at next QIC meeting.</li> </ul> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	
Regular Agenda: HCH/FH Program <b>Directors report</b>	<p>Director presented:</p> <p><u>Grant conditions</u>- At this time, the program has no outstanding grant conditions. All of the grant conditions issued as a result of our March 2015 Operational Site Visit (OSV) have now been lifted..</p> <p><u>Proposals &amp; Contracts</u>- The contracts for WeHOPE &amp; Daly City Youth Center, previously approved by the Board, are in the signature process.</p> <p><u>OSV</u>- To date, we believe we have satisfactorily addressed at least two (2) of the potential 11 program requirements identified by the OSV Team at the Exit Conference. We are currently working on two (2) additional items that we hope to complete by the end of next week.</p> <p><u>UDS</u>- staff has initiated efforts for 2016</p> <p>Site visits- staff plans on conducting 2 visits before the end of the year and will plan more in spring and summer</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Program <i>Budget &amp; Financial Report</i></p>	<ul style="list-style-type: none"> <li>Based on expenditures to date, we are projecting total expenditures to be around \$2,080,000 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00. This is a slightly increased rate of expenditures, based primarily on approvals for small-funding requests.</li> <li>Overall, as we move forward for this grant year there currently appears to be approximately</li> <li>\$290,000 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, including contract being all continued in 2017.</li> </ul> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Budget change (DSHII) <b>Request to Approve Budget Change</b></p>	<p><b>Table till next meeting, no quorum</b></p>	
<p><b>Board nominations of Chair and Vice Chair</b></p>	<p><b>Nomination of Vice chair – Julia Wilson</b></p> <p><b>Continue with nominations in December meeting</b></p>	<p><u>Nominations</u></p> <p><u>Vice Chair:</u> Julia Wilson</p>
<p>Contract Amendments <b>Request to Amend PH-Mobile van Street/Field Medicine contract</b></p>	<p><b>Table till next meeting, no quorum</b></p>	
<p>Staffing Plan Discussion</p>	<ul style="list-style-type: none"> <li>At the January 14, 2016 Co-Applicant Board meeting, the Board was presented with a DRAFT Staffing Plan for the program. Attached is an updated Staffing Plan</li> <li>As indicated in the original plan, the decision(s) for adding staff were contingent and based on other expected program occurrences during the year. Item including the development of the Strategic Plan, the Operational Site Visit, the volume of approved contracts, among others, were expected to drive the final staffing decisions. Our original time frames were clearly optimistic, but the prospects of phasing in the staff still appears the most reasonable approach, and the driving forces identified have indeed impacted the program and created a clear need for the staff to support them.</li> <li>As recently as during 2012-2013 (Nov. 1, 2012 through October 31, 2013) the program had a total of five (5) agreements (contracts &amp; MOUs) with a total of four (4) different programs. Since that time, and under the direction and support of the Co-Applicant Board, the number of agreements had grown to nine (9) agreements with seven programs for 2015, and now to at least fifteen (15) agreements with at least ten (10) different programs.</li> <li>Discussion on providing more information to the Board regarding what it takes for oversight of contracts, needs, current positions and responsibilities and what new staff and responsibilities would be.</li> </ul> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	

<p>Contractors Update- 3<sup>rd</sup> quarter</p>	<p>Staff presented status of contracts for the third quarter, representing contracts with six community-based providers, plus two County-based programs for the 2016 grant year.</p> <ul style="list-style-type: none"> <li>• Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.</li> <li>• In total contracts have spent 77% of their funding amount.</li> </ul> <p>Common trends emerged with contractors on:</p> <ul style="list-style-type: none"> <li>• Lack of affordable housing</li> <li>• Transportation problems for clients</li> <li>• Need for more dental services</li> <li>• Need for expended vision services, glasses for the homeless</li> </ul> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p>	
<p>Regular meeting: Strategic Plan Update</p>	<p>The Three Year Strategic Plan report 2016-2019 was reviewed at the June 9, 2016 meeting, with the Board arriving at consensus and finally approved by The Board at the August 11, 2016 meeting. Staff will update the Board on the on-going efforts of the Strategic Plan at every Board meeting, below is a summary of new efforts from last meeting. Attached you will find the status table.</p> <p>Latest efforts include:</p> <ul style="list-style-type: none"> <li>• Conference call with HCHC staff on Respite Care programs and models.</li> <li>• Conference call with staff and (Brian and Bob) on holding Substance Abuse workshop/conference</li> <li>• On- going Case management meetings with County staff to pursue cloud based CM software</li> <li>• Staff part of Disparities Workgroup to identify disparities with patients, led by SMMC executive management (CEO)</li> <li>• Staff informed all contractors and county partners about small funding request policy</li> </ul> <p><i>Please refer to TAB 12 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>11:20 a.m.</u></p>	<p>Robert Stebbins</p>

**TAB 2**  
**Program Calendar**  
**(Consent Agenda)**

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>• <b>Board Meeting (December 8, 2016 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• <b>Nominations of Chair &amp; Vice- Chair</b></li> <li>• Site Visits with contractors</li> </ul>	December	@ Human Services Agency- Belmont
<ul style="list-style-type: none"> <li>• <b>Board Meeting (January 12, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• QI Committee meeting</li> <li>• Providers Collaborative meeting</li> <li>• Homeless One Day Count (January 26<sup>th</sup>)</li> </ul>	January	@ SMMC- San Mateo
<ul style="list-style-type: none"> <li>• <b>Board Meeting (February 9, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• Western Forum for Migrant &amp; Community Health, SF (February 22-24)</li> <li>• UDS initial submission</li> </ul>	February	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (March 9, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• UDS Final Submission (March 31)</li> <li>• Site Visits with contractors</li> <li>• QI Committee meeting</li> </ul>	March	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (April 13, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• Providers Collaborative meeting</li> </ul>	April	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (May 11, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• QI Committee meeting</li> </ul>	May	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (June 8, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• National Health Care for Homeless Conference, DC ( June 21-24<sup>th</sup> )</li> <li>• Site Visits with contractors</li> </ul>	June	
<ul style="list-style-type: none"> <li>• <b>Board Meeting (July 13, 2017 from 9:00 a.m. to 11:00 a.m.)</b></li> <li>• QI Committee meeting</li> <li>• Providers Collaborative meeting</li> <li>• Site Visits with contractors</li> </ul>	July	

**TAB 3**  
**Consumer**  
**Input**

## In a California Valley, Healthy Food Everywhere but on the Table

By [THOMAS FULLER](#) NOV. 23, 2016

SALINAS, Calif. — As Americans gather around Thanksgiving tables, chances are that the healthier parts of their menus — the tossed salads, broccoli casseroles or steaming bowls of roasted brussels sprouts — were grown here in the Salinas Valley. A long strip of deep and fertile soil pinched by sharply rising mountains, the valley has more than doubled its output of produce in recent decades and now grows well over half of America's leaf lettuce.

Yet one place the valley's bounty of antioxidants does not often appear is on the tables of the migrant workers who harvest it.

**Public health officials here describe a crisis of poverty and [malnutrition](#) among the tens of thousands of farmworkers and their families who tend to the fields** of lettuce, broccoli, celery, cauliflower and spinach, among many other crops, in an area called the salad bowl of the nation. More than a third of the children in the Salinas City Elementary School District are homeless; **overall [diabetes](#) rates are rising and projected to soar**; and 85 percent of farmworkers in the valley are overweight or obese, partly because unhealthy food is less costly, said Marc B. Schenker, a professor at the University of California, Davis, who studies the health of farmworkers.

"The people who grow our food can't afford to eat it, and they are sicker because of it," said Joel Diringer, a public health specialist and advocate for farmworkers. "It's an incredible irony that those who work in the fields all day long don't have access to the fresh produce that they harvest."

For decades, the fields of the Salinas Valley have been a revolving door of migrants, from the Okies of John Steinbeck's writings to the Latin American immigrants who tend the fields today. Ninety-one percent of farmworkers in California are foreign born, primarily from Mexico, [according to the United States Department of Labor](#).

While the valley's vegetables are reaching an ever-growing number of American households, public health officials say there are no signs of improvement in the living conditions and diets of farmworkers.

The popularity of sugary drinks and cultural preferences for filling but high-calorie foods like tacos and tamales contribute to the [obesity](#) of farmworkers and their families, public health officials say. Because an estimated half of agricultural workers in the Salinas Valley are in the country illegally, many do not have [health insurance](#) and go without treatment until symptoms become acute. The combination of high rents and low incomes — wages typically fall in the range of \$10 to \$15 an hour — leaves farmworkers with minimal and often inadequate money for food and is a contributor to the housing crisis in Salinas.

Homelessness has risen so steadily in recent years that the Salinas City Elementary School District now has a liaison for students without permanent housing. Cheryl Camany, the school district's homeless liaison, listed the types of dwellings where some farmworkers slept: "Tents, encampments, abandoned buildings," she said. "They could be living in a toolshed, a chicken coop."

Poverty and neglect among farmworkers is by no means new. Steinbeck, the valley's most famous native son, wrote in the 1930s about the "curious attitude toward a group that makes our agriculture successful."

**"The migrants are needed, and they are hated," he wrote, a sentiment that residents here feel has been revived with the election of Donald J. Trump as president and his promises to deport undocumented workers.**

At a diabetes and nutrition awareness class held at a nursery school in King City, overweight women from farmworker families were given a barrage of statistics on the dangers of poor diets, especially those excessive in sugar.

**"Two in five Americans will develop diabetes," Lisa Rico, the instructor, told the class in Spanish. "But for us it's one in two."**

The class was run by the Natividad Medical Foundation, a nonprofit that is part of Natividad Medical Center, a large hospital in Salinas. Ms. Rico read to the class the findings of a [survey](#) of 1,200 young people in Monterey County, which includes Salinas: 72 percent of children under 10 years old and 83 percent of teenagers said they drank at least one soda a day; adolescents drank 4.5 times as many sugary drinks as water.

A [study](#) published in March by the U.C.L.A. Center for Health Policy Research reported that 57 percent of residents in Monterey County had diabetes or prediabetes, just slightly above the California average of 55 percent.

But Dr. Dana Kent, the medical director for health promotion and education at the Natividad Medical Foundation, said estimates among farmworkers might be low, especially among those who are undocumented and fearful to obtain medical services. "We get a sense that there are a lot of people out there who are undiagnosed," Dr. Kent said.

On a recent afternoon, workers from Mexico and El Salvador harvested heads of iceberg lettuce in a field in Gonzales, a city in the heart of the Salinas Valley. The workers moved so quickly — slicing, trimming the outer leaves and putting the heads of lettuce into plastic bags — that they looked like actors in a film played at an accelerated speed.

Angelica Beltran, the supervisor, said her workers typically ate six to eight tacos while at work and had two or three sodas during their shift. “No one drinks diet soda,” she said. “It doesn’t taste good.”

Despite the frenetic pace of the work, farmworkers suffer from what Melissa Kendrick, the head of the [Food Bank for Monterey County](#), calls the “**obesity paradox of the poor.**”

“**They are fat, yes, but they are malnourished because all they are eating is garbage,**” she said.

The consumption of cheap, starchy food has been a major contributor to the epidemic of obesity across America. But the rates among farmworkers here are significantly higher: 85 percent are overweight or obese compared with 69 percent nationally.

Some farmworkers in the Salinas Valley sleep next to the vegetables they cannot afford to buy.

In a row of dusty, barracks-style apartments straddled by railway tracks and vast fields of broccoli, Maria Hernandez, 60, pays \$520 a month for two tiny rooms, each about 18 feet across. Her extended family are Mexican immigrants who have spent their lives farming and picking strawberries, celery and other crops. She became aware of the need to eat healthily when both her mother and her sister were diagnosed with diabetes.

“Although we are surrounded by it, we don’t eat it because it’s expensive,” said Antonia Tejada, Ms. Hernandez’s daughter, who works the night shift at McDonald’s. “We will buy a big bag of beans instead of a little thing of broccoli for \$2 that won’t feed even one person.” Only an hour south of Silicon Valley, the Salinas Valley is a rural setting with urban prices. Israel de Jesus, who works as an interpreter at the Natividad Medical Center in Salinas, crowded into a home that rented for \$1,600 a month when he was doing farm work.

“There’s no way to save money because of the bills and the rent,” Mr. de Jesus said. “But you have to save money so you can make it through the winter.”

**Even when vegetables and other healthy foods are available or affordable, farmworkers sometimes opt for the satisfaction of comfort food.** Brigita Gonzalez rises every day at 3:30 a.m. to prepare food for her husband, who leaves for the fields an hour later. When she made him a salad once to accompany his tacos, he returned in the evening with the salad unfinished.

Ms. Gonzalez says her husband was needled by co-workers for eating a salad: “Everybody was like, ‘What are you eating?’” Ms. Kendrick of the food bank said demand was strong for healthy foods, cultural preferences notwithstanding. The food bank gives out about five million meals a year and is raising money to build a large food warehouse on a six-acre plot. Ms. Kendrick, who previously worked in Silicon Valley, said she was motivated by the idea that malnutrition and hunger were fixable in a country with so much wealth.

“I’ve spent time in India, the Middle East, Southeast Asia — third world countries where poverty is everywhere,” she said. “It’s shocking when it’s in your home state.”

A version of this article appears in print on November 24, 2016, on page A19 of the New York edition with the headline: Healthy Food Everywhere but on the Table. [Order Reprints](#) | [Today's Paper](#) | [Subscribe](#)

### **CalFresh Restaurant Meals Program (RMP)**

The CalFresh Restaurant Meals Program is an optional county program that allows CalFresh recipients who are 60 years of age or older, disabled, or homeless to use their CalFresh benefits to purchase lower cost prepared meals at approved participating restaurants in certain counties.

Below is a list of participating counties as of 2016:

- Alameda,
- Sacramento,
- San Diego,
- San Francisco,
- Santa Cruz,
- Santa Clara

<http://www.cdss.ca.gov/foodstamps/PG3665.htm>



**TAB 4**  
**Subcommitee**  
**Reports**

Taxi Voucher Data 2016														
Sum of Invoice Amo Column Labels														
+ LifeMoves + PH mobile va + SAFE HARBO Grand Total														
Row Labels					LifeMoves		PH mobile van		SAFE HARBOR		Grand Total			
					# of Rides	\$ Amount	# of Rides	\$ Amount	# of Rides	\$ Amount	# of Rides	\$ Amount		
+ February			36.7	36.7	February				1	\$ 36.70	1	\$ 36.70		
+ March	128.4	129.1	246.6	504.1	March	3	\$ 128.40	4	\$ 129.10	6	\$ 246.60	13	\$ 504.10	
+ April	91.1		287.5	378.6	April	2	\$ 91.10		7	\$ 287.50	9	\$ 378.60		
+ May	86.6	27.4	83	197	May	2	\$ 86.60	1	\$ 27.40	2	\$ 83.00	5	\$ 197.00	
+ June			122.7	122.7	June				3	\$ 122.70	3	\$ 122.70		
+ July	22.3	75.2	81.86	179.36	July	1	\$ 22.30	2	\$ 75.20	2	\$ 81.86	5	\$ 179.36	
+ August	81.5	52.7	81.8	216	August	5	\$ 81.50	2	\$ 52.70	2	\$ 81.80	9	\$ 216.00	
<b>Grand Total</b>	<b>\$ 409.90</b>	<b>\$ 284.40</b>	<b>\$ 940.16</b>	<b>\$ 1,634.46</b>	<b>Total</b>	<b>13</b>	<b>\$ 409.90</b>	<b>9</b>	<b>\$ 284.40</b>	<b>23</b>	<b>\$ 940.16</b>	<b>45</b>	<b>\$ 1,634.46</b>	

Note: Amount include unauthorized rides to emergency room, non-SMMC clinic

Note: Include unauthorized rides to emergency room, non-SMMC clinic

### Number of rides

Count of Voucher # Column Labels				
Row Labels	LifeMoves	PH mobile van	SAFE HARBOR	Grand Total
+ February				1
+ March	3	4	6	13
+ April	2		7	9
+ May	2	1	2	5
+ June			3	3
+ July	1	2	2	5
+ August	5	2	2	9
<b>Grand Total</b>	<b>13</b>	<b>9</b>	<b>23</b>	<b>45</b>

Correspondence from LifeMoves:

From the spreadsheet, the total amount of money that would have been spend on taxi fare for 5 months was \$1,724.32. Given this amount, the total number for a year would be \$4,138.37. This data is only taken from the CHOW position. Since the other position is transporting clients less, I think they would only need about half this amount in taxi fare. The total money amount comes to be \$6,207.56. I would like to request **\$7,000** worth of taxi voucher fare to expand our services and provide transportation to clients we could not reach in the past.

HRSA Descriptor for Transportation:

5A Service	Service Descriptor	Statute Reference	Regulation Reference
<p><b>Transportation</b></p>	<p>Transportation services are services that enable patients to access health center services when transportation would otherwise be a barrier to care (e.g., providing transport vans, bus tokens or vouchers for public transportation, or linkages to other community transportation programs).</p>	<p>Section 330 (b)(1)(A)            "...(iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);"</p>	<p>42 CFR, Part 51c.102(h)            "Primary Health Services means...(5) Transportation services as needed for adequate patient care, sufficient so that residents of the catchment area served by the center with special difficulties of access to services provided by the center receive such services;"</p>

<http://bphc.hrsa.gov/archive/about/requirements/scope/form5aservicedescriptors.pdf>

Health Center = grantee = San Mateo Health System

## Board Composition Committee Nomination to Board

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

1. What is your name and contact information?

She'ren Champion aka Mother Champion [hope4ourcommunity2016@gmail.com](mailto:hope4ourcommunity2016@gmail.com)

Hope4OurCommunity

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

Executive Director for Hope 4 Our Community,

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

Fifteen years plus in the non-profit sector, working with the homeless, mentally challenge, faith based community, and Police/Community Chaplaincy.

4. Why do you wish to be a Board member?

To help people and to use my experience and resources to benefit the community.

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

Formerly temporarily homeless.

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

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

YES

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

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

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

**TAB 5**  
**QI Report**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 2016

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

FROM: Frank Trinh, HCH/FH Medical Director

SUBJECT: QI COMMITTEE REPORT

The HCH/FH Program QI Committee continues to evaluate multiple aspects of the program.

Regarding the medical outcome measures, the analysis of the Diabetes Hemoglobin A1c outcome measure data from 2016 Quarters 1 and 2 continues. The goal of the continued Hemoglobin A1c data analysis is to identify which Homeless and/or Farmworker populations showed improvement or deficiency in diabetic control between the first two quarters of 2016. The Hypertension outcome measure will be the next focus for assessment, as well as how to spend QI award funding and outcome measures for next annual QI plan 2017.

The QIC is awaiting the final Patient Satisfaction Surveys analysis report from the outside consultant. We hope to have this report available for review at the next QIC meeting in January 2017.

The final results of the Enabling Services outcome measure tracking Primary Care referrals from LifeMoves, Samaritan House, and Puente de la Costa Sur are being analyzed. The results will be reviewed at the next QIC meeting.

One action plan from prior QIC meetings was to educate San Mateo Medical Center Providers about issues specific to Homeless health care. The HCH/FH Program Medical Director is scheduled to give a Grand Rounds CME presentation on Wednesday, April 19, 2017 from 12:15 - 1:30 pm at San Mateo Medical Center, 2nd Floor, Education Classroom 1. All interested individuals are welcome to attend.



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**TAB 6**  
**Director's**  
**Report**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 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 November 10, 2016 Co-Applicant Board meeting:

## 1. Operational Site Visit & Grant Conditions

We were advised by our Project Officer that she has received a draft of the Operational Site Visit (OSV) Report, and she shared some of the report with us, most specifically the governance requirements #17, 18 & 19. We noted that the write-up for the draft report was not completely consistent with our takeaways from the exit conference.

Our Project Officer is still working with us to try and address some of the "Not Met" criteria prior to the actual issuance of the OSV Report so that there will not be the need to establish a grant condition for those requirements. We are still awaiting the final instructions for submission of the materials to demonstrate actual compliance with those specific requirements. During the Exit Conference, the OSV Team reported they found us not compliant with 11 of the requirements, and the general plan is to address at least two (2) of those to drop the number of potential grant condition below ten (10).

## 2. Proposals & Contracts

The contracts for Project WeHOPE & Daly City Youth Health Center have been approved and signed.

Following our request for further information on their revised proposal, CORA responded with additional information. Staff has reviewed the information and forwarded it on to the Proposal Review Committee to determine next action.

Program also met with Public Health Policy & Planning/Health System to review and discuss extending the current MOU based on the HCH/FH Expanded Services grant award from 2014. This effort was separate from, and supplemental to, the routine Mobile Clinic services, and was focused on providing services the formerly incarcerated individuals and fragile sheltered homeless who had otherwise not been receiving services and were consider to be "new" patients. Services are generally delivered at the Service Connect sited in the county that released offenders receive services, and at Maple Street Shelter. We are proposing to continue those services for an additional year (2017), which will then put





us in a position to do a singular contract for all of the Mobile Clinic Services (separate from Street Medicine Services).

3. Automation

Program has continued to participate in the Health IT effort to acquire a Care Coordination/Case Management System. The project is currently in the RFP preparation stage and the various interested programs are putting together use case/operational scenarios for inclusion in the RFP. The tentative plan still calls for the RFP to be issued around the middle of December. The current target date for any implementation is June 2017.

As reported previously, it is uncertain of the HCH/FH Program's eventual final involvement in the project as our available funding was strongly tied to our 2015 & 2016 grant awards, and there will be no contracts, etc. until sometime in 2017. In addition, of course, the proposed system would have to evaluate out as also being beneficial to the program and any of our potential partners who may be interested in using it.

4. UDS

We continue to work with IT/BI to ensure that our UDS processes are up-to-date and functioning as necessary. As in year's past, the UDS process will begin in earnest immediately after January 1, 2017, with the submission deadline for the report of February 15, 2017.

5. Site Visits

With numerous new contracts and contractors this year and going into next year, Program is in the process of initiating the next round of site visits with our contractors to review progress and provide any necessary technical assistance. We have two (2) site visits scheduled for December and will pick up the schedule again in March 2017 following the completion of the UDS process.

6. HRSA DRAFT Compliance Guide

HRSA has developed a DRAFT compliance Guide to generally compile and summarize all of the Program Requirements in a single document, and released the DRAFT for comment. While much of the Guide was simply a recapitulation of previously issued PINs, PALs and known HRSA policies, the Guide did contain statements that could potentially be troublesome for California target population programs (homeless & farmworkers) that are county-based. These counties, including San Mateo County, currently receive enhanced Medicaid (MediCal) reimbursement for all of the Medicaid eligible patients that receive services, not just those from the target population. This is a significant supportive funding source for these counties in the operation of their safety-net health care systems.

Because the statements made in the DRAFT Guide could potentially be used to put the above funding at risk, comments were provided to HRSA from Program and from the California Association of Public Hospitals (CAPH), to which all of the affected counties belong. These comments focused on requesting HRSA to amend the Guide language so as not to be as prescriptive concerning the reimbursement for non-330 program patients.

7. Office of Inspector General (OIG) Survey

Program has received a request to respond to a survey from the OIG for HRSA regarding abortion services that may have been performed at the "Health Center". Because this issue does engender some significant emotions at times, and has the potential for political fallout, we are working with SMMC Administration and legal counsel on the request.

8. Meetings with Affiliated Programs & Agencies

Program has continued to reach out to other programs and agencies in the county to increase our exposure and to better understand those programs' and agencies' roles as they might relate to the homeless and farmworker populations and the services we provide. In addition to continuing our routine conference calls with the Center on Homelessness, we also attempted to arrange some time with the Health Plan of San Mateo (HPSM). This latter request ended up generating a meeting with the SMMC Office of Managed Care.

Program also met with the Santa Clara County HCH Program for a discussion of outreach efforts and methodologies.

9. Seven Day Update

**TAB 7**  
**Budget &**  
**Finance**  
**Report**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 08, 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 November 30, 2016 – total just over \$1,716,000 .

Based on expenditures to date, we are projecting total expenditures to be around \$2,006,700 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00. This is a decrease in the rate of expenditures, primarily driven by the reduction in the unduplicated counts in the contracts & MOUs.

With one (1) month left in the grant year, we are projecting approximately \$365,000 in unobligated funding. This is substantially better than last year's unobligated balance of over \$1,000,000 (we have still not heard from HRSA on our carryover request from GY2015, which, if approved, would reduce the GY2015 unobligated balance).

For GY2017, assuming the funding level as indicated in the SAC announcement plus the expected carryover of DSHII & QI Supplemental Funding (\$2,600,752), our current projection is for around a \$85,000 unobligated balance. This includes expenditure projections for two (2) additional staff (one hired in Q1, the other in Q3).

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 (11/30/16)	Projection for GY (+~4 wks)	Projected for GY 2017
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	697,262	328,991	365,000	490,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	417,915	131,831	146,000	225,000
<u>Travel</u>				
National Conferences (1500*4)		2,124	3,000	9,000
Regional Conferences (1000*5)		8,871	9,000	9,000
Local Travel		1,389	1,250	2,000
Taxis		2,115	2,000	4,000
Van			1,200	3,000
	16,000	14,499	16,450	27,000
<u>Supplies</u>				
Office Supplies, misc.	7,000	4,694	6,500	10,500
Small Funding Requests		1,139	60,000	
	7,000	5,833	66,500	10,500
<u>Contractual</u>				
Current 2016 contracts	561,425	580,796	690,000	875,000
Current 2016 MOUs	433,300	566,004	625,000	765,000
---unallocated---/other contracts	168,474			
	1,163,199	1,146,800	1,315,000	1,640,000
<u>Other</u>				
Consultants/grant writer		76,268	80,000	50,000
IT/Telcom		6,159	8,000	12,000
New Automation			0	50,000
Memberships		2,000	4,000	5,000
Training		2,530	3,250	2,000
Misc (food, etc.)		1,648	2,500	2,500
	72,000	88,605	97,750	121,500
TOTALS - Base Grant	2,373,376	1,716,559	2,006,700	2,514,000
HCH/FH PROGRAM TOTAL	2,373,376	1,716,559	2,006,700	2,514,000
PROJECTED AVAILABLE	BASE GRANT		366,676	86,752
				based on est. grant of \$2,600,752

**TAB 8**  
**Request to**  
**Approve Budget**  
**change**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 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: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE THE RESUBMISSION OF REVISED BUDGET DOCUMENTS FOR THE DELIVERY SYSTEM HEALTH INVESTMENT (DSHII) SUPPLEMENTAL FUNDING

Program has received the DSHII supplemental funding award from HRSA for developing the presentation of the homeless and farmworker indicators in eCW for easy and immediate recognition by providers when seeing a patient.

On October 17, 2016, HRSA requested Program to resubmit a revised SF 424A, Line Item Budget and Budget Narrative Justification for the award as the previous submission did not include detail of the price and detailed description of the budgeted contract. Due to the short turnaround, Program has submitted the documents on October 28, 2016.

This request is for the Board to approve the Program to resubmit the budget documents per request from HRSA. A majority vote of the Board members present is required to approve the grant application.

**ATTACHED:**  
Revised SF 424A  
Revised Budget Line Item  
Revised Budget Narrative Justification



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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM SF-424A: BUDGET INFORMATION		FOR HRSA USE ONLY				
		Grant Number		Application Tracking Number		
<b>Budget Information</b>						
<b>Section A – Budget Summary</b>						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A	\$42,907	\$0	\$42,907
Migrant Health Centers	93.224	N/A	N/A	\$7,841	\$0	\$7,841
Public Housing	93.224	N/A	N/A			
<b>Total</b> <i>will auto-calculate in EHB</i>				\$50,748	\$0	\$50,748
<b>Section B – Budget Categories</b>						
Object Class Categories	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>			
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual	\$50,000	\$0				\$50,000
Construction						
Other	\$748					\$748
Total Direct Charges <i>will auto-calculate in EHB</i>	\$50,748	\$0				\$50,748
Indirect Charges						
<b>Total</b> <i>will auto-calculate in EHB</i>	\$50,748	\$0				\$50,748
<b>Section C – Non-Federal Resources</b>						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total <i>will auto-calculate in EHB</i>
Community Health Centers						
Health Care for the Homeless	\$0	\$0	\$0	\$0	\$0	\$0
Migrant Health Centers	\$0	\$0	\$0	\$0	\$0	\$0
Public Housing						
<b>Total</b> <i>will auto-calculate in EHB</i>	\$0	\$0	\$0	\$0	\$0	\$0



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY	
				Grant Number	Application Tracking Number
Section D – Forecasted Cash Needs (optional)					
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total 1 <sup>st</sup> Year <i>will auto-calculate in EHB</i>
Federal	\$50,748	\$0	\$0	\$0	\$50,748
Non-Federal	\$0	\$0	\$0	\$0	\$0
<b>Total</b> <i>will auto-calculate in EHB</i>	\$50,748	\$0	\$0	\$0	\$50,748
Section E – Budget Estimates of Federal Funds Needed for Balance of Project					
Grant Program	Future Funding Periods (Years)				
	First	Second	Third	Fourth	
Community Health Centers		N/A	N/A	N/A	
Health Care for the Homeless	\$42,907	N/A	N/A	N/A	
Migrant Health Centers	\$7,841	N/A	N/A	N/A	
Public Housing		N/A	N/A	N/A	
<b>Total</b> <i>will auto-calculate in EHB</i>	\$50,748	N/A	N/A	N/A	
Section F – Other Budget Information					
Direct Charges					
Indirect Charges					
Remarks					

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857

**Organization: SAN MATEO, COUNTY OF, SAN MATEO, California**  
**Grant Number: H80CS00051**

Budget Line Item – DSHII

<b>Object Class Categories</b>	<b>Federal</b>	<b>Non-Federal</b>	<b>Total</b>
Personnel	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Contractual	\$50,000	\$0	\$50,000
Construction	\$0	\$0	\$0
Other	\$748	\$0	\$748
Total Direct Charges	\$50,748	\$0	\$50,748
Indirect Charges	\$0	\$0	\$0
<b>Total</b>	<b>\$50,748</b>	<b>\$0</b>	<b>\$50,748</b>

DSHII Budget Justification & Narrative

CONTRACTUAL

Federal	Non-Federal	Total
\$25,000		\$ 25,000
Cerner - Registration Configuration Services (100 hours x \$250 per hour)		
\$25,000		\$ 25,000
eCW - EMR Configuration Services (103 hours x \$250 per hour)		
TOTAL CONTRACTUAL		
\$50,000	\$0	\$50,000

Both the registration system and the Electronic Health Record are supported by contractors. The funding will be used to specifically add the project efforts to those contracts through detailed contract amendments. The contract amendments will require deliverables including the enhancement of the systems' interface to provide for the data migration to eCW, and for the display enhancements necessary to provide the information's display in appropriate locations of the providers' workflow.

Cost estimates are based on current contract rates and estimated project hours.

OTHER

\$748		\$748
TOTAL OTHER		
\$748		\$748

Cost for training materials on system changes.

TOTAL		
\$50,748		\$50,748

**TAB 9**  
**Request to Amend**  
**Contracts**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 2016

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

FROM: Jim Beaumont, Director  
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AGREEMENT AMENDMENT FOR FUNDING FOR PUBLIC HEALTH, POLICY AND HEALTH DIVISION FOR THE STREET AND FIELD MEDICINE SERVICE INITIATIVE

The HCH/FH Program currently has a one-year MOU with Public Health, Policy and Planning Division (PHPP) for the Street and Field Medicine Service initiative to expand the delivery of Primary Care services to street homeless and farmworker individuals. Services include providing health assessments and treatments, health screening and education, and Primary Care and Specialty Care referrals.

Program has met with PHPP discussing the Street and Field Medicine Service initiative for 2017. Based on the discussion, Program has drafted a MOU amendment to continue the same services for both homeless and farmworker patients in 2017.

Included with this request is the draft MOU amendment. The proposed agreement is for two (2) years through December 31, 2017. The total value of the agreement is \$437,500.

This request is for the Board to approve the proposed MOU amendment with PHPP. It requires a majority vote of the Board members present to approve this action.

Attachments:  
PHPP Memorandum of Understanding Amendment – Street Medicine



**Memorandum of Understanding Between  
Health System, San Mateo Medical Center  
And  
Health System, Public Health, Policy and Planning Division**

The purpose of this Memorandum of Understanding (MOU) is to describe and make explicit the agreement between the San Mateo Medical Center (SMMC) and the Public Health, Policy and Planning (PHPP) Division of the San Mateo County Health System, regarding the provision of Primary Health Care Services through the Health Care for the Homeless/Farmworker Health Program funding. These funded services will be provided by the Public Health, Policy and Planning Division's Mobile Health Clinic to locations including shelters, on the streets, in transitional housing programs, and other places in San Mateo County where there are individuals who are homeless or at-risk of being homeless.

**I. Background Information**

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

In July 2015, the HCH/FH Program submitted a grant application for available Expanded Services funding. The grant application included specification for services to be delivered by the Public Health Mobile Van Team in the form of street services to the homeless and field services to the farmworker community.

**II. Goals and Objectives**

**Goal:** The Street and Field Medicine Service is a new initiative for the Public Health Mobile Clinic and San Mateo County Healthcare for the Homeless/Farmworker Health Program. The initial goal of this service will be to start modestly and allow time to build trusting and lasting relationships with the street homeless and farmworker client communities being served. The Street and Field Medicine Team will aim to provide high quality medical assessments and treatments, health screening and education, and appropriate Primary Care and Specialty Care referrals for 120 unduplicated street homeless and farmworker individuals in the field where they live and work throughout San Mateo County.

**Objective 1:** In each contract year (January through December), to provide initial Primary Care services in the field to 120 unduplicated unsheltered street homeless, farmworker, and farmworker family member individuals who are not accessing existing medical resources.

**Outcome Measure a)** In each contract year, at least 75% (90) of unsheltered street homeless, or farmworker and farmworker family member individuals seen will have a health assessment for chronic medical conditions and physical examination performed. The physical exam will be indicated by diagnostic code Z00.00 or Z00.01.

**Objective 2:** In each contract year, to screen unsheltered street homeless, farmworker, and farmworker family member individuals in the field for depression given its high prevalence in these communities.

**Outcome Measure a)** In each contract year, at least 50% (60) of unsheltered street homeless, farmworker, and farmworker family member individuals seen will have a formal Depression Screen performed as part of their initial health assessment.

**Objective 3:** In each contract year, to provide more intensive Primary Care services in the field to unsheltered street homeless, farmworker, and farmworker family member individuals with chronic medical illnesses.

**Outcome Measure a)** In each contract year, at least 75% of unsheltered street homeless, farmworker, and farmworker family member individuals with an existing diagnosis of Type 1 or Type 2 Diabetes mellitus will have their Diabetes addressed during their visit.

**Outcome Measure b)** In each contract year, at least 75% of unsheltered street homeless, farmworker, and farmworker family member individuals with an existing diagnosis of Hypertension will have their Hypertension addressed during their visit.

**Objective 4:** In each contract year, to provide appropriate referrals to Primary Care services in the field to unsheltered street homeless, farmworker, and farmworker family member individuals who do not have an established Primary Care Provider.

**Outcome Measure a)** In each contract year, at least 50% (60) of unsheltered street homeless, farmworker, and farmworker family member individuals seen will be referred to Primary Care services either within or outside the San Mateo County Health System.

### **III Terms of Agreement**

The Public Health, Policy and Planning Division will receive \$1,750.00 (ONE THOUSAND SEVEN HUNDRED FIFTY DOLLARS) for each unduplicated individual who meets the homeless criteria and receives primary health care services, up to a maximum of 125 unduplicated homeless individuals per calendar year. The total amount of HCH/FH funding for primary health services will not exceed \$437,500 (FOUR HUNDRED THIRTY SEVEN THOUSAND FIVE HUNDRED DOLLARS).

The Public Health, Policy and Planning Division will invoice the HCH/FH Program by the 10<sup>th</sup> of each month for the prior month's efforts. Each invoice will indicate the number of unduplicated individuals served in the prior month.

### **Responsibilities**

The Public Health, Policy and Planning Division is responsible for the following:

1. All demographic information will be obtained from each homeless individual receiving services on the Mobile Clinic at the time of registration. **This may include homeless individuals who receive services as described in this agreement, for whom the Contractor is not reimbursed.**
2. A monthly invoice that provides the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be due the 10<sup>th</sup> of the following month.
3. Quarterly reports will be completed by Mobile Clinic staff to explain contract progress and provide an update on the agreement's goals, objectives, and outcome measures through random chart reviews for each quarter, at the rate specified by Health Resources Services Administration (HRSA). Quarterly reports will be due on April 15, July 15 and October 15 of 2016 and 2017, and January 15, 2017 and 2018.
4. Participation in the planning and quality assurance activities related to the HCH/FH Program.
5. Participate in HCH/FH Provider Collaborative Meetings and other HCH/FH workgroups, as requested.
6. Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect).
7. Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The HCH/FH Program is responsible for the following:

1. Monitor the performance of the Public Health, Policy and Planning Division to assure it is meeting its agreement requirements with the HCH/FH Program.
2. Review, process, and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to the Mobile Clinic related to program development, data collection, or other HCH/FH Program related issues as needed.

This agreement will be effective January 1, 2016 – December 31, 2017.

SIGNATURES

\_\_\_\_\_  
Louise Rogers, Chief  
San Mateo County Health System

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chester J. Kunnappilly, MD, Chief Executive Officer  
San Mateo Medical Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
, Director, Public Health, Policy and Planning  
Health System

\_\_\_\_\_  
Date





# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 2016

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

FROM: Jim Beaumont, Director  
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AGREEMENT WITH PUBLIC HEALTH, POLICY & PLANNING FOR EXPANDED SERVICES FOR PRIMARY CARE TO FORMERLY INCARCERATED PATIENTS AND SHELTER RESIDENTS

The HCH/FH Program currently has a two-year MOU with Public Health, Policy & Planning (PHPP) for the delivery of expanded Primary Care services to formerly incarcerated individuals and shelter residents with chronic and/or complex health issues through their Mobile Health Unit Team. This agreement was a result of the 2014 Expanded Services Funding Award to the program from HRSA.

Program has met with PHPP discussing the Expanded Services for primary care to formerly incarcerated patients and shelter residents. Based on the discussion, Program has drafted a MOU amendment to continue the same primary care services to formerly incarcerated patients and all shelter residents at Maple Street in 2017.

Included with this request is the draft MOU for one year through December 31, 2017. The total value of the agreement is a total of \$183,600 for one year.

This request is for the Board to approve the proposed MOU with Public Health, Policy & Planning for the expanded services delivering Primary Care to the formerly incarcerated and shelter residents. It requires a majority vote of the Board members present to approve this action. Once approved by the Board, this Amendment entered into the Health System approval process.

Attachments:  
DRAFT MOU to Public Health, Policy & Planning MOU for Expanded Services



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier  
Health System Chief: Louise Rogers • San Mateo Medical Center CEO: Chester Kunnappilly  
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**Memorandum of Understanding Between  
Health System, San Mateo Medical Center  
And  
Health System, Public Health, Policy and Planning Division  
Expanded Services**

The purpose of this Memorandum of Understanding (MOU) is to describe and make explicit the agreement between the San Mateo Medical Center (SMMC) and the Public Health, Policy and Planning (PHPP) Division of the San Mateo County Health System, regarding the provision of Primary Health Care Services through the Health Care for the Homeless/Farmworker Health Program for services previously provided under the Health Care for the Homeless/Farmworker Health Expanded Services Grant Award. These funded services will be provided by the Public Health, Policy and Planning Division's Mobile Health Clinic Unit to locations including Service Connect, shelters, on the streets, in transitional housing programs, and other places in San Mateo County where there are individuals who are homeless or at-risk of being homeless.

**I. Background Information**

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

In June 2014, the HCH/FH Program submitted a grant application for available Expanded Services funding. The grant application included specification for services to be delivered by the Public Health Mobile Van, specifically at Service Connect and the Maple Street Shelter that are in addition to those services for which there are agreements.

**II. Goals and Objectives**

**Goal:** To provide an array of preventive and primary medical care services throughout the County, which are accessible and available to formally incarcerated and homeless individuals receiving services through Service Connect, residing in shelters, on the streets, in transitional housing programs, and other locations where formally incarcerated homeless individuals are located, and accessible at Maple Street Shelter to the homeless residents of Maple Street Shelter.

**Objective 1:** To provide primary health care services to a minimum of 222 unduplicated formally incarcerated and homeless individuals residing in a shelter, on the streets, in transitional housing program, or at-risk of being homeless through a minimum of 444 visits.

**Outcome Measure a)** At least 75% (166) of the formally incarcerated and homeless individuals seen will receive a physical exam screening for chronic diseases and other health conditions including hypertension, tobacco, drug and alcohol. This physical exam will be indicated by diagnostic code of Z00.00, Z00.01, Z72.1

**Objective 2:** To provide primary care services at Maple Street Shelter to a minimum of 50 unduplicated homeless Maple Street Shelter residents through a minimum of 100 visits.

**Outcome Measure a)** At least 20 encounters during the grant year will be provided to homeless patients seen at Maple Street Shelter with a primary diagnosis of asthma and/or COPD. At least 20% of homeless patients with a primary diagnosis of asthma and/or COPD will return for repeat medical visits. These visits include screenings, treatment, and/or asthma and/or COPD recorded in the visit as a primary diagnosis.

**Outcome Measure b)** At least 40 encounters during the grant year will be provided to homeless patients seen at Maple Street Shelter with a primary diagnosis of either Type 1 or Type 2 diabetes. At least 20% of the homeless patients with a primary diagnosis of Type 1 or Type 2 diabetes will return for repeat medical visits. These visits include screenings, treatment, and/or Type 1 or Type 2 diabetes recorded as a primary diagnosis. Random chart reviews each quarter will be completed to document recent HgA1C levels of these patients. At least 80% of homeless patients diagnosed with Type I or Type II diabetes will have HbA1c levels less than or equal to 9%.

**Outcome Measure c)** At least 50 encounters during the grant year will be provided to homeless patients seen at Maple Street Shelter with a primary diagnosis of hypertension. At least 20% of homeless patients with a primary diagnosis of hypertension will return for repeat medical visits. These visits include screenings, treatment, and/or hypertension recorded as a primary diagnosis. Random chart reviews each quarter will be completed to document recent systolic and diastolic pressure levels of these patients. At least 70% of homeless patients with diagnosed hypertension will have the most recent blood pressure levels less than 140/90.

**Objective 3:** To ensure continuity of care and, if needed, referrals to other health and social services.

**Outcome Measure b)** At least 75% of formally incarcerated homeless patients contacted at Service Connect will be seen at the Mobile Clinic for a medical visit.

**Outcome Measure c)** At least 75% of homeless patients with mental health and/or AOD issues will be referred to Behavioral Health and Recovery Services.

### III. Terms of Agreement

The Public Health, Policy and Planning Division will receive \$675.00 (SIX HUNDRED SEVENTY FIVE DOLLARS) for each unduplicated individual who meets the formally incarcerated and homeless criteria and receives primary health care services, or is a homeless resident of Maple Street Shelter and receives primary health care services at Maple Street Shelter, up to a maximum of 272 unduplicated individuals per calendar year. The total amount of HCH/FH funding for primary health services will not exceed \$183,600 (ONE HUNDRED EIGHTY-THREE THOUSAND SIX HUNDRED DOLLARS).

The total amount payable under this agreement in no case shall exceed \$183,600 (ONE HUNDRED EIGHTY-THREE THOUSAND SIX HUNDRED DOLLARS).

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

#### Responsibilities

The Public Health, Policy and Planning Division is responsible for the following:

1. All demographic information will be obtained from each homeless individual receiving services on the Mobile Clinic and at Maple Street Shelter at the time of registration. This may include homeless individuals who receive services as described in this agreement, for whom the Contractor is not reimbursed.
2. In addition to the required demographic information, information will be collected to determine if they became a patient through the services for formerly incarcerated homeless patients or if they became a patient through being a Maple Street Shelter resident.
3. A monthly invoice that provides the number of new unduplicated homeless patients served in the previous month as a formerly incarcerated individual, the number of new unduplicated patients served in the previous month who is a Maple Street Shelter resident and all of the total encounters provided to all homeless individuals in this same time period will be due the 10th of the following month.
4. Quarterly reports will be completed by Mobile Clinic staff to explain contract progress and provide an update on the agreement's goals, objectives, and outcome measures through random chart reviews for each quarter, at the rate specified by Health Resources Services Administration (HRSA). Quarterly reports will be due on April 15, July 15 and October 15 of 2017, and January 15, 2018.
5. Participation in the planning and quality assurance activities related to the

HCH/FH Program.

6. Participate in HCH/FH Provider Collaborative Meetings and other HCH/FH workgroups, as requested.
7. Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect).
8. Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The HCH/FH Program is responsible for the following:

1. Monitor the performance of the Public Health, Policy and Planning Division to assure it is meeting its agreement requirements with the HCH/FH Program.
2. Review, process, and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to the Mobile Clinic related to program development, data collection, or other HCH/FH Program related issues as needed.

This agreement will be effective January 1, 2017 - December 31, 2017



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 2016

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

FROM: Jim Beaumont, Director  
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR DALY CITY YOUTH HEALTH CENTER

Program currently has a four-month contract with Daly City Youth Health Center (DCYHC) for a range of enabling services to homeless youth individuals, centered on Needs Assessment and Protocols Development of outreach, referral, care coordination and tracking project, recognizing that the Needs Assessment may support the ongoing development and delivery of care coordination services.

DCYHC has informed Program that DCYHC staff has encountered challenges in outreaching and recruiting homeless youth individuals for the Needs Assessment and requested an extension for a longer timeframe to complete the Needs Assessment. Program is recommending a contract amendment to extend to ten(10) months for the delivery of a Needs Assessment and Protocols Development.

This request is for the Board to take action to approve the execution of this agreement amendment with DCYHC.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract amendment extends to ten (10) months through June 30, 2017. The maximum total value of the contract remains at \$35,000.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with DCYHC. It requires a majority vote of the Board members present to approve this action.

Attachments:  
Daly City Youth Health Center Contract Amendment for Enabling Services



**Board of Supervisors:** Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier  
**Health System Chief:** Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly  
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## DALY CITY YOUTH HEALTH CENTER

### Exhibit A

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

*Each reporting period shall be defined as one (1) calendar year running from January 1<sup>st</sup> through December 31<sup>st</sup>, unless specified otherwise in this agreement.*

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Daly City Youth Health Center (DCYHC) for a range of enabling services to homeless individuals, centered on **Needs Assessment** and **Protocols Development of outreach, referral, care coordination and tracking project**. Homeless individuals must meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

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

**Outcome 1.A:** To complete a Needs Assessment of the Jefferson Union High School District to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing.

**Outcome 1.B:** To complete a set of protocols for the outreach, referral, care coordination and tracking of potential homeless youth to be served by the program.

### RESPONSIBILITIES:

#### Data Reporting

Recognizing that the **Needs Assessment** may support the ongoing development and delivery of care coordination services, and that such services may be financially supported, at least in part, by the HCH/FH Program, the protocols developed must include those activities and data elements that would be required for HCH/FH support of those services. Specifically, that would include, at a minimum:

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

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

- A **monthly invoice** detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10<sup>th</sup> of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.
- **Monthly reports** providing an update on the progress of Needs Assessment shall be submitted no later than 15<sup>th</sup> of the month throughout the contract, until completed.
- **Quarterly reports** providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15<sup>th</sup> of the month following the completion of each calendar quarter throughout the contract.
- If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

- Any **revenue** received from services provided under any HCH/FH contract must be reported.

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

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

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

#### **Meetings/activities:**

- Participate in planning and quality assurance activities/meetings related to the HCH/FH Program.
- Participate in HCH/FH Provider Collaborative Meetings and other workgroups.
- Participate in County and community activities that address homeless issues.
- Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

All HRSA/ BPHC reporting requirements as may be designated:

If there are charges for services that would be provided under a follow-up contract, a **sliding fee scale policy** must be in place.

#### **Exhibit B**

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

County shall pay Contractor \$30,000 total over the term of the agreement for the Needs Assessment project. County shall pay \$25,000 upon Contractor submission of Needs Assessment detailed plan with questionnaire and/or tool for review and acceptance, and \$5,000 upon Contractor submission of the Needs Assessment final report for review and acceptance.

County shall pay Contractor \$5,000 total over the term of the agreement for the Protocols Development of outreach, referral, care coordination and tracking project. County shall pay \$5,000 upon Contractor submission of all related protocols and documentation for review and acceptance.

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

The term of this Agreement is September 1, 2016 through June 30, 2017. Maximum payment for services provided under this Agreement will not exceed THIRTY-FIVE THOUSAND DOLLARS (\$35,000).



**TAB 10**  
**Staffing Plan**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 08, 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 STAFFING UTILIZATION REPORT

Based on a review of actual staff effort, we have determined that the routine staff effort required to maintain general program operations is over 1,800 hours for the Program Coordinator position and almost 1,900 hours for the Management Analyst position. This is substantially problematic in that the typical actual available hours for a full-time staff person is in the area of 1,720 hours (max) per year.

And the above does NOT include any time for SAC, OSV, RFP \* proposal review, Needs Assessment & Patient Satisfaction Survey, all of which add a total of 580 (PC) to 685 (MA) estimated hours per year (in which they would all occur).

That means we have a routine shortfall of a little less than a quarter-time staff, assuming no non-routine activities need to occur. For a year like 2016, it would indicate we were short almost one (1) full-time staff position,

And none of this includes substantial efforts to develop a website, improve training for SMMC staff around homeless and farmworker identification, do any clinic visits, provide extensive provider/partner training & TA in the field, developing new community partners, developing a disaster recovery plan, increasing the volume and quality of financial reporting, or any other project that might move the program forward or improve the health status of our populations.

Attachment:  
Staffing Hours Spreadsheet



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  
222 W. 39<sup>th</sup> Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030  
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**TAB 11**

**Strategic Plan  
Update**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: December 8, 2016

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

FROM: Jim Beaumont, Director and Linda Nguyen, Program Coordinator  
HCH/FH Program

SUBJECT: STRATEGIC PLAN REPORT AND UPDATE

Strategic Plan efforts/discussion started in October of 2015 and continued with a Strategic Plan Retreat on March 17, 2016 with the help of consultants Rachel Metz and Pat Fairchild.

The Three Year Strategic Plan report 2016-2019 was reviewed at the June 9, 2016 meeting, with the Board arriving at consensus and finally approved by The Board at the August 11, 2016 meeting. Staff will update the Board on the on-going efforts of the Strategic Plan at every Board meeting, below is a summary of on-going efforts. Attached you will find the status table.

#### On-gong efforts:

- Staff continues to work with various organizations to process small funding requests, we have approved 8 requests and continue to process requests.
- On- going Case management meetings with County staff to pursue cloud based CM software
- Staff part of Disparities Workgroup to identify disparities with patients, led by SMMC executive management (CEO)

Attached: Strategic Plan status table



**Board of Supervisors:** Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier  
**Health System Chief:** Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly  
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STRATEGIC PLAN- ACTIONS	Status/Notes
<b>Goal 1: Expand Health Services for Homeless and Farmworkers</b>	
1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	
2. Increase available respite care with wrap-around services for homeless.	Staff is conducting research for Respite Services, with a Request for Information (RFI) announcement to come out soon for hire of consultant(s) to assist in this effort.
3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters. <i>(Strategy that were added at the retreat.)</i>	Collecting data on senior homeless population from shelters as well as current services provided/accessible to population
4. Increase dental services for adult farmworkers.	On-going conversations with Dental Director and Fiscal
<b>Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers</b>	
5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.	Efforts are also ongoing to research the appropriate classification as well as knowledge, skills and abilities needed for Homeless Navigator position.
6. Increase drug and alcohol support for farmworkers.	Board members held conference call on substance abuse workshop/conference to hold with various takeholders on outreach etc.
7. Promote preventive dental care for homeless and farmworkers. <i>(Strategy that were added at the retreat.)</i>	
<b>Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff</b>	
1. Integration and alignment of additional measureable outcomes for homeless and farmworker population with SMMC.	
2. Work with Partners to increase data collection capacity	Program staff has been meeting with Center on Homelessness and meeting with Department of Housing to discuss partnerships, future collaborations and data sharing options. Working with SMMC/Business Intelligence to add homeless/farmworker status to E.H.R., pursuing the Delivery System Health Information (DSHI) supplemental funding for this effort. Staff pursuing efforts for case mgmt software
3. Strengthen collaboration with San Mateo Medical Center	Staff is part of Disparities workgroup that is lead by SMMC management to identify disparities with patients and work on problem statement.
<b>Goal 4: Improve communication about resources for the homeless and farmworkers.</b>	
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.	Program staff has been meeting with Center on Homelessness and Department of Housing to discuss partnerships and future collaborations.
2. Develop easy to use material for homeless and farmworker providers with information about resources available.	Continually updating HCH/FH Services provided table, and internal program pamphlet.