

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

Coastside Clinic| 225 South Cabrillo Highway, Half Moon Bay
November 10, 2016, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins		9:00 AM
B. CLOSED SESSION			
1. Closed Session this meeting (Credentialing/Privileging approval)			
C. PUBLIC COMMENT			9:10 AM
Persons wishing to address items on and off the agenda			
D. CONSENT AGENDA			9:13 AM
1. Meeting minutes from October 13, 2016		TAB 1	
2. Program Calendar	Linda Nguyen	TAB 2	
E. BOARD ORIENTATION (materials will be available the day of meeting)			9:17 AM
Board evaluation and recruitment/retention plan	Jim/Linda/Bob		
Discussion on Board Meeting time	Bob		9:30 AM
F. REGULAR AGENDA			
1. Consumer Input	Linda Nguyen	TAB 3	9:40 AM
2. Board Ad Hoc Committee Reports	Committee Members	TAB 4	9:45 AM
<i>i. Transportation</i> – (Discussion re taxi voucher plan)			
<i>ii. Board Composition</i>			
3. HCH/FH Program QI Report	Linda Nguyen	TAB 5	9:55 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 6	10:00 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7	10:05 AM
6. Request to Approve Revised Budget change (DSHII)	Jim Beaumont	TAB 8	10:10 AM
<i>i. Action Item- Request to Approve Revised Budget</i>			
7. Request to Amend Contracts	Jim Beaumont	TAB 9	10:15 AM
<i>i. Action Item- Request to Approve PH-Mobile Van (Street/Field Medicine)</i>			
8. Board nominations of Chair/Vice Chair	Jim/Linda		10:25 AM
9. Staffing Plan	Jim Beaumont	TAB 10	10:30 AM
10. Contractor Update- 3 rd quarter	Linda/Elli	TAB 11	10:45 AM
11. Strategic Plan Update	Linda/Jim	TAB 12	10:44 AM
OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>i. Next Regular Meeting December 8, 2016; 9:00 A.M. – 11:00 A.M. Human Service Agency 400 Harbor Blvd. Bldg B (Bali Rm) Belmont</i>			
H. ADJOURNMENT	Robert Stebbins		11:00 AM

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm>.

TAB 1
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. Puente 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 <u>APPROVED</u> 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 Puente 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"> • Overall the rates of HgbA1c < 8% improved on Quarter 2 data compared to Quarter 1. • Appears to be more homeless males in cohort • Data shows more female farmworkers in cohort, reinforcing need to better engage male farmworkers into care. • 23% not tested, may include patients seen only in specialty clinics and not in Primary Care • Conversation about educating Primary Care providers on issues and disparities specific to homeless and farmworker patients. • 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 < 8% rates. <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	
<p>Regular Agenda: HCH/FH Program Directors report</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 & 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>Request to Approve Budget Change</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.</p> <p>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>Action item: <i>Request to Approve Budget Change (DSHII)</i></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</p> <p><u>SECONDED</u> by, Theresa</p> <p>and <u>APPROVED</u> by all Board members present.</p>
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<p>Contract Amendments</p> <p>Request to Amend- Legal Aid contract</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>Action item: Request to Amend Legal Aid contract</p>	<p>Motion to Amend Legal Aid contract <u>MOVED</u> by Steve <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p>
<p>Request to Amend Ravenswood Family Health Center (RFHC) enabling contract</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 & 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>Action item: Request to Amend Ravenswood enabling contract</p>	<p>Motion to Amend Ravenswood enabling contract <u>MOVED</u> by Molly <u>SECONDED</u> by, Dan and APPROVED by all Board members present. <u>Tay- recused herself</u></p>
<p>Request to Amend Ravenswood primary care contract</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>Action item: Request to Amend Ravenswood primary care contract</p>	<p>Motion to Amend Ravenswood primary care contract <u>MOVED</u> by Theresa <u>SECONDED</u> by, Molly and APPROVED by all Board members present. <u>Tay- recused herself</u></p>
<p>Request to Amend LifeMoves (CHOW) contract</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>Action item: Request to Amend LifeMoves (CHOW) contract</p>	<p>Motion to Amend LifeMoves (CHOW) contract <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>Request to Amend Samaritan House contract</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>Action item: Request to Amend Samaritan House contract</p>	<p>Motion to Amend Samaritan House contract <u>MOVED</u> by Christian <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p>

<p>Conflict of Interest/Disclosure policy Request to Approve- Conflict of Interest/ Disclosure policy</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>Action item: Request to Approve Conflict of Interest/Disclosure policy</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	<p>Motion to Approve Conflict of Interest /Disclosure policy <u>MOVED</u> by Steve <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p>
<p>Credentialing and Privileging Request to Approve- Credentialing and Privileging list (October and November)</p> <p>Request to Amend- Credentialing and Privileging Policy</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.</p> <p>Action item: Request to Approve Credentialing and Privileging list for October and November</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.”</p> <p>Action item: Request to Amend- Credentialing and Privileging Policy</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>Board nominations of Chair and Vice Chair</p>	<p>Table for next meeting</p>	<p>.</p>
<p>Regular meeting: Strategic Plan Update</p>	<p>Table for next meeting</p> <p><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>

TAB 2
Program Calendar
(Consent Agenda)

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (November 10, 2016 from 9:00 a.m. to 11:00 a.m.) • Nominations of Chair & Vice- Chair • QI Committee meeting 	November	@ Coastside Clinic- HMB
<ul style="list-style-type: none"> • Board Meeting (December 8, 2016 from 9:00 a.m. to 11:00 a.m.) • Site Visits with contractors 	December	@ Human Services Agency- Belmont
<ul style="list-style-type: none"> • Board Meeting (January 12, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Providers Collaborative meeting • Homeless One Day Count (January 26th) 	January	@ SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (February 9, 2017 from 9:00 a.m. to 11:00 a.m.) • Western Forum for Migrant & Community Health, San Francisco • UDS initial submission 	February	
<ul style="list-style-type: none"> • Board Meeting (March 9, 2017 from 9:00 a.m. to 11:00 a.m.) • UDS Final Submission (March 31) • Site Visits with contractors 	March	

Conference calendar 2016	
NW Regional Primary Care Assoc.	Oct 15-18 ; Denver, Colorado
Int'l Street Medicine Symposium	October 20-22; Geneva, Switzerland
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA
Nat'l Center for Health in Public Housing	November 15- 15; Chicago, IL
Western Forum for Migrant & Community Health	February 22-24; San Francisco, CA

TAB 3
Consumer
Input

Nutritional Compromise among Homeless

Overall, foods provided to homeless individuals through shelter feeding facilities are high in fat, low in fiber, and inadequate in the provision of most nutrients. Study results show that homeless preschool children who are shelter fed receive only 66% of the recommended amount of bread and grains, 25-33% of the recommended amount of vegetables, and the minimal recommended amount of meat and fruit allowances per day. <https://www.nhchc.org/resources/clinical/diseases-and-conditions/nutrition/>

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>

SERVICES WE PROVIDE

SHARE AAA

The following programs serve people who are in need of food:

Food Connection is a toll-free hotline that helps people in need of food find resources in their neighborhood. Multilingual staff members direct callers to local food assistance programs in Santa Clara and San Mateo Counties. People in need of food can call 1-800-984-3663 for more information.

Our **Partner Agencies program** provides food to [over 320 non-profit agencies](#) (PDF) in Santa Clara and San Mateo Counties. Our partner agencies serve a culturally diverse range of populations and include soup kitchens; pantries; rehabilitation centers; shelters for individuals, families, and victims of domestic violence; schools; senior centers; and more.

The beauty of this program is that because the Food Bank provides food to these agencies, our partners can focus their time and resources on their areas of expertise. To strengthen the community and develop a safety net of food services, we also provide our partners with cold storage units, shelving, and other resources that allow them to serve more food to more people in their neighborhoods.

Children's Nutrition provides children who are at risk of chronic hunger with the food they need to grow up healthy.

- **Youth Programs** that our partners run receive nutritious, kid-friendly food to provide to low-income children that are involved in residential, after-school, and summer programs.
- **Kids NOW (Nutrition on Weekends)** provides an assortment of healthy, ready-to-eat food each Friday for children and their families.

Family Harvest provides supplemental, nutritious food every month to low-income families with minor dependents. Volunteers help distribute food.

Brown Bag, a program for seniors and run by seniors, provides low-income seniors (age 60 and above) and disabled individuals (age 55 and above) with healthy groceries twice a month. In addition, volunteers also deliver food to homebound Brown Bag members.

Partners in Need (PIN) provides food assistance to low-income Food Bank volunteers who work at our San Jose or San Carlos distribution centers.

Produce Mobile delivers fresh fruits and vegetables to low-income individuals each month to improve health and nutrition in underserved communities.

CalFresh Outreach conducted alongside the Santa Clara and San Mateo County Social Services Agencies assists applicants to the CalFresh program. Applications are taken by Food Connection and Outreach staff by phone and in the community. The program provides an EBT card (which works like a debit card) so low-income households can purchase food at grocery stores and farmers' markets.

Nutrition Education is provided to clients through cooking demos, recipe cards, nutrition classes, and food safety training.



Food Connection

1-800-984-3663

Our phone hotline connects people in need with food programs in their neighborhood. Staff members speak English, Spanish, and Vietnamese.

Complete [this short form](#) and we will contact you.

<https://www.shfb.org/services>

TAB 4
Subcommittee
Reports

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

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: November 10, 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 and Linda Nguyen, Program Coordinator HCH/FH

SUBJECT: QI COMMITTEEE REPORT

The HCH/FH QIC further evaluated the Diabetes HgbA1c data from the first 2 quarters of 2016. The improvement in rates of HgbA1c <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 rates of HgbA1c <8% was 51% for patients in care for both quarters, and 49% for patients entering care in quarter 2. The QIC will be doing further analysis of the data to identify if these rates are preserved across all of the homeless and farmworker patients, or if there are any disparities found in specific patient groups. Results from this analysis will be reviewed at the next QIC meeting in January.

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.”

As the HgbA1c Diabetes Outcome Measure data suggest that there is a considerable amount of “no tests” occurring on the Public Health Mobile Van, because of the complexities/logistics of drawing test/labs the committee recommended the costs/logistics of a system known as “one touch” quick test to possibly mitigate the issue. This recommendation will direct Program’s Medical Director to discuss with SMMC Ambulatory Services on logistics of such a purchase.

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.

SMMC will be going through an extension training to identify Sexual orientation and gender identify (SOGI) for registration of all patients and HCH/FH staff will also be working with current contractors to have them ready to collect this data in January 2017 as mandated by HRSA.



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

TAB 6
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: November 10, 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 October 13, 2016 Co-Applicant Board meeting:

1. Grant Conditions

On October 13, 2016, we received NOA 15-08, which lifted the Hospital Admitting & Required Additional Services grant conditions (Requirements #6 & #2)

On October 18, 2016, we received NOA 15-09, which lifted the Billing 7 Collection grant condition (requirement #13).

On October 20, 2016, we received MOA 15-10, which lifted the Credentialing & Privileging/Staffing grant condition (requirement #3).

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.

In addition, on November 04, 2016, we received NOA 15-11, which lifted the grant condition for submission of a revised budget for the Supplemental Automation award (DISHII). Board action to approve this budget change is latter on today's agenda.

2. Proposals & Contracts

The contracts for WeHOPE & Daly City Youth Center, previously approved by the Board, are in the signature process.

We recently received a modified proposal from CORA, which represented a substantial change in their proposal. The Proposal Evaluation Committee has met to review the proposal and we have requested additional information from CORA in relation to this new proposal.



3. Operational Site Visit

Since the OSV completed, program has been working with our Project Officer in the effort to identify and correct some of those items which were identified in the Exit Conference. This effort is designed to ensure that the program stays below the 10 grant condition threshold (which would put the program at risk of not being funded).

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.

4. Automation

Program has continued to participate in the Health IT effort to acquire a Care Coordination/Case Management System. This request, which we actually initiated well over a year ago, now has accumulated a number of additional Health System (potential) partners. The RFI process has completed with some interesting results, and the involved programs will now be working toward producing a RFP for publication. The current target date for any implementation is June 2017. At this time, 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.

We have continued forward with our HRSA approved effort (DSHII) to get the homeless and farmworker identifiers presented to providers at the time of a patient's visit/encounter. Following a couple of meetings with the SMMC Chief Medical Information Officer, this effort is now tied to the implementation of the Health Information Exchange system, which is planned for implementation in June 2017.

5. UDS

Program has initiated this year's efforts 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.

6. 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.

7. Seven Day Update

TAB 7
Budget &
Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: November 10, 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 October 31, 2016 – total just under \$1,600,000.

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.

Overall, as we move forward for this grant year there currently appears to be approximately \$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, we project an unobligated funding balance of around \$87,000 for GY 2017.

Attachment:
GY 2016 Summary Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
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Details for budget estimates	Budget [SF-424]	To Date (10/31/16)	Projection for GY (+~8 wks)	Projected for GY 2017
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	697,262	305,184	375,000	490,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	417,915	121,265	152,000	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		1,137	1,250	2,000
Taxis		1,721	2,000	4,000
Van			1,200	3,000
	16,000	13,853	16,450	27,000
<u>Supplies</u>				
Office Supplies, misc.	7,000	4,601	6,500	10,500
Small Funding Requests			60,000	
	7,000	4,601	66,500	10,500
<u>Contractual</u>				
Current 2016 contracts	561,425	546,682	695,000	875,000
Current 2016 MOUs	433,300	566,004	685,000	765,000
---unallocated---/other contracts	168,474			
	1,163,199	1,112,686	1,380,000	1,640,000
<u>Other</u>				
Consultants/grant writer		27,215	75,000	50,000
IT/Telcom		5,709	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.)		1,635	2,500	2,500
	72,000	39,089	92,750	121,500
TOTALS - Base Grant	2,373,376	1,596,678	2,082,700	2,514,000
HCH/FH PROGRAM TOTAL	2,373,376	1,596,678	2,082,700	2,514,000
PROJECTED AVAILABLE	BASE GRANT		290,676	86,752
				based on est. grant of \$2,600,752

TAB 8
Request to
Approve Budget
change



SAN MATEO COUNTY HEALTH SYSTEM

DATE: November 10, 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		
Budget Information						
Section A – Budget Summary						
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			
Total <i>will auto-calculate in EHB</i>				\$50,748	\$0	\$50,748
Section B – Budget Categories						
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						
Total <i>will auto-calculate in EHB</i>	\$50,748	\$0				\$50,748
Section C – Non-Federal Resources						
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						
Total <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 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year <i>will auto-calculate in EHB</i>
Federal	\$50,748	\$0	\$0	\$0	\$50,748
Non-Federal	\$0	\$0	\$0	\$0	\$0
Total <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	
Total <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

Object Class Categories	Federal	Non-Federal	Total
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
Total	\$50,748	\$0	\$50,748

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: November 10, 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 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 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 10th 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

TAB 10
Staffing Plan



SAN MATEO COUNTY HEALTH SYSTEM

DATE: November 10, 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: STAFFING PLAN DISCUSSION

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 (the update is shaded in green).

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.

As recently as during 2012-2013 (Nov. 1, 2012 through October 31, 2013) the program had a total of five (5) agreements (contracts & 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.

This growth in agreements has a direct and significant impact on program staffing needs. In addition to the time and effort across all staff in the RFP & contracting process, we now have a significant number of additional agreements to manage and monitor. This includes not just verifying that the invoices are correct for payment, but ensuring that the specified services are being delivered to the benefit of our target populations as intended and provided administrative and programmatic technical assistance when and as necessary to our partners.

Current staff is more than fully allocated to present activities, including such items as routine (and increasing) efforts with accounting, fiscal, budgeting, automation, program and cross-program meetings (including organization of, prep and support for many of them), board meeting prep & support, HRSA program activities (Service Area Competition, Operational Site Visits, grant condition resolution, etc.), program needs assessment and patient satisfaction efforts, new service/grant



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opportunities, RFP/contracting process, trainings, Uniform Data System reporting and liaison with related staff at SMMC, in the Health System, and in our partner community provider organizations. In addition, program has current efforts that are simply awaiting the band-width of staff to be initiated. This includes providing training to PSAs and other SMMC/Health System staff on program requirements & issues, development of a program website, visiting at and providing active outreach to SMMC clinics, being able to develop and deliver beneficial Technical Assistance to our provider partners in the field, and to others who interact with the homeless and farmworker community, direct program development to address targeted identified needs, and working on improved program visibility and recognition.

This increase in the number (and scope) of program service agreements is presenting the most significant staffing need for the program. To that end, program is intending to hire an additional Program Coordinator, similar in duties but at a lower positional level than our current Program Coordinator. This staff position will be tasked with much of the increased effort in contract & MOU management and monitoring going into 2017. In addition, this position will allow for the program's current staff to focus their efforts more clearly and specifically on the implementation of the Strategic Plan initiatives and any outcomes that surface from the recent Operational Site Visit (OSV). As we go through these efforts, we anticipate being able to more specifically identify any ongoing staffing support that may be required in support of those activities, much as described in the staffing plan.

Beginning the effort now to bring on board this additional staff will put the program in a position to be able to fully utilize this staff position as program comes out from our extensive UDS effort on January & February, and begins to ramp-up our needed site visit efforts next Spring.

HCH/FH Staffing Plan

Revised from January 2016 Staffing Plan

CURRENT STAFFING

Director

Administrative

Management Analyst

Program/Operations

Medical Director (0.25)

Program Coordinator

FUTURE STAFFING

Program/Operations

2016/17	Public Health Worker/Nurse/?	Clinical Support/Coordination
2016/17	Program Coordinator	Program Monitoring/TA/Coordination
	Expanded roll for Medical Director?	

Administrative

2016/17	Program Development Specialist	Program Development/Coordination/Requirements Assurance
2018	Administrative Assistant	Board/Program Support

Early-Mid 2016	Dependent on Strategic Plan, OSV, Volume on Contracts/Proposals - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination
Mid 2016 to Early 2017	Dependent on Strategic Plan, OSV, Volume on Contracts/Proposals - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination
Mid 2017 on	Dependent on Strategic Plan, OSV, Volume on Contracts/Proposals or Other Developments - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination
2018 or when necessary	Administrative Assistant

TAB 11
Contractor Update
3rd Quarter



SAN MATEO COUNTY HEALTH SYSTEM

DATE: November 10, 2016

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

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: Quarter 3 Report (July 1, 2016 through September 30, 2016)

Program Performance

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

The following data table includes performance for the third quarter (75%):

HCH/FH Performance <i>01/01/2016 – 09/30/2016</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual YTD Visits	% YTD	HCH/FH Funding
Behavioral Health & Recovery Svcs	300	163	54%	900	1080	120%	\$90,000
Legal Aid Society of San Mateo County*	20	4	20%	30	6	20%	\$67,100
LifeMoves (care coord & eligibility)	600	470	78%	1500	993	66%	\$169,000
LifeMoves (O/E)	40	27	68%				
LifeMoves (Street Medicine)*	160	40	25%	300	152	51%	\$82,560
Public Health Mobile Van	1300	880	68%	2500	1,439	58%	\$277,500
Public Health-Expanded Services**	626	554	88%	782	665	85%	\$178,500
Public Health- Street Medicine	125	136	109%	N/A	N/A	N/A	\$218,750
Puente de la Costa Sur (CC & Intensive CC)	150	104	69%	350	569	163%	\$111,300
Puente (O/E)	180	136	76%				
Ravenswood (Primary Care)	600	549	92%	1900	1,468	77%	\$90,000
Ravenswood (Dental)	200	207	104%	600	535	89%	\$50,000
Ravenswood (Care Coordination)	400	407	102%	1200	777	65%	\$82,000
Samaritan House	175	163	93%	300	304	101%	\$63,500
Sonrisas**	50	39	78%	150	110	73%	\$31,250
Total HCH/FH Contracts	4,926	3,712	75%	10,512	8,098	77%	\$1,511,460

* Contract executed in June 2016

** Two year contract, target # & progress # are for 2 years



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Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); Third Quarter (July 2016 through Sept 2016)

Agency	Outcome Measure	3rd Q -Progress
Apple Tree Dental (formerly Sonrisas)	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	During the 3rd quarter: <ul style="list-style-type: none"> • 41 % completed their treatment plans. • 0 completed their denture treatment plan.
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> •At least 75% (225) screened will have a behavioral health screening. •At least 55% (165) will receive care coordination services. 	During the 3rd quarter: <ul style="list-style-type: none"> • 163 (73%) had a behavioral health screening • 163 (54%) received care coordination services
Legal Aid	<ul style="list-style-type: none"> •Outreach to at least 50 Farmworkers and Providers •Host 8 outreach and education events targeting farmworkers 	During the 3rd quarter: <ul style="list-style-type: none"> • Conducted outreach to 145 farmworkers • Hosted 6 outreach events
LifeMoves	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 30% (150) of homeless individuals served have chronic health conditions. 	During the 3rd quarter: <ul style="list-style-type: none"> • 90% (226) established a medical home • 46% (181) of individuals served have a chronic health condition.
LifeMoves-CHOW/Street Medicine	<ul style="list-style-type: none"> • 20% served will establish medical home, that don't currently have one • 80% of clients with a scheduled primary care appointment will attend at least 1 appointment 	During the 3rd quarter: <ul style="list-style-type: none"> • 28 (70%) served established medical home • 23 (58%) attended at least 1 primary care appointment
Public Health Mobile Van	<ul style="list-style-type: none"> •At least 20% (250) of patient encounters will be related to a chronic disease. At least 75% of clients: <ul style="list-style-type: none"> • seen at foot clinic will be referred to Mobile Clinic for a medical visit • contacted at Service Connect will be seen at Mobile Clinic for medical visit 	During the 3rd quarter: <ul style="list-style-type: none"> • 58% (167) of encounters were related to chronic health. • 75% seen foot patients referred to PH Mobile Clinic for medical visit • 100% contacted at Service Connect will be seen at Mobile Clinic for medical visit
PH- Mobile Van-Expanded Services	<ul style="list-style-type: none"> • At least 75% (470) of individuals will receive comprehensive health screening. • Provide intensive primary care services to minimum of 100 residents with chronic health issues. 	During the 3rd quarter: <ul style="list-style-type: none"> • 206 patients received a comprehensive health screening • 42 patients with chronic health issues

<p>PH- Mobile Van-Street/Field Medicine</p>	<ul style="list-style-type: none"> • At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care 	<p>During the 3rd quarter:</p> <ul style="list-style-type: none"> • 75% patients received Depression screening • 75 % patients referred to Primary Care
<p>Puente de la Costa Sur</p>	<ul style="list-style-type: none"> •At least 85 farmworkers served will receive care coordination services. •At least 25 served will be provided transportation and translation services. •At least 70% (105) will participate in at least 1 health education class/ workshop. 	<p>During the 3rd quarter:</p> <ul style="list-style-type: none"> • 104 received care coordination services • 45 client was provided transportation and translation services. •10% (10) participated in Health education workshop.
<p>RFHC – Primary Health Care</p>	<ul style="list-style-type: none"> •At least 60% will receive a comprehensive health screening. •At least 250 (50%) will receive a behavioral health screening. 	<p>During the 3rd quarter:</p> <ul style="list-style-type: none"> • 99% (545) received comprehensive health screening. • 69 received behavioral health screening.
<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> • At least 30% (39) will complete their treatment plans. • At least 85% will attend their scheduled treatment plan appointments. • At least 40% will complete their denture treatment plan. 	<p>During the 3rd quarter:</p> <ul style="list-style-type: none"> • 13 % completed dental treatment plan. • 85 % attended their scheduled treatment plan • 30 % completed denture treatment plan.
<p>RFHC – Enabling services</p>	<ul style="list-style-type: none"> • At least 95% will receive care coordination services and will create health care case plans • 80% of patients with hypertension will have blood pressure levels below 140/90 	<p>During the 3rd quarter:</p> <ul style="list-style-type: none"> • 51 (17%) patients receive care coordination with health care case plans • 50% (54) with hypertension have reading below 140/90
<p>Samaritan House-Safe Harbor</p>	<ul style="list-style-type: none"> •All 100% (175) will receive a healthcare assessment. •At least 95% (166) will receive ongoing care coordination & create health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one. 	<p>During the quarter 3rd:</p> <ul style="list-style-type: none"> • 162 received a healthcare assessment. • 163 received care coordination services. • 72% (113) attended at least one primary care appointment.

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

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

Contractor successes & emerging trends:

- **Apple Tree Dental (formerly Sonrisas)** states that working with Puente staff to identify patients has helped, as well as deploying our mobile dental offices and providing on-site care to farmworker patients in Pescadero has worked well.
 - Transportation for some clients, as well as and having interpreters readily available are problems.
- **BHRS** states that it continues to be easier and quicker to get clients into BHRS services.
 - Staff also reports that some clients are having difficulty with finding affordable housing in SMC.
- **Legal Aid** states they have been connecting to many farmworkers in Pescadero area, visiting farms and attending outreach events to foster trusting relationships.
 - Need for more dental services for farmworkers along the coast
- According to **LifeMoves** working closely with Street Medicine Team to enroll clients in benefits and working closely with St. Vincent de Paul and Pacifica Resource Center to reach clients.
 - Transportation continues to be a problem, more options are needed, especially out of County.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
 - Challenge of getting clients to go get labs done at SMMC and patient no-shows for appointments.
 - Lack of a medical nurse/case management for service coordination and tracking with clients continues to be an issue.
- **Puente** states that conducting outreach at local program (La Sala) has helped to enroll farmworkers into insurance.
 - Qualifying people into insurance when they make too much during a certain time. Confusion over what ACE program covers.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments. At least four appointment slots are reserved for homeless patients each week; this has been helpful in providing immediate care, mitigating the challenges of trying to track and get a hold of patients at times. Partnering with New Directions (Stanford), LifeMoves and El Concilio to help patients.
 - Patients having difficulty taking their medications in secure locations.
 - Lack of affordable housing for clients.
- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients, as a designated “Access Dentist” reserves their day to provide immediate access to dental care. Also giving out dental goodie bags has been in high demand and good opportunity to give dental education.
 - Communication barrier to book/confirm appointments and provide reminders to patients.
 - Lack of affordable housing,
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
 - Lack of affordable housing in the area.
 - Lack of lunch program during the day, would like to see food program in EPA during week
- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients, as well as relationships with LifeMoves and Street Medicine
 - They have experienced issues with client follow-through and transportation.
 - Would like to see expanded vision services, glasses for clients.

TAB 12

**Strategic Plan
Update**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: November 10, 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 new efforts from last meeting. Attached you will find the status table.

New efforts from last meeting include:

- Conference call with HCHC staff on Respite Care programs and models.
- Conference call with staff and (Brian and Bob) on holding Substance Abuse workshop/conference
- 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)
- Staff informed all contractors and county partners about small funding request policy

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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

STRATEGIC PLAN- ACTIONS	Status/Notes
Goal 1: Expand Health Services for Homeless and Farmworkers	
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
Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers	
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>	
Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff	
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.
Goal 4: Improve communication about resources for the homeless and farmworkers.	
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, sent to COH and DOH