

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

San Mateo Medical Center| Basement, Garden room
November 16, 2017, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Brian Greenberg	9:00 AM
B. NOMINATIONS/ELECTIONS OF BOARD CHAIR/VICE CHAIR	Jim Beaumont	9:05 AM
C. CHANGES TO ORDER OF AGENDA		9:10 AM
D. PUBLIC COMMENT		9:10 AM
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.		
E. CLOSED SESSION		9:15 AM
1. Closed Session this meeting		
<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>		
F. CONSENT AGENDA	Linda Nguyen	TAB 1 9:20 AM
1. Meeting minutes from October 12, 2017		
G. BOARD ORIENTATION		
1. No Board Orientation		
H. BUSINESS AGENDA:		
1. Draft RFP report & Service Contract Approvals	Linda/Jim/Elli	TAB 2 9:25 AM
<i>i. Action Item – Request to Approve RFHC Enabling Contract</i>		
<i>ii. Action Item – Request to Approve BHRS MOU</i>		
Documents for the following item will be available for review at the meeting with time for review prior to consideration and action by the Board.		
<i>iii. Action Item – Request to Approve RFHC Primary Care</i>		
<i>iv. Action Item – Request to Approve RFHC Dental Services</i>		
<i>v. Action Item – Request to Approve Sonrisas/Apple Tree Dental Services</i>		
<i>vi. Action Item – Request to Approve LifeMoves Enabling Services</i>		
2. Membership positions	Jim Beaumont	TAB 3 10:00 AM
<i>i. Action Item- Request to Approve Board Positions Alignment chart</i>		
I. REPORTING AGENDA:		
1. Consumer Input/ NHCHC/ SF DV conf. report back	Mother Champion/Puente	TAB 4 10:05 AM
2. Transportation subcommittee oral report	Steve Carey	10:20:AM
3. Discussion on Ad hoc Committees Meetings	Jim/Linda	TAB 5 10:25 AM
<i>i. Unexpended Funds</i>		
<i>ii. Staffing Committee</i>		
<i>i. Action Item- Request to Renew Staffing committee</i>		
4. Discussion on definition of “excused absence”	Brian/Jim	10:30 AM
5. HCH/FH Program QI Report	Linda Nguyen	TAB 6 10:35 AM
6. HCH/FH Program Director’s Report	Jim Beaumont	TAB 7 10:40 AM
7. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 8 10:50 AM
a) Budget/Finance		

BOARD COMMUNICATIONS AND ANNOUNCEMENTS

Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have

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.smchealth.org/smmc-hfhfh-board>.

received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.

OTHER ITEMS

1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)

Next Regular Meeting December 14, 2017; 9:00 A.M. – 11:00 A.M. |San Mateo Medical Center

H. ADJOURNMENT

Brian Greenberg

11:00 AM

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TAB 1
Meeting Minutes

Request to Approve
(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (October 12, 2017)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair
Julia Wilson, Vice Chair
Robert Anderson
Tayischa Deldridge
Steve Carey
Christian Hansen
Kathryn Barrientos
Dwight Wilson
Gary Campanile
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Elli Lo, Management Analyst
Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel
Frank Trinh, Medical Director

Members of the Public

Nilde- LifeMoves
Lorena Bellamy-LifeMoves
Madeline Kane, Puente

Absent: Daniel Brown, Mother Champion, Allison Ulrich

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg 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.	
Closed session Request to Approve C&P list	Action item: Request to Approve Credentialing and Privileging List	Motion to Approve C&P list <u>MOVED</u> by Steve <u>SECONDED</u> by Gary, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from August 10, 2017) were approved. Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by <u>SECONDED</u> by, and APPROVED by all Board members present.
Board Orientation	Staff provided orientation on Board responsibilities. There was a discussion on conflicts of interest. Staff will conduct another Board orientation in November to go over Board Evaluation and roles. Please refer to TAB 2	Staff will conduct another Board orientation in November to go over Board Evaluation and roles.
Business Agenda: Request to Approve SFS	The Operational Site Visit (OSV) Report from the March 2015 OSV found we did not meet the SFDP Requirement, and we received a subsequent grant condition on the requirement. The request is that “the organization must update the sliding fee policy related to billing under #9 to reflect that the Billing and collections policies are in place and functional.” Based on the report, staff proposes revising the SFDP Policy to come into compliance adding “Collection of outstanding amounts will be handled in accordance with the HCH/FH Billing & Collection Policy Approved August 11, 2016.” There was a discussion on the Sliding Fee discount Scale nominal fee of \$0, to ensure access for	Request to Approve SFS Policy <u>MOVED</u> by Tay <u>SECONDED</u> by Kat, and APPROVED by all Board members present Staff to add nominal fee

	<p>patients. Staff will also include this topic as a discussion for annual review of SFS policy with annual update of FPL.</p> <p>Action item: Request to Approve SFS Policy <i>Please refer to TAB 3 on the Board meeting packet.</i></p>	discussion during annual SFS review w/ FPL
RFP- Request to Approve Job Descriptions	<p>Based on the Board's approval for two (2) positions at the last Board meeting, and the Board's request for details on the positions' duties and responsibilities, we are provided that requested information, and requesting the Board's approval to move forward with the positions of Program Developer/Planner and Clinical Support/Coordination. Planner position was approved. Regarding the Clinical position, members felt more discussion was needed to consider all options. Some options discussed included looking at RN position or admin with an MPH degree. <u>Staffing sub-committee</u> will discuss within a month; members include Gary (lead) Steve, Kat, Tay with guest Frank and Maddy.</p> <p>Action item: Request to Approve Job Descriptions <i>Please refer to TAB 4 on the Board meeting packet</i></p>	Request to Approve Planner Job Description <u>MOVED</u> by Dwight <u>SECONDED</u> by Kat, and APPROVED by all Board members present
Business Agenda: Request to Approve new Board member	<p>Brian presented on prospective new Board member Steven Kraft, a homeless individual that would serve as a Consumer member. Mr. Kraft is a resident at Vendome, in permanent supportive housing and use to serve as a police officer.</p> <p>Action item: Request to Approve new Board member <i>Please refer to TAB 5 on the Board meeting packet.</i></p>	Request to Approve new Board member <u>MOVED</u> by Brian <u>SECONDED</u> by Steve, and APPROVED by all Board members present
Business Agenda: RFP- Request to Approve QI Plan	<p><i>The San Mateo County HCH/FH Program QI Committee has finalized the 2017-2018 QI Plan. The final document is included for review by the HCH/FH Co-Applicant Board. Upon Board approval, the 2017-2018 QI Plan will be implemented starting in November 2017.</i></p> <p>Action item: Request to Approve QI Plan <i>Please refer to TAB 6 on the Board meeting packet</i></p>	Request to Approve QI Plan <u>MOVED</u> by Kat <u>SECONDED</u> by Christian, and APPROVED by all Board members present.
Reporting Agenda: Consumer Input/NHCHC report back	<p>LifeMoves Staff Lorena presented on a workshop she attended at the National Health Care for Homeless conference in D.C. Mother Champion left her notes and will present next time.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
Discussion on committee meetings	<p>Discussion on meeting times for the various sub-committees below. Staff will email members on a time to meet. RFP: - (Allison, Robert, Gary, Dwight) Nov 2 and Nov 9th</p>	Staff will email members on time to meet.

	<p><u>Unexpended Funds:</u> (Dwight, Mother Champion, Tay, Allison, Maddy) Should have more opportunity for one time funding, mid-time funding; evaluation of services and consultant.</p> <p><u>Finance Comm</u> (Christian , Robert, Allison)</p>	
<p>Discussion on Board attendance</p>	<p>In an attempt to ensure that all Board members are aware of their responsibilities of serving on the Board. The Board Chair initiated a discussion on Board attendance. Board Chair Brian stated the need to review attendance in last six months with staff. According to the Board's By Laws "Any member of the Board may be removed whenever the best interests of the County or the Board will be served by the removal. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this Article by a vote of two-thirds (2/3) of the total number of members then serving on the Board. Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article."</p> <p>There was a discussion on what constitutes an "excused absences" and that the discussion should be placed on the next Board's agenda.</p> <p><i>Please refer to TAB 8 on the Board meeting packet</i></p>	<p>Add to next Board agenda – discussion on Excused absence for Board meetings.</p>
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Director discussed the following:</p> <ul style="list-style-type: none"> • Health Center Funding Cliff • Status of Operational Site visit and Grant Conditions • Status of Automation – Case management system • Request for Proposal evaluation will start soon with RFP committees. <p>There was further discussion on funding and unexpended funds.</p> <p><i>Please refer to TAB 12 on the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>As we have been reporting, the HCH/FH Program continues to underspend its total available budget. One area where we may be able to allocate some or most of the remaining unexpended funds is towards a Care/Case Management System. The RFP process is continuing ahead on the project and there may be the possibility of having a decision made prior to the end of the year, with the possibility of paying for HCH/FH portions of the cost prior to 12/31/17. We will keep the Board updated on this process and possibility.</p> <p>This month we are also introducing to the Board two (2) new reports: an Expense Report (YTD) and a Revenue Report (YTD). As new items, they are separately addressed on today's agenda, but in future months will be included here in the Budget & Finance Report.</p> <p>Finance committee will go over Expanded Finance reports.</p> <p><i>Please refer to TAB 13 on the Board meeting packet.</i></p>	
<p>Contractor's 2nd Quarter report.</p>	<p>Staff reported on second quarter status of contractors:</p> <p>The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2017 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.</p> <p>Contractor's performance should at least be at 50% at this point. Staff also discussed some on-going success and trends from quarterly reports.</p> <p>There was a discussion on contracts that were under performing and to add a narrative as to explanation of underperformance.</p> <p><i>Please refer to TAB 14 on the Board meeting packet.</i></p>	<p>Staff will add explanation of underperformance in future quarterly reports.</p>
<p>Nov Board meeting times</p>	<p>Staff is requesting to move the November meeting in order to have sufficient time to review RFP proposals in attempt to complete some before the end of the year when contracts will expire, to prevent gap in services.</p> <p>Board members were fine with moving Board meeting to another week either November 15th or 16th during the morning.</p> <p>Next Board meeting will be moved to:</p> <ul style="list-style-type: none"> · <u>Nov 16th morning or evening (9-11am)</u> 	
<p>Adjournment</p>	<p>Time <u> 11 a.m. </u></p>	<p>Brian Greenberg</p>

TAB 2

**Draft RFP
Report
Service
Contract
Approvals**

DRAFT RFP Evaluation Report 2017

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

Evaluation teams:

Medical/Dental Services:

- Julia Wilson
- Irina Kaplan
- Candace Kugel

Ø RFP Evaluation sub-Committee- reviewed all proposals

- Gary Campanile
- Dwight Wilson
- Allison Ulrich
- Robert Anderson

Enabling/Coordinating Services:

- David Modersbach
- Allison Ulrich
- Denise Chun
- Brian Eggers

New Proposals Received (10)

Primary Care (homeless)

- PHPP Mobile Clinic- Expanded services
- PHPP – Street/Field Medicine
- Ravenswood Family Health Center

Dental Services (homeless)

- Ravenswood Family Health Center

Dental Care (farmworker)

- Sonrisas/Apple Tree Dental
- Health Mobile

Enabling Services (homeless)

- LifeMoves
- Ravenswood Family Health Center
- PHPP Mobile Clinic- Expanded services
- PHPP – Street/Field Medicine

Enabling Services (Farmworkers)

- Puente de la Costa Sur

Coordinating Services (farmworker)

- LifeMoves

Agency/Program	Population	Target Patient Count	Requested Funding	Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional
*PHPP Mobile Clinic - Expanded Services	homeless	1,400	\$ 551,550	2,500	125/700/475/100
**PHPP Mobile Clinic - Street & Field Medicine	h/fw	140	\$ 277,444		100 street h/ 40 fw
Dental Care					
Health Mobile	fw	300	\$ 148,875	1200	300 fw
Ravenswood	homeless	275	\$ 54,660	780	35/115/98/27
Sonrisas	fw	115	\$ 172,398	460	345 fw
Enabling Services					
LifeMoves	homeless	500	\$ 355,375		350/100/25/25
Puente	h/fw	210	\$ 202,919		5 street/5 doubling up/200 fw
Ravenswood	homeless	500	\$ 96,293	1,200	65/150/205/80
*PHPP Mobile Clinic - Expanded Services	homeless	280	\$ 60,614		
**PHPP Mobile Clinic - Street & Field Medicine	h/fw	35	\$ 27,141	2,714	100 street h/ 40 fw
BHRS	homeless	300	\$ 90,000	900	
Coordinating Services					
LifeMoves	homeless	30	\$ 101,144		10 street/ 20 shelter

Process and Protocol for Invoicing and Reporting

HCH/FH Program contracts are typically paid on an unduplicated per-head basis.

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

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

ENABLING SERVICES

Ravenswood (\$96,293 for 500 unduplicated homeless patients through 1,200 visits per grant year)

Evaluation Team recommendation – fully fund as requested

- Overall members on the phone thought the proposed services met/exceeded requirements.
- Issues for plans for continuity, not well spelled out and clear.
- Coordinating pieces are in general terms
- Are they making a difference in people's lives?
- Nothing mentioned on past performance. Proposing to serve same number of clients as LifeMoves but for less.
- Possible duplication of services provided by WPC, refer homeless from EPA to RFHC as their medical home and have WPC provide enabling services.

Ø RFP evaluation sub- committee recommendation- Fully funding for 3 years

- Committee felt that overall the proposed was well written.
- Program objectives could be more clear and measurable, no overt problems.
- High number of transitional housing to propose to see- need to clarify
- No money built into transportation in budget
- No staff training built in budget

LifeMoves (\$355,375 for 712 homeless patients through 1,830 visits per grant year)

Evaluation Team recommendation- Too many questions/unclear to suggest- Neutral

- Not clear how all these pieces go together are they duplicating some health services out there
- Hard to understand the continuity of care, who does what for the staff, responsibilities aren't clear
- No prior experience in field? Are they wearing many hats and possibly other funding sources?
- Duplicating health services with WPC and HOT?
- Audit- findings concern and questions on multiple sources of funding, deficiencies and it spanned more than 1 audit
- Aging population- not clear and how would they do that? Are they qualified to provide for senior care?
- Program managed- not clear sense on program being carefully managed
- Staffing- wages/salaries seem low

Ø RFP evaluation sub- committee recommendation After negotiations ; consider 3 years of funding, contingent on 1st year of success

- Concern about capacity and lowering numbers of shelter homeless for care coordination, as they have access to many shelter residents via their shelters they manage.
- Concerns on their audit findings
- They do a great job with SSI/SSDI effort.
- Proposal hard to read and understand
- Lack of data/need for senior program/housing
- How do they integrate with WPC?
- Amount of money paying their staff is very low, looks like according to finances they could pay more for staff.
- Inquire about their turnover rate, compared to other grants and funding sources.
- Look at their payroll structure and staffing models, concerned about low pay and high staff turnover.
- Budget concerns- take out management overhead, incentives and rent

Puente (\$202,919 for 210 unduplicated farmworkers)

Evaluation Team recommendation- Full funding

- Impressed with their proposal compared to the rest of the proposal.
 - Questions- non-personnel medical equipment, what is it for? Dental and Pharmacy?
 - Had same questions with medical supplies that should be covered in other ways?
 - Concerns about budget/personnel
 - Staffing level concerns
- Ø RFP evaluation sub- committee recommendation – Conduct a site visit to help with proposal and get better understanding of services currently offered.
- Basic care coordination services not spelled out enough, invest in care coordination more robust program
 - Questions on funding outreach coordinator (50%)?
 - Not clear how they work with Sonrisas/Apple Tree and Street medicine on coordination
 - There are a number of health staff located at Puente, who does what?
 - Several budgetary concerns such as medical/dental equipment, child care, facility and audit costs
 - They appear to have a few contracts with the County, how do we know there is not a duplication in services?

COORDINATING SERVICES:

LifeMoves (\$101,144 for 30 unduplicated homeless)

Evaluation Team recommendation- no funding

- No direct services provided, where are they making the estimation?
- Question of budget? Not matching up
- Like idea, services not described well, may need some development going forward
- Unclear on measurable goals
- Underestimate the work a consultant and
- Don't think will get very much bang for their buck
- Won't think they will meet their deliverables

Ø RFP evaluation sub- committee recommendation- no funding

- Unclear on plan and objectives.
- Proposal hard to read.
- Why would we hire a contractor to hire a consultant- 3rd party that would be difficult to control services.
- How did they come up with the 30 to serve?
- Need for data to back up services they propose to serve.
- Hard time visualizing the services proposed via consultant
- Budget is too high
- Get more clarification, justify clear and present need.
- Should be denied based on cost effective, as program could hire own consultant, not realistic in terms of cost for consultant.

MEDICAL SERVICES:

Ravenswood (\$ 106,926 for 700 unduplicated homeless through 2,100 visits per a grant year)

Evaluation Team recommendation- Full funding

- Really nice and well written and seemed like a bargain.
- Experienced applicant.

- Well-developed proposal.
- Clear collaborative and coordinated care.

Ø RFP evaluation sub- committee recommendation Fully funding for 3 years

Strong proposal and well written, no concerns

Minor concern about the office hours off site; seem limited (2 hours)

DENTAL SERVICES:

Ravenswood (\$54,660 for 275 unduplicated homeless with 780 visits for each grant year)

Evaluation Team recommendation- Full funding

- Good deal, have their act together and already serving homeless and proposing to serve more.
- Clearly written, experienced applicant.
- Proposal clear. Process of collection of data is up front.
- What's not clear is how data is evaluated beyond the specifics. Otherwise strong

Ø RFP evaluation sub- committee recommendation Fully funding for 3 years

- Strong proposal and well written.
- Has Denti-Cal increased rates?
- Inquire about increasing the number of street homeless target
- Question on overall proposals, regarding integration/coordination of the 3 programs

Health Mobile (\$148,875 to serve 300 farmworkers during 1,200 visits for each grant year)

Evaluation Team recommendation- No Funding

The proposal is confusing and repetitive; not confident that they can deliver services.

- Not clear, where operate or where they would go. Read "yeah we know how to do this"
- Locations would be identified through "migrant education"?
- Did not describe well who they will provide to, kids?
- Did not talk about any reimbursement and if they are billing at all.
- Not well written grant, don't get a sense of what they can do.
- Not a sense of being a dental home and continuity, just for episodic care
- If they are able to deliver services, not clear in proposal.

Ø RFP evaluation sub- committee recommendation No Funding, follow up with concerns

- No clarity on service delivery.
- Real problem on proposal, numbers served is based on Migrant children and serving patients at schools.
- Objectives- unclear not measurable, based on patient surveys
- Not adequate proposal

Sonrisas/Apple Tree Dental (\$172,398 to serve 115 unduplicated Farmworkers during 460 visits per grant year)

Evaluation Team recommendation- Full funding

- Looks good, they are seeing a fair amount of patients and seem reasonable.
- Inclined to commit to 1 year with successful completion contingent for next years.

Ø RFP evaluation sub- committee recommendation Negotiate on budget, 1 year funding upon successful first year.

- Concerns that they are under new governance; governing system is stronger but also a work in progress.
- Agree with evaluation to commit to 1 year of funding

- Concern in past did not have Spanish speaking staff and relied on Puente staff.
- Unsure/unjustified increased costs, interpreter seems new
- Doubling the cost, expensive effort over \$1,000 each patient
- Seemed to have good operation with their equipment

HCH/FH Program RFP Rating Sheet - 2017

Organization: _____

Target population: _____

Service type: _____

RATING SHEET		
Instructions: Please evaluate the proposal's description of its approach for providing the following services:		
	Rating	Comments
1. Program Service Description		
<input type="checkbox"/> Experience providing services to target population		
<input type="checkbox"/> Need for proposed services in area/target population		
2. Program Service Delivery		
<input type="checkbox"/> Services proposed are clearly explained (who, what, where, and how)		
<input type="checkbox"/> Proposed services are flexible, accessible, and meet needs of target population		
<input type="checkbox"/> Proposed services contain plan for continuity of care		
3. Program Objectives		
<input type="checkbox"/> Objectives are measurable and relevant to target population		
<input type="checkbox"/> Includes clear plan to accomplish objectives		
4. Program Community Collaboration		
<input type="checkbox"/> Great collaboration/linkage to other agencies that provide services to target population		
5. Program Management		
<input type="checkbox"/> Staff are qualified and have clear job responsibilities		
<input type="checkbox"/> Efficient use of staff to provide proposed services		
6. Outcome Reporting and Data Collection		
<input type="checkbox"/> Clear plan for data collection and reporting (who, what, how)		
7. Budget		
<input type="checkbox"/> Budget clearly states program income that may be generated in provision of services (e.g. third-party reimbursements)		
<input type="checkbox"/> Administrative costs are 10% or less of total budget		
<input type="checkbox"/> At least 10% matching funds, is reasonable		
<input type="checkbox"/> Are proposed costs sufficiently justified in narrative?		
<input type="checkbox"/> Efficient use of money to provide services to target population		
OVERALL		
Comments:		
Reviewer:	Date:	

Rating System: N- Did not satisfy; P= Partially satisfied; M= Met or satisfied; E= Exceeds Requirements

DATE: November 16, 2017

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 FUNDING FOR RAVENSWOOD FAMILY HEALTH CENTER

Program received a proposal from Ravenswood Family Health Center (RFHC) in response to our issued RFP for Enabling Services for the Homeless. On completing the proposal evaluation process, this proposal was recommended for full funding and program has prepared a draft agreement representing this recommendation. This request is for the Board to take action to approve the execution of this agreement with RFHC.

The proposal essentially called for providing care coordination services for the homeless. Services include outreach, assessment and assistance of immediate needs & barriers, care management of health services, health navigation assistance, expedited health center registration and intake procedures, education on system navigation, motivational interventions, transportation, translation, discharge and care/housing transitions coordination.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for three (3) years through December 31, 2020. The value of the agreement is \$97,000 each year, for a total contract value of \$291,000.

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

Attachments:
Exhibit A & B for RFHC Enabling Services

EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

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 1st through December 31st, 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 (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide enabling health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide a full range of enabling services, centered on care coordination of health care services, to a minimum of **500 unduplicated homeless individuals** for a total of at least **1,200 visits**. RFHC will provide care coordination, including outreach, assessment and assistance of immediate needs & barriers, care management of health services, health navigation assistance, expedited health center registration and intake procedures, education on system navigation, motivational interventions, transportation, translation, discharge and care/housing transitions coordination. At least 50% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The enabling health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Objective 1: Provide access to enabling services for homeless individuals. RFHC will deliver care coordination services for at least 500 homeless individual annually through 1,200 encounters. Providing outreach, health navigation, health coverage enrollment assistance, transportation assistance, personal health and hygiene support, and care management services for homeless people.

Objective 2: Provide **screenings** to identify access barriers and inform treatment plans for 85% of the homeless patients served. This includes the use of open-ended interview questions to identify homeless patients' potential barriers to care and treatment plan compliance, and to inform health care providers of relevant barriers.

Outcome Measure 2.A. Of those clients identified with having a health care need, at least 85% will receive on going care coordination services and will create individualized **health care case plans**.

Outcome Measure 2. B. Of those clients receiving ongoing care coordination services, at least 60% will be compliant with their health care case plan.

Objective 3: Improve the health outcomes of homeless patients diagnosed with **hypertension** through the provision of self-care education, reinforcement of medication instructions, and connecting patients to healthy food assistance programs.

Outcome Measure 3.A. At least 65% of homeless hypertension patients with most recent blood pressure levels below 140/90.

Objective 4: Improve the health status of homeless patients diagnosed with **diabetes** through the provision of self-care education; development of self-care plans tailored for their homeless living situations; and working with patients to attend appointments and lab tests, practice self care, and use and refill medications as directed.

Outcome Measure 4.A. At least 65% of homeless diabetic patients will have hbA1c levels below 9.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

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

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

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.

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 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 submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing specialty services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The following are the contracted reporting requirements that **the HCH/FH Program** must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual 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 Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

In consideration of the services provided by Contractor in **Exhibit A**, County shall pay Contractor based on the following fee schedule:

- A. County shall pay Contractor at a rate of \$194.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 500 individuals, and limited as defined in Exhibit A.
- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2018 through December 31, 2020. Maximum payment for services provided under this Agreement will not exceed TWO HUNDRED NINETY-ONE THOUSAND DOLLARS (\$291,000).

DATE: November 16, 2017

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 FOR FUNDING FOR BEHAVIORAL HEALTH AND RECOVERY SERVICES

Program received a preliminary proposal from Behavioral Health and Recovery Services (BHRS) in response to our issued RFP for the continuation of Care Coordination (nee Case Management) for the Homeless. To date, Program has not received an official proposal from BHRS and currently in communication with BHRS Staff to complete the RFP process soon. After review and evaluation of the preliminary proposal, program has drafted a proposed agreement with BHRS.

The preliminary proposal essentially called for the continuation of the currently provided services. Current services include providing behavioral health assessment and care coordination (nee case management), and facilitating access to full range of behavioral health, primary care, and other supportive services available.

Included with this request is the draft MOU, along with a brief summary of the proposal. The proposed contract is for three (3) years through December 31, 2020. The value of the agreement is \$90,000 each year, for a total contract value of \$270,000.

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

Attachments:
BHRS Memorandum of Understanding



Memorandum of Understanding Between
San Mateo Medical Center
And
Health System, Behavioral Health and Recovery 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 Behavioral Health and Recovery Services (BHRS) Division of the San Mateo County Health System, regarding the provision of Behavioral Health Care Services through the Health Care for the Homeless/Farmworker Health Program funding.

I. Background Information

SMMC is a 509-bed public hospital and clinic system fully accredited by The Joint Commission. SMMC operates outpatient clinics throughout San Mateo County, an acute-care hospital, and long-term care facilities in San Mateo and Burlingame. San Mateo Medical Center serves the health care needs of all residents of San Mateo County, with an emphasis on education and prevention, and without regard for ability to pay. San Mateo Medical Center is part of the San Mateo County Health System and receives financial support from the San Mateo County Health Foundation.

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 Division of Behavioral Health and Recovery Services for the purpose of providing Behavioral Health Care Services to individuals who are homeless in San Mateo County.

II. Goals and Objectives

Goal: To stabilize homeless individuals by providing behavioral health assessment and care coordination services, and facilitating access to the full range of behavioral health, primary care, and other supportive services available in San Mateo County.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Objective 1: In each contract year (January through December), the Division of Behavioral Health and Recovery Services will provide behavioral health services to 300 unduplicated individuals who are homeless residing at a shelter, in a transitional housing program, or on the street, and those who are in danger of becoming homeless, through 900 visits.

Outcome Measure a) In each contract year, 100% (300) of the homeless individuals seen will receive a behavioral health screening as documented in each client's BHRS chart.

Outcome Measure b) In each contract year, at least 75% (225) of the homeless individuals served by BHRS will have documented behavioral health issues as identified by the behavioral health screening and noted in the client's BHRS chart.

Objective 2: In each contract year, at least 95% (285) of the screened homeless individuals will receive care coordination services.

Outcome Measure a) In each contract year, of those clients receiving behavioral health case management services, at least 70% (210) of these individuals will receive an individualized case management/care plan and participate in their case management plan.

Outcome Measure b) In each contract year, of those clients receiving behavioral health case management services, at least 60% (180) of these individuals will complete their behavioral health case management plan.

Outcome Measure c) In each contract year, of those clients receiving behavioral health care coordination services, at least 60% (180) will establish a medical home if they do not already have one (defined by a minimum of two attended visits) for primary medical care and/or behavioral health services as documented on the monthly spread sheet submitted to HCH/FH Program staff.

III. Term of Agreement

This MOU shall be in effect from January 1, 2018 through December 31, 2020.

IV. Responsibilities

The HCH/FH Program is responsible for the following under this MOU:

1. Monitor the performance of the Division of Behavioral Health and Recovery Services to assure it is meeting its contractual 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 Division of Behavioral Health and Recovery Services related to program development, data collection, or other HCH/FH Program related issues as needed.

The Division of Behavioral Health and Recovery Services is responsible for the following under this MOU:

1. All demographic information will be obtained from each homeless individual receiving enabling services by the Division of Behavioral Health and Recovery Services during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's farmworker status as defined by BPHC.
2. A monthly invoice detailing 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 submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.
3. Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.
4. Participate in planning and quality assurance activities related to the HCH/FH Program.
5. Participate in HCH/FH Provider Collaborative Meetings, Quality Improvement Committee meetings, and other 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.
8. 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.

V. Amount and Source of Payment

The Division of Behavioral Health and Recovery Services will receive \$300.00 (THREE HUNDRED DOLLARS) for each unduplicated individual who meets the homeless criteria and receives behavioral health services during each agreement year, up to the maximum per agreement year of 300 individuals.

The total amount of HCH Funding allocated to the Division of Behavioral Health and Recovery Services for this fifteen month period will not exceed \$270,000 (TWO HUNDRED SEVENTY THOUSAND DOLLARS).

The Division of Behavioral Health and Recovery Services 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.

SIGNATURES

Business Owner Name
Business Owner Title
San Mateo Medical Center

Date

David McGrew
Chief Financial Officer
San Mateo Medical Center

Date

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

Date

Finance Manager
[insert organization name]

Date

David Young, Director
Division of Behavioral Health and Recover Services
Health Services Agency

Date

TAB 3

**Request to
approve
Membership
positions and
alignment**

DATE: November 16, 2017

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 BOARD ACTION TO APPROVE BOARD POSITION ALIGNMENT CHART AND POSITION TERMINATION DATES

Based on the wording of the Co-Applicant Board Bylaws, Board positions have terms, rather than the individuals who may currently be occupying the position. When an individual is first appointed to a new position, their and the position's term would run concurrently. However, if someone should leave a position, the individual selected to fill the vacancy serves the remainder of the term (Article 8).

Over the course of time, with resignations, vacancies and new members coming on board, the exact term expirations for positions (and the individuals filling them) has become somewhat cloudy.

Program has gone back through the history of board positions, the resignations, the additions of new members and the extensions of position terms to bring the Board position statuses up to date. The result of that effort is attached. As presented, this alignment provides for the longest available term for all current members, based on their addition to the Board, what positions were available to fill at that time, and the termination dates for those positions.

We are requesting Board action to approve the attached Table of Board positions, members and term expirations. In doing so, the Board will simultaneously be extending the terms of any Board positions which may have expired for which the Board has not previously taken action positions 13-08, 13-09, & 13-10).

This action will bring the Board membership and position terms into compliance with the Bylaws and the clear Board intent in filling positions. It will also provide an established document on which to clearly delineate future Board actions with regards to filling positions for unexpired terms.

A majority vote of the Board members present is required to approve this Board action.

Attachments:
Board Position Term Expiration and Alignment



Board Position Term Expiration and Alignment

<u>Position #</u>	<u>Term Expires End Of</u>	<u>Current Member</u>
13-01	Sep 2019	Kat Barrientos
13-02	Sep 2019	Ty Deldridge
13-03	Sep 2019	Mother Champion
13-04	Sep 2019	Christian Hansen
13-05	Sep 2019	Gary Campanile
13-06	Sep 2021	Steve Carey
13-07	Sep 2021	Brian Greenberg
13-08	Sep 2021	Allison Ulrich
13-09	Sep 2021	Robert Anderson
13-10	Sep 2021	Dwight Wilson
13-11	Sep 2021	Steven Kraft
14-01	Jun 2018	Dan Brown
14-02	Jun 2018	[VACANT]
14-03	Sep 2018	[VACANT]

TAB 4
Consumer
Input
NHCHC/ SF
DV report
back

Report on the National Health Care for the Homeless Conference.

Mother Champion

Workshops:

- Caring for the Homeless Patient with Mental Illness:
- Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities
- Leap of Faith

First I'd like to say what a wonderful opportunity to be sent to a conference with such knowledgeable people. I was happy to meet Mr. Bobby Watts Chief Executive Officer of the conference. Mr B. Watts wanted to get to the some of the root causes of homelessness, and the vehicle that he used was through some of the speakers.

I wish I had a tape recorder, there was so much information to write down and to learn. The think tanks were the best. I asked so many questions, but at the same time I didn't want to take all the time. Portland Oregon had a model to look at. What I know is that no one agency can do it alone.

- Becky Wikinson MSW hospital outreach worker, and Drew Grabhame, a social worker, outreach social worker.

The next class I went to was about Constructing Powerful Stories a quote "Storytelling has the power to build empathy, connect people and share experiences of our consumers and our organizations". To me, this one to get financial assistance. We had a lot of story tellers in this class.

Caring for the Homeless Patient with Mental Illness:

This was a sad but informational class, on how to deal or two way to deal with mental ill homeless, patient and it showed us to different processes on they dealt with two different patients.

- Rose Garcia, MD, MPA and Carrie Kowalski, MPAP, PA C,

Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities

After this class I went to the speakers and collected their cards so I could call and ask more questions.

The next class was a Leap of Faith

- Mr. Matt Bennett, MBA MA was just great again I got a lot of information to take home and read, his story was his on journey.

When he finished the teaching part of the class we all sat in a circle and we talked about our on story. That was great.

After this class, I went to SOME, means So Others Might Eat. What a great experience.



Health and Domestic Violence National Conference September 2017

Puente staff in attendance:

Maddy Kane, Community Health Manager

Adriana Serrano, Economic Security Manager

Joaquin Jimenez, Community Outreach Coordinator

Yolanda Morales, Community Health Worker/"Promotora" (not pictured)

Samantha Warner, Community Health Worker/"Promotora"

List of workshops attended by Puente Staff:

- **Survivor Empowerment through improved health access , stress management, and economic independence**
 - Alyssa Tremblay, MSW; Anita Ravi, MD, MPH, MSHP; Adam Dodge, JD and Amanda Thoreson
- **Culturally responsive services and programs for indigenous women and lessons from an Alaskan Native initiative**
 - Denise Wilson, PhD; Colleen Varcoe, RN, BSN, MEd, MSN, PhD and Marilyn Ford-Gilboe, PhD, RN, FAAN; Polly Andrews, BA and Lily Gada
- **Holistic approaches to healing and self-care**
 - Kiara Lee, MSW and Elizabeth Wilmerding; James Encinas and Linda Chamberlain, MPH, PhD
- **Supporting LGBTQ and non-binary survivors and youth**
 - Caitlin Ryan, PhD, ACSW and Erica Monasterio, MN, FNP-BC; Michael Munson, BA; Emily Waters, MPH, MSW
- **Healing the Healers: vicarious trauma in the helping professions**
 - Kelsey L. Hegarty, MBBS, FRACGP, PhD, and Birgit O. Kelly, MSW, LICSW, PhD
- **Community Health and Public Health Prevention Programs**
 - Martha W. Dominguez, MA, MPH, PhD and Jennifer Gregson, MPH, PhD; Katie M. Jones, MSW and Pam B. Brown, M.Ed
- **The complex relationship between men's use of alcohol and others drugs and their violence toward female partners: Implications for healthcare responses**
 - Angela J. Taft, MPH, PhD; Jeff R. Temple, PhD; Ingrid M. Wilson, BA (HONS), PgDL; Gail Gilchrist, PhD
- **Latina community centered care in three culturally committed programs**
 - Annie Sylvain, MSc; Elain M. Hewins, CSW; Kira Bellolio, JD, and Ana Maria Rodriguez, BA
- **Promoting prevention: The role of evidence-based practices, community mobilization, data monitoring and policy leadership**
 - Diana J. Arango, MSC; Martha E. Dominguez, MA, MPH, PhD and Jennifer Gregson, MPH, PhD; Katie M. Jones, MSW, and Pam B. Brown, M Ed



Summary from Puente staff who attended:

Madeleine Kane (Community Health Manager)

I was most impacted by the workshops on trauma and healing as well as the presentation **“Latina community centered care in three culturally committed programs.”**

As a manager, I walked away from this conference with many new tools and frameworks to implement in our programs and for our staff. I am currently working with our Behavioral Health staff and Community Outreach Coordinator to improve Puente’s Health programs to be more trauma-informed and integrate some best practices on self-care and staff wellness. For example I am hoping to reinvigorate yoga or meditation before all-staff meeting and revisit our policies around mental health resources for staff members. I am also working to lead by example as a manager in practicing self-care and boundary-setting to avoid burnout and vicarious trauma. I am looking especially to support Puente staff members who bring their own experiences and trauma to be the most effective and healthy workforce.

With regards to the “Latina community center care” workshop, I was struck by La Clínica del Pueblo’s presentation about their promoters and clinic specific to immigrant women survivors of gender-based violence. I know that we have a community of such women on the South Coast, and I am moved to explore what we can do to support this population. In particular, I am looking into the types of training that promoters receive at La Clínica del Pueblo in order to tackle sensitive topics like gender-based violence. The program there is significantly larger (over 50 promoters), but some of the structure and topics could be applicable to our programs. I am interested in adapting their urban model (in Washington, D.C.) to our rural farmworker and homeless populations.

Samantha Warner (La Honda Community Health Worker)

I am finding it hard to decide which workshop to write about as I learned so much from each one I attended. That said, the workshop for **“Advocacy and Survivor Perspectives: Supporting LGBTQ and Non-Binary Survivors and Youth”** had the most notes in my notebook so that will be the winner.

Emily Waters, MPH, MSW spoke first about LGBTQ survivors and (IPV) Intimate Partner Violence. She said that 44% of people seeking emergency shelter are denied due to their gender identity. Her proposed answer is to build partnerships in your area working with the LGBTQ population. Someone in the audience asked what could be done about the violence that occurs in the shelters. Emily replied that they are well aware of it and suggested that a solid conflict resolution process would help.

The next speaker was Michael Munson, BA who spoke about working with gender non-binary survivors. Non-binary means the person does not adhere to male/female, butch/femme, etc. identities. He also spoke about the increased use of pronouns such as her/she, he/him, they/their, and so on. He showed us a slide of the **many** new pronouns and indicated that more are evolving every day. I was overwhelmed with the possibilities and impressed with the creativity. I remember when it was common to ask “What’s your (astrological) sign?” and now it is “What’s your pronouns?”.

I thoroughly enjoyed this conference. It was painful to hear the stories of “past harm” as one speaker put it but it was encouraging to see that there are so many people dedicated to doing something about it.



Yolanda Morales (Community Health Worker)

Note: this report was dictated to Maddy Kane, who added details and contextualization in parentheses

What I appreciated most about the conference was the panel on migration and gender-based violence (Plenary session **“Gender-Based Violence and Migration: Building Paths to Safety and Health”** – Presenters: Joanne Kelsey, JD; Jeanne F. Nizigiyimana, MSW, MA; Crista Johnson-Agbakwu, MD, MSc; Dilcia Molina Sanchez; Cathy Zimmerman, MA, MSc, PhD). It was difficult with the translation to understand many of the workshops, but this panel had a Spanish speaker, and I connected very much with her story of persecution and migration. (Dilcia Molina Sanchez fled Central America and sought asylum in the US after she, her family, and her friends were subject to extreme persecution for her defense of human rights and work against human trafficking, especially the LGBTQ community) I think we can learn from her experiences as promoters how to help people in our community who have experienced hard things before or during the time they came to the U.S.

I also enjoyed the workshop on simple self-care (“Holistic approaches to healing and self-care”) because it reminded me that there are many ways we can help ourselves and teach others to help themselves deal with the many stresses we face. (Some techniques demonstrated in this workshop included a few acupressure spots and breathing exercises. More can be found at <http://capacitar.org>).

Adriana Serrano (Economic Security Manager)

I most appreciated the **“Healing the Healers”** workshop and the presentation **“Latina community centered care in three culturally committed programs.”**

These two sessions combined for me in thinking about the experiences of field staff (Community Health Workers or “promotoras”). It was eye-opening for me to realize how they must have to navigate intense socioemotional challenges beyond the difficulties of the healthcare system. I think it is especially challenging because we work in a small community – when we encounter something difficult or potential instances of trauma with our participants (who are most often farmworkers, but do also include homeless both in La Honda and in Pescadero), these can often be our neighbors and our friends. Because the promotoras don’t have as much of a physical presence in the office, I want to make sure we as an organization ensure that we provide the proper support and preparation as well as opportunities for self-care for all of our staff.

Finally, I learned that economic security, especially for women, could be a preventative measure for gender-based violence (**“Promoting prevention: The role of evidence-based practices, community mobilization, data monitoring and policy leadership”**). By doing community-wide workshops and trainings, it’s good to have this information out there generally, but this wide net of economic security also allows the most vulnerable access to the information, tools, and programs that may benefit them most and allow them to get themselves out of, or stay out of, GBV situations.

Joaquin Jimenez (Community Outreach Coordinator)

First of all I would like to thank you for inviting me to the conference. It was a great experience for me to participate in a conference like this one. I enjoyed and learned from the workshops and presentations. For me the workshop that impacted me the most was **“Healing the Healers: Vicarious trauma in the helping professions.”** This is something I see in various areas from the helping professions, from my work at Puente out visiting the farmworkers in the fields and my work prior with the correctional system and the education system. If we do not take care of ourselves, it is very hard to help take care of others. I think there is a lot we can do at Puente to help support each other in the hard work we do with participants, and I look forward to helping Maddy implement some of the ideas we came up with.

TAB 5
Requests to
Renew
Staffing sub-
committee

DATE: November 16, 2017

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

FROM: Jim Beaumont, Program Director

SUBJECT: REQUEST FOR BOARD TO TAKE ACTION TO RENEW AD HOC STAFFING COMMITTEE

Since January 2016, the Program Office has provided the Board on-going staffing plan information and discussion. The Program Office has asked the Board to consider approving the staffing plan and adding new staff members to meet current and anticipated program workload. The Board has approved the job description of a planner/developer position but would like more time to consider the job description/classifications to fulfill the need for a clinical position.

The Ad-hoc Staffing committee was created on March, 9, 2017 and disbanded on September 30, 2017. This request is to renew the disbanded Staffing sub-committee for another six months.

The committee should have a minimum of three (3) and no more than five (5) members from among the voting membership of the Board. If not designated in the Board's action on this request, the committee shall designate a committee chair to lead the committee's activities. The committee would be charged with the task of reviewing the current and projected staffing workload and staffing demand, and any and all relevant information related to program staffing, and to provide a recommendation to the Board for its consideration. The committee may, at its discretion, return partial or separate reports on the topics under its review. All reports will be written and provided to the HCH/FH staff at least 10 days prior to the meeting at which the report will be presented. The committee's report should provide succinct analysis of the issue and may present specific recommendations for Board action. Members of the committee may also prepare a minority report if there are differing views on the final report and the recommendations to be given to the Board. Program staff will assist the committee in logistical arrangements. The Board may give further instruction to the committee as the Board chooses. The Committee will formally be disbanded on May 30, 2017, unless otherwise extended by action of the Board.

A majority vote of the Board members present on this recommendation will establish the committee as described above, or as the above is otherwise amended by the Board. Board members shall indicate their interest in serving on the committee.

TAB 6
QI Report

DATE: November 16, 2017

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT

The San Mateo County Healthcare for the Homeless/Farmworker Health Program QI Committee is starting work on the 2017-2018 QI Plan. The next QI Committee meeting will be on November 16, 2017, with initial outcome measure data to be reviewed at that time. In addition, HCH/FH Program Enabling Services contracted agencies are beginning to compile their lists of clients referred to Primary Care services.

Initial outcome measure data will be reported to the HCH/FH Co-Applicant Board at the December Board meeting.

TAB 7
Director's
Report

DATE: November 16, 2017

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the October 12, 2017 Co-Applicant Board meeting:

1. Health Center Program Funding

The U.S. House of Representatives has passed legislation to extend Health Center funding for two (2) years. The bill to do so will now go to the Senate for action. We still do expect that at least this extension will pass (possibly as longer one).

2. Operational Site Visit & Grant Conditions

Program submitted documents for all six (6) required grant conditions. One – for Program Requirement 15 – Data Reporting Capacity – has already been accepted and that condition lifted. In addition, we received a Change Request on our Credentialing & Privileging (Requirement 3) condition. Following discussion with our Project Officer, we submitted clarifying language in the submission cover letter that we believe addressed HRSA's concerns, and we expect this condition to be lifted shortly. We are waiting to hear on our remaining four (4) submissions, but are hopeful that they will all be lifted soon.

3. Automation

There has been no new information received on the County's progress in determining the purchase of a Care Coordination/Case Management system, and on how they might designate funding responsibility for it. As reported in the Budget & Finance Report, this projects as an excellent possibility to utilize what would otherwise be unexpended funds for this grant year.

4. RFP

Program, the subject matter teams and the Board's Proposal Evaluation & Recommendation Committee have spent a great deal of time reviewing and processing the proposals received. A full report, along with a preliminary set of agreement recommendation is provided elsewhere on today's agenda.



5. Staffing

Program met with SMMC HR staff and has initiated the process to receive county approval for the two new positions. It is expected to take up to two months to get final approval (Board of Supervisors) and we will keep the Board updated on that progress.

6. Small Funding Requests

Program has received and processed five (5) small funding requests – approving three of them for approximately \$11,300 total funding. There is one request still under consideration. (One request was withdrawn.)

7. Seven Day Update

ATTACHED:

- Program Calendar

**Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2017 Calendar (Revised November 2017)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (November 9, 2017 from 9:00 a.m. to 11:00 a.m.) Board Chair/Vice Chair Nominations/Elections QI Committee meeting 	November	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (December 14, 2017 from 9:00 a.m. to 11:00 a.m.) Contracts go before BOS for 2018 	December	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (January 11, 2017 from 9:00 a.m. to 11:00 a.m.) Board training QI Committee meeting 	January	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (February 8, 2017 from 9:00 a.m. to 11:00 a.m.) UDS first submission Western Forum for Migrant & Community Health, Seattle, WA (Feb 22-24) 	February	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (March 8, 2017 from 9:00 a.m. to 11:00 a.m.) Final UDS submission 	March	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Deadline</u>
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
BPR/SAC-Approve	August
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Board review annual HR report on OLCs	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 8
Budget &
Finance Report

DATE: November 16, 2017

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

Grant expenditures to date – through October 31, 2017 – currently reported as \$ 1,625,028.

As we have been reporting, the HCH/FH Program continues to underspend its total available budget. The major components of this are: contracts are projected to eventually underspend the contract value by \$325,635 (20%); Staff Benefits to underspend by \$100,000 (40%); unallocated contracting budget \$63,000 (100%); and Staff Salaries underspend by \$50,000 (10%). The total anticipated unexpended funds for the year is \$481,428 (19%).

This also does not include the 2017 AIMS (\$175,700) and QI (\$25,596) awards, nor the approved carryover of the DSHII (\$50,748) and QI (\$35,556) awards from 2016. While we expect to be able to carryover all (or most) of the 2017 awards, due to the how late in the year they were awarded, any expenditures on the 2016 carryovers are actually already included/projected in the expenditure report. Therefore, the total unexpended amount (that will not be able to be carried-over) projected for the end of the year is \$567,732.

We do anticipate being able to allocate some of the funding to small funding requests, but these historically have only totaled around \$50-75,000.

There does potentially exist the possibility of expended a significant amount of the unexpended funds towards the purchase/implementation of a Care Coordination/Case Management system, if it can be accomplished prior to the end of the year. AT this point, this appears to be an excellent utilization of the potential unexpended funds.

Attachment:

- GY 2017 Summary Report

GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (10/31/17)	Projection for GY (+~9 wks)	Projected for GY 2018
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	<u>490,000</u>	<u>369,586</u>	<u>440,000</u>	<u>625,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	<u>250,000</u>	<u>125,733</u>	<u>150,000</u>	<u>315,000</u>
<u>Travel</u>				
National Conferences (1500*4)		17,837	22,354	20,000
Regional Conferences (1000*5)		3,084	4,500	5,000
Local Travel		1,076	1,500	2,000
Taxis		3,415	4,900	5,000
Van		411	800	1,000
	<u>25,000</u>	<u>25,823</u>	<u>34,054</u>	<u>33,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,347	2,500	12,500
Small Funding Requests				
	<u>10,500</u>	<u>1,347</u>	<u>2,500</u>	<u>12,500</u>
<u>Contractual</u>				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	518,896	674,000	850,000
Current 2017 MOUs	811,850	498,425	670,000	850,000
---unallocated---/other contracts	63,369			
	<u>1,733,004</u>	<u>1,071,593</u>	<u>1,398,272</u>	<u>1,700,000</u>
<u>Other</u>				
Consultants/grant writer	20,000	21,680	25,000	45,000
IT/Telcom		4,013	6,000	6,000
New Automation			0	-
Memberships			4,000	4,000
Training		915	3,250	4,000
Misc (food, etc.)		4,338	5,500	5,500
	<u>41,500</u>	<u>30,946</u>	<u>43,750</u>	<u>64,500</u>
TOTALS - Base Grant	<u>2,550,004</u>	<u>1,625,028</u>	<u>2,068,576</u>	<u>2,750,000</u>
HCH/FH PROGRAM TOTAL	<u>2,550,004</u>	<u>1,625,028</u>	<u>2,068,576</u>	<u>2,750,000</u>
PROJECTED AVAILABLE	BASE GRANT		481,428	5,504
				based on est. grant of \$2,750,004

Does not include AIMS or QI award for 2017,
nor carryover of DSHII & QI awards from 2016
(approx. \$287,000).