

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

San Mateo Medical Center| 2<sup>nd</sup> floor, Board Room  
February 8, 2018, 9:00 A.M - 11:00 A.M.

**AGENDA**

<b>A. CALL TO ORDER</b>	Brian Greenberg	<b>9:00 AM</b>
<b>B. CHANGES TO ORDER OF AGENDA</b>		<b>9:10 AM</b>
<b>C. PUBLIC COMMENT</b>		<b>9:10 AM</b>
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.		
<b>D. CLOSED SESSION</b>		<b>9:15 AM</b>
1. Closed Session this meeting		
<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>		
<b>E. CONSENT AGENDA</b>	Linda Nguyen	<b>TAB 1 9:20 AM</b>
1. Meeting minutes from January 11, 2018		
<b>F. BOARD ORIENTATION</b>		
1. Board Orientation	Linda/Jim	<b>TAB 2 9:25 AM</b>
<b>G. BUSINESS AGENDA:</b>		
1. Service Contract Approvals	Jim/Elli	<b>TAB 3 9:55 AM</b>
<i>i. Action Item – Request to Approve Samaritan House Contract</i>		
<i>ii. Action Item – Request to Approve PHPP Street and Field Medicine MOU</i>		
<i>iii. Action Item – Request to Approve PHPP Mobile Clinic and Expanded Services MOU</i>		
2. Subcommittee reports	Jim/Elli	<b>TAB 4 10:00 AM</b>
<i>i. Action Item- Finance Committee recommendation</i>		
<i>i. Request to Approve Spending Strategies</i>		
<i>ii. Action Item- Staffing Committee recommendations</i>		
<i>i. Request to Approve Clinical job description</i>		
<b>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.</b>		
<i>ii. Request to Approve Resolution on permanent MA position</i>		
3. Sliding Fee scale- update on FPL		
<i>i. Action Item- Request to Approve updated SFS</i>	Jim Beaumont	<b>TAB 5 10:10 AM</b>
<b>H. REPORTING AGENDA:</b>		
1. Consumer Input	Linda Nguyen	<b>TAB 6 10:15 AM</b>
2. HCH/FH Program QI Report	Frank Trinh	<b>TAB 7 10:25 AM</b>
3. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 8 10:40 AM</b>
4. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 9 10:50 AM</b>
a) Budget/Finance		
<b>BOARD COMMUNICATIONS AND ANNOUNCEMENTS</b>		
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have 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.		
<b>OTHER ITEMS</b>		
1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated)		
<i>Next Regular Meeting March 8, 2018; 9:00 A.M. – 11:00 A.M. Ravenswood, EPA</i>		
<b>H. ADJOURNMENT</b>	Brian Greenberg	<b>11:00 AM</b>

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

**TAB 1**  
**Meeting Minutes**

**Request to Approve**  
**(Consent Agenda)**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (January 11, 2018)  
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair  
Robert Anderson, Vice Chair  
Allison Ulrich  
Mother Champion  
Tayischa Deldridge  
Steve Carey  
Kathryn Barrientos  
Gary Campanile  
Christian Hansen  
Steven Kraft  
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

Absent: Dwight Wilson


ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:02</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	Announcement about upcoming Half Moon Bay encampment clean up. Discussion to hold meetings offsite quarterly (RFHC, Maple Street)	
Closed session  <b>Request to Approve C&amp;P list</b>	<b>Action item: Request to Approve Credentialing and Privileging List</b>	Motion to Approve C&P list <u>MOVED</u> by Steve Kraft <u>SECONDED</u> by Tay, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from December 14, 2017) were approved.  Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Steve Carey <u>SECONDED</u> by Gary, and APPROVED by all Board members present.
Business Agenda:  RFP report and service contracts <b>Request to Approve Service Contracts</b>	Program staff met with Puente staff in discussing the continuation of current services and clarifying the new additional care coordination efforts for dental services for farmworkers and their family members in the Pescadero area. The proposal essentially called for the continuation of the currently provided care coordination, health coverage eligibility assistance services and additional efforts in dental care coordination in collaboration with Sonrisas Dental Health Inc. They proposed an 80% increase from 100 to 180 individuals in care coordination, a decrease from 50 to 20 individuals in intensive care coordination, and decrease from 180 to 170 individuals for health coverage eligibility assistance. <b>Action item: Request to Approve Puente Enabling Contract</b> Please refer to TAB 2	Motion to Approve Puente's Enabling contract <u>MOVED</u> by Robert <u>SECONDED</u> by Allison, and APPROVED by all Board members present.

	<p>Discussion on Samaritan Houses' contract to continue care coordination services at Safe harbor shelter. Discussion included adding costs for training and attending conferences. Present Board members approved staff working directly with Samaritan House to negotiate the terms of the contract. Staff will present the draft contract at next Board meeting for review and approval.</p>	
<p>Business Agenda: <b>Request to Approve Amend By-Laws</b></p>	<p>In accordance with Article 15: Amendments of the Board's Bylaws, the Board members were noticed as part of the December 14, 2017 meeting of the intent to request an amendment to the Bylaws at the January 11, 2018 meeting, thereby providing the required fourteen (14) day notice. During previous Board meetings there was discussion on amending the By-laws regarding attendance and omitting the words "acceptable absence" to ensure that Board members attend meetings as required and be given notice if there are multiple absences. Board members approved the proposed revisions with additional revision to take out words "without acceptable" from Article 9 second paragraph.</p> <p><b>Action item: Request to Approve Amend By-Laws</b> <i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p><b>Request to Approve Amend By-Laws with revision to delete "without acceptable"</b> <u>MOVED</u> by Kat <u>SECONDED</u> by Tay, and APPROVED by all Board members present</p>
<p>Conference Travel request</p>	<p>Board member Gary Campanile submitted a request with budget to attend the 2018 Western Migrant conference in Seattle. Currently the Board's policy states "For national events held outside of California: equivalent of full travel reimbursement of up 2 Board members" Gary's full budget request was approved.</p> <p><b>Action item: Request to Approve Travel request for Board member (Gary)</b></p> <p>Staff presented a conference/travel request to attend NHCHC in MN from a current San Mateo Medical Center Social worker that has extensive experience working with the homeless population. There was a lengthy discussion on approving partial or all of the budget, as well as holding this request to see if there were going to be additional requests to attend this conference by other non-Board/staff. <b>Majority of Board members approved full funding of Denise Chun's budget requests.</b> <b>Action item: Request to Approve Travel request NHCHC for non Board/staff (Denise Chun)</b></p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p><b>Request to Approve Travel request (Gary)</b> <u>MOVED</u> by Steve Kraft <u>SECONDED</u> by Steve Carey, and APPROVED by all Board members present</p> <p><b>Request to Approve Travel request (Denise Chun)</b> <u>MOVED</u> by Christian <u>SECONDED</u> by Steve C., Abstained- Tay, Steve Kraft and APPROVED by remaining Board members present</p>
<p>Reporting Agenda: Consumer Input</p>	<p>Discussion about National Homeless Persons' Memorial Day (HPMD) – commemorated annually since 1990 on or about December 21, the first day of winter and longest night of the year – communities across the country come together to remember those who have died without stable housing, to reflect on the shocking inhumanity of homelessness, and to call for meaningful policy changes to ensure that no life is lived or lost in homelessness.</p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	

<p>Regular Agenda: HCH/FH Program QI Report</p>	<p>The next HCH/FH Program QI Committee meeting will be on January 18, 2018. There are no other updates at this time</p> <p><i>Please refer to TAB 6 on the Board meeting packet</i></p>	
<p>Regular Agenda: HCH/FH Program <b>Directors report</b></p>	<ul style="list-style-type: none"> <li>• There is no specific update on funding as Congress has continued to work with continuing resolutions for the federal fiscal year funding.</li> <li>• The County is continuing negotiating a contract with Eccovia for their ClientTrack Case Management software. Meetings have already begun to address the details of the scope of the project, which Program staff has been involved in. Preliminary indications are that the HCH/FH Program would transition to/implement the ClientTrack system effective for January 2019.</li> <li>• We continue to work through the RFP/contracting process. A number of agreements are elsewhere on today's agenda for Board action.</li> <li>• We have submitted the requested information to the SMMC HR Office and are awaiting their response on next steps.</li> <li>• Calendar updates includes upcoming conferences in Seattle and NHCHC in MN</li> </ul> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget &amp; Financial Report</i></p>	<p>Grant expenditures to date – through December 31, 2017 – currently reported as \$ 1,837,387. This is a preliminary figure as complete closing for December has not yet been completed. We expect some small increase in the final total.</p> <p>As reported last month, this also does not include the 2017 AIMS (\$175,700) and QI (\$25,596) awards, nor the approved carryover of the QI (\$35,556) award 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 in the expenditure report.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>  10:20 am  </u></p>	<p>Brian Greenberg</p>

**TAB 2**

**Board  
Orientation**




## Board Requirements and Beyond: How to Build an HCH Board that Meets Requirements and Exceeds Expectations

NHCHC Learning Lab  
June 24, 2017

**Presenters:**

- ▶ Jenny Metzler MPH, Albuquerque Health Care for the Homeless Program 505-7671184  
[jennymetzler@abqhch.org](mailto:jennymetzler@abqhch.org)
- ▶ David Modersbach, Alameda County Health Care for the Homeless Program 510-667-4487  
[david.modersbach@acgov.org](mailto:david.modersbach@acgov.org)
- ▶ Vincent Keane, Unity Health Care 202-715-6562  
[vkeane@unityhealthcare.org](mailto:vkeane@unityhealthcare.org)
- ▶ Amy Sparks CCM, Alabama Regional Medical Services 205-323-5311 [asparks@arms.healthcare](mailto:asparks@arms.healthcare)
- ▶ Michael Durham MTS, Technical Assistance Manager National Health Care for the Homeless Council, 615-226-2292 [mdurham@nhchc.org](mailto:mdurham@nhchc.org)




## Why does a Community Health Center Have a Governing Board? Reason #1

Roots of Federal Health Center Program 1965-75:  
Community-based Health Care:

*“The health center model that emerged targeted the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics in both rural and urban areas around America. It was a formula that not only empowered communities to establish and direct health services at the local level via consumer-majority governing boards, but also generated compelling proof that affordable and accessible healthcare produced compounding benefits.”*

Watch some video clips:  
<https://vimeo.com/118063052>

Jack Geiger



## Core Elements of Community Health Centers

- ▶ Located in High-Need Areas
- ▶ Provide Comprehensive Services
- ▶ Ensure Services to All
- ▶ Accountable in Performance and Operation
- ▶ **Governed by Population they Serve:**

Health centers are governed by patient-majority boards that represent people served at the center and ensure accountability to the local community.

The goal is to have a board of directors that is diverse to ensure a broad range of perspectives and good dialogue, and who collectively have the values, competencies, and commitment required to govern the health center effectively.

## Why does a Community Health Center Have a Governing Board?

### Reason #2

Compliance with HRSA health center requirements.

All health center, including 330(h) and Public Entity Health Centers must follow all HRSA 19 Program Requirements, including governance.

HRSA Draft Health Center Compliance Manual (see Chapters 19- 20):

<https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>



## Board Responsibilities & Requirements

- ▶ HRSA Policy Information Notice 2014-01
  - ▶ “Health Center Program Governance”
    - ▶ <http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>
- ▶ Hold **monthly** meetings and maintain records/minutes verifying board functioning
- ▶ **Approve** applications for health center grants and Changes In Scope.
- ▶ Approve the annual health center **budget** and audit
- ▶ Long term **strategic planning** (including regular updating of the health center’s mission, goals and plans as appropriate)
- ▶ **Evaluate** the health center’s progress in meeting its annual and long-term goals

## Board Responsibilities & Requirements

- ▶ Selecting **services** provide by health center, including location and mode of delivery.
- ▶ Determining **hours** during which services are provided at the health center sites
- ▶ Approving the selection/dismissal and evaluate performance of the health center’s **CEO/Program Director**
- ▶ Establishing **general policies and procedures** for the health center that are consistent with the health center program requirements.
- ▶ **Privileging/Credentialing** of health center providers

## Board Responsibilities & Requirements

### Board Composition

- ▶ 51% of members of the board must be individuals served by the health center
- ▶ Patient board members must have accessed the health center in the past 24 months, and represent the population served by the health center in terms of race, ethnicity, sex and housing status.
- ▶ No more than ½ of the non-patient representatives may derive more than 10% of their annual income from the health care industry
- ▶ No board member shall be an employee of the health center or an immediate family member of an employee. The Program Director may serve only as a non-voting ex-officio member of the board.

## HCH Grantees within Jointly Funded Projects (330(e)+ (h))

Jointly-funded CHC's are not allowed governance waivers. Health center Board must have majority of health center consumers.

At least one member must represent homeless target pop.

Avoid solo HCH consumer becoming token:

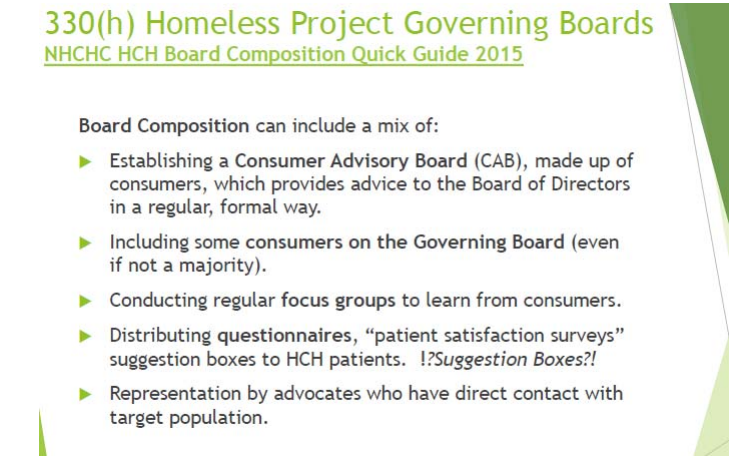
- ▶ Include more homeless reps on Board
- ▶ Maintain active Consumer Advisory Board
- ▶ Create Active CAB, linked to Board
- ▶ Peer Mentoring processes to support Board members

## 330(h) Homeless Project Governing Boards

NHCHC HCH Board Composition Quick Guide 2015

Board Composition can include a mix of:

- ▶ Establishing a Consumer Advisory Board (CAB), made up of consumers, which provides advice to the Board of Directors in a regular, formal way.
- ▶ Including some consumers on the Governing Board (even if not a majority).
- ▶ Conducting regular focus groups to learn from consumers.
- ▶ Distributing questionnaires, “patient satisfaction surveys” suggestion boxes to HCH patients. *!Suggestion Boxes?!*
- ▶ Representation by advocates who have direct contact with target population.



## Public Entity-based Health Centers

Key Responsibilities: Public Agency Vs. Co-Applicant Board

Health Center (Grantee)  
Local Health Dep't/Hospital/etc.

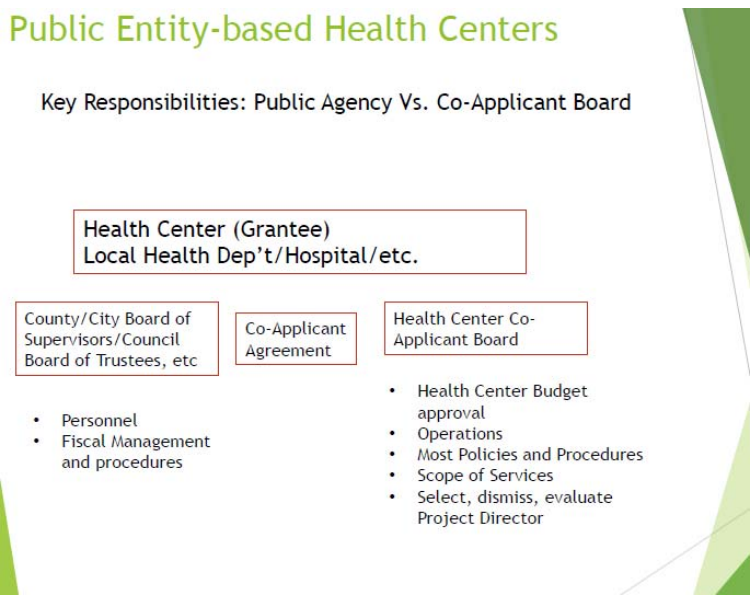
County/City Board of Supervisors/Council Board of Trustees, etc

Co-Applicant Agreement

Health Center Co-Applicant Board

- Personnel
- Fiscal Management and procedures

- Health Center Budget approval
- Operations
- Most Policies and Procedures
- Scope of Services
- Select, dismiss, evaluate Project Director



## What Does It Mean To Govern?

- ▶ 1. Define and Preserve the Mission
  - ▶ Mission statement
    - ▶ Do you understand, commit to and clarify the mission
    - ▶ Do you set goals and objectives to carry out the mission?
- ▶ 2. Make Policy
  - ▶ Board sets the policy; staff carry out the procedures



## What Does It Mean To Govern?

- ▶ 3. Safeguard the Assets of the Health Center
  - ▶ Fiduciary Responsibility
  - ▶ Center Finances, Budget, Annual Audit, Facility
    - ▶ <https://oig.hhs.gov/compliance/compliance-guidance/docs/practical-guidance-for-health-care-boards-on-compliance-oversight.pdf>
  - ▶ Personnel (CEO/ED)
- ▶ 4. Select and Evaluate the CEO
  - ▶ Responsible for day to day operations (delegate)
  - ▶ Clear concise job description (signed)
  - ▶ Evaluate according to the document



## What Does It Mean To Govern?

- ▶ 5. Monitor and Evaluate Center (and Board) Performance
  - ▶ Is the health center meeting the mission?
  - ▶ How does the center know whether its meeting the mission?
  - ▶ What reports does board receive that can base whether the center is meeting the mission?
- ▶ Annual Board Self-Evaluation
  - ▶ Look at board meeting responsibilities
  - ▶ Does the board of directors interact with the CEO/ED, community and each other?
  - ▶ What are the board goals? What are the health center goals?

## What Does It Mean To Govern?

- ▶ 6. Strategic Planning
  - ▶ 1-3 year plan
  - ▶ Emphasis on STRATEGY, less on PLAN
  - ▶ Keep an eye on the future and preparing for it?
    - ▶ Expansion/Collapse of Medicaid?
    - ▶ Payment changes?
  - ▶ Written goals and objectives WITH timelines
  - ▶ Implement the plan
- ▶ 7. Tell the Health Center's Story

## Delineation Between CEO & Board

Board Role	CEO's Role
Develop Mission Statement	Communicate Mission Statement
Guide Strategic/Long-Range Planning	Implement Strategic/Long-Range Planning
Establish/Approve Policy	Implement Policy
Select and Evaluate Qualified Chief Executive Officer	Ensure Timely and Accurate Reporting to Board on Achievement of Organizational Goals and Objectives
Evaluate Center Operations	Manage Center Operations
Review Quality of Care	Monitor Quality of Care
Represent Community Interest	Represent Health Center Needs

## FRAMEWORK FOR VIBRANT HCH BOARDS



## OTHER EVIDENCE THAT A BOARD IS HIGH PERFORMING!

- ▶ Agility to foster dissent
- ▶ Willingness to address/resolve conflict
- ▶ Clear understanding of the respective roles of Board and management
- ▶ Everyone needs to leave EGO's at the door
- ▶ Chair/CEO relationship
- ▶ Individual accountability
- ▶ Annual Board self evaluation

### ASKING:

- ▶ What values will guide our decision making?
- ▶ What is strategic - and what is operational?
- ▶ What are the deepest aspirations that we have for the mission of the organization that we govern?
- ▶ Being a Board member is a unique privilege and responsibility

## Helpful Resources

### NHCHC Board Resources

*A Quick Guide on Board Composition for Health Care for the Homeless Projects:* <http://www.nhchc.org/wp-content/uploads/2015/01/hch-board-composition-quick-guide-final-formatted.pdf>

*A Quick Guide on Consumer Engagement in Governance of HCH Projects:* <https://www.nhchc.org/wp-content/uploads/2016/11/quick-guide-on-consumer-engagement-formatted.pdf>

Archived Webinar: Consumer Involvement in Governance: <https://www.nhchc.org/2014/03/webinar-consumer-involvement-in-governance/>

Archived Webinar: Public Entity Co-Applicant Arrangements: <https://www.nhchc.org/2013/02/public-entity-hch-grantees-and-co-applicant-arrangements/>

### Consumer Advisory Board Resources

Consumer Advisory Board Manual: [http://www.nhchc.org/wp-content/uploads/2011/09/NCAB\\_Manual-rev-Jan10.pdf](http://www.nhchc.org/wp-content/uploads/2011/09/NCAB_Manual-rev-Jan10.pdf)

Summary of HCH Consumer Governance Requirements: <http://www.nhchc.org/wp-content/uploads/2011/09/ConsumerGovernSumm.pdf>

## Helpful Resources (External)

### HRSA Governance PIN

<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>

HRSA Draft Health Center Compliance Manual (see Chapter 19-20):

<https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>

### NACHC Governance Materials

- ▶ <http://www.nachc.org/trainings-and-conferences/governance/>
  - ▶ NACHC Health Center Governing Board Workbook
  - ▶ NACHC Public Centers Governance Monograph 2014
  - ▶ Create an account with NACHC (free) to download resources



**San Mateo Medical Center  
Board of Trustees  
Self-Evaluation Survey**

Please rate each item below on a scale of 1 to 5 where: **1=Strongly Disagree** and **5=Strongly Agree**.  
If a question does not apply to you, please skip it and go on to the next one.

***Space has been provided at the end of the survey for your comments. It would be especially helpful to our improvement efforts if you would provide written comments on any items you rated 3 or lower. Thank you.***

***Please rate your satisfaction with the following statements:***

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
1. I understand my role as a board member within the context of the San Mateo Medical Center Mission, Vision, Values and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The board's membership includes the presence of sufficient expertise to address the areas of:					
a. quality (quality of care and service quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. physician relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. healthy communities/community need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. care for the poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have sufficient information/knowledge to actively participate in board discussions and make informed decisions about the areas of:					
a. quality (quality of care and service quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. physician relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. healthy communities/community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. care for the poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The composition of the board and its committees reflects the diversity of the community it serves.					
a. Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experience in dealing with a variety of socio-economic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**San Mateo Medical Center  
Board of Trustees  
Self-Evaluation Survey – Page 2**

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	Strongly Disagree				Strongly Agree
	1	2	3	4	5
5. The mission and values of the organization are integrated into board discussions and policy decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Board meetings provide for full and free interchange of ideas and opinions before decisions are reached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The board focuses more attention on long-term strategic policy issues than on short-term administrative matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have sufficient knowledge of health care issues to make informed decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sufficient board educational opportunities are provided to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>(For new board members only)</b> My orientation prepared me to be an effective board member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The board understands the challenges that changing health care financing arrangements pose for the allocation of resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have sufficient knowledge to fully participate in board discussions on medical staff issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I understand the organization's financial position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The board effectively reviews, approves and assures implementation of annual goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The board effectively monitors the continuous improvement of the quality of care throughout the organization by regularly reviewing:					
a. Patient Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performance Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The board effectively monitors the improvement of the quality of work life of the employees (e.g., promotes mutual respect, participation, equitable compensation, personal growth and effective use of talents among employees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**San Mateo County Homeless and Farmworker Health Program  
Governing Board Self-Assessment**

Health Center Governing Boards are an essential part of ensuring excellent health center services. Boards function as a team to represent the community and bring a range of expertise to the governance of the health center. Boards are responsible for establishing the health center mission, guiding strategy, evaluating achievements, ensuring compliance with laws and regulations, setting key policies and hiring evaluating and (if necessary) dismissing the Executive Director. This self-assessment is designed to assist the Governing Board determine areas where it is operating effectively as well as areas needing improvement. The results of the assessment can be used to change Board operations and/or plan for Board education.

Please read the following questions and indicate whether you feel the Board adequately functions in each of these areas. For areas you feel need improvement, please provide recommendations.

<b>Questions</b>	<b>Yes</b>	<b>Needs Improvement</b>	<b>Don't Know</b>	<b>Comments/ Recommendations/ Questions</b>
<b>A. Mission/Purpose</b>				
1. Board members can articulate and understand the health center's mission?				
<b>B. Board Composition</b>				
2. Board membership is in compliance with the bylaws and section 330 regulations?				
3. Expertise on the Board is diverse and adequate to carry out responsibilities?				
4. No Board member is an employee or family member of an employee of the Homeless and Farmworker Health Program or SMMC?				
5. The Board receives sufficient input from patients?				
<b>C. Board Meetings and Structure</b>				

6. Board meetings monthly with a quorum at each meeting?				
7. Appropriate committees are in place and functioning effectively?				
8. Board members evidence commitment by regularly attending Board and committee meetings?				
9. Board meetings start and end on time?				
10. Board meetings follow the agenda and are operated under agreed upon rules?				
11. Adequate material/information is distributed in advance of meetings and members come prepared to discuss issues?				
12. Key management staff are present and report at meetings and act as resources for Board decisions?				
13. Minutes are recorded and distributed for all Board meetings?				
<b>Board Development</b>				
14. The Board has a good process, following the bylaws, for identifying and recruiting new board members?				
15. There is a comprehensive orientation package and process for integrating new members?				

16. The Board retains members for their elected term?				
17. Annual training and development opportunities are provided for all Board members?				
18. The Board conducts a self-assessment at least annually?				
<b>Board Authority</b>				
19. The Board reviews and approves as needed key policies (at least every 3 years): a) Siding fee discount program including any nominal fee (s) b) Billing and collections (fee reduction/waiver and refusal to pay) c) Quality Improvement?				
20. The Board approves: a) The annual health center program budget b) Grant applications and changes in the Scope of Project c) Services, locations, hours of operation, including decisions to sub-award or contract for services?				
21. The Board selects evaluates (and if necessary) dismisses the CEO/Project Director. All other staff are hired by the CEO or her/his delegate?				
22. The Board evaluates the				

performance of the health center and ensures appropriate follow-up action related to: a) Project objectives b) Service utilization c) Quality of care d) Efficiency and effectiveness e) Patient satisfaction including patient grievances?				
23. The Board ensures strategic planning is conducted (at least every 3 years) and monitors progress?				
24. The Board monitors the financial status of the health center?				
25. The Board has written policies regarding conflict of interest?				

**Questions for individual Board members**

1. Do you feel you have adequate understanding of your obligations, responsibilities and opportunities for growth as a Board member? Yes\_\_\_ No\_\_\_. *If no*, What additional information/training would help you to better function as a Board member?

2. Do you feel you have adequate understanding of the goals of the federal Community Health Center Program and of the health center's mission and long term plans? Yes\_\_\_ No\_\_\_.  
*If no*, What additional information would help you improve your understanding?

3. What do you feel are your strongest areas of expertise based on your background and experience?

Budget/Finance\_\_    Legal Affairs\_\_    Clinical\_\_    Community Needs/Issues\_\_

Planning\_\_    Marketing/Public Relations\_\_    Government Relations\_\_

Fundraising\_\_    Social Services\_\_    Homelessness\_\_    Farmworkers\_\_

Other (specify)\_\_\_\_\_

## Self Assessment for the Board

By Jan Masaoka

At a regular physical check-up, the doctor may begin by asking the patient, "How are you feeling?" The answer is important. Although some patients may feel well but have a hidden disease, the patient's own sense of well being is still an important indicator. In a similar way, when a board asks itself, "How do we feel about our board and our organization?" the answer is a useful indicator, if not an error-proof test. An annual poll of board members lets the board get a sense of how its members feel. There are many such surveys, but here's a short one you can try.

Give board members a scale to choose from for each answer, such as 1 - 5 , with 1 being Not Confident and 5 being Very Confident. You might also ask your executive director (and other staff who frequently work with the board) to fill out a similar survey, and then use the results of both to kick off a discussion where people reflect on the survey results and establish objectives for the year about board activities.

### **BOARD SELF-ASSESSMENT SURVEY**

Please rate your assessment of the Board of Directors' performance on a scale of 1 – 5, with **1 = Not At All Confident**, and **5 – Very Confident**.

**How confident are you that as an effective governing body, the board:**

1. Monitors and evaluates the performance of the executive director on a regular basis?
2. Ensures legal compliance with federal, state, and local regulations?
3. Ensures that government contract obligations are fulfilled?
4. Monitors financial performance and projections on a regular basis?
5. Has a strategic vision for the organization?
6. Has adopted an income strategy (that combines contributions, earned income and other revenue) to ensure adequate resources?
7. Has a clear policy on the responsibilities of board members in fundraising?
8. Has adopted a conflict of interest policy that is discussed regularly?
9. Currently contains an appropriate range of expertise and diversity to make it an effective governing body?
10. Regularly assesses its own work?



**How confident are you that most or all board members:**

11. Understand the mission and purpose of the organization?
12. Are adequately knowledgeable about the organization's programs?
13. Act as ambassadors to the community on behalf of the organization and its constituencies?
14. Follow through on commitments they have made as board members?
15. Understand the role that volunteers play in the organization?
16. Understand the respective roles of the board and staff?
17. Are appropriately involved in board activities?

Please comment:

18. What information—whether about the organization, the field (such as immigration), nonprofit management or nonprofit boards—would you like to get to help you be a better board member?
19. When you joined the board, did you have ideas on how you would help the organization that haven't happened? If so, what ideas?
20. What suggestions/questions do you have for the board chair or the executive director about the board, your own role, or any other aspect of the organization?
21. Would you like the board chair to contact you about getting together?
22. Would you like the executive director to contact you about getting together?

**TAB 3**

**Service  
Contract  
Approvals**

DATE: February 8, 2018

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 SAMARITAN HOUSE

The HCH/FH Program received a proposal from Samaritan House in response to our RFP for the continuation of Care Coordination services for the Homeless at Safe Harbor Shelter. After review and evaluation, we opened discussion with Samaritan House on the parameters of a contract based on the proposal. This request is for the Board to take action to approve the execution of this agreement with Samaritan House.

The proposal essentially called for the continuation of currently provided care coordination services for the homeless. Services include care coordination, health care navigation, patient and community education, transportation, referral services to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and other enabling services for homeless individuals at Safe Harbor Shelter. Program is recommending funding an increase in amount over the proposal request due to estimated cost for the inclusion of training and conference expenses for staff plus additional client travel.

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 \$81,000 each year, for a total contract value of \$243,000.

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

	2017 (current)		2018-2020 (proposed)	
	Patient#	Payment	Patient#	Payment
Care Coordination	150	\$340/patient	200	\$380/patient
Intensive CC	25	\$525/patient	10	\$500/patient
<b>Total Funding</b>	<b>\$118,050</b>		<b>\$81,000 Per Year \$243,000 Total for 3 years</b>	

Attachments:  
Exhibit A & B for Samaritan House Enabling Services



## Samaritan House

### EXHIBIT A

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

*Each reporting period shall be defined as one (1) calendar year running from January 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/Farmworker Health (HCH/FH) Program is contracting with Samaritan House for a full range of enabling services to homeless individuals, centered on health care coordination and patient education. Samaritan House, through Safe Harbor Shelter, will provide care coordination, health care navigation, patient and community education, transportation, referral services to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and other enabling services as defined by BPHC and as necessary for the client, to at least **210 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

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

**OBJECTIVE 1:** Provide initial assessments and on-going health care coordination services to a minimum of **210** homeless individuals in order to better access primary care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **360** on-going health care coordination encounters will be provided to these 210 individuals, and each patient shall have a minimum of at least one such encounter.

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.

Health care services delivery is provided upon individual's consent.

**OBJECTIVE 1.1:** Intensive Care Coordination- Of the 210 homeless individuals served, assist at least **10** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program

contractors. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of **30** on-going encounters will be provided to these 10 individuals.

Each care coordination encounter must meet BPHC criteria for a case management visit to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines a case management encounter (visit) as an encounter between a case management provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems. These encounters must be face-to-face with the patient. Third party interactions on behalf of a patient are **not** counted in case management encounters.

**Outcome Measure 1.A:** All (100%) homeless clients will receive an assessment to identify medical, dental, behavioral health (mental health and AOD services), and other health care needs.

**Outcome Measure 1.B:** Of those clients identified with having a health care need, at least 95% will receive ongoing care coordination services and will create individualized health care case plans.

**Outcome Measure 1.C:** Of those clients receiving ongoing care coordination services, at least 70% will complete their health care case plan.

**Outcome Measure 1.D:** Of the homeless individuals that do not currently have a medical home, a minimum of 60% will establish medical homes, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

**Outcome Measure 1.E:** All homeless clients with a health care need will be linked and referred to health care services as identified in their health care case plan. At least 70% of clients with scheduled primary care appointments will attend at least one of these appointments.

**OBJECTIVE 2:** Provide clients with health education program to increase knowledge of healthy behaviors and increase awareness of available resources in the community. Health education program will include information regarding nutrition, HIV/AIDS and STD/STI testing, tobacco cessation, Well Body program, etc.

**Outcome Measure 2.A:** At least 70% of clients with an identified health care need will participate in the health education program at Safe Harbor.

**Outcome Measure 2.B:** A minimum of 85% will improve their knowledge of healthy behaviors as evidenced by pre- and post-test results.

## RESPONSIBILITIES:

The following are the contracted reporting requirements that Samaritan House must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from Contractor 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.

**Site visits** will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. 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.

**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 10<sup>th</sup> 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 by the following dates: April 16, July 16 and October 15 of 2018/2019/2020 and January 15, 2019/2020/2021.

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

In response to **staff turn-over**, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

If determined by the County, the contract may require entering into an amendment upon County's review of the contract expenditure after the second quarter of the contract period.

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

## EXHIBIT B

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

County shall pay Contractor at a rate of \$380.00 for each unduplicated homeless individual invoiced per reporting period, for delivery of enabling services, up to the maximum of 200 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$500.00 for each new (client not currently receiving or participating in any health program) unduplicated homeless individual invoiced, per reporting period, for delivery of intensive care coordination services, up to the maximum of 10 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

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

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 FORTY-THREE THOUSAND DOLLARS (\$243,000).

### Budget Overview

	<b>Service</b>	<b>Unduplicated Maximum</b>	<b>Payment per Unit</b>
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	200 patients	\$380/patient
	Intensive Care Coordination	10 patients	\$500/patient

DATE: February 8, 2018

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 PUBLIC HEALTH, POLICY AND HEALTH DIVISION FOR STREET AND FIELD MEDICINE SERVICE

Program received a proposal from Public Health, Policy and Planning Division (PHPP) in response to our issued RFP for the continuation of Primary Care Street and Field Medicine Services for the Homeless and Farmworkers. Upon the RFP Evaluation Committee's recommendation, Program staff met with PHPP staff in discussing the continuation of current street and field medicine services and clarifying the new additional women's health efforts for the farmworkers and their family members in the Pescadero area. After discussion and evaluation, Program drafted an agreement with PHPP on the parameters of a MOU based on the proposal.

The proposal essentially called for the continuation of the currently 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. In addition, they proposed additional women's health services for the farmworkers every other week in Pescadero in collaboration with Puente de la Costa Sur. They proposed an 8% increase from 125 to 135 individuals.

Included with this request is the draft MOU agreement. The proposed MOU is for one (1) year from January 1, 2018 through December 31, 2018. The value of the agreement is for a total contract value of \$249,750.

**This request is for the Board to approve the proposed MOU with PHPP for Street and Field Medicine Service. It requires a majority vote of the Board members present to approve this action.**

	2017		2018 (proposed)	
	Patient#	Payment	Patient#	Payment
Primary Care Services – Street Medicine	125	\$1,750/patient	135	\$1,850/patient
<b>Total Funding</b>		<b>\$218,750</b>		<b>\$249,750</b>

Attachments:

- MOU for PHPP Street Medicine





Memorandum of Understanding Between  
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 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, at rural farms, and other places in San Mateo County where there are individuals who are homeless, at-risk of being homeless, farmworkers and farmworker family members.

**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, behavioral health care, and supportive and enabling services to individuals and families who are homeless or at-risk of being homeless, and to the farmworker community in San Mateo County. In order to ensure access to a continuum of services for individuals in the homeless and farmworker communities, the HCH/FH Program utilizes federal (330(h & g)) funding for the purpose of providing Primary Health Care Services to these individuals through the Public Health, Policy and Planning Division .

**II. Goals and Objectives**

**Goal:** The Street and Field Medicine Service is an initiative of the San Mateo County Health Care for the Homeless/Farmworker Health Program and the Public Health Mobile Clinic. The Public Health Mobile Clinic's 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 135 unduplicated street homeless and farmworker individuals in the field where they live and work throughout San Mateo County through 270 encounters.

**Objective 1:** To provide initial Primary Care services in the field to 135 unduplicated unsheltered street homeless, farmworker, and farmworker family member individuals who are not accessing existing medical resources or otherwise in immediate need through 270 encounters.

**Outcome Measure a)** At least 75% (102) 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:** 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)** At least 75% (102) 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:** 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)** 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)** 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:** To provide appropriate referrals to Primary Care clinical services to unsheltered street homeless, farmworker, and farmworker family member individuals who do not have an established Primary Care Provider.

**Outcome Measure a)** At least 50% (68) of unsheltered street homeless, farmworker, and farmworker family member individuals seen will be referred to Primary Care services within the San Mateo County Health System.

**Objective 5:** To provide Women's health services to farmworker and farmworker family member women who have limited access to Women's health services.

**Outcome Measure a)** At least 20% of patients will be provided a Cervical cancer Screening/Pap test.

**Outcome Measure b)** As a new service effort, Public Health will count the number of unduplicated women who access the Women's Health Services pilot. As part of the Quarterly Report, Public Health will provide a narrative of the services delivered and the Women's Health pilot experience based on a minimum of 5 chart reviews per quarter. In addition, Public Health will work with the Business Intelligence Group with a goal of implementing and retrieving data for Women's health services, which may include:

- 1) Pap smears/pelvic exams;
- 2) STD screenings and treatments;
- 3) Pregnancy tests and pregnancy option counseling;
- 4) Women's health acute issues (vaginal/pelvic complaints etc.)
- 5) Birth Control counseling and administration of selected method

### **III. Term of Agreement**

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

### **IV. Responsibilities**

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

1. Monitor the performance of the Public Health, Policy and Planning Division 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 Mobile Clinic related to program development, data collection, or other HCH/FH Program related issues as needed.
5. If determined by the HCH/FH, the contract may require entering into an amendment upon HCH/FH's review of the contract expenditure after the second quarter of the contract period.

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

1. All demographic information will be obtained from each homeless and farmworker individual receiving enabling services by the Mobile Clinic during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless and farmworker individuals for whom the Contractor is not reimbursed.**
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 10<sup>th</sup> 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.

9. In response to staff turn-over, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

## **V. Amount and Source of Payment**

The Public Health, Policy and Planning Division will receive \$1,850.00 (ONE THOUSAND EIGHT HUNDRED FIFTY DOLLARS) for each unduplicated individual who meets the homeless and farmworker criteria and receives primary health care services, up to a maximum of 135 unduplicated homeless and farmworker individuals per calendar year. The total amount of HCH/FH funding for primary health services will not exceed \$249,750 (TWO HUNDRED FORTY NINE THOUSAND SEVEN HUNDRED FIFTY DOLLARS).

SIGNATURES

\_\_\_\_\_  
Jim Beaumont, Director of Health Care for the  
Homeless/Farmworker Health Program  
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

\_\_\_\_\_  
Anessa Farber, Finance Services Manager  
Public Health, Policy and Planning Fiscal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cassius Lockett, Director of Public Health,  
Policy and Planning

\_\_\_\_\_  
Date

**DATE:** February 8, 2018

**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 PUBLIC HEALTH, POLICY AND HEALTH DIVISION FOR MOBILE CLINIC AND EXPANDED SERVICES

Program received a proposal from Public Health, Policy and Planning Division (PHPP) in response to our issued RFP for the continuation of primary care on the Mobile Clinic and Expanded Services through Service Connect and Maple Street Shelter. Upon the RFP Evaluation Committee’s recommendation, Program staff met with PHPP staff in discussing the continuation of current mobile clinic and expanded services and clarifying the data collection concerns. After discussion and evaluation, Program drafted an agreement with PHPP on the parameters of a MOU based on the proposal.

The proposal essentially called for the continuation of the currently delivery of preventive and primary medical care services throughout the County, which are accessible and available to homeless individuals residing in shelters, on the streets, in transitional housing programs, other locations where homeless individuals are located, as well as formally incarcerated and homeless individuals receiving services through Service Connect, and accessible at Maple Street Shelter to the homeless residents of Maple Street Shelter for homeless with chronic health issues. Services include high quality medical assessments and treatments, health screening and education, and appropriate Primary Care and Specialty Care referrals. In addition, Program proposed additional data collection efforts in regards to accurately identifying homeless patients served, utilization and capacity of mobile clinic at different sites.

Included with this request is the draft MOU agreement. The proposed MOU is for one (1) year from January 1, 2018 through December 31, 2018. The value of the agreement is for a total contract value of \$532,250.

**This request is for the Board to approve the proposed MOU with PHPP for Mobile Clinic and Expanded Services. It requires a majority vote of the Board members present to approve this action.**

		2017		2018 (proposed)	
		Patient#	Payment	Patient#	Payment
Mobile Clinic	Primary Care Services	1,300	\$225/patient	1,000	\$330/patient
	Equipment		\$15,000		
	Data Collection Plan				\$20,000
	Data Collection Progress Report 1				\$20,000
	Data Collection Progress Report 2				\$10,000
Expanded Services	Primary Care Services for formally incarcerated and homeless individuals, including Maple Street residents	272	\$675/patient	210	\$725/patient
<b>Total Funding</b>		<b>\$495,600</b>		<b>\$532,250</b>	

Attachments:

- MOU for PHPP Mobile Clinic and Expanded Services



Memorandum of Understanding Between  
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 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.

**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, behavioral health care, and supportive and enabling services to individuals and families who are homeless or at-risk of being homeless, and to the farmworker community in San Mateo County. In order to ensure access to a continuum of services for individuals in the homeless and farmworker communities, the HCH/FH Program utilizes federal (330(h & g)) funding for the purpose of providing Primary Health Care Services to these individuals through the Public Health, Policy and Planning Division.

**II. Goals and Objectives**

**Goal:** To provide an array of preventive and primary medical care services throughout the County, which are accessible and available to homeless individuals residing in shelters, on the streets, in transitional housing programs, other locations where homeless individuals are located, as well as formally incarcerated and homeless individuals receiving services through Service Connect, and accessible at Maple Street Shelter to the homeless residents of Maple Street Shelter. The Public Health Mobile Clinic will aim to provide high quality medical assessments and treatments, health screening and education, and appropriate Primary Care and Specialty Care referrals for 1,210 unduplicated homeless and farmworker individuals throughout San Mateo County through 2,420 encounters.

**Objective 1:** To provide primary health care services to a minimum of 1,210 unduplicated homeless individuals residing in a shelter, on the streets, in transitional housing program, or at risk of being homeless through a minimum of 2,420 visits.

Of the total (1,210) at least 210 will be identified as formally incarcerated and homeless individuals receiving services through Service Connect or Maple Street Shelter through 420 encounters. At least 50 unduplicated patients will be seen at Maple Street Shelter (of the 210).

**Outcome Measure a)** At least 80% of the homeless individuals seen will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drug and alcohol, and diabetes. This health screening will be indicated by a primary diagnostic code

of Z00.00, Z00.01 or Z72.1. The screening will include, at a minimum, blood pressure screens, blood sugar screening (if appropriate), height, weight, and BMI.

**Objective 2:** At least 20% of all homeless patient encounters will be related to a chronic disease, including asthma, COPD, diabetes, and hypertension.

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

**Outcome Measure b)** At least 20% encounters during the grant year will be provided to homeless patients seen on the Mobile Clinic with a primary diagnosis of either **Type 1 or Type 2 Diabetes**. At least 20% of the homeless patients with a primary diagnosis of Type 1 or Type 2 diabetes will return for repeat medical visits. These visits include screenings, treatment, and/or Type 1 or Type 2 diabetes recorded as a primary diagnosis. Of those homeless patients with a diagnosis for diabetes and who return for a follow-up visit, at least 90% each year will have their blood sugar tested. Random chart reviews each quarter will be completed to document recent HgA1C levels of these patients. At least 70% of homeless patients diagnosed with Type I or Type II diabetes will have HbA1c levels less than or equal to 9%.

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

**Objective 3: Women's Health-** 100% of homeless women with a positive pregnancy test will be referred to SMMC OB-GYN clinic.

**Outcome Measure a)** The Mobile Clinic will survey women on their interest in being able to receive PAP test on the Mobile Van, and provide ongoing reporting of the survey data as part of the Quarterly Report.

**Objective 4:** To ensure continuity of care and, if needed, referrals to other health and social services.

**Outcome Measure a)** At least 75% of all clients seen at the foot clinic will be referred to Mobile Clinic's RN or Nurse Practitioner for a medical visit.

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

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

**Outcome Measure d)** At least 75% of homeless patients in need of case management and/or eligibility assistance will be referred to LifeMoves.

### III. Term of Agreement

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

### **IV. Responsibilities**

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

1. Monitor the performance of the Public Health, Policy and Planning Division 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 Mobile Clinic related to program development, data collection, or other HCH/FH Program related issues as needed.
5. If determined by the HCH/FH, the contract may require entering into an amendment upon HCH/FH's review of the contract expenditure after the second quarter of the contract period.

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

1. All demographic information will be obtained from each homeless and farmworker individual receiving primary care services by the Mobile Clinic during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless and farmworker 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 10<sup>th</sup> 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.

9. In response to staff turn-over, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.
10. Provide the HCH/FH Program with the schedule of sites and times for the Mobile Vans, and provide updates when that schedule changes, including temporary suspension of the schedule due to staffing, van maintenance, etc.

**V. Amount and Source of Payment**

The Public Health, Policy and Planning Division will receive \$330.00 (THREE HUNDRED THIRTY DOLLARS) for each unduplicated individual who meets the homeless criteria and receives primary health care services, up to a maximum of 1,000 unduplicated homeless and farmworker individuals per calendar year.

The Public Health, Policy and Planning Division will receive \$725.00 (SEVEN HUNDRED TWENTY FIVE DOLLARS) for each unduplicated individual who meets the formally incarcerated and homeless criteria and receives primary health care services, or is a homeless resident of Maple Street Shelter and receives primary health care services at Maple Street Shelter, up to a maximum of 210 unduplicated individuals per calendar year.

The Public Health, Policy and Planning Division will receive \$20,000.00 upon submission of Data Collection plan (due by May 20<sup>th</sup>, 2018) for review and acceptance, \$20,000.00 upon submission of Data Collection Progress Report 1 (due by August 20, 2018) for review and acceptance, and \$10,000 upon submission of Data Collection Progress Report 2 (due by December 15, 2018). Progress Reports will detail action steps taken, research findings, scheduled meetings, and subsequent action steps that will be taken. Progress of retrieving and automating data for collection is dependent on Business Intelligence Group's capacity which is separate from payments tied to Public Health's submission of the Data Collection plan and Progress Reports.

The total amount of HCH/FH funding for primary health services will not exceed \$532,250 (FIVE HUNDRED THIRTY TWO THOUSAND TWO HUNDRED FIFTY DOLLARS).

**Budget Overview**

	<b>Service</b>	<b>Unduplicated Maximum</b>	<b>Payment per Unit</b>
Must be unduplicated across all two categories and invoiced only once in one category	Primary Care Services to Homeless on Mobile Clinic	1,000 patients	\$330/patient
	Primary Care services to formally incarcerated and homeless criteria, or	210 patients total (include 50 patients at	\$725/patient

	is a homeless resident of Maple Street Shelter receives services at Maple Street Shelter	Maple Street)	
Data Collection Plan and Report	Plan (due May 20 <sup>th</sup> , 2018)	1 Report	\$20,000
	Progress Report 1 (due August 20 <sup>th</sup> , 2018)	1 Report	\$20,000
	Progress Report 2 (due December 15, 2018)	1 Report	\$10,000

SIGNATURES

\_\_\_\_\_  
 Jim Beaumont, Director of Health Care for the Homeless/Farmworker Health Program  
 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

\_\_\_\_\_  
 Anessa Farber, Finance Services Manager  
 Public Health, Policy and Planning Fiscal Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Cassius Lockett, Director of Public Health,  
 Policy and Planning

\_\_\_\_\_  
 Date

**TAB 4**  
**Sub-committee**  
**Reports**

DATE: February 8, 2018

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

FROM: Finance sub-committee

SUBJECT: FINANCE sub-committee recommendations

On January 11, 2018, the Finance Committee reviewed the strategies recommended by the Unexpended Funds Committee to avoid unexpended grant funds. The strategies include increasing small grant applications, small capital purchases, modifying contracts after quarter two if contracts are under spending, increasing communication with contractors on spent down, and marketing funding opportunities to other community contacts.

Since the majority of unexpended funds was a result of under expenditure of contracts last year, one strategy that the Unexpended Funds Committee recommended was reviewing and modifying contract amount base on contractor's progress on spent down after the second quarter. Finance Committee reviewed the recommendation and the group was in agreement that Program will review the progress on contract's spent down after second quarter, communicate with contractor on under expenditure and modify contract if appropriate. The Finance Committee also recommended setting a parameter in selecting the contracts for amendment.

**The Finance sub-committee requests the Board to approve the attached Spending Strategies from the Unexpended Funds Committee.**

Attachments:

Unexpended Funds Committee Discussion 12/14/2017



**Unexpended Funds Committee  
Discussion 12/14/2017**

<b>Strategy</b>	<b>Description</b>	<b>Timeline</b>
Small Grant Applications <\$25,000	Examples: Consultants, Evidence-Based Practice (EBP) projects	Q2, Q3
Modify Contracts after quarter 2	Increase/decrease contract amount base on their progress (unduplicated patients), so funding can be re-allocated For increase request, agencies need to submit expense justification on additional cost of services for additional patients	After Q2
Small Capital Purchases		Q3
Communication with Contractors	Unduplicated patients, visits and progress on funding spent report currently being provided in Provider Collaborative meetings with contractors quarterly  Need additional communications with contractors – <ul style="list-style-type: none"> <li>• Include agencies' upper management or appropriate contact</li> <li>• More communication on these progress to date reports</li> <li>• Also regarding contract modification increase or decrease</li> </ul>	
Marketing	Current marketing contacts: CoC Steering Committee, current contractors, QI group, Provider Collaborative group, Small Funding Request contacts, CORE service agencies, DOH, COH, SMMC Clinic Managers, WPC, Directors of all Health System Departments/Divisions  Marketing funding opportunities to other contacts	

DATE: February 8, 2018

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

FROM: Staffing Ad Hoc Committee

SUBJECT: STAFFING AD HOC COMMITTEE RECOMMENDATIONS

The staffing plan submitted by staff was approved at the September 2017 Co-Applicant Board meeting, with request from the Board to approve the job duties/classification of positions before they are hired. During the October 2017 Co-Applicant Board meeting Program staff provided job descriptions for the Planner position and Clinical Support/Coordination positions. The Planner position was approved as submitted. There was a lengthy discussion on the various options for the Clinical/Support position, as a result the Board recommended that a Staffing sub-committee be convened to review and research the various options for the Clinical/support position.

The Staffing Committee held its first meeting on January 11, 2018. The members present were Steve Carey, Gary Campanile, Kat Barrientos, Tay Deldridge and guests Maddy Kane and Frank Trinh. Staff met with Board members to provide general context on current efforts that include some of the limitations the program has working within the County structure to review all available and appropriate job classifications for the Clinical/support position. Discussion consisted of whether the position should have clinical licenses such as RN or whether an administration position with a Masters in Public Health is sufficient. Members felt that another meeting was needed to discuss a recommendation to the Board before the next Board meeting in February.

The Second meeting was convened on January 29<sup>th</sup> with the following members present: Steve Carey, Gary Campanile and Kat Barrientos. Staff presented a draft job description for a "Clinical Services Coordinator" that was crafted using language from a few current county positions. The group was in agreement that the new Clinical job description was appropriate with a minor revision to add "Bilingual in Spanish desirable."

**The Staffing Ad Hoc Committee requests the Board Approve the attached Clinical Service Coordinator position and direct Program to expedite the process to hire this position and work with HR.**

Attachments:  
Position description

**Class Title:** HCH/FH Clinical Services Coordinator

**Bargaining Unit:**

**Class Code:**

**Salary:** \$36.29 - \$45.35 Hourly  
\$2,903.20 - \$3,628.00 Biweekly  
\$6,290.27 - \$7,860.67 Monthly  
\$75,483.20 - \$94,328.00 Annually

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Under general supervision, coordinates, organizes and evaluates program services delivered in a clinic setting; perform a variety of technical tasks and program development and evaluation work related to the planning, implementation and coordination of program services; coordinate functions with other program areas; and do related work as required.

**Examples Of Duties:**

Duties may include, but are not limited to, the following:

- Evaluate program effectiveness against program goals, program requirements, and other regulations; support the Quality Assurance/Improvement Plan including analysis of QA/QI data, identify program problems, present findings and recommend appropriate action.
- Act as liaison with County and community medical and health care resources, other County departments, State and/or other funding sources, commissions, planning councils and advisory boards in support of assigned program/s.
- Ensure program compliance with funding provisions, program goals, current legislation and other regulatory rules governing assigned program(s).
- Provide technical, programmatic and/or fiscal assistance to providers, staff, subcontractors and management, including the development of program policies and procedures and the training of staff.
- Monitor and evaluate the performance in the assigned area, including field monitoring, to ensure conformance with performance goals and program requirements.
- Build and establish relationships between HCH/FH and SMMC clinics & programs, SMC Health System Departments and programs, and other community hospitals, clinics and health care services to address the medical and health needs of the homeless and farmworker populations
- Provide education and support to the HCH/FH staff, medical providers and other staff on the medical needs of the homeless and farmworkers within San Mateo County
- Plan, organize, administer, conduct and evaluate homeless and farmworker health activities and programs.
- Compile and maintain accurate records and files regarding program activities.
- Plan, organize and conduct in-service training on homeless and farmworker health issues.
- Collaborate with management and program staff to write policies and procedures for assigned programs.
- Provide technical assistance and consultation to the related agencies, community groups and other

interest groups.

- Hold meetings, provides information, identify gaps in services and determine clients' needs.
- Prepares a variety of correspondence, periodic and special reports, informational publications, program documentation, policies, procedures and other written materials.
- Perform related duties as assigned.

#### Qualifications:

**Note:** The level and scope of the knowledge and skills listed below are related to job duties as defined above.

#### Knowledge of:

- Principles, practices, and administrative requirements of Federal grant programs, particularly, Public Health Act Section 330 Community Health Center Programs.
- Principles and practices of the specific program area to which assigned.
- Principles and practices of program evaluation and planning.
- Principles and practices of client service delivery and clinical medical care.
- Principles, practices and techniques of administrative and programmatic research, analysis and programming.
- Specialized technical knowledge related to assigned program area.
- Monitoring and evaluating service proposals.
- Methods applied to the collection and evaluation of statistical data.
- Applicable federal, state and local laws, rules and regulations and County and program policies and guidelines.
- Computer applications related to the work.
- Office administrative practices and procedures, including records management and the operation of standard office equipment.

#### Skill/Ability to:

- Monitor, analyze and evaluate program effectiveness.
- Develop, monitor and analyze program performance.
- Compile and analyze data, draw sound conclusions and prepare and present effective reports.
- Analyze, interpret and apply various regulations and requirements.
- Plan, coordinate and implement administrative and programmatic research and analysis.
- Plan, coordinate and conduct training events and projects.
- Establish and maintain effective working relationships with grantors, subcontractors, County staff, elected and appointed officials, the public and others.
- Train staff in work procedures and provide technical and programmatic assistance to staff and subcontractors.
- Communicate effectively, both orally and in writing.

#### Education and Experience:

Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

Master's Degree In Public Health with emphasis on Population Health and Health Disparities; experience in working with homeless and farmworker populations; experience in a clinical setting.

Bilingual in Spanish is desirable



**TAB 5**  
**Sliding Fee Scale**  
**Request to**  
**Approve Updates**  
**according to FPL**

DATE: February 08, 2018

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

FROM: Jim Beaumont, Program Director HCH/FH Program

SUBJECT: REQUEST TO APPROVE REVISIONS TO THE SLIDING FEE DISCOUNT SCHEDULE

One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014 and was later updated on June 9, 2016 based off of OSV report recommendations.

According to the Program's Sliding Fee Discount Program Policy "The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level", the revisions to the Sliding Fee Scale Schedule are based on the updates to the 2018 (FPL) guidelines.

This Action Request is for the Co-Applicant Board to approve revisions to its approved Sliding Fee Discount Program Policy Schedule to make adjustments for the new FPL for 2018.

A majority vote of the members present is necessary and sufficient to approve the request.

Attachments:

- Revised 2018 SFDP Schedule

San Mateo County  
**Health Care for the Homeless/Farmworker Health (HCH/FH) Program**  
 (HRSA 330 Program/FQHC)

**Sliding Fee/Discount Schedule**

Effective February 08, 2018

Monthly Income Thresholds by Family Size for Sliding Fee/Discount Policy Coverage for Service Charges

Poverty Level <sup>+</sup>	0 - 100%	101% - 138%	139% - 170%	171% - 200%	>200%
Family Size					
1	\$1,012	\$1,396	\$1,720	\$2,023	\$2,024
2	\$1,372	\$1,893	\$2,332	\$2,743	\$2,744
3	\$1,732	\$2,390	\$2,944	\$3,463	\$3,464
4	\$2,092	\$2,887	\$3,556	\$4,183	\$4,184
5	\$2,452	\$3,383	\$4,168	\$4,903	\$4,904
6	\$2,812	\$3,880	\$4,780	\$5,623	\$5,624
7	\$3,172	\$4,377	\$5,392	\$6,343	\$6,344
8	\$3,532	\$4,874	\$6,004	\$7,063	\$7,064
For each additional person, add	\$360	\$497	\$612	\$720	\$721
Patient Cost ==>	No Charge	98% Discount	95% Discount	80% Discount	No Sliding Fee Discount <sup>++</sup>

<sup>+</sup> Based on 2018 HHS Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>)

<sup>++</sup> Reduced payments may be available through other state/local funded discount programs.

**TAB 6**  
**Consumer**  
**Input**

## HHS Takes Major Actions to Protect Conscience Rights and Life

On Friday, January 19, 2018, the Department of Health and Human Services (HHS) announced two major actions to protect life and the conscience rights of Americans.

HHS' Centers for Medicare & Medicaid Services (CMS) is issuing new guidance to state Medicaid directors restoring state flexibility to decide program standards. The letter issued today rescinds 2016 guidance that specifically restricted states' ability to take certain actions against family-planning providers that offer abortion services.

Additionally, HHS' Office for Civil Rights (OCR) is announcing a new proposed rule to enforce 25 existing statutory conscience protections for Americans involved in HHS-funded programs, which protect people from being coerced into participating in activities that violate their consciences, such as abortion, sterilization, or assisted suicide.

"Today's actions represent promises kept by President Trump and a rollback of policies that had prevented many Americans from practicing their profession and following their conscience at the same time," said Acting HHS Secretary Eric D. Hargan. "Americans of faith should feel at home in our health system, not discriminated against, and states should have the right to take reasonable steps in overseeing their Medicaid programs and being good stewards of public funds."

"America's doctors and nurses are dedicated to saving lives and should not be bullied out of the practice of medicine simply because they object to performing abortions against their conscience," said OCR Director Roger Severino.

"Conscience protection is a civil right guaranteed by laws that too often haven't been enforced. Today's proposed rule will provide our new Conscience and Religious Freedom Division with enforcement tools that will make sure our conscience laws are not empty words on paper, but guarantees of justice to victims of unlawful discrimination."

### Background

#### *New Draft Conscience Regulation*

- The proposed rule provides practical protections for Americans' conscience rights and is modelled on existing regulations for other civil rights laws.
- The laws undergirding the proposed regulation include the Coats-Snowe, Weldon, and Church Amendments, as well as parts of Medicare, Medicaid, the Affordable Care Act, and others (25 statutes in total).
- The proposed rule applies to entities that receive funds through programs funded or administered in whole or in part through HHS.
- The proposed rule requires, for instance, that entities applying for federal grants certify that they are complying with the above-mentioned conscience-protection statutes.
- Since President Trump took office, OCR has stepped up enforcement of these conscience statutes, many of which saw little to no enforcement activity under the previous administration.
- The proposed rule includes a public comment period of 60 days.
- Friday's proposed rule follows the announcement on Thursday of a new Conscience and Religious Freedom Division in OCR, charged with implementing the proposed regulation as finalized and enforcing statutes that protect individuals and organizations from being compelled to participate in procedures such as abortion, sterilization, and assisted suicide when it would violate their religious beliefs or moral convictions.

#### *New Medicaid Guidance Restoring State Flexibility*

- On Friday, January 19, 2018, CMS issued a State Medicaid Director Letter restoring state flexibility to establish reasonable standards for their Medicaid programs.
- The letter rescinded an April 2016 guidance (State Medicaid Directors Letter #16-005), which limited states' long-standing authority to regulate providers operating within their states.
- The 2016 letter had said that states that attempted to protect the integrity of their program standards by disqualifying abortion providers from their Medicaid programs would come under CMS scrutiny, and would be required to present to CMS evidence of criminal action or unfitness to perform healthcare services.
- As stated in the Friday letter to state Medicaid directors, CMS is concerned that the 2016 letter may have gone beyond merely interpreting what the statute and current regulations require.
- This decision returns CMS policy to what it was prior to the issuance of the 2016 letter.
- States will still be required to comply with all applicable statutory and regulatory requirements, including the requirement that provider qualification standards be reasonable.

The new State Medicaid Directors Letter is here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18003.pdf> - PDF

The conscience regulation can be found in the Federal Register here: <https://www.federalregister.gov/public-inspection/2018/01/19>

<https://www.hhs.gov/about/news/2018/01/19/hhs-takes-major-actions-protect-conscience-rights-and-life.html>

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**TIMES ARTICLE** "HHS Takes Major Actions to Protect Conscience Rights and Life "

By [Ricardo Alonso-Zaldivar / AP](#)

January 19, 2018

(WASHINGTON) — Reinforcing its strong connection with social conservatives, the Trump administration announced Thursday a new federal office **to protect medical providers refusing to participate in abortion, assisted suicide or other procedures on moral or religious grounds. Leading Democrats and LGBT groups immediately denounced the move, saying "conscience protections" could become a license to discriminate, particularly against gay and transgender people.** The announcement by the Department of Health and Human Services came a day ahead of the annual march on Washington by abortion opponents, who will be addressed via video link by President Donald Trump. HHS put on a formal event in the department's Great Hall, with Republican lawmakers and activists for conscience protections as invited speakers.

The religious and conscience division will be part of the HHS Office for Civil Rights, which enforces federal anti-discrimination and privacy laws. Officials said it will focus on upholding protections already part of federal law. Violations can result in a service provider losing government funding.

No new efforts to expand such protections were announced, but activists on both sides expect the administration will try to broaden them in the future.

Although the HHS civil rights office has traditionally received few complaints alleging conscience violations, HHS Acting Secretary Eric Hargan, painted a picture of clinicians under government coercion to violate the dictates of conscience.

"For too long, too many health care practitioners have been bullied and discriminated against because of their religious beliefs and moral convictions, leading many of them to wonder what future they have in our medical system," Hargan told the audience.

"The federal government and state governments have hounded religious hospitals and the men and women who staff them, forcing them to provide or refer for services that violate their consciences, when they only wish to serve according to their religious beliefs," Hargan added.

After Hargan spoke, Rep. Kevin McCarthy, the No. 2 Republican in the House, provided an example of the kind of case the new office should tackle. McCarthy told the audience he has "high hopes" that the "arrogance" of **a California law known as AB 775 "will be investigated and resolved quickly."**

That law, which requires anti-abortion crisis pregnancy centers to post information about abortion and other services, is the subject of a free-speech challenge brought by the pregnancy centers that will be heard by the U.S. Supreme Court.

Although the HHS civil rights office traditionally has gotten a small number of complaints involving religious and conscience rights, the number has grown since Trump was elected.

Office director Roger Severino said that from 2008 to Nov. 2016, HHS received 10 such complaints. Since Trump won, the office has received 34 new complaints. Before his appointment to government service under Trump, Severino was an expert on religious freedom, marriage, and life issues at the conservative Heritage Foundation.

"They are prioritizing providers' beliefs over patients' health and lives," Louise Melling, deputy legal director of the American Civil Liberties Union, said in a statement. "This administration isn't increasing freedom — they're paving the way for discrimination."

On Capitol Hill, Rep. Frank Pallone, D-N.J., pledged to keep a close eye on the new enforcement office. "Religious freedom should not mean that our health care providers have a license to discriminate or impose their beliefs on others," Pallone said. He is the ranking Democrat on the Energy and Commerce Committee, which has jurisdiction over many health care issues.

**LGBT-rights organizations suggested some medical providers will be emboldened to shun gay, lesbian and transgender patients.**

"LGBT people have already been turned away from hospitals and doctors' offices," said Rachel Tiven, CEO of Lambda Legal. "The Orwellian 'Conscience and Religious Freedom' unit simply provides guidance on how they can get away with it."

But conservatives said the new office will help maintain balance in the health care system. It's a world that has become increasingly secular, even if many of its major institutions sprang from religious charity.

"In the context of health care, Americans have very deep, sincere differences on a number of ethical and moral matters," said Heritage Foundation analyst Melanie Israel. "It's these conscience protections that allow us to work and live alongside each other despite our differences."

Monday marks the 45th anniversary of *Roe v. Wade*, the landmark Supreme Court decision legalizing abortion.

<http://time.com/5109409/conscience-and-religious-freedom-hhs/>

**TAB 7**  
**QI Report**



DATE: February 8, 2018

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 HCH/FH Program QI Committee met in January 2018.

Further data from the Diabetes HgbA1c medical metric was reviewed. The data was stratified by last clinic visit site in the San Mateo County Health System. Homeless patients whose last clinic visit was with the Public Health Mobile Health Clinic had lower rates of HgbA1c < 8%, denoting a lower proportion with adequate control of their diabetes. These patients had mixed utilization of the Health System, with many also being seen in Primary Care Clinics and many seen exclusively by the Mobile Health Clinic. Given that many of the patients seen on the Mobile Health Clinic are Shelter Homeless, and given the identified disparity in diabetic control found in the Shelter Homeless population at the last QI Committee meeting, the Shelter Homeless population was determined to be a target population for further study.

The further analysis of the diabetic population also reinforced the decline in proportion of farmworker patients with adequately controlled diabetes. As a result, the farmworker diabetic population was identified by the QI Committee as another target population for further study.

The QI Committee will discuss strategies to further evaluate the above target populations at its next meeting in March 2018.

**TAB 8**  
**Director's**  
**Report**

DATE: February 08, 2018

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 December 14, 2017 Co-Applicant Board meeting:

1. Health Center Program Funding

There is no specific update on funding as Congress has continued to work with continuing resolutions for the federal fiscal year funding. The current continuing resolution expires on February 09, 2018.

2. RFP

The final group of recommended agreements from the responses received to date from our RFP issued September 01, 2017 appear elsewhere on today's agenda. There has been some other interest expressed, but no additional proposals have been received.

3. Staffing

As found elsewhere on today's agenda, The Board's Ad Hoc Staffing Committee met and recommended for Board approval a position description for the second of the two approved positions, and expressed a desire to have the process expedited. In that context, Program has already met with County Human Resources on the position description and they are drafting a working description for us to review, and hopefully, use in the recruitment/hiring process.

The first approved position (for strategic plan support) has been forwarded to SMMC HR for action. On approval, it will go to County HR for the initiating of the recruitment process.

4. UDS

Program is now well into completion of the annual Uniform Data System (UDS) Report. The report has a hard February 15<sup>th</sup> deadline for submission.

5. Operational Site Visit (OSV) & Compliance

We have not yet heard any additional information on our pending OSV, which is expected in late spring/early summer. We have begun to identify some new and/or changed requirements as the result of HRSA's issuance of their Compliance Manual in August 2017. As we develop more information, we will keep the Board updated on these potential issues.

6. AIMS

Program is currently working with BHRS on the design of a project to address the AIMS funding opportunity. We hope to be able to complete the process and have a final agreement to the Board for the March meeting.

7. Seven Day Update

ATTACHED:

- Program Calendar

**Health Care for the Homeless & Farmworker Health (HCH/FH) Program  
2018 Calendar (Revised February 2018)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>• Board Meeting (February 8, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>• UDS first submission</li> <li>• Western Forum for Migrant &amp; Community Health, Seattle, WA (Feb 22-24)</li> </ul>	February	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>• Board Meeting (March 8, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>• Final UDS submission</li> <li>• QI Committee meeting</li> <li>• Mobile Healthcare Assoc- Coalition Mtg at SMMC- RWC (March 23; 10-2pm)</li> </ul>	March	@Ravenswood Family health Center- EPA
<ul style="list-style-type: none"> <li>• Board Meeting (April 12, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>• Provider Collaborative meeting</li> <li>• Possible TA visit by consultant</li> </ul>	April	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>• Board Meeting (May 10, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>• National Health Care for Homeless Conference, Minneapolis, MN (May 15-18)</li> <li>• QI Committee meeting</li> </ul>	May	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>• Board Meeting (June 14, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>• Possible Operational Site visit</li> </ul>	June	@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 OLCPs	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**TAB 9**  
**Budget &**  
**Finance Report**

DATE: February 08, 2018

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

Preliminary grant expenditures for January, 2018, total \$86,096. This will increase a little as the County processes month-end transactions. It is too early in the Grant Year to make a meaningful projection on total Grant Year expenditures.

Final grant expenditures for GY 2017 totaled \$1,855,528. This results in a total of unexpended funds equal to \$982,076. That total, however, includes the QI funding award (\$25,596) and the AIMS funding award (\$175,700) which we expect to be fully carried-over into GY 2018. We will request to carry-over the remaining unexpended funds (\$780,780), targeting it towards the Case Management Automation System purchase. However, based on past history, the request has a low probability of approval. The request and response will occur in the March through May timeframe.

Attachment:

- Preliminary GY 2018 Summary Report

**GRANT YEAR 2018**

Details for budget estimates	Budget [SF-424]	To Date (01/31/18)	Projection for GY (+~48 wks)	Projected for GY 2019
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.	<u>540,000</u>	<u>38,392</u>	<u>540,000</u>	<u>590,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.	<u>200,000</u>	<u>3,820</u>	<u>200,000</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)			22,354	20,000
Regional Conferences (1000*5)			10,000	5,000
Local Travel			1,500	2,000
Taxis		901	7,500	5,000
Van & vehicle usage		<u>911</u>	<u>1,000</u>	<u>1,000</u>
	<u>25,000</u>	<u>1,812</u>	<u>42,354</u>	<u>33,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	77	2,500	12,500
Small Funding Requests		<u>25,370</u>	<u>50,000</u>	<u>50,000</u>
	<u>10,500</u>	<u>25,447</u>	<u>52,500</u>	<u>62,500</u>
<u>Contractual</u>				
2016 Contracts		16,625	60,000	
2016 MOUs			60,000	
Current 2017 contracts	966,930		900,000	900,000
Current 2017 MOUs	872,000		850,000	850,000
---unallocated---/other contracts	40,446			
	<u>1,957,103</u>	<u>16,625</u>	<u>1,870,000</u>	<u>1,750,000</u>
<u>Other</u>				
Consultants/grant writer	31,667		30,000	45,000
IT/Telcom	5,928		6,000	6,000
New Automation			0	-
Memberships	4,000		4,000	4,000
Training			3,250	4,000
Misc (food, etc.)	5,500		5,500	5,500
	<u>47,095</u>	<u>0</u>	<u>48,750</u>	<u>64,500</u>
TOTALS - Base Grant	<u>2,779,698</u>	<u>86,096</u>	<u>2,753,604</u>	<u>2,750,000</u>
HCH/FH PROGRAM TOTAL	<u>2,779,698</u>	<u>86,096</u>	<u>2,753,604</u>	<u>2,750,000</u>
PROJECTED AVAILABLE	BASE GRANT		26,094	5,504
				based on est. grant of \$2,750,004