

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

Ravenswood Family Health Center| EPA
March 8, 2018, 9:00 A.M - 11:00 A.M.

AGENDA

A.	CALL TO ORDER	Brian Greenberg		9:00 AM
B.	CHANGES TO ORDER OF AGENDA			9:10 AM
C.	PUBLIC COMMENT			9:10 AM
	<small>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.</small>			
D.	CLOSED SESSION			9:15 AM
	1. Closed Session this meeting			
	<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>			
E.	MEETING MINUTES	Linda Nguyen	TAB 1	9:20 AM
	1. Meeting minutes from February 8 , 2018			
F.	BOARD ORIENTATION			9:25 AM
	1. Reminder on Board Self Evaluation			
G.	<u>BUSINESS AGENDA:</u>			
	1. Conference Travel Request			
	<i>i. Action Item- Request to Approve Board member travel request</i>			
			TAB 2	9:30 AM
H.	STRATEGIC/TACTICAL PLAN DISCUSSION	Jim Beaumont		9:40 AM
I.	<u>REPORTING AGENDA:</u>			
	1. Consumer Input	Linda Nguyen	TAB 3	9:50 AM
	2. HCH/FH Program QI Report	Frank Trinh	TAB 4	10:10 AM
	3. HCH/FH Program Director's Report	Jim Beaumont	TAB 5	10:15 AM
	4. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 6	10:25 AM
	5. Contractors report 4 th Quarter	Linda/Elli/Jim	TAB 7	10:35 AM
	6. UDS updates	Linda/Elli/Jim	TAB 8	10:50 AM
BOARD COMMUNICATIONS AND ANNOUNCEMENTS				
<small>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.</small>				
OTHER ITEMS				
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)				
<i>Next Regular Meeting April 12, 2018; 9:00 A.M. – 11:00 A.M. SMMC</i>				
H.	ADJOURNMENT	Brian Greenberg		11:00 AM

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

TAB 1
Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (February 8, 2018)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair
Dwight Wilson
Allison Ulrich
Mother Champion
Tayischa Deldridge
Steve Carey
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: Robert Anderson, Kathryn Barrientos

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u> 9 </u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session Request to Approve C&P list	Action item: <i>Request to Approve Credentialing and Privileging List</i>	Motion to Approve C&P list <u>MOVED</u> by Steve C. <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 Christian <u>SECONDED</u> by Gary, and APPROVED by all Board members present.
Board orientation	<u>Discussion on being following:</u> <ul style="list-style-type: none"> • Public Entity-based Health Centers • Board's role vs CEO's role • Board Self Evaluation that should be conducted annually. Presented 3 versions of Board evaluations that can be used. • Some Board members agreed that it should be conducted and it also gives non-profits more transparency. • Discussion on having someone external such as consultant score the evaluations completed by Board members. • Recommendation to also collect feedback from staff on Board's performance. Board Director will collect feedback from staff. 	Staff to send Board evaluation (2 nd one) to all Board members to fill out to have Board member Gary collect until all completed and have consultant analyze results. -Board Director will collect feedback from staff.

<p>Business Agenda: RFP report and service contracts Request to Approve Service Contracts</p>	<p>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. 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. Action item: Request to Approve Samaritan House Enabling Contract</p> <p>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. Action item: Request to Approve PHPP Street medicine Contract</p> <p>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. Action item: Request to Approve PHPP Mobile Clinic/Expanded Service Contract</p> <p>Please refer to TAB 3</p>	<p>Motion to Approve Samaritan House Enabling contract <u>MOVED</u> by Gary <u>SECONDED</u> by Steve K., and APPROVED by all Board members present.</p> <p>Motion to Approve PHPP Street Medicine contract <u>MOVED</u> by Gary <u>SECONDED</u> by Allison, and APPROVED by all Board members present.</p> <p>Motion to Approve PHPP Mobile clinic/Expand service contract <u>MOVED</u> by Mother Champion <u>SECONDED</u> by Gary, and APPROVED by all Board members present.</p>
<p>Business Agenda: Subcommittee reports: Finance sub comm</p>	<p>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</p>	<p>Request to Approve Spending Strategies by Finance comm <u>MOVED</u> by Steve <u>SECONDED</u> by Mother Champion, and APPROVED by all Board members present</p>

<p>Staffing ad hoc com-Request to Approve clinical job description</p>	<p>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. Discussion on unexpended funds and how to spend money and publicize. Discussion on unmet needs and how we generate requests for proposal/unexpended funds. Add to regular agenda/reporting and agenize perhaps study session or tactical/strategic planning to discuss and have guests come to speak about unmet needs to generate ideas for funding proposals/projects. Action item: Request to Approve Spending Strategies (Finance Comm)</p>	
<p>Staffing ad hoc com-Request to Approve Resolution on permanent MA position</p>	<p>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. The staffing committee was tasked with reviewing and researching the various options for the Clinical/support position. 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." Action item: Request to Approve clinical job description (Staffing ad hoc comm)</p> <p>The Committee discussed the current status of the Program's Management Analyst position. The position is classified as an "Agile" position by the County, which means it is approved (at the County level) for three years. This will result in the position ending in October 2018. Staffing Ad Hoc Committee (and staff) understands the implications of turn over that include losing the current staff knowledge and re-training new staff, will take extra time and resources from the current workload of staff. Based on this discussion, the Committee made a recommendation for the Board to take an affirmative position to request the County to make the position a Permanent County position. There was a lengthy discussion on options that included Independent Contractor. Board recommended that Staff review the options and make recommendation to Board to consider.</p> <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	<p>Request to Approve clinical job descrip <u>MOVED</u> by Tay <u>SECONDED</u> by Steve, and APPROVED by all Board members present</p> <p>Board recommended that Staff review the options and make recommendation to Board to consider.</p>
<p>Business Agenda: Request to Approve Updated SFS</p>	<p>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.</p> <p>Discussion on Federal poverty level, and Sliding Fee scale not reflecting regional cost of living and how much higher it is in San Mateo County than Federal costs of living.</p> <p>Action item: Request to Approve Updated SFS</p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	<p>Request to Approve Updated SFS <u>MOVED</u> by Dwight <u>SECONDED</u> by Steve, and APPROVED by all Board members present</p>

Reporting Agenda: Consumer Input	<p>Discussion on HHS taking Actions to “Protect Conscience Rights and Life”, to protect medical providers refusing to participate in abortion, assisted suicide or other procedures on moral or religious grounds.</p> <p>There is criticism that the “conscience protections” could become a license to discriminate, particularly against gay and transgender people. The new action could create more barriers to care, forcing low-income populations to travel further for affordable health care, especially in rural and conservative areas of the country.</p> <p><i>Please refer to TAB 6 on the Board meeting packet</i></p>	Staff Email Board members link to public comment
Regular Agenda: HCH/FH Program QI Report	<p>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.</p> <p>The QI Committee will discuss strategies to further evaluate the above target populations at its next meeting in March 2018.</p> <p><i>Please refer to TAB 7 on the Board meeting packet</i></p>	
Regular Agenda: HCH/FH Program Directors report	<p>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. Program is now well into completion of the annual Uniform Data System (UDS) Report. The report has a hard February 15th deadline for submission.</p> <p>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.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	Staff email template for conference requests
Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i>	<p>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</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
Adjournment	Time <u> 10:49am </u>	Brian Greenberg

TAB 2

**Travel
Conference
Request**

DATE: March 8, 2018

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

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

SUBJECT: BOARD MEMBER /STAFF TRAVEL REQUESTS

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business. The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014) and according to the policy:

To address this situation, and to try and provide appropriate fairness to all of the members of the Board, the Board established the policy for the determination of which Board members travel (or portion thereof) will be reimbursed by the Program. This policy addresses the potential benefits that may accrue to the Board and/or Program by the travel, benefits that may be accrued to others who might also be able to support said travel, the number of events that may be of interest, the number of Board members who may be interested in attending said events, available funding in the Program budget for all potential events, and other issues as determined as relevant by the Board.

The following is the Program policy for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:

- For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.

So far the program has received a request from one Board member for the upcoming 2018 National Health Care for the Homeless Conference in Minneapolis, Minnesota (May 15-18th); by Dwight Wilson.

Statement from Dwight Wilson:

I would like to request approval to attend the NHCHC conference in May at Minneapolis. My intent by going to this conference is to gain working knowledge of the programs and people we serve. By having more content expertise I believe I can provide better board governance than I am currently able to do.

ATTACHED:

- Funding budget request from Dwight Wilson

Name	Position/Role	Benefit of attendance	Request (ex: registration)	Request amount	Personal/out of pocket
Dwight Wilson	Board member	Enhance knowledge	Registration	\$ 500	
			Flight	\$ 400	
			Hotel	\$ 680	
			PerDiem (Meals at M&IE rate)	\$ 196	
			Ground Travel	\$ 40	
				\$1,816.00	\$0.00

TAB 3
Consumer
Input

DATE: March 8, 2018

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

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

SUBJECT: 2018 Western Forum for Migrant and Community Health attendance in Seattle, Washington

Attendance at this year's Western Forum for Migrant and Community Health was well attended by Program staff (Linda and Elli), Board member (Tay) as well as non-staff from Puente de la Costa Sur.

Some of the workshops attended by Linda and Elli:

- Welcoming and Serving All Patients: What Health Centers Need to Know
- **New Findings from the National Agricultural Workers Survey and Updates on Collaborations with HRSA**
- **Strategies for Engaging Underserved Communities**
- HHS Priority on Mental Health: Supporting Mental Health in Vulnerable Populations
- CHWs: Current Workforce Trends and Developments
- HHS Priority on Children Obesity: Strategies and Best Practices in Promoting Healthy Weight
- The Silent Crisis: Addressing Fear and Discrimination in Agricultural Worker Communities
- Using Promotores De Salud to Address Intimate Partner Violence in Rural Communities
- Understanding Barriers Faced by Indigenous Mexican and Guatemalan Women To Access Prenatal Care in Skagit and Whatcom Counties.
- Strategies to Enhance Health Data Collection at Community Health Centers in a "Superdiverse" Society.

Attached- report back on conference by Linda Nguyen and Elli Lo

2018 Western Forum for Migrant and Community Health

Write up by Linda Nguyen

Workshop:

a. Who were the speakers of interest, their backgrounds & expertise?

- Susan Gabbard, JBS International
- Daniel Carrol, U.S. Department of Labor

b. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

- Session presented national and western stream findings from over 5,000 crop worker interviews conducted between 2015-2016 by the Department of Labor's National Agricultural Workers Survey (NAWS) in collaboration with HRSA and other federal agencies.
- Findings cover workers' demographics, employment characteristics, migration patterns, income and poverty status, access to social services and childcare as well as health insurance status, sources of insurance, health care utilization, and self-reported health history.
- There is a high response rate and are looking to include new questions to ask including on MH
- The NAWS is unique for its **broad coverage of the characteristics of hired crop workers and their dependents and its nearly year-round interviewing schedule**. Data are collected throughout the year, over three cycles, to reflect the seasonality of agricultural production and employment. The NAWS differs from other Federal worker surveys in that:
 1. Workers are interviewed at their workplaces rather than at home;
 2. Only currently employed persons are sampled; and
 3. Data is collected directly from farm workers.

c. How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

This data would be a significant source of information to understand the needs of farmworkers as not many agencies collect data on current farmworkers as they do our homeless population.

d. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

- Before this session I was unaware of this national survey effort and think that this is such a great resource and tool for us to use and understand national trends and compare to California trends on farmworkers.
- I intend on reviewing their website further to get a better understanding on all the data that is collected in the interviews.

<http://naws.jbsinternational.com>

<https://doleta.gov/naws/pages/research/data-tables.cfm>

2018 Western Forum for Migrant and Community Health

Write up by Elli Lo

Workshop: Strategies for Engaging Underserved Communities

a. Who were the speakers of interest, their backgrounds & expertise?

- India Ornelas, University of Washington;
- A.J. McClure, Global to Local;
- Esther Lucero, Seattle Indian Health Board

b. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

- Immigrants arrived in the U.S. have better health than their US counterparts despite lower socio-economic status. However, their health outcomes tend to get worse in the U.S. overtime, such as obesity, diabetes, cancer, substance use and mental health.
- Amigas Latinas Motivando el Alma (ALMA):
 - Self-care & social support group that aims to prevent and reduce stress and depressive symptoms in Latina immigrants
 - Stress and its impacts on body, health and networks impacts from migration, coping with stress, seeking mental health
- Vida Pura (Puede Usted Reducir su Consumo de Alcohol)
 - Screening and brief intervention to reduce unhealthy alcohol use among Latino day laborers
 - Motivational interviewing, negotiate goal/plan, using promotores (community health worker), located in day labor worker center

c. How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

- Engage the community by building trust with community partners, listen to their priorities in their community and what can/should be done about them
- Importance of identifying which immigration stressors contribute to unhealthy diet and/or alcohol use

d. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

- Previous research has focused on acculturation as the explanation
 - As immigrants acculturate, they lose culture-related protective factors
 - Immigrants adopt unhealthy behaviors associated with American culture
 - Acculturation includes changes in immigrants' social ties and networks, racism and discrimination, immigration policies, stress and coping responses to immigration stressors
- Community engagement by building capacity and reduce dependency on "professional outsiders" – importance of incorporating feedback from participants for program improvement

IMPACT OF IMMIGRATION ON LATINO HEALTH

- **Latino paradox**
 - Immigrants have better health than their US born counterparts despite lower socio-economic status
- **Immigrants' health tends to get worse with increased time in the US**
 - Obesity
 - Diabetes
 - Cancer
 - Substance use
 - Mental health
- **Previous research has focused on acculturation as the explanation**
 - As immigrants acculturate, they lose culture-related protective factors
 - Immigrants adopt unhealthy behaviors associated with American culture

UNPACKING ACCULTURATION

Social, historical and environmental context

- Where are immigrants coming from and why?
- Where have they settled and why?
- What are the changes in immigrants' social ties and networks?

Racism and Discrimination

- How are immigrants' becoming minoritized and racialized?
- What are their experiences navigating discrimination and institutionalized racism?



UNPACKING ACCULTURATION

Immigration policy

- Are they able to access the benefits and legal protections associated with DACA or citizenship (or even acceptance by mainstream US culture) ?
- How do attitudes about immigration policy affect all Latinos?

Stress and coping responses to immigration stressors



ENGAGING THE COMMUNITY

- Building trust with community partners
- What do they see as health priorities in their community?
- What can and should be done about them?



ALMA: Amigas Latinas Motivando el Alma

Aims to prevent and reduce stress and depressive symptoms in Latina immigrants

Promotes self-care and social support in weekly group classes over 8 weeks

Topics include:

- Understanding what stress is and how it impacts the body
- The impact of migration on emotional health and social networks
- Healthy ways of coping with stress, including yoga and mindfulness
- How to seek mental health treatment if needed



"I really liked the yoga because it helped me to rediscover myself and my values. It helped me to meditate in my own space and change my thoughts to be more positive."

"The classes have helped me love myself more, meditate more, know myself deeper, and learn to relax."

"The most important thing is to value ourselves; if we don't take care of ourselves we can't take care of anyone else."

"The creativity of drawing and writing was really good because we don't (tend to) identify and express our thoughts and feelings."



MAKING THE PROGRAM CULTURALLY RELEVANT

"I work in housekeeping and when I have time I do one of the exercises I learned. In terms of mindfulness, I go to the park where there are trees and I look at the birds and listen to the wind."



"It helped me to get closer to my children and have more communication with them."

- All sessions and evaluations conducted in Spanish
- Incorporating social and cultural context into the content
- Drawing on their strengths – and what already brings them peace
- Providing food and time to eat and socialize together
- Incorporating time for rest, music
- Offering sessions after work and in familiar location
- Providing child care
- Providing materials (yoga mats, cushions, blankets)
- Staying flexible and open to the needs of the participants

Participant Baseline Mental Health (N=24)

Measure (Range)	Mean/N	(SD) %
Parenting Stress (18-90)	38.1	9.4
Perceived Stress (10-50)	27.1	3.8
Mindful Awareness (1-6)	3.18	0.51
Anxiety (0-21)	6.1	5.4
Mild	18	75%
Moderate	4	17%
Severe	2	8%
Depression (0-27)	6.7	5.6
Mild (0-9)	17	71%
Moderate (10-19)	6	25%
Severe (20-27)	1	4%

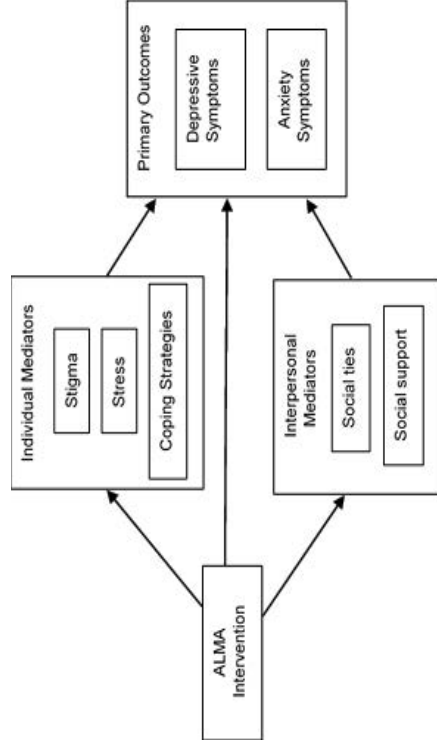
Changes in Levels of Depression Stratified By Attendance (N=21)

Session Attendance	Baseline		Post-Intervention		Change	
	Mean	SD	Mean	SD	Actual	%
0-3	7.5	4.4	6.4	7.0	-1.1	-14.7
4-5	5.2	6.7	3.8	5.8	-1.4	-26.9

Changes in Levels of Anxiety Stratified By Attendance (N=21)

Session Attendance	Baseline		Post-Intervention		Change	
	Mean	SD	Mean	SD	Actual	%
0-3	6.9	5.6	6.0	6.3	-0.9	-13.0
4-5	4.5	5.5	2.6	4.2	-1.9	-43.5

ALMA CONCEPTUAL MODEL



VIDA PURA (PUEDE USTED REDUCIR SU CONSUMO DE ALCOHOL)

- Culturally adapted screening and brief intervention to reduce unhealthy alcohol use among Latino day laborers
- Screening and brief intervention typically used in primary care and emergency departments
 - Identify people drinking at unhealthy levels
 - Offer them a brief counseling session to reduce their drinking



VIDA PURA

Retained Core Elements of Evidenced Based Brief Intervention

- Provide personalized feedback about drinking behavior and how it compares to NIAAA guidelines
- Use Motivational Interviewing to assess readiness to change, discuss pros and cons of drinking, elicit desired changes, support and encourage behavior change
- Negotiate a plan/goal, identify strategies and offer referral information.

Adapted Aspects to meet needs of Target Population

- Intervention delivery and content (*promotores*)
- Setting (day labor worker center)
- Referral (low-cost Spanish speaking services)

Omelas, Allen, Vaughan, Williams, & Negi. *Substance Abuse*, 2015

PROMOTORES

- Experience with counseling or health education
- Experience working with Latinos
- Can build rapport easily
- Warmth, non-judgmental
- Organized, detail-oriented
- Spoke Spanish

Llamado a Voluntarios!!!
¿Le gustaría participar en un estudio de investigación sobre el consumo de alcohol en los Hombres Inmigrantes Latinos?
Conecte con nosotros

Roger

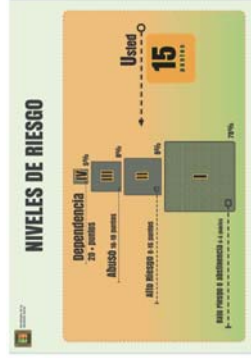
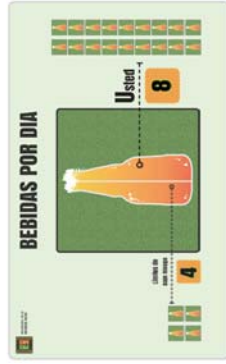
Ivonne

Los días **Martes y Miércoles** desde los **7 de la mañana**.
Para llenar encuestas y hacer seguimientos en Casa Latina

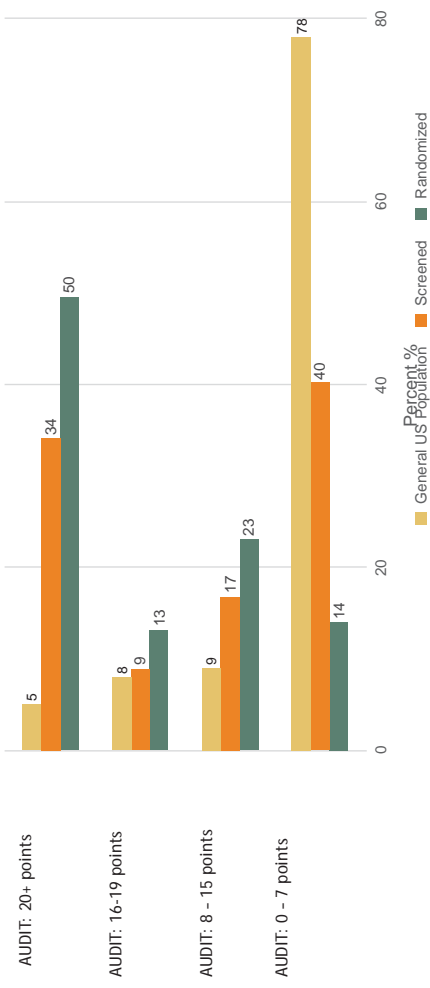
Vida PURA teléfono: 206.221.3647
SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF WASHINGTON

BRIEF INTERVENTION

Promotores provide personalized feedback on drinking compared to daily and weekly low-risk guidelines set by the National Institute on Alcohol and Alcoholism (NIAAA)

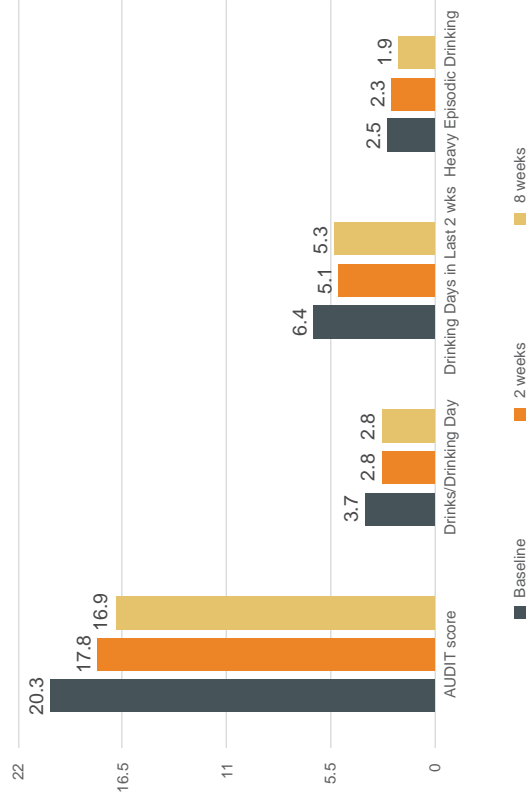


VIDA PURA PARTICIPANTS: LEVELS OF RISK



Average Changes in Drinking Outcomes

Before and After Brief Intervention



LESSONS LEARNED AND NEXT STEPS

- Community engagement is critical to feasibility.
- Regular in-person, phone and text contact can result in high recruitment and retention rates.
- High levels of dependence among Latino day laborers. Is screening and brief intervention the right intervention?
- Low uptake on referrals. How can we get men that *want* treatment into the *right* treatment?
- Identifying which immigration stressors contribute to unhealthy alcohol use.

BENEFITS OF COMMUNITY ENGAGEMENT

- Builds capacity and reduces dependency on “professional outsiders”
- Ensures cultural and local relevance
- Enhances fit and efficacy of programs
- Facilitates sustainability

GRACIAS

VIDA PURA TEAM:

DENNIS DONOVAN
BONNIE DURAN
SUZANNE DOYLE
SAMANTHA SERRANO
IVONNE POVEDA
ROGER HUMANI-VELASQUEZ
VANESSA TORRES

FUNDERS:

UW INSTITUTE OF TRANSLATIONAL HEALTH
SCIENCES
NATIONAL INSTITUTE OF ALCOHOLISM AND
ALCOHOL ABUSE

ALMA TEAM:

ANH TRAN
GISELLE CORBIE-SMITH
SERENA MAURER
GIGI PEREZ
DARON RYAN

FUNDERS:

UW CENTER FOR CHILD AND FAMILY
WELLBEING
UW INSTITUTE OF TRANSLATIONAL HEALTH
SCIENCES
NATIONAL INSTITUTE OF MINORITY HEALTH
AND HEALTH DISPARITIES

TAB 4
QI Report

DATE: March 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

There are no new updates from the San Mateo County HCH/FH Program QI Committee at this time.

The next QI Committee meeting will be in March 2018.

TAB 5
Director's
Report

DATE: March 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 February 08, 2018 Co-Applicant Board meeting:

1. Health Center Program Funding

With the congressional approval of the budget package on February 8th, full Health Center Funding has been restored for at least the next two years (through September 30, 2019). There also appears to be additional funding around \$200-300 million per year for the 330 Programs. No word on HRSA's intent for the additional funding.

2. RFP

We have received a request from Life Moves for the planning and training portions of a Nutrition Program focused on the homeless shelter population. The request is labelled as a "Small Funding Request" and totals \$25,000. Program is currently working with the proposal as a small funding request.

3. UDS

Program submitted a complete UDS on February 14, 2018. There is a general update on the report values elsewhere on today's agenda.

4. AIMS

Program is currently working with BHRS on the design of a project to address the AIMS funding opportunity. This effort slowed somewhat as we completed the UDS submission, but should now pick-up speed. We hope to be able to complete the process and have a final agreement to the Board for the April meeting.

5. Seven Day Update

ATTACHED:

- Program Calendar



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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (March 8, 2018 from 9:00 a.m. to 11:00 a.m.) Final UDS submission QI Committee meeting Mobile Healthcare Assoc- Coalition Mtg at SMMC- RWC (March 23; 10-2pm) 	March	@Ravenswood Family health Center- EPA
<ul style="list-style-type: none"> Board Meeting (April 12, 2018 from 9:00 a.m. to 11:00 a.m.) Provider Collaborative meeting Possible TA visit by consultant 	April	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (May 10, 2018 from 9:00 a.m. to 11:00 a.m.) National Health Care for Homeless Conference, Minneapolis, MN (May 15-18) QI Committee meeting 	May	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (June 14, 2018 from 9:00 a.m. to 11:00 a.m.) Possible Operational Site visit 	June	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (July 12, 2018 from 9:00 a.m. to 11:00 a.m.) Possible Operational Site visit QI Committee meeting 	July	@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 6
Budget &
Finance Report

DATE: March 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 February, 2018, total \$335,000. This will increase a little as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges.

It is too early in the Grant Year to make a meaningful projection on total Grant Year expenditures. However, the initial invoices on our 2018 contracts reflect significant utilization, averaging about 15%. This would be a very good number for the first month of the contract year.

Attachment:

- Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (02/28/18)	Projection for GY (+~44 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>59,320</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>25,861</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>1,013</u>	<u>1,000</u>	<u>1,000</u>
	<u>25,000</u>	<u>1,914</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		53,840	60,000	
2016 MOUs		15,263	60,000	
Current 2017 contracts	966,930	142,541	900,000	900,000
Current 2017 MOUs	872,000	9,600	850,000	850,000
---unallocated---/other contracts	40,446			
	<u>1,957,103</u>	<u>221,244</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	886	6,000	6,000
New Automation			0	-
Memberships	4,000		4,000	4,000
Training			3,250	4,000
Misc (food, etc.)	<u>5,500</u>	<u>276</u>	<u>5,500</u>	<u>5,500</u>
	<u>47,095</u>	<u>1,162</u>	<u>48,750</u>	<u>64,500</u>
TOTALS - Base Grant	<u>2,779,698</u>	<u>334,948</u>	<u>2,753,604</u>	<u>2,750,000</u>
HCH/FH PROGRAM TOTAL	<u>2,779,698</u>	<u>334,948</u>	<u>2,753,604</u>	<u>2,750,000</u>
PROJECTED AVAILABLE	BASE GRANT		26,094	4
				based on est. grant of \$2,750,004

TAB 7
Contractors
4th Quarter
Report

DATE: March 14, 2018

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

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

SUBJECT: Quarter 4 Report (January 1, 2017 through December 31, 2017)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2017 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance for the fourth quarter:

HCH/FH Performance 01/01/2017 – 12/31/2018	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svcs	300	162	54%	900	1014	113%
Legal Aid Society of San Mateo County	20	1	5%	30	2	7%
LifeMoves (care coord)	550	429	78%	1500	855	57%
LifeMoves (SSI/SSDI)	50	49	98%			
LifeMoves (Health Eligibility)	40	26	65%			
LifeMoves (Street Medicine)	160	135	84%	300	640	213%
Project WeHope	230	48	21%	300	69	23%
Public Health Mobile Van	1300	1,009	78%	2500	1,677	67%
Public Health- Expanded Services	272	214	79%	544	265	49%
Public Health- Street Medicine	125	136	109%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	157	105%	530	482	91%
Puente (Health Eligibility)	180	157	87%			
Ravenswood (Primary Care)	600	633	106%	1900	2,050	108%
Ravenswood (Dental)	200	260	130%	600	710	118%
Ravenswood (Care Coordination)	400	538	135%	1200	1,380	115%
Samaritan House	175	266	152%	300	500	167%
Apple Tree Dental	115	56	49%	345	176	51%
Total HCH/FH Contracts	4,867	4,276	88%	10,949	9,820	90%



HCH/FH Performance 01/01/2017 – 9/30/2017	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$325/patient	300	162	\$ 52,650	\$97,500	54%
Legal Aid Society of San Mateo County	Provider Outreach	\$ 2,100	NA		\$ 1,000	\$42,500	11%
	Farmworker Outreach	\$ 6,900	NA		\$ 2,000		
	Legal Services	\$1,675/patient	20	1	\$ 1,675		
LifeMoves (care coord & eligibility)	Care Coordination	\$265/patient	500	388	\$ 102,820	\$179,150	80%
	Intensive Care Coordination	\$525/patient	50	41	\$ 21,525		
	SSI/SSDI Eligibility Assistance	\$320/patient	50	49	\$ 15,680		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	\$110/patient	40	26	\$ 2,860		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$516/patient	160	135	\$ 69,660	\$82,560	84%
Project WeHope	Care Coordination	\$230/patient	230	48	\$ 11,040	\$52,900	21%
Public Health Mobile Van	Primary Care Services	\$225/patient	1300	\$ 227,025	\$ 202,050	\$312,000	77%
	Equipment	\$ 15,000	NA		\$ 13,706		
Public Health- Expanded Services	Primary Care Services to formerly incarcerated & homeless	\$675/patient	272	214	\$ 144,450	\$183,600	79%
Public Health- Street Medicine	Primary Care Services	\$1,750/patient	125	136	\$ 218,750	\$218,750	100%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$360/patient	100	146	\$ 36,000	\$118,050	77%
	Intensive Care Coordination	\$525/patient	50	11	\$ 5,775		
Puente (O/E)	Health Coverage Eligibility Assistance	\$310/patient	180	157	\$ 48,670		
Ravenswood (Primary Care)	Primary Care Services	\$160/patient	600	633	\$ 96,000	\$96,000	100%
Ravenswood (Dental)	Dental Services	\$260/patient	200	260	\$ 52,000	\$52,000	100%
Ravenswood (Care Coordination)	Care Coordination	\$205/patient	400	538	\$ 82,000	\$82,000	100%
Samaritan House	Care Coordination	\$340/patient	150	257	\$ 51,000	\$63,500	87%
	Intensive Care Coordination	\$500/patient	25	9	\$ 4,500		
Apple Tree Dental	Dental Services	\$775/patient	115	56	\$ 43,400	\$89,125	49%
Total HCH/FH Contracts			4,867	4,276	\$1,304,186	\$1,669,635	78%

Health Care for the Homeless/Farmworker Health Program

Selected Outcome Measure Review (Contracts); Fourth Quarter (October 2017 through Dec 2017)

Agency	Outcome Measure	4th -Quarter Progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> •At least 75% (225) screened will have a behavioral health screening. •At least 55% (165) will receive care coordination services. 	Year to Date: <ul style="list-style-type: none"> • 162 clients (100%) had a behavioral health screening • 162 received care coordination services
Legal Aid	<ul style="list-style-type: none"> •Outreach to at least 50 Farmworkers and Providers •Host 8 outreach and education events targeting farmworkers 	Year to Date: <ul style="list-style-type: none"> • Outreach to 18 Farmworkers and Providers •Host 6 outreach and education events targeting farmworkers
LifeMoves	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 30% (150) of homeless individuals served have chronic health conditions. 	Year to Date: <ul style="list-style-type: none"> • 53% established a medical home • 62% (49) of individuals served have a chronic health condition.
LifeMoves-CHOW/Street Medicine	<ul style="list-style-type: none"> • 20% served will establish medical home, that don't currently have one • 80% of clients with a scheduled primary care appointment will attend at least 1 appointment 	Year to Date: <ul style="list-style-type: none"> • 49 % served will establish medical home, that don't currently have one • 43% of clients with a scheduled primary care appointment will attend at least 1 appointment
Puente de la Costa Sur	<ul style="list-style-type: none"> •At least 85 farmworkers served will receive care coordination services. •At least 25 served will be provided transportation and translation services. •At least 70% (105) will participate in at least 1 health education class/ workshop. 	Year to Date: <ul style="list-style-type: none"> • 157 farmworkers received care coordination services. • 79 were provided transportation and translation services. • 17% (17) participated in at least 1 health education class/ workshop.
RFHC – Primary Health Care	<ul style="list-style-type: none"> •At least 60% will receive a comprehensive health screening. •At least 250 (50%) will receive a behavioral health screening. 	Year to Date: <ul style="list-style-type: none"> • 100% received a comprehensive health screening. • 246 received a behavioral health screening.
RFHC – Dental Care	<ul style="list-style-type: none"> • At least 30% (39) will complete their treatment plans. • At least 85% will attend their scheduled treatment plan appointments. • At least 40% will complete their denture treatment plan. 	Year to Date: <ul style="list-style-type: none"> • 10% (26) completed their treatment plans. • 72% attended their scheduled treatment plan appointments. • 54% completed their denture treatment plan.
RFHC – Enabling services	<ul style="list-style-type: none"> • At least 95% will receive care coordination services and will create health care case plans • 80% of patients with hypertension will have blood pressure levels below 140/90 	Year to Date: <ul style="list-style-type: none"> • At least 25% will receive care coordination services and will create health care case plans • 61% of patients with hypertension will have blood pressure levels below 140/90

<p>Samaritan House- Safe Harbor</p>	<ul style="list-style-type: none"> •All 100% (175) will receive a healthcare assessment. •At least 70% will complete their health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one. 	<p>Year to Date:</p> <ul style="list-style-type: none"> • 371 receive a healthcare assessment. • 99 complete their health care plan. • 25% (66) will schedule primary care appointments and attend at least one.
<p>Sonrisas Dental</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>Year to Date:</p> <ul style="list-style-type: none"> • 22% completed their treatment plans. • 29% completed their denture treatment plan.

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

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

Contractor successes & emerging trends:

- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
 - Trends: Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.
- **Legal Aid** – states that they have developed good working ties with Puente and Rotacare Clinic to conduct outreach and trainings at their sites.
 - Trends: Farmworkers continue to raise immigration concerns and high deductibles as barriers to health coverage.
- According to **LifeMoves** reports their network of partners with the Mobile Health Van and Dental Van are valuable.
 - Trends: Long waits for primary care appointments, especially the New Patient line. The time allotted to conduct outreach to 4 hours for the Street Medicine team not deemed enough time.
 - Patients are refusing services from Street Medicine team.
- **Puente** states they are excited to hire new staff and be fully staffed to meet demand.
 - Trends: The reduced hours from the County's Benefits Analyst stationed at Puente has been difficult to meet demand.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments, Street/Shelter medicine program on Wednesdays and their new pharmacy on site has been successful in serving homeless patients.
 - Trends: Lack of affordable housing, aging homeless population, demand for optometry services and tools to manage their Diabetes, losing their medications.
- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
 - Trends: Communicating and trying to reach homeless clients that do not have a cell phone and locating Dental specialist that will take Denti-Cal is difficult, as well as educating patients are the lengthy process of obtaining dentures.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio, Center on Homelessness to assist clients and find housing.
 - Trends: Access to food, struggles with transportation, waiting out in the cold for shelters to open
- **Samaritan House/Safe Harbor** states that partnership with Mobile Health Van, Street Medicine and WPC have worked well in assisting clients obtain comprehensive access to care.
 - Trends: Some clients are still experiencing long wait for primary care and dental appointments.
- **Sonrisas Dental** states that the mobile equipment is working well to provide services in a more convenient setting and Puente staff has secured locations for services to be offered.
 - Trends: Patients are unable to take time off of work for dental appointments.

TAB 8
UDS

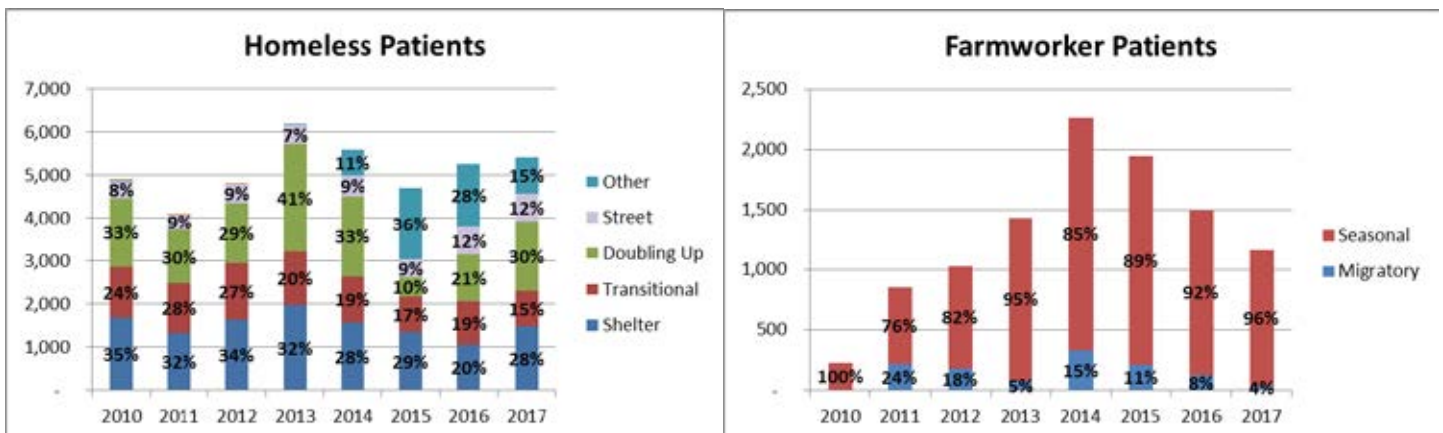
DATE: March 8, 2018
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst
SUBJECT: UDS FIRST SUBMISSION

Program staff submitted the first Uniform Data System (UDS) report on February 14, 2018. The UDS is a standard data set that is reported annually and provides consistent information about health centers. It includes patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues that document how San Mateo Health System as well as HCH/FH contractors perform. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on seven years of UDS reporting (2010-2017).

The shelter and transitional homeless population has generally decreased over the years, however, the shelter population had a 39% increase from 2016 to 2017. The street homeless count has a steady increase over the years. The street count increase may be due to the efforts of the new Street Medicine program that started in January 2016. The other homeless population has been fluctuating over the years and there was a 43% decline from 2016 to 2017. The doubling up population saw a large spike in 2013, due to a significant increase in the senior clinic (Ron Robinson). Staff has been working to resolve the doubling up and other homeless data over the years as well as conducting more training to SMMC registration staff.

The farmworker population saw a plateau in 2014 with a steady decrease in following reporting years. This may be due to California's seasonal drought, with loss of employment as well as the challenging political climate.

The results from most of the clinical outcome measures have improved from last year, about 9 (out of 14 on table) outcome measures saw an improvement. 2015 was the first year program staff was able to obtain universal reports for some UDS clinical measures by working with our Business Intelligence staff, prior to this program staff had conducted 70 chart reviews for all clinical measures. The use of universal reports can bring about challenges in the accuracy of the results, because validating all the results may be difficult. 2016 UDS measurement year saw a significant change in reporting requirements for clinical outcome measures. In attempt to reduce reporting burden, clinical measures were revised to align with CMS clinical quality measures; because of this visit count criteria went from two to one visit to be counted in the reporting year (denominator).



ATTACHED:

- Trend chart for 8 years (2010-2017)
- UDS FIRST SUBMISSION



UDS Data	2010	2011	2012	2013	2014	2015	2016	2017
UNDUP PTS	5,110	4,897	5,779	7,516	7,707	6,556	6,696	6,482
• Homeless	4,883	4,109	4,803	6,171	5,596	4,714	5,257	5,409
• MSFW	227	837	1,031	1,435	2,265	1,947	1,497	1,162
VISITS	20,002	20,854	28,400	39,628	41,361	37,915	39,616	39,130
AGE RANGE								
• 0-19 YRS	17%	21%	24%	23%	27%	26%	26%	15%
• 20-64 YRS	79%	76%	72%	67%	62%	63%	70%	76%
• 65+ YRS	4%	3%	4%	10%	11%	11%	4%	9%
SEX								
• Male	58%	55%	52%	51%	52%	52%	50%	56%
• Female	42%	45%	48%	49%	48%	48%	50%	44%

Homeless Status

	2010	2011	2012	2013	2014	2015	2016	2017
Shelter	35%	32%	34%	32%	28%	29%	20%	28%
Transitional	24%	28%	27%	20%	19%	17%	19%	15%
Doubling Up	33%	30%	29%	41%	33%	10%	21%	30%
Street	8%	9%	9%	7%	9%	9%	12%	12%
Other	0%	0%	0%	0%	11%	36%	28%	15%
Unknown	0%	1%	0%	0%	0%	0%	0%	0%

Farmworker Status

	2010	2011	2012	2013	2014	2015	2016	2017
Migratory	0%	24%	18%	5%	15%	11%	8%	4%
Seasonal	100%	76%	82%	95%	85%	89%	92%	96%

UDS Outcome Measures (HCH/FH Program SAC Goals)	2010	2011	2012	2013	2014	2015	2016	2017
• Childhood IZs Completed by Age 2-3 (90%)	82%	72%	74%	87%	88%	86%	80%	66%
• Pap Test in Last 3 Years (70%)	64%	60%	86%	67%	57%	64%	60%	63%
• Child & Adolescent BMI & Counseling (85%)	N/A	70%	47%	83%	80%	74%	*57%	*59%
• Adult BMI & Follow-up Plan (75%)	N/A	59%	31%	66%	44%	50%	29%	43%
• Tobacco Use Queried (96%)	N/A	74%	80%	96%	77%	* 92%	*86%	*78%
• Tobacco Cessation Offered (96%)	N/A	97%	90%	90%				
• Treatment for Persistent Asthma (100%)	N/A	83%	88%	100%	100%	100%	99%	*90%
• Lipid Therapy in CAD Patients (96%)	N/A	N/A	96%	96%	90%	*80%	*74%	*81%
• Aspirin Therapy in IVD Patients (96%)	N/A	N/A	99%	96%	98%	*89%	*84%	*86%
• Colorectal Screening Performed (60%)	N/A	N/A	40%	54%	34%	*49%	*48%	*57%
• Babies with Normal Birth Weight (95%) (all babies delivered)	93%	96%	87%	94%	99%	92%	97%	98%
• Hypertension Controlled <140/90 (80%)	59%	66%	60%	80%	64%	61%	*53%	*63%
• Diabetes Controlled <9 HgbA1C (75%)	61%	73%	71%	74%	49%	*69%	*54%	*72%
• First Trimester Prenatal Care (80%)	61%	73%	71%	75%	84%	89%	65%	49%

**universal reports were conducted- 2015 as first year; 2016 visit criteria changed- from 2 to 1 visits (denominator)*



UDS Outcome Measures	HCH/FH Program 2017 (SAC/BRP goal)	330-Progs CA 2016	Healthy People 2020 Goals
• Childhood Immunizations Complete by Age 2-3	66% (90% goal)	47.27%	80%
• Pap Test in Last 3 Years	63% (70% goal)	57.7%	93%
• Child & Adolescent BMI & Counseling	*59% (85% goal)	63.98%	57.7 (BMI)/15.2% for all patients
• Adult BMI & Follow-up Plan	43% (75% goal)	64.85%	53.6% (BMI)/31.8% (obese adults)
• Tobacco Use Queried	*78% (96% goal)	85.51%	69%
• Treatment for Persistent Asthma	*90% (100% goal)	89.02%	Diff measures
• Lipid Therapy in CAD Patients	*80% (96% goal)	75.65%	Diff measures
• Aspirin Therapy in Ischemic Heart Disease Patients	*86% (96% goal)	78.59%	Diff measures
• Colorectal Screening Performed	*57% (60% goal)	41.66%	Diff measures
• Babies with Normal Birth Weight (all babies)	98% (95% goal)	93.41%	92%
• Hypertension Controlled (<140/90)	*63% (80% goal)	63.95%	61%
• Diabetes Controlled (<9 HgbA1c)	*72% (75% goal)	67.06%	85%
• First Trimester Prenatal Care	49% (80% goal)	77.51%	78%

**universal reports were conducted- 2015 as first year*