

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

San Mateo Medical Center | 222 W. 39th Ave. (Board room) San Mateo
October 11, 2018, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Brian Greenberg		9:00 AM
B. NOMINATIONS OF BOARD CHAIR/VICE CHAIR	Linda/Jim		9:05 AM
C. CHANGES TO ORDER OF AGENDA			9:15 AM
D. PUBLIC COMMENT			9:16 AM
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.			
E. BOARD ORIENTATION/CONSUMER INPUT			
<i>i.</i> Presentation on service needs	MHA		
<i>ii.</i> Board Orientation on Strategic Plan/FW data/training	Irene/Linda/Jim/Danielle		9:17 AM
<i>iii.</i> Conflict of interest statements (sign)			
F. CLOSED SESSION			
1. There is no Closed Session this meeting			
G. MEETING MINUTES	Linda Nguyen	TAB 1	10:05 AM
1. Meeting minutes from September 13, 2018			
H. BUSINESS AGENDA:			
1. HRSA Audit policies	Jim Beaumont	TAB 2	10:10 AM
<i>i.</i> <i>Action Item- Request to approve policy</i>			
2. Contract Amendments	Jim/Linda	TAB 3	10:18 AM
<i>i.</i> <i>Action Item- Request to amend Sonrsias contract</i>			
<i>ii.</i> <i>Action Item- Request to amend LifeMoves contract</i>			
Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.			
<i>iii.</i> <i>Action Item- Request to amend Puente contract</i>			
Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.			
3. Contract Approval		TAB 4	10:25 AM
<i>i.</i> <i>Action Item- Request to approve Mission Hospice & Home Care contract</i>			
I. REPORTING AGENDA:			
1. Board sub-committee oral reports	Linda/Irene/Danielle		10:35 AM
<i>i.</i> <i>Board Membership and Finance update</i>	Robert		
<i>ii.</i> <i>Discussion on serving on sub-committees and other ways to participate</i>			
2. HCH/FH Program QI Report	Frank Trinh	TAB 5	10:43 AM
3. HCH/FH Program Director's Report	Jim Beaumont	TAB 6	10:45 AM
4. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7	10:55 AM
BOARD COMMUNICATIONS AND ANNOUNCEMENTS			
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.			
OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>Next Regular Meeting Nov 8, 2018; 9:00 A.M. – 11:00 A.M. Coastside Clinic- Half Moon Bay</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-hhfh-board>.

TAB 1
Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (Sept 13, 2018)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg
Dwight Wilson
Christian Hansen
Robert Anderson- Vice Chair
Steven Kraft
Mother Champion
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Elli Lo, Management Analyst
Danielle, Hull, Clinical Coordinator
John Nibbelin, County Counsel
Irene Selverstov, Program Implementation Coordinator
Danielle Hull, Clinical Coordinator
Andrea Donahue, SMMC

Members of the Public

Rakhi Singh- SMMC FHC
Tricia O'Hara- Puente

Absent: Kathryn Barrientos, Tayischa Deldridge, Adonica Shaw, Gary Campanile

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:05</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Consumer Input/Board presentation	Medical Director from Fair Oaks (Dr. Singh) and Charge Nurse spoke on the Needs of homeless patients they serve. They face challenges of the system that make it hard to meet homeless patients' needs that they may only see once with no return visits, from treating the entire person and giving them resources to food and assistance form social worker. The county's EMRs do not talk to each other, creating a technological challenge on finding out the mental health issues that homeless patients might have. Would like to assist with real time needs of client, as well as hygiene needs.	Staff to f/u and discuss with clinic on resource of program.
No Closed session		
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from May 10, 2018) were approved. Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Steve C. <u>SECONDED</u> by Robert, and APPROVED by all Board members present.
NCC-BPR Action Item- Request to approve final submission of NCC-BPR	The Budget Period Progress Report (BPR) Non-Competing Continuation provides an update on the progress of Health Center Program award recipients. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. The HCH/FH program has awarded a three (3) year grant period 1/1/2017 to 12/31/2019. At the August 2018 Board meeting, the Board approved the draft of the BPR NCC application reflecting the content and the concept of the final submission due August 18, 2018. On August 17, 2018, Program	Request to approve final submission of NCC-BPR <u>MOVED</u> by Steve K. <u>SECONDED</u> by Dwight, and APPROVED by all Board members present

	<p>has successfully submitted the application requesting for \$2,635,204. HRSA has issued clarification that the BPR/NCC does not require routine governing board approval, noting that the Board is required to review program performance and approve the program budget – both elements of the BPR/NCC.</p> <p>Action item: Request to approve preliminary submission of NCC-BPR</p> <p><i>Please refer to TAB 2 on the Board meeting packet</i></p>	
<p>AIMS proposal</p> <p>Action Item- Request to approve contract- El Centro</p> <p>AIMS 1 time funding discussion</p>	<p>The HCH/FH Program received a proposal from El Centro de Libertad/The Freedom Center (El Centro) in response to our RFP for Access Increase in Mental Health & Substance Abuse Services (AIMS) Funding Opportunity. After review and evaluation from RFP sub-committee, Program opened discussion with El Centro 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 El Centro.</p> <p>The proposal essentially called for a full range of enabling services to homeless and farmworker individuals, centered on outreach, prevention education program, screening and navigation assistance in homeless shelters and farmworker communities accessing alcohol and other drugs (AOD) and substance use disorder (SUD) mental health support services.</p> <p>Services include motivational outreach presentation, prevention education module presentation, assessment, screening and navigation services accessing AOD, SUD and mental health services.</p> <p>Action item: Request to approve contract- El Centro</p> <p>Staff summarized the efforts that are being funded with One time funding of grant which includes: Working with consultant to conduct a general Needs Assessment of substance use in the County with subset of homeless and farmworker population. Website and directory with all county resources of substance use.</p> <p><i>Please refer to TAB 3 on the Board meeting packet</i></p>	<p>Request to Approve approve contract- El Centro</p> <p><u>MOVED</u> by Robert <u>SECONDED</u> by Steve K., and APPROVED by all Board members present</p> <p>Steve Carey- voted against contract</p>
<p>LifeMoves Nutrition proposal</p> <p>Action Item- Request to approve contract- Life Moves</p>	<p>The HCH/FH Program received a proposal from LifeMoves in response to our RFP for coordinating services focused on the topic of nutrition for sheltered homeless individuals. After review and evaluation from RFP Ad-hoc committee, Program approved the request in March 2018 as a small funding request. However, Program was recently notified that there have been changes to the County Procurement Division for soliciting, selecting and developing agreements with providers of goods and services. Therefore, we are developing a contract based on the proposal and the approved request. This request is for the Board to take action to approve the execution of this agreement with LifeMoves.</p> <p>The proposal essentially called for supporting and improving nutritional health for Homeless patients at shelters in San Mateo County, centered on Nutrition Needs Assessment and Tailored nutrition plans for patients with chronic health conditions.</p> <p>Action Item- Request to approve contract- Life Moves</p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p>Request to approve contract- Life Moves</p> <p><u>MOVED</u> by Dwight <u>SECONDED</u> by Steve K., and APPROVED by all Board members present Brian and Steve C. recused themselves.</p>

Strategic Plan Update	<p>Staff presented a summary of the activities that staff have completed regarding the Strategic Plan and the goals set for (2016-2019). Staff inquired with any board members that want to part of a focused effort on setting measurable metrics for the goals. Staff will present in more detail progress for next meeting as a Board Orientation.</p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	Place on next agenda for Orientation with stats on farmworker population.
<p>Subcommittee reports</p> <p>Serving on sub-committees</p>	<p>Staff presented on the 2 current sub-committees (Finance and Board membership/recruitment) and their responsibilities to gather interest for Board on any new members wanting to join the efforts of each committees. Staff also discussed other ways that Board members can be involved such as being part of the Strategic Plan or website effort.</p> <p>Brian and Dwight volunteered to work with staff on Strategic Plan.</p>	
Discussion on RFP/Small Funding request policy	<p>Discussed with Board members that we might be getting another proposal under the RFP and to inquire with those that will serve on the RFP sub-committee their availability in the next few weeks to review proposal before presenting contract to the Board. (Robert, Gary, Adonica, Mother Champion)</p> <p>Staff discussed the challenges of working with County procurement and how programs' small funding request is having a hard time because of the required contract progress. Will work with County Counsel on trying to use the grant process to execute small funding requests.</p>	<p>Staff to reach out to those on RFP proposal sub-committee not affiliated with contracts.</p> <p>Staff work with County counsel on Small funding request.</p>
Regular Agenda: HCH/FH Program QI Report	<p>The San Mateo County HCH/FH Program QI Committee met on August 23, 2018. Medical Director summarized the meeting topics from last QI meeting:</p> <ul style="list-style-type: none"> • Diabetes Action Plan • QI Award • Enabling Services Outcome Measure • Shelter Homeless and Farmworkers as Disparity Groups <p><i>Please refer to TAB 6 on the Board meeting packet</i></p>	
Regular Agenda: HCH/FH Program Directors report	<p>Directors report included summary of:</p> <ul style="list-style-type: none"> • Operational Site Visit (OSV) • Non-Competing Continuation/Budget Period Renewal (NCC/BPR) • New Health System Identity • QI Award • Additional HRSA Review • Program Calendar- conferences coming up • 7 Day update- Proposal committee reviewed both proposals for SUD-MH funding. 	

	<i>Please refer to TAB 7 on the Board meeting packet.</i>	
Regular Agenda: HCH/FH Program Budget & Financial Report	<p>Preliminary grant expenditures through August 31, 2018, total an estimated \$1,631,133. This will increase slightly 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.</p> <p>As the Board considers opportunities and alternatives for possible expenditures to reduce the unexpended funds balance, consideration could be given to working on an arrangement with the county and Health IT to fund a portion of the upcoming Case Management System. Unless there is Board objection, Program will pursue this potential strategy as an option for utilization of unexpended funds, and report back to the Board on its potential at a future meeting</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
Contractors report- 2nd quarter report	<p>The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with five community based providers, plus two County-based programs for the 2018 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance. The Board reviews the performance of contracts on a quarterly basis at a minimum to ensure contracts are not under performing as well as to monitor the quality of services.</p> <p>Staff presented data that included performance for the 2nd quarter, as contractors should be performing at least at 50%. Such vendors as BHRS, Public Health Mobile Van, RFHC clinical services and Sonrisas Dental were all underperforming.</p> <p>All contractors seem to be doing well with coordinating with other service providers to get their clients seen for services. Some common challenges/trends that the contractors see are:</p> <ul style="list-style-type: none"> • Lack of affordable housing in San Mateo County • Aging homeless population and increase in senior and fragile populations. • Difficulty getting farmworker into care during high season (summer) and difficulty getting off work. • Requests to manage Diabetes • Patients losing medications • <p>Staff also presented on the Mobile Van's report on data Plan Progress report.</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
Adjournment	Time <u> 11 am</u>	Brian Greenberg

TAB 2

**Request to
approve
HRSA
audit
mandate
policy**

DATE: October 11, 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 GRANTS MANAGEMENT POLICY ON FEDERAL LEGISLATIVE MANDATES

The Co-Applicant Board has the responsibility for creating the necessary policies for Program operations. As part of the 2018 Consolidated Appropriations Act, Congress passed a number of legislative mandates. We have been notified by HRSA that they are doing a Legislative Mandate Review (LMR) to determine our compliance with these mandates.

A review of current HCH/FH, SMMC, SMC Health and County policies found that the specifics in the legislative mandates did not appear to be covered by current policies. Therefore, appropriate policies have been drafted for the Board's consideration, review and approval. These policies have been reviewed by County Counsel.

This request is for the Board to take action approve the proposed Grant Management Policy on Federal Legislative Mandates. A majority vote of the Board members present is required to approve this action.

Attachments:

- DRAFT HCH/FH Grant Management Policy for LMR



SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Grant Management Policy	Effective Date: October 11, 2018
Subject: Federal Legislative Mandates	Approved Date: October 11, 2018
Title of Policy: HCH/FH Program Grants Management Policy	Approved by: Co-Applicant Board
<p>1. Rationale or background to policy:</p> <p>It is the responsibility of the HCH/FH Co-Applicant Board to establish operational policies as necessary for the appropriate operation of the HCH/FH Program. As the Co-Applicant Board has the sole authority for the expenditure of grant funds received from the Health Services and Resources Administration (HRSA), and such funding may carry specific expenditure or other restrictions, it is incumbent on the Co-Applicant Board to establish policies for the expenditure of HRSA grant funds.</p> <p>The purpose of this policy is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141). Signed into law on March 23, 2018. The intent of this policy is to describe HCH/FH policy on the following statutory provisions that limit the use of funds from HRSA grant funding.</p> <p>In no manner are any of the following restrictions meant to restrict health center patient access to health care services including syringe exchange and harm reduction services or abortion or related services. The HCH program may continue to provide access to said services within applicable laws, however, this HRSA-mandated Policy solely serves to describe specific areas in which expenditures of federal grant funds are prohibited by federal law.</p> <p>2. Policy Statement:</p> <p>The scope and coverage of this policy applies to all services within the HRSA-approved Scope of Project of the HCH/FH Program whether delivered directly by San Mateo County employees or under contract, Memorandum of Understanding or subrecipient agreements.</p> <p>1. Salary Limitation</p> <p>No HRSA health center grant funds shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of federal Executive Level II.</p>	

2. Gun Control

No HRSA health center grant funds may be used, in whole or in part, to advocate or promote gun control.

3. Anti-Lobbying

No HRSA health center grant funds shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. The above prohibitions shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control. No federal grant funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

4. Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Alameda County HCH program shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non- governmental sources."

5. Restriction on Abortions

No HRSA health center grant funds shall be expended for any abortion. No HRSA health center grant funds shall be expended for health benefits coverage that includes coverage of abortion. The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement."

6. Exceptions to Restriction on Abortions

The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds). Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

The ACHCH program shall not subject any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. The term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

7. Ban on Funding of Human Embryo Research

No HRSA health center grant funds may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

8. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

No HRSA health center grant funds may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

9. Restriction on Purchase of Sterile Needles

No HRSA health center grant funds shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug, unless the CDC has determined that the area is experiencing -- or is at risk for -- a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and the health center has received HRSA approval for said syringe exchange activities.

10. Restriction of Pornography on Computer Networks

No HRSA health center grant funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of

pornography.

11. Restrictions on Funding ACORN

No HRSA health center grant funds may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

12. Confidentiality Agreements

No HRSA health center grant funds may be utilized for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

3. Procedures:

The HCH/FH Program staff shall ensure that no grant funds are expended in divergence to this policy.

The HCH/FH Co-Applicant Board shall review this Grant Management Policy at least annually to ensure that it is fully compliant with HRSA and all other federal requirements for grant expenditures.

Approved _____

Board Chair

Program Director

TAB 3
Request to
Approve
Contract
Amendments

DATE: October 11, 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 AMENDMENT FOR SONRISAS DENTAL HEALTH INC.

Program currently has a one-year contract with Sonrisas Dental Health Inc. (Sonrisas) for onsite dental services to farmworkers and their family members in Pescadero in collaboration with Puente de la Costa Sur. The services included preventive and restorative dental services, periodontal deep cleaning, referrals for patients requiring more specialized care and dental care coordination such as scheduling, transportation, and translation services as needed.

Program is looking to extend the partnership with Sonrisas for the next two year for the same dental services. This request is for the Board to take action to approve the execution of this amendment with Sonrisas.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract amendment is for three (3) years from January 1, 2018 through December 31, 2020. The value of the agreement is for a total contract value of \$395,025.

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

Attachments:

- Exhibit A & B for Sonrisas Dental Services

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.

Sonrisas Dental Health Inc. (Sonrisas) will provide dental services for farmworkers and farmworker family members. Sonrisas will provide preventive and restorative dental services, including examinations, prophies, fillings, crowns, prosthetics, x-rays, periodontal deep cleanings and other general dental services as described in Diagnostic and Preventative, and Basic Services below, to at least **115 unduplicated farmworkers or farmworker family members** for a total of **460 dental visits** during ~~the term of the Agreement~~each reporting period. A minimum of 15 farmworkers or farmworker family members will be provided with Major Restorative Services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Sonrisas staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

A minimum of **98** of the farmworkers or farmworker family members are to be adults (over the age of 18 at the time services are initiated). A minimum of **104** farmworker or farmworker family members will be from the Pescadero, California area.

Treatment Plan Priorities:

- Alleviate pain*
- Restore function*
- Prevent further disease*
- Consider esthetic results*

Diagnostic and Preventative:

- Exam and evaluation*
- Routine cleaning*
- Digital imaging*
- Dental education*
- Palliative treatment for dental pain*
- Periodontal deep cleaning*

Basic Services:

- Composite and amalgam fillings*
- Extractions*
- Temporary Crowns*
- Stainless steel crowns*

Major Restorative:

Qualification for removal prosthetics: 1) no teeth, 2) no posterior occlusion, 3) missing front teeth

Full Dentures – *If the arch is edentulous or teeth needing extraction will cause the arch to become edentulous*

Partial Dentures with metal framework – *If three or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant*

Acrylic-Base stay plate (Flipper) – *If one to four anterior teeth are missing in the same arch, or if the needing of an extraction will cause them to be missing*

Sonrisas will coordinate their effort under this Agreement with Puente de la Costa Sur, the core service agency in Pescadero, California, to outreach and identify farmworkers primarily from the Pescadero area for potential services under this Agreement.

The dental services to be provided by Sonrisas will be implemented as measured by the following objectives and outcome measures.

Objective 1: *Provide access to dental health services to a minimum of 115 individuals who qualify as farmworkers or farmworker family members in San Mateo County for a minimum total of 460 visits during the term of this Agreement.*

Outcome Measure 1.A: Each patient receiving services under this contract will receive a full dental examination, cleaning and a written dental treatment plan.

Outcome Measure 1.B: Each patient will be scheduled for a series of appointments to complete their treatment plan. Sonrisas will schedule patients for services.

Outcome Measure 1.C: Each patient's progress on their dental plan will be tracked, with the goal to make significant progress in their treatment plans. At least 50% of dental patients will complete their treatment plans within the twelve-month period.

Objective 2: *Provide routine and comprehensive dental services (diagnostic and preventive, and basic services as outlined above), to at least 115 individual farmworkers or farmworker family members resulting in improved overall health status.*

Outcome Measure 2.A: At least 85% of patients will attend their scheduled treatment plan appointments.

Outcome Measure 2.B: At least 85% of patients will have improved oral health

Objective 3: *Provide major restorative (as previously outlined). Replace missing teeth with dentures to restore full function and improve self-esteem for a minimum of 15 farmworkers or farmworker family members.*

Outcome Measure 3.A: All extractions necessary before denture treatment can begin will occur within three months of the initial visit.

Outcome Measure 3.B: At least 75% of the individuals will complete their denture treatment plan and have dentures delivered within the contract period.

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

Outcome Measure 4.A: Identify each patient's medical primary care provider during dental evaluations.

Outcome Measure 4.B: Provide referrals to Primary Care services to 95% of patients who do not have a medical primary care provider.

Objective 5: Provide deep cleaning to patients in need.

Outcome Measure 5.A. Document the number of patients receiving deep cleaning with the number of quadrants.

RESPONSIBILITIES:

Data Reporting

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker or farmworker family member individual receiving dental services from Sonrisas during the reporting period. All encounter information as defined by the HCH/FH Program will be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with a monthly invoice. **This may include data for farmworker or farmworker family members for whom the Contractor is not reimbursed.** The Contractor will also assess and report each individual's homeless status as defined by Bureau of Primary Health Care.

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

- A **monthly invoice** detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.
- **Quarterly reports** providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th day of the month following the completion of each calendar quarter throughout the contract.
- If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, Contractor shall track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.
- Any **revenue** received from services provided under any HCH/FH contract must be reported.

Site visits will occur at least annually, 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:

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

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

Meetings/activities:

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

All HRSA/ BPHC reporting requirements as may be designated. If Contractor charges patients for contract services, a **sliding fee scale policy** must be in place, and must be submitted to the HCH/FH Program for review.

Contractor agrees to provide evidence that its Credentialing and Privileging policies and procedures are in compliance with Bureau of Primary Health Care (BPHC) requirements and to

| make any reasonable adjustments to such policies and procedures needed to bring such policies and procedures into compliance.

Contractor agrees to provide evidence that demonstrates compliance requirements pursuant to the Health Resources & Services Administration's (HRSA) Health Center Program.

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

1. Monitor Sonrisas's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Perform at least one (1) site visit during the contract year to assess program operations, review data collection and case files, and validate program submissions.
5. Provide technical assistance to Contractor on the HCH/FH Program, or in support of this contract, as needed.

Exhibit B

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

County shall pay Contractor at a rate of \$1,145.00 for each unduplicated farmworker or farmworker family member invoiced for contract services during ~~the term of this Agreement~~ each reporting period, up to the maximum of 115 unduplicated individuals, and limited as defined in Exhibit A for "unique unduplicated," age, location and service level.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of farmworker individuals and encounters for the previous month.

The term of this Agreement is January 1, 2018 through December 31, 2020. Maximum payment for services provided under this Agreement will not exceed THREE HUNDRED NINETY-FIVE THOUSAND TWENTY FIVE DOLLARS (\$395,025).

DATE: October 11, 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 AMENDMENT FOR LIFEMOVES

Program currently has a one-year contract with LifeMoves for enabling services to homeless individuals in San Mateo County, services include care coordination, SSI/SSDI and health eligibility assistance, care coordination in collaboration with Public Health Street Medicine team and transportation services to primary care and related health enabling services visits.

Program is looking to extend the partnership with LifeMoves to next year for the same enabling services. This request is for the Board to take action to approve the execution of this amendment with LifeMoves.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for two (2) years from January 1, 2018 through December 31, 2019. The value of the agreement is for a total contract value of \$594,530.

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

	2018 (current)		2019 (proposed)	
	Patient#	Payment	Patient#	Payment
Care Coordination	500	\$275/patient	450	\$315/patient
Intensive CC	50	\$525/patient	50	\$525/patient
SSI/SSDI Eligibility Assistance	75	\$420/patient	50	\$420/patient
Health Coverage Eligibility Assistance	30	\$110/patient	50	\$110/patient
Intensive CC (CHOW) Street Medicine	140	\$600/patient	140	\$600/patient
Transportation	344trips	\$45/trip	400trips	\$45/trip
Total Funding		\$298,030		\$296,500

Attachments:

- Exhibit A & B for LifeMoves Enabling Services



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 ~~during the term of the Agreement~~ for each reporting period.

The County of through the Health Care for the Homeless/Farmworker Health (HCH/FH) Program, is contracting with Contractor for a full range of enabling services to homeless individuals, centered on care coordination, eligibility assistance and transportation, and for enabling services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team.

Contractor will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and eligibility assistance for health coverage and Supplemental Security Income (SSI) or Social Security Disability, to at least **550 unduplicated homeless individuals** during ~~the one-year term of the Agreement~~ the first reporting period and at least 500 unduplicated homeless individuals during the second reporting period, who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during ~~the term of the Agreement~~ each reporting period. At a **minimum, 75%** of these individuals ~~(375)~~ will meet the BPHC definition as a street or shelter homeless individual. A **minimum of 75 of these homeless individuals** during first reporting period and a minimum of 50 of these homeless individuals during second reporting period will complete an SSI (MediCal) or SSDI (Medicare) application. A **minimum of 30 of these homeless individuals** during first reporting period and a minimum of 50 of these homeless individuals during second reporting period will complete a health coverage application.

In collaboration and coordination with San Mateo County's Street Medicine Team, Contractor will provide care coordination, including transportation to medical appointment, picking up medication, and establishing and evaluating adherence to case plan, medical needs assessments and intensive follow-up to at least **140 unduplicated street homeless individuals** during each reporting period who meet BPHC criteria for street homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during ~~the specified term of the Agreement~~ each reporting period, including for the care coordination services specified in the preceding paragraph. **100%** of these individuals (**140**) will meet the BPHC definition as a street homeless individual at the time service is initiated.

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

OBJECTIVE 1: Provide initial assessments, healthcare planning and on-going **care coordination** services to a minimum of **550** homeless individuals ~~each~~ during ~~the term of the Agreement~~ first reporting period and a minimum of 500 homeless individuals during second reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **1,375** on-going care coordination encounters will be provided to these ~~550~~ individuals during each reporting period. At least 90% will have a documented care plan.

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.

Each care coordination encounter must meet BPHC visit criteria 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 enabling services encounters as an encounter between a service 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, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in care coordination encounters.

OBJECTIVE 1.1.: Intensive Care Coordination- Of the 550 homeless individuals served during first reporting period and 500 homeless individuals served during second period, assist at least **50** 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. The determination of a client's status as a new unduplicated homeless individual shall be determined by Contractor through use of a standard information gathering protocol, as approved by the HCH/FH Program, which may include self-attestation by the client. A minimum of **150** on-going encounters will be provided to these 50 individuals.

Outcome Measure 1.A: Of the homeless individuals that do not currently have a medical home, a minimum of 50% will establish a medical home, 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.B: At least 150 of homeless individuals served will be homeless individuals with chronic health conditions (including, but not limited to, obesity, hypertension, diabetes, and asthma).

Outcome Measure1.C: At least 75% of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

OBJECTIVE 2: To improve access to health care by providing eligibility assistance to homeless individuals in making application for appropriate health insurance coverage plans.

Outcome 2.A. 100% of clients that are uninsured will be referred to Contractor Health Care for Homeless staff for health insurance enrollment. As warm hand offs increase rate of success, it is highly encouraged that Contractor HCH eligibility staff accompany CHOW in field as schedule permits.

Outcome 2.B: At least 75 individuals during the term of the Agreementfirst reporting period and at least 50 individuals during the second reporting period will complete an SSI

(MediCal) or SSDI (Medicare) application. SSI/SSDI claims will be supported from the initial submission to Administrative Law Judge (AJL) hearing as needed. At least 60% (45) will attend their scheduled Consultative Exam. At least 20% (45) of these individuals will be classified in the street homeless category.

Outcome 2.C: All (100%) homeless clients will be screened for health insurance/coverage eligibility. At least 30 homeless individuals each ~~during the term of the Agreement~~ reporting period- will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, as appropriate.

OBJECTIVE 3: Provide initial assessments, healthcare planning and on-going care coordination services to a minimum of **140** street homeless individuals for coordination with the San Mateo County Street Medicine Team each reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **300** on-going care coordination encounters will be provided to these 140 individuals. At least 90% will have a documented care plan.

Outcome Measure 3.A: Working with the Street Medicine Team, provide medical needs assessment for 100% (140) of the individuals served.

Outcome Measure 3.B: Of the homeless individuals that do not currently have a medical home, a minimum of 20% (28) will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 3.C: At least 80% (112) of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor 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 term of the Agreement. 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 Contractor 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 least annually, 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:

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

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

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

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. A separate transportation encounter spreadsheet will also be provided monthly. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

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

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

Contractor will provide County with notice (within 10 calendar days) of staff changes involving services provided under this Agreement, and a plan on how to ensure continuity of services. Contractor will facilitate HCH/FH staff meeting with new staff members soon after they have started to orient them with the Agreement and program, including contracting and related staff.

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 BPHC Office of Performance Review Process.

Exhibit B

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

County shall pay Contractor at a rate of \$275.00 for each established (not “new” as defined in Exhibit A) unduplicated homeless individual invoiced ~~up to the maximum of 500 individuals during the term of the Agreement~~first reporting period and at a rate of \$315.00 for each established unduplicated homeless individual invoiced up to the maximum of 450 individuals during the second reporting period for delivery of care coordination services, ~~up to the maximum of 500 individuals during the term of the Agreement~~, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$525.00 for each unduplicated homeless individual invoiced ~~the term of the Agreement~~ for delivery of intensive care coordination services for “new” clients as defined in Exhibit A, up to the maximum of 50 during ~~the term of the agreement~~each reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay contractor at a rate of \$420.00 per unduplicated homeless individual invoiced, during the term of the Agreement, for completing application to SSI (MediCal) or SSDI (Medicare) up to and including at least one potential appeal of a denial, up to a maximum of 75 during the ~~term of the Agreement~~first reporting period and up to a maximum of 50 during the second reporting period, limited as defined in Exhibit A for homeless category and “unique unduplicated”.

County shall pay contractor at a rate \$110.00 per unduplicated homeless individual invoiced during the term of the Agreement for completing the enrollment process for Covered California, Medi-CAL or the ACE program, as appropriate, up to a maximum of 30 during the ~~term of the Agreement~~first reporting period and up to a maximum of 50 during the second reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$600.00 for each unduplicated street homeless individual during ~~the term of the Agreement~~each reporting period, for delivery of care coordination services for street medicine clients, up to the maximum of 140 individuals during ~~the term of the Agreement~~each reporting period limited as defined in Exhibit A for “unique unduplicated.” Individuals invoiced under this term must also be unique and unduplicated from the care coordination terms in paragraphs 2 and 3 above of this Exhibit.

County shall pay contractor at a rate \$45.00 per unduplicated one-way trip by homeless individuals invoiced during ~~the term of the Agreement~~each reporting period for the delivery of transportation services, up to ~~the a~~ maximum of 344 trips during the first reporting period and up to a maximum of 400 trips during the second reporting period ~~per contract period~~. A separate transportation encounter spreadsheet will also be provided monthly.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of homeless individuals and encounters for the previous month.

Budget Overview January to December 2018

	Service	Unduplicated Maximum	Payment per Unit
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Must be unduplicated across all three categories and invoiced only once in one category	Care Coordination	500 patients	\$275/patient
	Intensive Care Coordination	50 patients	\$525/patient
	Street Medicine Care Coordination	140 patients	\$600/patient
Can be invoiced in addition to any care coordination	SSI/SSDI	75 patients	\$420/patient
Can be invoiced in addition to any care coordination	Health Coverage	30 patients	\$110/patient
Can be invoiced in addition to any care coordination	Transportation	344 trips	\$45/trip

January to December 2019

	<u>Service</u>	<u>Unduplicated Maximum</u>	<u>Payment per Unit</u>
<u>Must be unduplicated across all three categories and invoiced only once in one category</u>	<u>Care Coordination</u>	<u>450 patients</u>	<u>\$315/patient</u>
	<u>Intensive Care Coordination</u>	<u>50 patients</u>	<u>\$525/patient</u>
	<u>Street Medicine Care Coordination</u>	<u>140 patients</u>	<u>\$600/patient</u>
<u>Can be invoiced in addition to any care coordination</u>	<u>SSI/SSDI</u>	<u>50 patients</u>	<u>\$420/patient</u>
<u>Can be invoiced in addition to any care coordination</u>	<u>Health Coverage</u>	<u>50 patients</u>	<u>\$110/patient</u>
<u>Can be invoiced in addition to any care coordination</u>	<u>Transportation</u>	<u>400 trips</u>	<u>\$45/trip</u>

TAB 4
Request to
Approve
contract

PROGRAM PROPOSAL- Mission Hospice & Home Care

Cover Sheet

The homeless population is aging, as the baby boom generation ages. It has been reported that approximately half of single homeless adults are aged 50 and older, compared to 11% in 1990 (www.ncbi.nlm.nih.gov/pmc/articles/PMC4862628). Homeless individuals at age 50 have health, memory and independent living skills comparable to those of 80-year old housed persons (www.ucsf.edu/news/2016/02/403511/homeless-people-suffer-geriatric-conditions-decades-early-ucsf-study-shows). In addition, housing costs increase the barriers in getting homeless individuals into homes and/or care facilities.

The major agencies that provide homeless shelter services are reporting a significant rise in the number of older homeless individuals with significant health challenges. Many of these people are chronically ill, and some are facing the end of life. Being homeless only exacerbates their health challenges. More than half of the population at the Maple Street Shelter in Redwood City is over the age of 50, and approximately half of them have significant health needs.

Shelter agencies are currently unequipped to care for these individuals in their own facilities, and they are struggling to find appropriate placement for them. As the cost of housing in our area continues to increase, we expect the number of chronically ill older homeless individuals to increase as well.

While there is agreement that the rise in the number of the older and chronically ill homeless population is significant, the exact number and health care needs of this group are unknown. What is known the numbers of aging homeless is growing and the capacity to care for them in the shelters and on the streets is being stretched beyond their capacity.

In this proposal, we would: 1) conduct a needs assessment of the current population, and provide projections into the future; 2) provide education and training to shelter staff on the health care needs of this population, as well as placement options in the community; and 3) identify and co-manage 10 chronically ill older homeless individuals, with the goal of enhancing shelter staff capacity to care for this population.

Service Description

We plan for the following:

- Peninsula Conflict Resolution Center (PCRC) will work with Mission Hospice & Home Care (MHHC), LifeMoves, and Samaritan House to develop a needs assessment survey that will be utilized at the homeless shelters run by the two agencies. In November, PCRC will meet with the staff at the shelters and one hotel in San Mateo to complete the survey. Results of the survey will be available in December.
- MHHC will work with the leadership of LifeMoves and Samaritan House to develop and provide in-service education to the case managers and appropriate shelter staff about the care and placement options for the older and chronically ill homeless population.
- MHHC, LifeMoves and Samaritan House leadership will identify and co-manage 10 older homeless individuals with significant health care and/or placement challenges.
- A final report will be provided at the end of the grant period.

Service Delivery

Surveys will be done as focus groups at the Maple Street Shelter, Samaritan House Shelter, and the Vendome in San Mateo.

The 10 cases will be identified jointly by the MHHC, Maple Street Shelter and Samaritan House staff.

The final report will be distributed to the partner organizations, other identified stakeholders, and MHHC.

Objectives will include:

- Identify the number and health care/placement needs of the older, chronically ill homeless population (60 and older) in the noted shelters.
- Serve the health care/placement needs of 10 individuals. Nursing care and social worker intervention will be provided by MHHC staff.
- Provide 2 hours of in-service training to case worker and shelter staff on palliative and hospice care for the aging homeless population.

Community Collaboration

The leadership of LifeMoves and Samaritan House have been involved in the development of this grant. We have initiated the conversation with PCRC to manage the focus groups for the grant. We plan to include the providers who care for the homeless population in future discussions, as we look for additional grant opportunities.

Management

The grant and its execution will be managed by MHHC, overseen by the CEO and Director of Development. MHHC staff will develop and provide in-service training in coordination with LifeMoves and Samaritan House leadership. Determination of the individuals to be served, as well as needed clinical documentation, will be coordinated between the clinical staff of the three entities. MHHC will be responsible for all reports.

Data Collection

The survey data will be completed by PCRC and reported to the three entities. The in-service curriculum and attendance will be collected by MHHC staff and included in the final report. Clinical outcomes from our work with the 10 older homeless individuals will be summarized in the final report.

HCH/FH Activities Only
YEAR 1

Budget Table 1: Revenue + Other Funding for HCH/FH Activities

Source	Amount
Patient Revenue	
Whole Person Care	
Other Funding (please identify):	
Other Funding (please identify):	
Other Funding (please identify):	
Other Funding (please identify):	
Total	\$ -

Budget Table 2: Personnel

Position	Salary	Fringe Benefits	HCH/FH FTE	Requested HCH/FH Costs	Required Agency In-Kind (>10% Match)	Revenue/Other Funding (from Table 1)	Total Project Cost
RN Case Manager	\$20,000		0.20	\$20,000	\$2,000		\$ 22,000.00
Medical Social Worker	\$30,000		0.30	\$30,000	\$3,000		\$ 33,000.00
Outreach Educator	\$15,000		0.25	\$15,000	\$1,500		\$ 16,500.00
							\$ -
							\$ -
TOTAL PERSONNEL				\$ 65,000.00	\$ 6,500.00	\$ -	\$ 71,500.00

Budget Table 3: Non-Personnel

Non-Personnel	Requested HCH/FH Costs	Agency In-Kind (>10% Match)	Revenue/Other Funding (from Table 1)	Total Project Cost
Travel				
Client Travel	\$ -	\$ -	\$ -	\$ -
Public Transportation				
Taxi				
Other				
Staff Travel	\$1,000			
Other Travel				
Total Travel	\$ 1,000.00	\$ -	\$ -	\$ -
Equipment				
(Please identify)				
Total Equipment	\$ -	\$ -	\$ -	\$ -
Supplies:				
Medical				
Dental				
Laboratory				
Radiology				
Pharmacy				
Hygiene/Health Maintenance				
Printed Materials	\$4,000			
Office				
Other				
Total Supplies	\$ 4,000.00	\$ -	\$ -	\$ -
Contractual				
Subcontractor (PCRC)	\$ 40,000.00			
Laboratory				
Radiology				
Pharmacy				
Total Contractual	\$ 40,000.00	\$ -	\$ -	\$ -
Staff Training				
National Health Care for the Homeless Conference & Policy Symposium				
Western Forum for Migrant & Community Health				
Other				
Total Staff Training	\$ -	\$ -	\$ -	\$ -
Communications				
Telephone				
Postage				
Internet				
Other				
Total Communications	\$ -	\$ -	\$ -	\$ -
Insurance				
(Please identify)				
Total Insurance	\$ -	\$ -	\$ -	\$ -
Facility				
Rent				
Utilities				
Maintenance				
Total Facility	\$ -	\$ -	\$ -	\$ -
Other Expenses (detail)				
TOTAL NON-PERSONNEL	\$ 45,000.00	\$ -	\$ -	\$ -

Budget Table 4: Total Budget

	Requested HCH/FH Costs	Required Agency In-Kind (>10% Match)	Revenue/Other Funding (from Table 1)	Total Project Cost
Personnel	\$ 65,000.00	\$ 6,500.00	\$ -	\$ 71,500.00
Non-Personnel	\$ 45,000.00	\$ -	\$ -	\$ 45,000.00
Indirect Costs (Max 10% Allow under HCH/FH Costs)				\$ -
TOTAL	\$ 110,000.00	\$ 6,500.00	\$ -	\$ 116,500.00

TAB 5
QI Report

DATE: October 11, 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 next San Mateo County Healthcare for the Homeless/Farmworker Health Program QI Committee meeting will be on October 18, 2018.

There are no other updates from the QI Committee at this time.

TAB 6
Director's
Report

DATE: October 11, 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 September 13, 2018 Co-Applicant Board meeting:

1. Operational Site Visit (OSV) Report

On October 3rd we received our OSV Report. We were found to not be in compliance for 6 of the 18 reviewed items, with 11 specific deficiencies. For the most part, it represents what we expected. The majority of items are direct and simple in terms of correction, although we (HCH/FH Program) may not have final control of the actual correction.

Staff is still going over the report and planning our strategies to address the compliance issues. To date, HRSA has not issued the grant conditions related to the findings, so our clock has not yet started ticking. We will have a more complete report for the Board at the November meeting.

2. Additional HRSA Review

As we informed the Board at last month's meeting, we received notice from HRSA of a Financial Management Review focused on the Legislative Mandates from the 2018 Consolidated Appropriations Act. A review of available policies for the Program, SMMC, SMC Health and the County did not find any appropriate policies that addresses these Legislative Mandates. Program has worked with Counsel and drafted Program Policies to address the various mandates. A Request for Board Approval of these policies is elsewhere on today's agenda.

3. Management Analyst Position

With the pending expiration of the allowable employment term for the Program's current Management Analyst, Ellie Lo, we have been working with Human Resources to get approval for a new Term Position and to fill the position. We have been approved for a new Term Position and have received a list of potential candidates for the position from other recent County recruitments. We will be continuing to work through the recruitment and hiring process in an effort to fill the position as expeditiously as possible.

4. SUD-MH Award

On September 19, 2018, we received a Notice of Award (NOA) for the Expanding Access to Quality Substance Use Disorder and Mental Health (SUD-MH) funding opportunity. We received \$130,250 in ongoing funding (an increase of \$10,000 over the expected amount) and \$175,000 in one-time funding (a \$25,000 increase), for a total award of \$305,250. Based on the Board's Proposal Review Committee, we will be moving forward with the proposal received from StarVista and developing a contract with them for the services. We plan to have the contract for Board review and approval at the November meeting.

5. Seven Day Update

ATTACHED:

- Program Calendar

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (October 11, 2018 from 9:00 a.m. to 11:00 a.m.) Amend contracts Medical Respite training symposium (NHCHC) Oct. 1-2 in Phoenix, AZ Provider Collaborative meeting QI Meeting 	October	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (November 8, 2018 from 9:00 a.m. to 11:00 a.m.) Board Chair/Vice Chair Nominations/Elections 	November	@Coastside Clinic in HMB
<ul style="list-style-type: none"> Board Meeting (December 13, 2018 from 9:00 a.m. to 11:00 a.m.) QI Meeting 	December	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (January 10, 2019 from 9:00 a.m. to 11:00 a.m.) Provider Collaborative meeting 	January	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (February 14, 2019 from 9:00 a.m. to 11:00 a.m.) 2019 Western Migrant Conference- Feb 20-22nd in Portland, OR 	February	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
Project	Deadline
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
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 7
Budget &
Finance Report

DATE: October 11, 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 through September 30, 2018, total an estimated \$1,816,422. This will increase slightly 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.

At this point it has become clear that there will be an unexpended funds balance between \$200,000 and \$300,000. We currently estimate the final amount to be around \$267,000, which is about \$30,000 better than last month. This represents 7-11% of the grant. Administrative expenses, including salaries & benefits, will fully expend their budgeted amounts in aggregate. However, our contractual obligations have an overall utilization rate in the low 80% for the year. While 2018 contracts are performing better with utilization rates averaging in the low 90%, the final month(s) of 2017 – paid under the 2018 grant – had very low expenditures. But even with a utilization rate in the low 90%, contractual obligations will account for more than half of the unexpended funds.

While we were hoping to be able to utilize the pending the Case Management system as an avenue to minimize unexpended funds, contractual and budgetary delays make it appear that doing so will not be an option.

Attachment:

- Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (09/30/18)	Projection for GY (+~13 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>335,064</u>	<u>485,000</u>	<u>598,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>200,000</u>	<u>128,900</u>	<u>180,000</u>	<u>257,140</u>
<u>Travel</u>				
National Conferences (2500*4)		5,213	7,500	15,000
Regional Conferences (1000*5)		2,340	5,000	5,000
Local Travel			1,500	1,000
Taxis		2,303	5,000	3,000
Van & vehicle usage		1,075	1,500	1,500
	<u>25,000</u>	<u>10,931</u>	<u>20,500</u>	<u>25,500</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	3,634	4,500	10,000
Small Funding Requests		25,370	50,000	20,000
	<u>10,500</u>	<u>29,004</u>	<u>54,500</u>	<u>30,000</u>
<u>Contractual</u>				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	653,863	853,390	870,000
Current 2018 MOUs	872,000	583,010	755,000	820,000
---unallocated---/other contracts	118,073		25,000	175,000
	<u>1,957,103</u>	<u>1,286,598</u>	<u>1,683,115</u>	<u>1,865,000</u>
<u>Other</u>				
Consultants/grant writer	31,667	13,575	65,000	30,000
IT/Telcom	5,930	8,150	11,000	6,000
New Automation			0	-
Memberships	4,000	2,000	4,000	2,000
Training			3,250	3,000
Misc (food, etc.)	5,500	2,200	5,500	4,000
	<u>47,097</u>	<u>25,925</u>	<u>88,750</u>	<u>45,000</u>
TOTALS - Base Grant	<u>2,779,700</u>	<u>1,816,422</u>	<u>2,511,865</u>	<u>2,820,640</u>
HCH/FH PROGRAM TOTAL	<u>2,779,700</u>	<u>1,816,422</u>	<u>2,511,865</u>	<u>2,820,640</u>
PROJECTED AVAILABLE	BASE GRANT		<u>267,835</u>	1,792
				based on est. grant of \$2,822,432