HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting
Fair Oaks Clinic | 2710 Middlefield Road Redwood City
September 13, 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**			**9:05 AM**
C.	**PUBLIC COMMENT**			**9:07 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.

D.	**BOARD ORIENTATION/CONSUMER INPUT**			
	i. Presentation on service needs	Fair Oaks clinic staff		**9:10 AM**
E.	**CLOSED SESSION**			**9:25 AM**
	1. There is no Closed Session this meeting			
F.	**MEETING MINUTES**	Linda Nguyen	**TAB 1**	**9:26 AM**
	1. Meeting minutes from August 9, 2018			
G.	**BUSINESS AGENDA:**			
	1. NCC-BPR	Jim Beaumont	**TAB 2**	**9:30 AM**
	i. Action Item- Request to approve NCC-BPR final submission.			
	2. AIMS- El Centro de Libertad/The Freedom Center	Jim/Elli/Linda	**TAB 3**	**9:35 AM**
	i. Action Item- Request to approve El Centro contract			
	ii. Discussion on One time use funding			
	3. LifeMoves Nutrition proposal/small funding	Jim/Elli	**TAB 4**	**9:45 AM**
	i. Action Item- Request to approve Contract Funding for LifeMoves Nutrition Project			
H.	**REPORTING AGENDA:**			
	1. Strategic Plan Review/Update	Irene/Jim	**TAB 5**	**9:50 AM**
	2. Board sub-committee reports	Linda/Irene/Danielle		**10:10 AM**
	i. Board membership/recruitment update			
	ii. Discussion on serving on sub-committees and other ways to participate			
	3. Discussion RFP Proposal/Small funding request policy	Elli/Linda/Jim		**10:15 AM**
	4. HCH/FH Program QI Report	Frank Trinh	**TAB 6**	**10:20 AM**
	5. HCH/FH Program Director's Report	Jim Beaumont	**TAB 7**	**10:30 AM**
	6. HCH/FH Program Budget/Finance Report	Jim Beaumont	**TAB 8**	**10:40 AM**
	7. Contractors report- Second quarter report/mobile van report	Elli/Linda	**TAB 9**	**10:50 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 2nd Thursday of the month (unless otherwise stated)

Next Regular Meeting Oct 11, 2018; 9:00 A.M. – 11:00 A.M. SMMC- San Mateo

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 (August 9, 2018)
SMMC

Co-Applicant Board Members Present	County Staff Present	Members of the Public
Brian Greenberg	Linda Nguyen, Program Coordinator	
Dwight Wilson	Elli Lo, Management Analyst	
Christian Hansen	Danielle, Hull, Clinical Coordinator	
Robert Anderson- Vice Chair	John Nibbelin, County Counsel	
Steven Kraft	Irene Selverstov, Program Implementation Coordinator	
Gary Campanile	Danielle Hull, Clinical Coordinator	
Adonica Shaw		
Steve Carey		
Mother Champion		
Jim Beaumont, HCH/FH Program Director (Ex-Officio)		

Absent: Kathryn Barrientos, Tayischa Deldridge

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:00 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session **Request to Approve C&P list**	**Action item: *Request to Approve* Credentialing and Privileging List**	Motion to Approve C&P list MOVED by Steve C. SECONDED by Robert, and APPROVED by all Board members present.
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 MOVED by Robert SECONDED by Adonica, and APPROVED by all Board members present.
Board Orientation/Consumer Input San Mateo Police Officers (HOT) presentation	Police officers stated the unmet needs of clients they are seeing in their work with the Homeless Outreach Team (HOT): Lack of mental health and detox services, more males than females. Mostly see Meth use instead of opioids. Many are seen at PES (Psych emergency) Would like to see that facilities are brought back (5170), to address substance abuses and involuntary holds. Same guidelines as 5150 (involuntary hold). Discussion on other possible guest like Kaiser (Dwight to ask) or provider from Coastside clinic – staff to inquire.	Change order of for Consumer input- staff move up on future agendas

NCC-BPR **Action Item-** **Request to approve preliminary submission of NCC-BPR**	While a successful Service Area Competition (SAC) award provides for a designated grant period (usually for three (3) years), each year during the period HRSA requires the submission of a Non-Competing Continuation/Budget Period Progress Report (NCC/BPR). Our deadline for submission of our annual NCC/BPR is August 17th. Today we are presenting DRAFT versions of these documents for the Board's review and preliminary approval. The actual final submission will be brought to the Board for its final approval at the next Board meeting. This **Action item: Request to approve preliminary submission of NCC-BPR** *Please refer to TAB 2 on the Board meeting packet*	**Request to approve preliminary submission of NCC-BPR** MOVED by Steve C. SECONDED by Adonica, and APPROVED by all Board members present
Credentialing and Privileging Policy **Action Item-** **Request to modify C& P policy**	Under HRSA Program Requirements, the HCH/FH Co-Applicant Board is responsible to ensure that all program services are delivered by licensed and credentialed staff, as appropriate, and that staff has been provided privileges as appropriate. The requirements for doing so were recently changed with the issuance of HRSA's Health Center Compliance Manual. While the underlying responsibilities have not changed, demonstration of the appropriate oversight by the Co Applicant Board has changed. The Board is no longer required to review and approve Credentialing and Privileging Reports as part of its routine business. The Board has the authority to determine how Credentialing & Privileging actions are reviewed. Based on this change, Program is recommending a change to the HCH/FH Credentialing & Privileging Policy. The requirement for Board review of credentialing and privileging actions has been removed. Those portions of the policy that required the Board to review and approve, through report from the QI Committee, the policies and procedures of San Mateo Medical Center, its Medical Staff Office and Human Resources Department, are maintained in the amended policy. Board will still review annually in December,QI committee will review policies. **Action item: Request to modify C& P policy** *Please refer to TAB 3 on the Board meeting packet*	**Request to Approve to modify C& P policy** MOVED by Steve C. SECONDED by Christian, and APPROVED by all Board members present
Discussion on AIMS	**Discussion on El Centro AIMS proposal:** El Centro works with Maple Street shelter well, with our sheltered population (low threshold). Suggestion to also prioritize street homeless as well as shelter homeless. Health Right 360 is known organization that works well with street homeless, to set the precedent. Discussion to have board members or sub-committee to review proposals as well, and possibly set conference calls to discuss and get Board input on any proposals for future (expanded services funding opportunities) Follow up questions to ask El Centro: • What organizations are they collaborating with • How are they engaging, interventions	Staff to reach out to Board members interested on serving on ad hoc subcommittee to review proposals.

Sub-committee reports **Attendance/time change** **Serving on sub-committees**	Discussion on options in regard to meeting times to attract more Board members: • How much earlier to hold meetings? • Some voiced that they want a commitment from any prospective board member before changing meeting times to accommodate their schedules. • Others said that if we don't change the meeting times then we will not get any new interest • Alternate morning and evening meetings • Recruitment session- evening or weekend doing a private session (Adonica, Gary, Irene – volunteered to conduct sessions at shelters. Inquired if other members are interested in working with Finance or Board membership/recruitment committees. • Mother Champion expressed interest on serving on Finance committee.	Staff to send Board membership/recruitment committee definition of homeless/farmworkers as well as skills matrix etc.
OSV Discussion	There was a discussion on how the site visit went and a summary of possible conditions that might come out of a report. *Please refer to TAB 6 on the Board meeting packet*	
Regular Agenda: HCH/FH Program QI 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 August 2018. *Please refer to TAB 8 on the Board meeting packet*	
Regular Agenda: HCH/FH Program **Directors report**	Directors report: • We are fully staffed as of August 6th. • We completed our Operational Site Visit (OSV) as scheduled from Tuesday through Thursday, July 24-26. • Program has been working diligently with our supporting contractor on completing the NCC-BPR due on August 17th. We have a draft of the expected submission elsewhere on today's agenda for the Board's consideration. • The Health System is changing its Visual Identity with a new logo, and tagline. In Addition, they are dropping the word "System" from their formal name – now being San Mateo County Health. he changes will start appearing in September and we will provide a further update on this for the Board's September meeting. *Please refer to TAB 9 on the Board meeting packet.*	

Regular Agenda: HCH/FH Program *Budget & Financial Report*	Budget /Finance report: Preliminary grant expenditures through July 31, 2018, total an estimated $1,418,032. 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. Being more than half way through the year, we can now begin to accurately estimate what the total expenditure under each of our contracts/MOUs might look like at year's end. Currently, our contracts and MOUs appear to be expending at a rate to reach the high 80%-low 90% utilization. Salaries & Benefits are estimated to be expended at a 96% utilization rate, with other expenditures also expected to hit the mid-90% utilization rate. At present, we project to expend 90% of our total grant, with unexpended funds projected to be around $290,000. Much of this is from the delays in the AIMS effort, in addition to the slowing utilization rate on our contracts and MOUs. We now need to look seriously at efforts to appropriately expend the potential unexpended balance *Please refer to TAB 10 on the Board meeting packet.*	
Contractors report-first quarter report	The program has contracts with five community based programs for 2018, 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. Staff presented results on first quarter performance of contractors: • Some contractors are underspending their contract and the average is at 22%. • Discussion on contractors that are underspending and next steps. • Summary of some successes and trends which include the difficulty in finding affordable housing, wait time for appointments, transportation and no shows to appointments. • Successes include coordinating with community partners to service clients. *Please refer to TAB 11 on the Board meeting packet.*	
Adjournment	Time _11 a.m._____	Brian Greenberg

TAB 2

Request to approve Final submission of NCC-BPR

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 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: REQUEST FOR THE BOARD TO REVIEW THE BUDGET PERIOD PROGRESS REPORT (BPR) NONCOMPETING CONTINUATION (NCC) SUBMISSION AND TO TAKE ACTION TO APPROVE THE ANNUAL BUDGET (PRESENTED IN BPR/NCC)

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. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or nonresponsive progress report may result in a delay or a lapse in funding.

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 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.

Program is herein providing the final submitted BPR/NCC for Board review, including review of program performance and progress. Further, this request is for the Board to take action approve the annual budget as presented in the Budget Period Progress Report (BPR) Noncompeting Continuation (NCC) application. A majority vote of the Board members present is required to approve the annual budget.

ATTACHED: FINAL BPR/NCC APPLICATION

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

SF-PPR	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR	NCC Progress Report Tracking (#) : 00156794

Grantee Organization Information			
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	**Federal Grant or Other Identifying Number Assigned by Federal Agency**	H80CS00051
DUNS Number	625139170	**Employer Identification Number (EIN)**	946000532
Recipient Organization (Name and complete address including zip code)	San Mateo, County Of, SAN MATEO MEDICAL CENTER 222 WEST 39TH AVENUE, SAN MATEO California 94403 - 4364	**Recipient Identifying Number or Account Number**	156794
Project / Grant Period	Start Date : 11/01/2001 End Date : 01/01/2020	**Reporting Period End Date**	01/01/2020
Report Frequency	**[X]** annual **[ ]** semi-annual **[ ]** quarterly **[ ]** other		

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
Typed or Printed Name and Title of Authorized Certifying Official	Jim Beaumont , Authorizing Official	**Telephone** (area code, number and extension)	(650) 573-2459
Email Address	jbeaumont@smcgov.org	**Date Report Submitted** (Month, Day, Year)	08/17/2018

SF-PPR-2 (Cover Page Continuation)

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)	NCC Progress Report Tracking (#) : 00156794

Supplemental Continuation of SF-PPR Cover Page

Department Name	HCH/FH Program	Division Name	San Mateo Medical Center
Name of Federal Agency	Health Resources and Service Administration	Funding Opportunity Number	5-H80-19-001
Funding Opportunity Title	Health Center Program		

Lobbying Activities

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

- ○ Yes
- ◉ No

OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)

Area Type	Affected Area(s)
CA-14	Other
CA-14	Other

Point of Contact (POC) Information

Title of Position	Name	Phone	Email
Point of Contact	Jim Beaumont	(650) 573-2459	jbeaumont@smcgov.org

Health Center Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Center Program	NCC Progress Report Tracking (#) : 00156794

Section A - Budget Summary

Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	$2,080,686.00	$9,473,348.00	$11,554,034.00
Migrant Health Centers	$554,518.00	$2,524,814.00	$3,079,332.00
Total :	**$2,635,204.00**	**$11,998,162.00**	**$14,633,366.00**

Section B - Budget Categories

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	$500,000.00	$4,619,342.00	$5,119,342.00
Fringe Benefits	$175,000.00	$1,616,770.00	$1,791,770.00
Travel	$18,900.00	$1,000.00	$19,900.00
Equipment	$0.00	$0.00	$0.00
Supplies	$3,000.00	$591,920.00	$594,920.00
Contractual	$1,935,230.00	$0.00	$1,935,230.00
Construction	$0.00	$0.00	$0.00
Other	$3,074.00	$5,169,130.00	$5,172,204.00
Total Direct Charges	**$2,635,204.00**	**$11,998,162.00**	**$14,633,366.00**
Indirect Charges	$0.00	$0.00	$0.00
Total	**$2,635,204.00**	**$11,998,162.00**	**$14,633,366.00**

Program Income

Grant Program Function or Activity	Total
Health Care for the Homeless	$4,107,522.00
Migrant Health Centers	$1,094,782.00
Total :	**$5,202,304.00**

Section C - Non Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	$0.00	$0.00	$5,365,826.00	$4,107,522.00	$9,473,348.00
Migrant Health Centers	$0.00	$0.00	$1,430,032.00	$1,094,782.00	$2,524,814.00
Total :	**$0.00**	**$0.00**	**$6,795,858.00**	**$5,202,304.00**	**$11,998,162.00**

Form 3 - Income Analysis

00156794: San Mateo, County Of

Due Date: 08/17/2018 (Due In: 0 Days)

Announcement Number: 5-H80-19-001
Announcement Name: Health Center Program
Progress Report Type: Noncompeting Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Current Project Period: 1/1/2017 - 12/31/2019

Resources

As of 08/17/2018 12:32:03 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	4500.00	18000.00	$235.00	$4,230,000.00	$3,795,917.00
2. Medicare	720.00	4320.00	$170.00	$734,400.00	$1,532,235.00
3. Other Public	0.00	0.00	$0.00	$0.00	$56,197.00
4. Private	80.00	320.00	$50.00	$16,000.00	$6,245.00
5. Self Pay	2200.00	7360.00	$30.15	$221,904.00	$221,904.00
6. Total (Lines 1 - 5)	7500	30000	N/A	$5,202,304.00	$5,612,498.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	$0.00	$0.00
8. State Government	N/A	N/A	N/A	$0.00	$0.00
9. Local Government	N/A	N/A	N/A	$6,795,858.00	$10,005,098.00
10. Private Grants/Contracts	N/A	N/A	N/A	$0.00	$0.00
11. Contributions	N/A	N/A	N/A	$0.00	$0.00
12. Other	N/A	N/A	N/A	$0.00	$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	$0.00	$0.00
14. Total Other (Lines 7- 13)	N/A	N/A	N/A	$6,795,858.00	$10,005,098.00
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+ 14)	N/A	N/A	N/A	$11,998,162.00	$15,617,596.00

Comments/Explanatory Notes (if applicable)

Project Narrative Update

00156794: San Mateo, County Of — **Due Date: 08/17/2018 (Due In: 0 Days)**

Announcement Number: 5-H80-19-001
Announcement Name: Health Center Program
Progress Report Type: Noncompeting Continuation
Grant Number: H80CS00051
Target Population: Migrant Health Centers, Health Care for the Homeless
Current Project Period: 1/1/2017 - 12/31/2019

Resources

As of 08/17/2018 12:32:40 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Program Narrative Update - Environment and Organizational Capacity

Environment

Discuss the major changes at the community level, as well as state and/or regional level changes, over the past year that have directly impacted the progress of the funded project, including changes in:

- **Service area demographic and shifting target population needs;**
- **Major health care providers in the service area;**
- **Key program partnerships; and**
- **Changes in insurance coverage, including Medicaid, Medicare and the Children's Health Insurance Program (CHIP).**

Please see full Environment narrative in Appendices Narrative as EHB will not allow full text here due to issues with character count which are known but have not been remedied.

Organizational Capacity

Discuss the major changes in the organization's capacity over the past year that have impacted or may impact the progress of the funded project, including changes in:

- **Staffing, including key vacancies;**
- **Operations;**
- **Systems, including financial, clinical, and/or practice management systems; and**
- **Financial status, including the most current audit findings, as applicable.**

Please see full Organizational Capacity narrative in Appendices Narrative as EHB will not allow full text here due to issues with character count which are known but have not been remedied.

Program Narrative Update - Telehealth

Telehealth

Describe your use of telehealth to provide comprehensive primary health care services and engage in professional education, as applicable.

Note: Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

HCH/FH does not currently utilize telehealth for patient services as the sites are not equipped with necessary video and connectivity. In addition, telehealth services are not eligible for reimbursement within San Mateo County at this time. Telehealth could possibly be used for care coordination and health education, two areas which HCH/FH will explore over the coming year.

Program Narrative Update - Patient Capacity and Supplemental Awards

Patient Capacity

Referencing the % Change 2015-2017 Trend, % Change 2016-2017, and % Progress Toward Goal columns:

- Discuss the trends in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories. In the Patient Capacity Narrative column, explain key factors driving changes in patient numbers and any negative trends or limited progress toward the projected patient goals.

Notes:

- **2015-2017 Patient Number data are pre-populated from Table 3a in the UDS Report.**
- **The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in the HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team at BPHCPatientTargets@hrsa.gov. To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in the HRSA EHBs.**

Project Period: 11/1/2001 - 12/31/2019

Unduplicated Patients	2015 Patient Number	2016 Patient Number	2017 Patient Number	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
								Please see full Total Unduplicated Patients

Notes:

- **2015-2017 Patient Number data are pre-populated from Table 3a in the UDS Report.**
- **The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in the HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team at BPHCPatientTargets@hrsa.gov. To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in the HRSA EHBs.**

Project Period: 11/1/2001 - 12/31/2019

Unduplicated Patients	2015 Patient Number	2016 Patient Number	2017 Patient Number	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
Total Unduplicated Patients	6556	6696	6482	-1.13%	-3.20%	73.66%	8800	narrative in Appendices Narrative as EHB will not allow full text here due to issues with character count which are known but have not been remedied.

Notes:

- **2015-2017 Patient Number data are pre-populated from Table 4 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the submission that initiated your current project period (Service Area Competition (SAC)) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **Patient projections cannot be edited during the BPR submission. If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**

Project Period: 11/1/2001 - 12/31/2019

Special Populations	2015 Patient Number	2016 Patient Number	2017 Patient Number	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
Total Migratory and Seasonal Agricultural Worker Patients	1947	1497	1162	-40.32%	-22.38%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2017 AIMS = 0 FY 2017 SAC = 0)	The “Projected Number of Patients” “0” is not correct. The total stated in the 2016 SAC Form 1A is 2,900. Thus, the actual progress toward the goal through 2017 would be 40%.The HCH/FH Program saw a steady increase in Migratory and Seasonal Agricultural Worker Patients until 2014 as the program was being built and it gained a foothold in the community. This growth has stopped in the past three years due to the severe drought in California and the current administration’s policies on deportation and immigration. Both have reduced the number of seasonal and migratory farmworkers in the county and the latter has dramatically reduced the number of workers remaining who are willing to seek medical care. HCH/FH contracted with a South Coast service agency for farmworker services which does considerable outreach, but still find it a struggle to get clients in to services. In the Mid-Coast area, farmworkers work in greenhouses and on farms and there has also been little success in encouraging them to utilize services. Since 2015, the HCH/FH Program has seen a positive trend in the number of Homeless patients served, since the County rolled out its HOPE Program which connects more homeless people with services. The goal of the program is to reduce homelessness through the

Notes:

- **2015-2017 Patient Number data are pre-populated from Table 4 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the submission that initiated your current project period (Service Area Competition (SAC)) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **Patient projections cannot be edited during the BPR submission. If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**

Project Period: 11/1/2001 - 12/31/2019

Special Populations	2015 Patient Number	2016 Patient Number	2017 Patient Number	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
Total People Experiencing Homelessness Patients	4714	5257	5409	14.74%	2.89%	91.68%	5900 (This number has been calculated by adding the following patient projections: FY 2017 AIMS = 0 FY 2017 SAC = 5900)	coordination of homeless services throughout the county, but a consequence of this coordination is more homeless accessing services such as the HCH/FH Program. Also, because the cost of living in San Mateo County is extraordinarily high, some homeless have just left the county. Others who are employed have taken to living in motor vehicles or RVs on the street because they cannot afford regular housing but do have jobs. Combined with the implementation of the HCH/FH Street and Field Medicine Service Program, which takes services to the homeless where they can be found, and expanded outreach activities, the HCH/FH Program has reached over 91% of its goal for the project period ending December 31, 2019.
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2017 AIMS = 0 FY 2017 SAC = 0)	Not applicable.

Notes:

- **2015-2017 Patient Number data are pre-populated from Table 5 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the submission that initiated your current project period (SAC) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **Patient projections cannot be edited during the BPR submission. If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**

Project Period: 11/1/2001 - 12/31/2019

Patients and Visits by Service Type	2015 Patient Number	2016 Patient Number	2017 Patient Number	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
Total Medical Services Patients	6295	5770	5734	-8.91%	-0.62%	76.45%	7500 (This number has been calculated by adding the following patient projections:	As noted previously, the outmigration of Migratory and Seasonal Agricultural Workers (MSAW) from the region and the state has negatively impacted the growth trend of the HCH/FH Program. The decrease of 525 Medical Patients (8.3%) from 2015 to 2016 was largely influenced by the decrease of 450 (23%) MSAW patients. From 2016 to 2017, Medical

Notes:

- **2015-2017 Patient Number data are pre-populated from Table 5 in the UDS Report.**
- **The Projected Number of Patients column is pre-populated from the patient projections in the submission that initiated your current project period (SAC) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.**
- **Patient projections cannot be edited during the BPR submission. If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.**

Project Period: 11/1/2001 - 12/31/2019

Patients and Visits by Service Type	2015 Patient Number	2016 Patient Number	2017 Patient Number	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
							FY 2017 SAC = 7500)	Patients decreased by 36 (.62%) fueled by the decrease of 335 MSAW patients (22%). The increase in Homeless patients offset much of the decrease in MSAW patients but could not completely eliminate it.
Total Dental Services Patients	1108	1001	1197	8.03%	19.58%	92.08%	1300 (This number has been calculated by adding the following patient projections: FY 2017 SAC = 1300)	The San Mateo HCH/FH maintained a positive trend from 2015 to 2017 on this measure.
Total Mental Health Services Patients	324	349	416	28.40%	19.20%	71.72%	580 (This number has been calculated by adding the following patient projections: FY 2017 AIMS = 80 FY 2017 SAC = 500)	The San Mateo HCH/FH maintained a positive trend from 2015 to 2017 on this measure.
Total Substance Use Disorder Services Patients	0	0	0	Data not available	Data not available	0.00%	80 (This number has been calculated by adding the following patient projections: FY 2017 AIMS = 80 FY 2017 SAC = 0)	No negative trend information available.
Total Enabling Services Patients	1031	1898	1311	27.16%	-30.93%	109.25%	1200 (This number has been calculated by adding the following patient projections: FY 2017 SAC = 1200)	The 30.93% reduction in Enabling Services Patients from 2015 to 2017 is also reflective of the loss of Migratory and Seasonal Agricultural Workers from the area and from the patient population. While HCH/FH has exceeded 100% of its goal for this population in 2017, it is still a decrease from 2016, due to the fact that most MSAW patients are in need of a variety of enabling services, such as referrals for treatment, transportation and health education, and when they are reluctant to visit the clinic due to deportation worries, it substantially reduces Enabling Services provided.

Supplemental Awards

In the Supplemental Award Narrative column, describe the following:

a. Implementation status and progress toward goals;
b. Key contributing and restricting factors impacting progress toward goals; and
c. Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Notes:

- **If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.**
- **Supplemental awards released late in FY 2018 or early in FY 2019 will be included in the FY 2020 BPR.**

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
FY 2016 Substance Abuse Expansion	Increase the number of patients receiving integrated substance use disorder services, including Medication-Assisted Treatment (MAT) by December 31, 2017	
FY 2016 Oral Health Expansion	Increase the percentage of health center patients receiving integrated dental services at the health center by December 31, 2017	
FY 2017 New Access Points (NAP) Satellite Grant	Achieve operational status and increase the number of patients by December 31, 2018	
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Increase the number of patients with access to mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse by December 31, 2018	Please see full 2017 AIMS Supplemental Funding narrative in Appendices Narrative as EHB will not allow full text here due to issues with character count which are known but have not been remedied

Program Narrative Update - One Time Funding

One-Time Funding Awards

In the Activities column, discuss the activities for which the funds were used and the impact on your organization.

Notes:

- **If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.**
- **One-time awards released late in FY 2018 or early in FY 2019 will be included in the FY 2020 BPR.**

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2016 Delivery System Health Information Investment	Implementing strategic investments in health information technology (health IT) enhancements to: • Accelerate health centers' transition to value-based models of care • Improve efforts to share and use information to support better decisions • Increase engagement in delivery system transformation Funding must be used for health IT investments in one or more of the following Activity Categories, with the option to expand telehealth in one or more of the categories as well: • Equipment and supplies purchase (required if the health center does not have an electronic health record (EHR) certified by the Office of the National Coordinator for Health IT (ONC) in use at any site) • Health information system enhancements • Training • Data aggregation, analytics, and data quality improvement activities	San Mateo HCH/FH received $50,748 for FY 2016 DSHII.The HCH/FH Program requested DSHII supplemental funding to support the improvement of their EHR's (eCW) capacity to present homeless and farmworker indicators for easy and immediate recognition by providers when seeing a patient. At the time, these indicators were located in the registration system (not eCW).As the proposed project was a new IT effort, the ramp-up of the project required additional time and coordination with the IT department and the external vendor. The Program worked diligently with the IT department in implementing this effort into the new Health Information Exchange (HIE).In November 2017, the homeless and farmworker identifying information began getting ported from the registration system to eCW, making this information directly visible to the clinical care providers. Once implemented, the project was invoiced for $7,593.75. Each ensuing year after the first year will incur an ongoing annual fee of $1,350.
	Developing and improving health center quality improvement (QI) systems and infrastructure: • Training staff • Purchasing medically accessible clinical equipment • Enhancing health information technology, certified electronic health record, and data systems • Data analysis	San Mateo HCH/FH received $35,556 for FY 2016 Quality Improvement Assistance.The focus for the funding was on staff, QI Committee, contracted providers, and Co-Applicant Board training to support the program's capacity to meet HRSA requirements and the ongoing challenges of

In the Activities column, discuss the activities for which the funds were used and the impact on your organization.

Notes:

- **If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.**
- **One-time awards released late in FY 2018 or early in FY 2019 will be included in the FY 2020 BPR.**

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2016 Quality Improvement Assistance (September 2016)	• Implementing targeted QI activities (including hiring consultants) Developing and improving care delivery systems: • Purchasing supplies to support care coordination, case management, and medication management • Laboratory reporting and tracking • Training and workflow redesign to support team-based care • Clinical integration of behavioral health, oral health, HIV care, and other services Developing and improving health center quality improvement (QI) systems and infrastructure: • Training staff • Purchasing medically accessible clinical equipment • Enhancing health information technology, certified electronic health record, and data systems • Data analysis • Implementing targeted QI activities (including hiring consultants) Developing and improving care delivery systems: • Purchasing supplies to support care coordination, case management, and medication management • Laboratory reporting and tracking • Training and workflow redesign to support team-based care • Clinical integration of behavioral health, oral health, HIV care, and other services	providing quality, integrated care to homeless individuals, and migratory and seasonal farmworkers.Trainings completed in FY 2016 included: • Sexual Orientation and Gender Identity Training• Farmworkers health via Western Forum Migrant & Community Health 2017• Homeless health via 2017 National Health Care for the Homeless Conference & Policy SymposiumSan Mateo requested to carryover funds to continue to offer trainings in FY 2017.
FY 2017 Quality Improvement Assistance (August 2017)		San Mateo HCH/FH received $25,596 for FY 2017 Quality Improvement Assistance.The focus for the funding continued the 2016 plans for staff, QI Committee, contracted providers, and Co-Applicant Board training to support the program's capacity to meet HRSA requirements and the continuing challenges of providing quality, integrated care to homeless individuals, and migratory and seasonal farmworkers. Trainings completed in FY 2017 included:• Street Symposium in October 2017• Development of board training material that included information on the 19 program requirements.• Farmworkers health via Western Forum Migrant & Community Health 2018• Homeless health via 2018 National Health Care for the Homeless Conference & Policy Symposium
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Implementing health information technology (health IT) and/or training investments to: • Expand mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse • Integrate expanded services into primary care Funding must be used for health IT and/or training investments in one or more of the following Activity Categories: • Medication Assisted Treatment • Telehealth • Prescription Drug Monitoring Program • Clinical Decision Support • EHR Interoperability • Quality Improvement • Cybersecurity • Other Training • Other IT	San Mateo was allocated $175,700 in FY 2017 AIMS funding.AIMS funding was to be used by the HCH/FH Program to expand behavioral health/substance abuse treatment staff, provide training, and increase awareness of opioid use and abuse services. An RFP was released in September 2017 to contract for 1.0 Community Health Worker/Case Manager, with a contract to be executed in November. A vendor was selected to begin services in December but by May 2018, no final contract had been completed and no services had been provided, as the selected vendor stated they were not able to serve the 100 patients originally outlined in the agreement but did not want to reduce the funding to be received. Through negotiations, San Mateo attempted to revise the proposed contract to make it workable, but the vendor eventually declined the proposed agreement. A new proposal from a different vendor is currently being considered to implement the AIMS funding goals. San Mateo will contact their Project Officer regarding the status of this ongoing funding, none of which has been expended to date. AIMS one-time funding has not been expended due to the uncertainty of services to be provided. The consultant services for needs assessment, training, and educational materials that were to be purchased supported the ongoing services to be provided through the AIMS funding.

Program Narrative Update - Clinical/Financial Performance Measures

Clinical/Financial Performance Measures

Referencing the % Change 2015-2017 Trend, % Change 2016-2017 Trend, and % Progress Toward Goal columns, discuss the trends for:

- **Each of the measures aligned with HRSA and BPHC clinical and financial priorities:**
  - **Diabetes: Hemoglobin A1c Poor Control**
  - **Screening for Clinical Depression and Follow-Up Plan**
  - **Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents**
  - **Body Mass Index (BMI) Screening and Follow-Up**
  - **Health Center Program Grant Cost Per Patient (Grant Costs)**
- **• The measures within each of the remaining sections for which you have experienced a negative trend. If you have no negative trends within one or more of these sections (e.g., Preventive Health Screenings and Services), state this in the Measure Narrative field for the relevant section(s).**

In the Clinical/Financial Performance Measures Narrative column, describe the following as it relates to the data:

a. **An explanation of negative trends;**
b. **Key contributing and restricting factors affecting progress toward goals; and**
c. **Plans for improving progress and/or overcoming barriers to ensure goal achievement.**

Notes:

- **See PAL 2017-02 for details about the two performance measures that were updated in 2017.**
- **2015 – 2017 Measure fields will prepopulate from UDS, if available.**
- **(*) Due to the fact that Cervical Cancer and IVD goals were set and reported in UDS based on different measure definitions, data will not display for some fields.**
- **Performance measure goals cannot be edited during the BPR submission. If pre-populated performance measure goals are not accurate, provide an adjusted goal and explanation in the appropriate Measure Narrative section (e.g., goal for the low birth weight measure has increased based on improved patient tracking via a new EHR).**
- **(**) If you have no negative trends within one or more of these sections (e.g., Preventive Health Screenings and Services), state this in the Measure Narrative field for the relevant section(s).**
- **(***) If you receive funds to serve special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing), you must ensure that any additional clinical performance measures that address the health care needs of these populations are included, as established in your most recent SAC application.**
- **If you were previously a look-alike, your look-alike UDS data will not pre-populate.**

Measures Aligned with HRSA and BPHC Clinical and Financial Priorities

Clinical Measures

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Diabetes: Hemoglobin A1c Poor Control	Data not available	Numerator: 250.0000 Denominator: 716.0000 Calculated Value: 34.9200	Numerator: 223.0000 Denominator: 806.0000 Calculated Value: 27.6700	Data not available	-20.76%	110.68%	25.00%	Diabetes: 27.67% (2017); 34.92% (2016) –The Program saw a slight spike during 2016 and a decline in 2017. Due to expanded outreach efforts of The Street and Field Medicine Program has improved access for newly diagnosed diabetic homeless and MSFW patients who have previously lacked access to care and developed complications of un/under-treated diabetes resulting in poor glycemic control. To support improved control, the SMMC endocrinology clinic provides specialty evaluation and treatment coordinated with primary care for diabetic patients with persistently high blood glucose levels.
Screening for Clinical Depression and Follow-Up Plan	Data not available	Numerator: 1932.5429 Denominator: 5203.0000 Calculated Value: 37.1400	Numerator: 2044.9143 Denominator: 4936.0000 Calculated Value: 41.4300	Data not available	11.55%	63.74%	65.00%	Depression Screening and Follow Up: 41.43% (2017); 37.14% (2016) –The Program continues to trend upwards on this measure and improved follow up documentation is a contributing factor. Ongoing provider training is scheduled. An additional contributing factor is an upcoming protocol which includes age-appropriate, evidence-based

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
								screening tools, for depression screening.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Numerator: 52.0000 Denominator: 70.0000 Calculated Value: 74.2900	Numerator: 538.0000 Denominator: 941.0000 Calculated Value: 57.1700	Numerator: 359.0000 Denominator: 608.0000 Calculated Value: 59.0500	-20.51%	3.29%	69.47%	85.00%	The Program experienced a decline in BMI Screening and Follow-up due in part to the 2016 UDS criteria change that was made to align this measure with CMS, but increased in 2017. An additional restricting factor is that patient care teams inconsistently document follow-up plans for overweight/underweight patients. An EHR template is being developed to support the MA's documentation of BMI at each primary care appointment and alert providers to needed follow up. A contributing factor for this measure is that SMMC has adopted Healthy Weight for Life exam guidelines, including BMI documentation and culturally appropriate counseling techniques.
Body Mass Index (BMI) Screening and Follow-Up	Data not available	Numerator: 20.0000 Denominator: 70.0000 Calculated Value: 28.5700	Numerator: 30.0000 Denominator: 70.0000 Calculated Value: 42.8600	Data not available	50.02%	57.15%	75.00%	The Program experienced a decline in BMI Screening and Follow-up due in part to the 2016 UDS criteria change that was made to align this measure with CMS, but increased in 2017. An additional restricting factor is that patient care teams inconsistently document follow-up plans for overweight/underweight patients. An EHR template is being developed to support the MA's documentation of BMI at each primary care appointment and alert providers to needed follow up. A contributing factor for this measure is that SMMC has adopted Healthy Weight for Life exam guidelines, including BMI documentation and culturally appropriate counseling techniques.

Financial Measures

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Health Center Program Grant Cost Per Patient (Grant Costs)	Numerator: 1841390.0000 Denominator: 6556.0000 Calculated Value: 280.8710	Numerator: 2003919.0000 Denominator: 6696.0000 Calculated Value: 299.2711	Numerator: 1855528.0000 Denominator: 6482.0000 Calculated Value: 286.2586	1.92%	-4.35%	89.02%	321.57 : 1 Ratio	This financial performance me asure is on track for being met by the end of the grant period. The program continues to utilize the grant dollars along with patient revenue and county funding to continue to expand the services provided within the county. For 2017, HCH and MSFW saw a decrease in the total grant cost per patient because of a slight increase in the total number of unique patients, coupled with general inflationary impact. Additional plans for improving progress include continued increased

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
								outreach to increase patient numbers

Perinatal Health

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals
Early Entry into Prenatal Care	Numerator: 110.0000 Denominator: 123.0000 Calculated Value: 89.4300	Numerator: 89.0000 Denominator: 137.0000 Calculated Value: 64.9600	Numerator: 50.0000 Denominator: 102.0000 Calculated Value: 49.0200	-45.19%	-24.54%	61.28%	80.00%
Low Birth Weight	Numerator: 6.0000 Denominator: 75.0000 Calculated Value: 8.0000	Numerator: 4.0000 Denominator: 91.0000 Calculated Value: 4.4000	Numerator: 1.0000 Denominator: 57.0000 Calculated Value: 1.7500	-78.13%	-60.23%	35.00%	5.00%

Measure Narrative

Access to prenatal care in 1st trimester: 49.2% (2017); 64.96% (2016)– The HCH/FH Program has experienced a decline in this important measure over the past year, which has sparked added focus for the program's administration and clinical staff. A restricting factor is a combination of denial and fear that causes some homeless women to delay seeking prenatal care until late in pregnancy. A contributing factor is that the HCH/FH conducts pregnancy testing and initiates benefits enrollment and scheduling of prenatal care appointments through mobile and fixed site clinic visits for any purpose. Low Birth Weight: 1.75% (2017); 4.40% (2016) – The HCH/FH Program has experienced a steady improvement of this measure as the SMMC specialty obstetrics clinic delivers prenatal care for HCH/FH patients with high risk pregnancies to manage risks and prevent premature births. In addition, the Program is working to strengthen linkages between specialty obstetrics care and Comprehensive Perinatal Services Program education, case management and support services to meet the needs of homeless and MSFW pregnant women. A restricting factor for this measure that impacts the progress of our patients toward assuring healthy birth weight is the stress of living in poverty/homelessness and exposure to domestic violence increase risks of premature birth for all HCH/FH patients, especially those carrying twins. The HCH/FH Program has assigned nurse case managers to coordinate indicated specialty obstetrics care, substance abuse treatment, housing and domestic violence services, nutrition assistance (WIC), and behavioral health services, as indicated.

Preventive Health Screenings and Services

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals
Dental Sealants for Children between 6 – 9 Years	Data not available	Numerator: 18.0000 Denominator: 36.0000 Calculated Value: 50.0000	Numerator: 24.0000 Denominator: 41.0000 Calculated Value: 58.5400	Data not available	17.08%	90.06%	65.00%
Tobacco Use: Screening and Cessation Intervention	Data not available	Numerator: 3877.0000 Denominator: 4510.0000 Calculated Value: 85.9600	Numerator: 3551.0000 Denominator: 4563.0000 Calculated Value: 77.8200	Data not available	-9.47%	81.06%	96.00%
Colorectal Cancer Screening	Data not available	Numerator: 694.0000 Denominator: 1435.0000 Calculated Value: 48.3600	Numerator: 1160.0000 Denominator: 2030.0000 Calculated Value: 57.1400	Data not available	18.16%	95.23%	60.00%
Cervical Cancer Screening *	Data not available	Data not available	Numerator: 44.0000 Denominator: 70.0000 Calculated Value: 62.8600	Data not available	Data not available	89.80%	70.00%
Childhood Immunization Status (CIS)	Data not available	Numerator: 56.0000 Denominator: 70.0000 Calculated Value: 80.0000	Numerator: 21.0000 Denominator: 32.0000 Calculated Value: 65.6300	Data not available	-17.96%	72.92%	90.00%

Measure Narrative

Oral Health: 58.54% (2017); 50% (2016)–The Program has experienced a dramatic improvement in this measure directly related to the expanded provision of sealants and other preventive oral health care through mobile clinic visits to homeless sites, fixed site SMMC health centers, and fixed site community dental clinics. Tobacco Use Screening and Cessation Intervention: 77.82% (2017); 85.96% (2016) –This measure experienced a slight decline from 2016 to 2017. It is suspected that the 2016 UDS clinical criteria change has impacted this measure. A contributing factor is that Medical Assistants query patients about tobacco use and alert providers to assure that cessation counseling and pharmacotherapy are offered.Colorectal Cancer Screening: 57.14% (2017); 48.36% (2016);–This measure experienced a 9% increase in 2017. A contributing factor is that the Program works with homeless shelters, and organizations assisting patients with access to bathroom facilities and refrigerators for fecal occult blood test sample collection and storage. Cervical Cancer Screening: 62.86% (2017); 60% (2016);–This measure experienced a slight dip from 2015 and recovery in 2017. A restricting factor is that many MSFWs are reluctant to have pap tests due to cultural modesty and rumors that tests reveal information about numbers of sexual partners. The Program will continue to encourage providers to explain the need for testing and to counter rumors about what information is collected from the testing. Childhood Immunization Status: 65.63% (2017); 80% (2016); A restricting factor is that homeless and MSFW families are hard to reach with reminders that children are due for immunizations. Providers are communicating messages to families about the importance of immunizations for children. 2017 also observed an 11% decrease in our patient population 0 to 19 years of age, which may have contributed to the notable decrease in this measure.

Chronic Disease Management

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals
Use of Appropriate Medications for Asthma	Data not available	Numerator: 69.0000 Denominator: 70.0000 Calculated Value: 98.5700	Numerator: 216.0000 Denominator: 240.0000 Calculated Value: 90.0000	Data not available	-8.69%	90.00%	100.00%
Coronary Artery Disease (CAD): Lipid Therapy	Numerator: 242.0000 Denominator: 301.0000 Calculated Value: 80.4000	Numerator: 70.0000 Denominator: 94.0000 Calculated Value: 74.4700	Numerator: 173.0000 Denominator: 215.0000 Calculated Value: 80.4700	0.09%	8.06%	83.82%	96.00%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet *	Data not available	Data not available	Numerator: 308.0000 Denominator: 357.0000 Calculated Value: 86.2700	Data not available	Data not available	89.86%	96.00%
Controlling High Blood Pressure	Data not available	Numerator: 606.0000 Denominator: 1135.0000 Calculated Value: 53.3900	Numerator: 1048.0000 Denominator: 1663.0000 Calculated Value: 63.0200	Data not available	18.04%	78.78%	80.00%
HIV Linkage to Care	Numerator: 4.0000 Denominator: 5.0000 Calculated Value: 80.0000	Data not available	Numerator: 0.0000 Denominator: 0.0000 Calculated Value: 0.0000	-100.00%	Data not available	0.00%	100.00%

Measure Narrative

Asthma: 90% (2017); 98.57% (2016) – This measure experienced a steady decline. A restricting factor is that patients experience challenges remembering and obtaining prescription refills. The Program is working to contact patients who are overdue for prescription refills and assist with transportation to get to pharmacies. Coronary Artery Disease: 80.47% (2017); 74.47% (2016) –An additional restricting factor is the high rate of liver damage from HCV and alcohol abuse among chronically homeless patients which can impede lipid lowering therapies. The Program will conduct quality improvement checks and provide training to ensure compliance with clinical standards.Ischemic Vascular Disease: 86.27% (2017); 83.65% (2016) – A restricting factor is that some patients report problems obtaining and remembering to take aspirin. The Program is working with care teams to reinforce the importance of aspirin therapy and assist patients in obtaining and remembering to take aspirin.Hypertension: 63.02% (2017); 53.39% (2016) – A significant restricting factor is that many patients have multiple chronic health conditions and co-occurring behavioral health disorders that impede blood pressure control. The Program is assisting patients to access appropriate specialty care and to quit smoking, choose healthy foods, and exercise. Another restricting factor is many new patients being identified through The Street and Field Medicine Program have not had any previous health care and have multiple chronic health conditions and cooccurring behavioral health disorders. It is expected that, as the patients receive necessary care, the measure will improve. HIV Linkage to Care – 0% (2017)The Program did not have any newly diagnosed HIV patients. The Program has procedures in place to assure that when a patient does receive a new diagnosis they are followed up on and receive needed care.

Financial Measures

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals
Total Cost Per Patient (Costs)	Numerator: 12934336.0000 Denominator: 6556.0000 Calculated Value:	Numerator: 15461514.0000 Denominator: 6696.0000 Calculated Value:	Numerator: 17294055.0000 Denominator: 6482.0000 Calculated Value:	35.23%	15.55%	118.12%	2258.77 : 1 Ratio

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals
	1,972.9005	2,309.0672	2,668.0122				
Medical Cost Per Medical Visit (Costs)	Numerator: 8215678.0000 Denominator: 20784.0000 Calculated Value: 395.2886	Numerator: 10197311.0000 Denominator: 19357.0000 Calculated Value: 526.8022	Numerator: 11595581.0000 Denominator: 21235.0000 Calculated Value: 546.0599	38.14%	3.66%	138.14%	395.29 : 1 Ratio

Measure Narrative

The financial performance measures are on track for being met by the end of the grant period. The ongoing high cost of living in San Mateo County, along with the late entry into care by the HCH and MSFW patients continue to increase costs of providing care. In contrast, the HCH/FW Program's work to outreach to more homeless and Medi-Cal expansion have improved the total patient numbers. In addition, it is expected that the implementation of the patient centered medical home (PCMH) and other QI/QA improvements will keep growth in the total cost per patient below our 7% annual target. Additional plans for improving progress include improved tracking of care coordination/case management efforts to ensure that efforts are effective and efficient.

Additional Measures

Performance Measure	2015 Measures	2016 Measures	2017 Measures	% Change 2015-2017 Trend	% Change 2016-2017 Trend	% Progress toward Goal	Measure Goals	Is This Performance Measure Applicable?
(Voluntary family planning.) Percentage of female farm worker patients ages 13 to 50 with one or more medical visits during the measurement year with documented family planning education and counseling.	Calculated Value: 24.2500	Calculated Value: 23.7300	Calculated Value: 22.4500	-7.42%	-5.39%	37.42%	60.00%	(•) Yes ( ) No
(Farmworker immunizations) Percentage of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year with documented, current tetanus, diphtheria, acellular pertussis (Tdap) immunizations.	Calculated Value: 40.8500	Calculated Value: 44.5400	Calculated Value: 41.6300	1.91%	-6.53%	59.47%	70.00%	(•) Yes ( ) No

Measure Narrative

Farmworker Immunizations – % Change 2015-2016 Trend – 9.06%The HCH/FH Program has experienced mild success in improving this measure. Most notably is the fact that Latino adults (who comprise almost all local farm workers) have low rates of Tdap immunizations. This is due to lack of awareness of the importance and availability of immunizations, and their long-standing beliefs that vaccinations are only important for children. To improve this measure, providers check farm worker patients' Tdap status at all medical visits and provide education and vaccinations at visits made for any reason. A contributing factor is that Puente de la Sur, an HCH community partner, conducts outreach to educate farm workers and employers about the importance of Tdap immunizations to prevent bacterial diseases for which farm workers are at high risk.Voluntary Family Planning – % Change 2015-2016 Trend – -2.15%The HCH/FH Program continues to work against the Latino cultural norms, including cultural concepts of Marianismo, which emphasize sexual morality and women's roles as mothers. These result in low rates of use of family planning services among foreign-born and first-generation farm worker teen and adult women. The Program continues to educate and is hopeful that over time there will be a gradual shift in this measure. A contributing factor is that bilingual providers and clinical support staff provide family planning counseling and bilingual educational materials designed for low literacy levels with an emphasis on preventing teen pregnancies and reducing repeat, unplanned pregnancies. The street/field medicine team has started to provide family planning and women's health services at the farms in the south coast of the county as well.

SAN MATEO HCH/FH ADDENDUM TO
2019 NON-COMPETING CONTINUATION NARRATIVE

This attachment contains the complete narrative sections for Environment, Organizational Capacity, Total Unduplicated Patients, and FY2017 AIMS Supplemental Award, due to an EHB system problem which prevented inputting the full narratives into each of those sections.

Environment – 1985 characters, no spaces
Over the past year, San Mateo County's Health Care for the Homeless/Farmworker Health (HCH/FH) Program has experienced shifts in their patient population due to the continued implementation of the state's health insurance exchange, Covered California and the subsequent changes made to the program by the current administration, the success of the County's Housing Our People Effectively (HOPE) Program, and continued efforts by San Mateo to outreach to the county's homeless.

Between 2016-2017, the HCH/FH program's uninsured totals remained essentially the same, from 2,063 in 2016 to 2,065 in 2017; and their private insurance patient totals decreased to 64 in 2017, down from 195 in 2016. In 2017, 57% of all patients were on Medi-Cal.

Due to the state's ongoing severe drought, migratory and farm workers totals continued to drop, to 1,162 in 2017 – down from 1,497 in 2016, and 1,947 in 2015. Without water, workers have moved to other states to find agricultural work. In 2017, SFGate.com, The San Francisco Chronicle's online resource, reported that the drought had struck especially hard along the southern San Mateo County coast where the local farm bureau noted that the growers in the area, who produce upward of $100 million worth of goods annually, all took significant losses and cut production up to one-third. Drops are also attributable to the increased efforts by the current administration to deport undocumented residents and prevent immigration of others. The HCH/FH program has witnessed their patients' intense fear of deportation and as a result there has been a significant drop in the number of patients who feel comfortable seeking care.

Conversely, the Homeless program continues to grow, with an increase in 2017 of 152 patients, 14.74% higher than 2015. This is despite the County's aggressive efforts to eliminate homelessness through the Center for Homelessness (COH), a program coordinating homeless services throughout the county. COH's strategic plan seeks to transition from a collection of homeless programs to a system that ends homelessness by 2020. The 2017 biennial One Day Homeless Count and Survey documented a 16% reduction of county homeless from 2015 totals, under the HUD definition of homelessness, which is narrower than HRSA's.

There were no changes in major health care providers or key partnerships.

Organizational Capacity Narrative - 1984 characters, no spaces
Staffing – In the past year, the San Mateo HCH/FH Program has created and filled two positions to improve delivery of care and access to services. The Clinical Services Coordinator is responsible for Quality Improvement both internally as it relates to Primary Care and across the satellite clinics to ensure access. This focuses more effort on QI and maintaining clinical systems which deliver care, improve access, reduce disparities, and adhere to evidence-based guidelines, with consistency across the HCH/FH system. The second position of Planning and Implementation Coordinator is responsible for marshaling efforts to fulfill the Board's strategic planning goals to improve and expand services, including respite/recuperative care, dental care for farmworkers, and behavioral health and SUD services for farmworkers and the homeless.

Systems – HCH/FH would like to more efficiently track non-clinical case management support provided to homeless and farmworker clients which includes all services provided, such as health education, transportation, and referrals to services. The current EHR, eClinical Works (eCW), does not adequately provide non-clinical tracking. HCH/FH has worked extensively with the County of San Mateo to devise a way to fold non-clinical tracking into the current EHR, as a much higher volume of farmworker case management concerns issues that are not primary care-related and thus are not tracked by eCW. One system being examined is Client-Track, which is often used as a homeless management information system, and could be used side by side with eCW. The County would like to implement a new single county-wide EHR to replace all the separate EHRs currently utilized for different services, including inpatient, behavioral health, primary care, dental, etc., but it is unlikely this new system will include non-clinical case management tracking. The County has also implemented a Health Information Exchange (HIE) that makes all of this information accessible in one location, and may not require an integrated system, which at this point seems impossible to configure. However, this fragmented system does not provide for full integration between the primary care services being delivered and the complementary care coordination and case management that is being provided by non-clinical staff.

Total Unduplicated Patients – 1997 characters, no spaces

As stated earlier, there are several factors that have affected the HCH/FH program's migrant and seasonal patient totals. The 3.2% decline in patient totals from 2016-2017 was a direct result of the severe drought and resulting farming cutbacks, along with fears among this population regarding possible deportation if they seek services. Without work in the region, migrant and seasonal farmworkers have left the state to find agricultural work. To make matters worse, the current administration's efforts to deport undocumented residents and curtail immigration will continue to keep migrant and seasonal farmworkers from seeking care as the HCH/FH program is operated through the county government and they see an increased risk of being caught.

While San Mateo County continues its goal to end homelessness through the Center for Homelessness' work to coordinate services, HCH/FH has seen a 2.89% increase in homeless patients over the past year due to expanded outreach and services. Over the past two years HCH/FH homeless patients have grown by 14.74%.

Despite the increase in homeless utilization of HCH/FH services, issues reducing service utilization by migrant and seasonal patients make it increasingly difficult to achieve the projected total of 8,800 patients by calendar year 2019. To address this, the HCH/FH program has been working to increase their penetration within the county through expansion of their outreach program to identify and provide health care to as many homeless and farm worker individuals as possible The Street and Field Medicine Service Expansion program works in close collaboration with multiple agencies, both within and outside the San Mateo County Health System, to engage these individuals directly where they live and work, provide all medical services feasible in the field, link individuals to primary care and specialty care services, promote preventive medical care, provide health education, and reduce the need for emergency department and inpatient care.

San Mateo's HCH/FH program will increase access to mental health and substance use disorder services, including MAT, through prospective AIMS and SUD-MH funding, but does not project an increase in new patients. Rather, existing medical patients will receive expanded access to these services through care coordination and enabling services.

FY2017 AIMS Supplemental Award – 1741 characters, no spaces

AIMS funding was to be utilized by the HCH/FH Program to expand behavioral health/substance abuse treatment staff, provide training, and increase awareness of opioid use and abuse services. This funding has yet to be implemented, due to difficulties in contracting for the services to be provided.

An RFP was released in September 2017 to contract for 1.0 Community Health Worker/Case Manager, with a contract to be executed in November and services to begin in December 2017. A vendor was selected, and together with HCH/FH Program developed a plan for services and drafted a contract in December. As of May 2018, no contract had been executed and no services had been provided; the vendor stated they could serve no more than 46 people, which was well below the designated goal of 100 patients. However, they wanted to receive the same amount of funding for performing at a lesser rate. The vendor was not able to clearly demonstrate what the remaining funds would be used for, so HCH/FH worked to re-negotiate the contract to expand the scope of the agreement to include services such as outreach and transportation, in addition to case management and counseling to more realistically utilize payment for services to fewer patients. In response, the vendor decided to decline the contract. The biggest issue was the vendor targeting a geographically small area, not the entire HCH/FH service area, with a smaller homeless population. Also, the vendor did not have outreach efforts in place to identify the target area's farmworker population.

HCH/FH was able to secure another proposal in late July 2018 with a different vendor, which is currently being reviewed. Although continuous effort has been devoted to this project, no ongoing or one-time funding has been expended to date and no services have been provided. HCH/FH does not feel it prudent to expend one-time funds for activities to support the planned services to be provided with ongoing funding.

HCH/FH will work with their HRSA Project Officer to determine a course of action for utilization of the AIMS funding.

BUDGET JUSTIFICATION

REVENUE

	FEDERAL			NON-FEDERAL			TOTAL
	HCH	MH	Total	HCH	MH	Total	YEAR 3
Federal Section 330 Grant	2,080,686	554,518	2,635,204	0	0	0	2,635,204
Program Income	0	0	0	4,107,522	1,094,782	5,202,304	5,202,304
Local	0	0	0	5,365,826	1,430,032	6,795,858	6,795,858
TOTAL REVENUE	**2,080,686**	**554,518**	**2,635,204**	**9,473,348**	**2,524,814**	**11,998,162**	**14,633,366**

The total projected revenue for Year 3 is $14,633,366. Of this revenue, around 18% or $2,635,204 is from the federal Section 330 grant. The $11,998,162 in Non-Federal Program Income is from the revenue sources and payor mix presented in Form 3: Income Analysis. As detailed in the SAC FOA chart, the federal revenue allocation for Migrant Health is 21.04% and the Health Care for the Homeless (HCH) is 78.96%. Migrant health is referenced as Farmworker Health (FH) for the remainder of this budget justification.

	FEDERAL			NON-FEDERAL			TOTAL
	HCH	MH	Total	HCH	MH	Total	YEAR 3
A. PERSONNEL							
Administration	397,210	102,790	500,000	15,475	4,125	19,600	519,600
Medical Staff	0	0	0	2,616,100	657,332	3,273,432	3,273,432
Dental Staff	0	0	0	883,040	68,824	951,864	951,864
Behavioral Health Staff	0	0	0	272,445	50,255	322,700	322,700
Enabling Staff	0	0	0	42,872	8,874	51,746	51,746
Other Staff	0	0	0	0	0	0	0
TOTAL PERSONNEL	**397,210**	**102,790**	**500,000**	**3,829,932**	**789,410**	**4,619,342**	**5,119,342**

Staffing Profile – 27.48 FTE are hired for this program, 5.25 FTE are direct hire positions and 22.23 FTE are funded in non-federal funding in the above categories. The 5.25 FTE federal funded positions are broken down as follows:

Under Administration, this includes Jim Beaumont, the 1.0 FTE Executive Director who supervises project operations, reporting, data collection, and liaison with the HCH/FH Co-Applicant Board. Dr. Frank Trinh, the 0.25 FTE Medical Director, provides administrative and clinical oversight for HCH/FH services. Elli Lo, the 1.0 FTE Management Analyst, supports the Director and Co-Applicant Board and coordinate various administrative activities such as the UDS submission, reports and budget development. Linda Nguyen, the 1.0 FTE Program Coordinator, coordinates system-wide outreach and planning with HCH/FH contract providers and other homeless service agencies. Danielle Hull, the 1.0 FTE Clinical Services Coordinator, focuses effort on QI and maintaining clinical systems which deliver care, improve access, reduce disparities, and adhere to evidence-based guidelines, with consistency across the HCH/FH system. Irene Seliverstov, the 1.0 FTE Planning and Implementation

Coordinator, coordinates efforts to fulfill the Board's strategic planning goals to improve and expand services, including respite/recuperative care, dental care for farmworkers, and behavioral health and SUD services for farmworkers and the homeless.

B. FRINGE BENEFITS							
Personnel x 0.35	**138,175**	**36,825**	**175,000**	**1,340,476**	**276,294**	**1,616,770**	**1,791,770**

The fringe benefit rate for the County personnel varies by position, but the combined federal and non-federal average benefit for the HCH/FH service sites is 35%. Benefits included are: FICA, Retirement, Medical/Dental and Vision, State Disability and Workers Compensation.

C. TRAVEL							
HCH/MH Conference @ $1,200/trip x 3 trips x 4 attendees	11,400	3,000	14,400	420	300	720	15,120
Regional Conference @ $500/trip x 1 trip x 4 attendees	1,000	1,000	2,000	48	48	96	2,096
Local Mileage @ $100/MO x 12	500	500	1,000	24	24	48	1,048
Patient Transportation @ $283.33/MO x 12	750	750	1,500	80	56	136	1,636
TOTAL TRAVEL	**13,650**	**5,250**	**18,900**	**572**	**428**	**1000**	**19,900**

This includes funds budgeted for the required attendance at three HCH and FH national meeting and one HCH regional meeting for staff and Board members. Local Mileage is also budgeted for travel to/from HCH/FH sites by the Executive Director and staff. Patient transportation includes the costs for ambulance, cab and bus fares to/from HCH and FH service sites. Local mileage and patient transportation are split equally because of the longer distances for FH related travel on the rural Coastside.

D. EQUIPMENT							
Furniture/Equipment (>$5,000/item)	0	0	0	0	0	0	0
E. SUPPLIES							
Office & Business @ $6.21/patient	2,369	631	3,000	39,226	10,454	49,680	52,680
Medical/Dental Supplies @ $13.33/patient	0	0	0	84,200	22,440	106,640	106,640
Lab Supplies @ $5.77/patient	0	0	0	36,447	9,713	46,160	46,160
Drugs/Pharmaceuticals @ $48.68/patient	0	0	0	307,491	81,949	389,440	389,440
TOTAL SUPPLIES	**2,369**	**631**	**3,000**	**467,364**	**124,556**	**591,920**	**594,920**

Office supplies (printers, business cards, notebooks) used for HCH/FH and clinic-wide administration are budgeted at $6.21/patient for the 8,000 patients. Medical/Dental supplies for clinics are budgeted at $13.33/patient, Lab supplies at $5.77/patient, and drugs/pharmaceuticals are budgeted at $48.68/patient. All of these costs are based on pro-rated averages for the HCH/FH program.

F. CONTRACTUAL							
1. Other County Agencies							
Public Health Mobile Van	702,000	80,000	782,000	0	0	0	782,000
The Public Health Department's Mobile Health Van delivers screening, acute and primary care to homeless individuals residing in shelter and transitional living programs, on the street and at the reentry service site and farmworker individuals @ 1,345 patients x $581.41/patient and/or 2,555 encounters x $306.07/encounter.							
Behavioral Health & Recovery Services	90,000	0	90,000	0	0	0	90,000
Assessment and case management services coordinated by the Division of Behavioral Health and Recovery Services (BHRS) target the homeless mentally ill @ 300 consumers x $300/consumer and/or 900 encounters x $100/encounter.							
Total – County MOU's	**792,000**	**80,000**	**872,000**	**0**	**0**	**0**	**872,000**
2. Community Providers							
Ravenswood Family Health Center – Primary Care	107,100	0	107,100	0	0	0	107,100
RFHC delivers primary care to homeless patients @700 patients x $153.00/patient and/or 1,900 encounters x $51/encounter.							
Ravenswood Family Health Center – Dental	54,725	0	54,725	0	0	0	54,725
RFHC delivers oral health services targeting homeless patients @ 275 patients x $199/patient and/or 600 encounters x $70.16/encounter.							
Ravenswood Family Health Center – Care Coordination	97,000	0	97,000	0	0	0	97,000
RFHC provides care coordination, health navigation and other enabling services to homeless patients @ 500 patients x $194/patient and/or 1200 encounters x $80.83/encounter.							
Subtotal	**258,825**	**0**	**258,825**	**0**	**0**	**0**	**258,825**
LifeMoves (formerly InnVision Shelter Network) – Care Coordination & Benefits Enrollment	298,030	0	298,030	0	0	0	**298,030**

Provide on-going care coordination and eligibility assistance services to shelter and street homeless individuals and families @ 655 clients x $455.01/client and/or 1,675 encounters x $177.93/encounter.							
Samaritan House – Safe Harbor Shelter	81,000	0	81,000	**0**	**0**	**0**	**81,000**
Provide shelter-based health-related case management, navigation and health education services @ 210 clients x $385.71/clients and/or 360 encounters x $225.00/encounter.							
Puente de la Costa Sur	0	183,500	183,500	**0**	**0**	**0**	**183,500**
Provide on-going case management eligibility assistance, health education, and other enabling services to farm workers and their family members @ 370 clients x $495.95/client and/or 590 encounters x $311.02/encounter. Under Federal funding, 100% of this contract is budgeted under FH.							
Sonrisas Dental Clinic	0	131,675	131,675	**0**	**0**	**0**	**131,675**
This is for the personnel that will deliver dental hygiene and oral health services to the migrant farm workers @ 115 patients x $1,145/patient and/or 460 encounters x $286.25/encounter. 100% of this contract is budgeted under FH.							
Other Contractors	75,000	10,200	85,200	**0**	**0**	**0**	**85,200**
Program is currently working with multiple external community partners for potential new services programs and contracts that will possibly extend to next two years. In addition, the 2016 Strategic Plan directs the Program to expand services that will fill in the gap in services, including increasing mental health and substance abuse services, medical respite care services for homeless, increasing dental services for adult farmworkers etc. Program anticipates additional contracts with other community partners to fulfill the service gaps for the homeless and farmworker.							
Total – Community Contracts	712,855	325,375	1,038,230	**0**	**0**	**0**	**1,038,230**
3. Program Consultants							
Program Consultants	22,000	3,000	25,000	**0**	**0**	**0**	**25,000**
Program works with multiple consultants for assistance in grant writing and consulting in FQHC operations.							
Total - Program Consultants	22,000	3,000	25,000	**0**	**0**	**0**	**25,000**
TOTAL CONTRACTUAL	**1,526,855**	**408,375**	**1,935,230**	**0**	**0**	**0**	**1,935,230**
G. CONSTRUCTION	**0**	**0**	**0**	**0**	**0**	**0**	**0**

H. OTHER							
Staff Training @$3,987/MO	0	0	0	37,706	10,138	47,844	47,844
Memberships @$2,253/MO	848	226	1,074	20,549	5,413	25,962	27,036
Information Technology @ $39,976/MO	1,579	421	2,000	377,182	100,530	477,712	479,712
Rent/Utilities @ $303,333/MO	0	0	0	2,627,694	1,012,318	3,640,012	3,640,012
Printing/Copying @ $4,333/MO	0	0	0	41,057	10,943	52,000	52,000
Maintenance @ $8,667/MO	0	0	0	82,114	21,886	104,000	104,000
Custodial @ $31,633/MO	0	0	0	299,717	79,883	379,600	379,600
Recycling & Bio Waste @ $1,300/MO	0	0	0	12,317	3,283	15,600	15,600
Communication @ $30,333/MO	0	0	0	287,399	76,601	364,000	364,000
Miscellaneous @ $5,200/MO	0	0	0	49,269	13,131	62,400	62,400
TOTAL OTHER	**2,427**	**647**	**3,074**	**3,835,004**	**1,334,126**	**5,169,130**	**5,172,204**
I. DIRECT SERVICES	**2,080,686**	**554,518**	**2,635,204**	**9,473,348**	**2,524,813**	**11,998,162**	**14,633,366**
J. INDIRECT	0	0	0	0	0	0	0
K. GRAND TOTAL	**2,080,686**	**554,518**	**2,635,204**	**9,473,348**	**2,524,813**	**11,998,162**	**14,633,366**

TAB 4
Request to Approve AIMS contract - El Centro

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 2018

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

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR EL CENTRO DE LIBERTAD/THE FREEDOM CENTER

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.

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. Services include motivational outreach presentation, prevention education module presentation, assessment, screening and navigation services accessing AOD, SUD and mental health services.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for three (3) months from October 1, 2018 through December 31, 2018. The value of the agreement is for a total of $24,000.

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

Attachments:
Exhibit A & B for El Centro AIMS

EL CENTRO DE LIBERTAD/THE FREEDOM CENTER

Exhibit A

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

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with El Centro de Libertad/The Freedom Center (El Centro) 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. El Centro will provide client screening and navigation assistance, including assistance in accessing AOD, SUD mental health and/or other support services as appropriate, and ongoing support to improve client access to San Mateo County Health System mental health services and HCH/FH Program contractors, to at least 1**0 unduplicated homeless or farmworker individuals** who meet Bureau of Primary Health Care (BPHC) criteria for Homeless individuals and Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who has not been previously served and invoiced for that service during the calendar year. The HCH/FH Program will continue to monitor the number of "cases" that are provided services, even as El Centro will invoice for unduplicated individuals.

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

OBJECTIVE 1: Provide Screenings/Assessments or Client Navigation assistance to a minimum of **10 unduplicated homeless or farmworker individuals with 20 encounters**.

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 encounters.

Outcome Measure 1.A: Individuals that complete the screening will be assessed for appropriate Treatment program designed to break the cycle for opioid, alcohol and other drugs, or will be assessed as needing other gap services. Individuals that complete client navigation assistance lead to referral to AOD, Mental Health or other needed support services.

Outcome Measure 1.B: The number of Individuals that are referred to appropriate referrals/treatment programs will be documented: Outpatient, Inpatient, Mental Health, Primary Care, Dental and other support services.

OBJECTIVE 2: To provide Motivational Outreach to a minimum of 20 sessions.

Outcome Measure 2.A: Individuals will have learned about available AOD and/or mental health resources and 20% will express interest in treatment.

OBJECTIVE 3: Provide Education at a minimum of fifteen sessions.

Outcome 3.A: Prevention Education modules will have educated homeless about the physical, physiological and mental health impact of opioids, alcohol and other drugs on adults, youth and families and will have learned personal substance use indicators as well as refusal skills.

Outcome 3.B: Provide general substance abuse education to farmworkers.

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

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

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

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

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless and/or farmworker individuals in this same time period 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 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/farmworker issues (i.e. Homeless, One Day Count, Homeless Project Connect, etc.).

Provide active involvement in BPHC's 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 a one-time payment of $2,000 total over the term of the agreement for the Assessment and Screening. County shall pay $2,000 upon Contractor submission of Assessment and Screening templates, including questionnaire and/or tool for review and acceptance.

County shall pay Contractor at a rate of $575.00 for each outreach event invoiced for the delivery of motivational outreach presentation in shelter, farms, schools or other appropriate locations, up to a maximum of 20 events over the term of the agreement.

County shall pay Contractor at a rate of $500.00 for each prevention education module invoiced for the delivery of Prevention Education Module in shelter or other appropriate locations, up to a maximum of 15 events over the term of the agreement.

County shall pay Contractor at a rate of $300.00 for each unduplicated homeless or farmworker individual invoiced per reporting period for delivery of screening and navigation services, up to the maximum of 10 individuals per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

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

The term of this Agreement is October 1, 2018 through December 31, 2018. Maximum payment for services provided under this Agreement will not exceed TWENTY FOUR THOUSAND DOLLARS ($24,000).

Budget Overview

Service	Maximum Unit	Payment per Unit
Assessment and Screening Templates	1 Submission	$2,000/submission
Motivational Outreach Presentation	20 events	$575/event
Prevention Education Module Presentation	15 events	$500/event
Screening and Navigation	10 unduplicated patients	$300/patient

AIMS- 1 time funding ($90,500)

Program is working with our consultant (J. Snow) to work on a Needs Assessment of substance use for San Mateo County as well as a website and directory of current resources in the County for substance use/abuse. We will work with her team on the set of questions we want asked as well as a list of stakeholders to include in the Needs Assessment.

Staff is also researching various training on substance use.

Needs Assessment:

Report on general SMC population with subset report for homeless/farmworker population

- Numbers on: opiates, alcohol, methamphetamine, cocaine
    - Use
    - Deaths
    - Emergency room and inpatient admissions
- Capacity
    - What services are provided in San Mateo County
        - Medical detox (specifically around alcohol)
        - Medication assisted treatment
    - How many people do they serve
    - Are they meeting the need [do we expect JSI to interview consumers?]
- Gap Analysis
    - What changes are needed, i.e. more services, more visibility of available services, etc.

TAB 4
Request to Approve LifeMoves Nutrition Contract

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 2018

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

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR LIFEMOVES NUTRITION PROJECT

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.

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.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for ten (10) months from March 1, 2018 to through December 31, 2018. The value of the agreement is for total contract value of $25,000.

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

Attachments:
Exhibit A & B for LifeMoves Nutrition Project

LIFEMOVES

Nutrition Project

Exhibit A

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

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with LifeMoves to support 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.

Specific tasks may include, but are not limited to:

- Recruit and contract with RDN
- A more detailed (than offered above) Needs Assessment with food providers, staff, volunteers, and clients
- Development of a plan to manage the provision of food to homeless individuals
- Development of a plan on how to work with the donor community to better meet the nutritional needs of homeless people
- Development of a curriculum for homeless individuals (food guidelines) for persons with chronic health conditions related to diet
- Development of any regular and consistent seminars/workshops or other ways of delivering information to homeless people that would help them manage their own chronic health conditions.

Note that all published materials and references to this effort need to indicate that it is a joint effort of the HCH/FH Program and LifeMoves, with funding derived from the HRSA 330 Program grant of the HCH/FH Program.

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 a one-time payment of $10,000 total over the term of the agreement for the Needs Assessment project. County shall pay $5,000 upon Contractor submission of Needs Assessment project plan for review and acceptance, and $5,000 upon Contractor submission of the Needs Assessment final report for review and acceptance.

County shall pay Contractor a one-time payment of $15,000 total over the term of the agreement for the tailored nutrition plans for patients with chronic health conditions project. County shall pay $5,000 upon Contractor submission of tailored nutrition plans project plan for review and acceptance, and $10,000 upon Contractor submission of the tailored nutrition plans final report for review and acceptance.

The term of this Agreement is March 1, 2018 through December 31, 2018. Maximum payment for services provided under this Agreement will not exceed TWENTY-FIVE THOUSAND DOLLARS ($25,000).

Budget Summary

	Service	Document	Payment
Needs Assessment	Project Plan (due August 15th, 2018)	1 Report	$5,000
	Final Report (due December 10, 2018)	1 Report	$5,000
Tailored nutrition plans for patients with chronic health conditions	Project Plan (due August 15th, 2018)	1 Report	$5,000
	Progress Report 2 (due December 10, 2018)	1 Report	$10,000

TAB 5

Strategic Plan Review

Healthcare for the Homeless/Farmworker Update on the 2016-2019 Strategic Plan

prepared for September 2018 Board Meeting

	Strategy	Status
GOAL 1: Expand Health Services for Homeless and Farmworkers	1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	The upcoming expansion of services outlined by AIMS and SUD-MH proposals are the two most significant efforts made on this front to date. Challenge of getting data from BHRS continues to impede collecting consumer data.
	2. Increase available respite care with wrap-around services for homeless	Staff has done a lot of research and collaboration on this topic. A plan is evolving to position HCH/FH as a connection point and thought leader for San Mateo stakeholders involved in recuperative care.
	3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters	Little has been completed on this workstream. Defining scope is required.
	4. Increase dental services for adult farmworkers	Sonrisas increased their dental services, small funding requests have been dedicated to dental care. Systematic issues of long waits for dental care remains a major barrier; closer partnership with SMMC Dental Director is needed.
	5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.	Whole Person Care has taken the lead on this and staff has been collaborating with them. Unclear how HCH/FH should position itsself nor what metrics should be established.
	6. Increase drug and alcohol support for farmworkers	Potential partnership with El Centro through AIMS funding is the largest step toward this goal. El Centro is new to providing this type of service to the farmworker population, but are very eager to grow their capacity. There are several challenges like data collection that will need to be overcome.
	7. Promote preventive dental care for homeless and farmworkers	Approved small funding request from Sonrisas for oral health for farmworkers. The Diabetes Action Plan is the biggest step toward preventative dental care, however its success will be limited by larger systems issues related to extremely long wait time for all Denti-Cal appointments (1 year at SMMC)

Healthcare for the Homeless/Farmworker Update on the 2016-2019 Strategic Plan

prepared for September 2018 Board Meeting

	Strategy	Status
GOAL 2: Improve the ability to assess the on-going needs for homeless and farmworkers	1. Integration and alignment of additional measurable outcomes for homeless and farmworker population with SMMC	New Clinical Coordinator is tasked with getting better coordination/allignment. Challenges remain that each clinic has different operating standards and adding additional measurable outcomes is a larger issue than HCH/HF.
	2. Work with Partners to increase data collection capacity	Two major IT initiatives 1) DISHII grant funded electronic medical record upgrade so farmworker/homeless status is visible to providers 2) Work with SMMC IT to launch case management software. Staff provides extensive technical assistance to contractors to improve data quality and compliance. Challenge remains in developing a stronger working relationship with the Center on Homelessness to share data.
	3. Strengthen collaboration with San Mateo Medical Center	Staff conducts monthly training for new Registration personnel and joins working groups such as Disparities, Whole Person Care, Older Adult Task Force, and QI meetings. Elevating program awareness among SMMC & County remains a priority and requires senior leadership; new staff is supporting these efforts.
GOAL 3: Maximize the effectiveness of the HCH/FH Board and Staff	1. Increase the diversity of expertise on the Board	New members with diverse experience have joined the Board. The Board's Recruitment standing sub-committee has not been meeting. This is proposed to be re-instated. Regular outreach at shelters and permanent supportive housing is being discussed.
	2.Determine whether additional staff and/or consultants would be hired to complete strategies and on-going efforts	New headcount have been hired to implement the strategic plan, identify & implement new focus areas Consultant has been hired to conduct Opioid Needs Assessment.
GOAL 4: Improve communication about resources for the homeless and farmworkers	1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers	Staff has diligently been forging connections across SMMC and the County. With new staff, additional bandwidth exists to attend county-wide events, launch our own events, and develop external facing materials.
	2.Develop easy to use material for homeless and farmworker providers with information about resources available.	Few materials have been developed by HCH/FH for Providers. New staff is working on an external facing website and identifying what other materials should be developed.

TAB 6
QI Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 2018

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met on August 23, 2018. The topics discussed were as follows:

1. Diabetes Action Plan: One HRSA requirement coming out of the recent HRSA Operational Site Visit was implementation of a Diabetes Action Plan, with the goal of improving diabetic control in Homeless and Farmworker patients. The proposed Diabetes Action Plan will have 3 components: 1) evaluating impact of point-of-care HgbA1c testing on the PHPP Mobile Health Clinic, 2) identifying patients who have not had a HgbA1c checked in the last 12 months, and 3) linking patients with poor diabetic control (HgbA1c > 9%) to Dental care. HCH/FH Staff will be meeting with SMMC Administration to discuss the proposed Diabetes Action Plan and establish an implementation plan.

2. QI Award: The QI Committee discussed potential San Mateo County Health System staff trainings that could be funded by the QI Award. Potential trainings discussed included trauma-informed care, motivational interviewing, and the Diabetes Empowerment Education Program (DEEP). HCH/FH Staff will discuss these potential trainings with SMMC Administration and Staff to see what trainings are already being done and what trainings would be of interest to SMMC staff.

3. Enabling Services Outcome Measure: The Enabling Services Outcome Measure aims to evaluate the results of Primary Care referrals from HCH/FH Program contracted Enabling Services agencies. At this time, the QI Committee is awaiting the list of referred clients from Samaritan House before moving on with the analysis.

4. Shelter Homeless and Farmworkers as Disparity Groups: The QI Committee has previously identified the Shelter Homeless and Farmworkers as disparity groups with regard to diabetes and hypertension control. The first step in assessing these groups is to work with SMMC Administration to ensure that Homeless and Farmworker status data is accurately collected. HCH/FH Staff will be meeting with SMMC Administration to discuss this topic.

The next HCH/FH QI Committee meeting will be on October 18, 2018.

TAB 7
Director's Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 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 August 09, 2018 Co-Applicant Board meeting:

1. Operational Site Visit (OSV)

   To date, we have not received our OSV Report. Given normal HRSA time frame guidelines, we should receive it within the next month.

2. Non-Competing Continuation/Budget Period Renewal (NCC/BPR)

   Program submitted our 2018 NCC/BOR on August 17, 2018. We have received no issues or comments to date on the submission.

3. New Health System Identity

   The Health System is changing its Visual Identity with a new logo, and tagline, with the rollout beginning on September 12th. The Health System will now simply be known as San Mateo County Health; the tagline is "All together better" and the logo will be:

   SAN MATEO COUNTY HEALTH
   All together better.

   And the SMMC logo will be:

   SAN MATEO COUNTY HEALTH
   SAN MATEO MEDICAL CENTER

   Attached to this report is an information sheet on the changes.

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

4. QI Award

On August 15, 2018, we received a Notice of Award for $13,232 for a 2018 QI award. The award is based on our standing in comparison to other Health Centers across a number of measures based on 2017 UDS data. In particular, we received the award for Clinical Quality Improvement (at least 10% improvement in one or more Clinical Quality Measures) and Advancing Health Information Technology (utilize HIT to increase access to care and advance quality of care).

5. Additional HRSA Review

On August 27th we received notice from HRSA of a Financial Management Review focused on the Legislative Mandates from the 2018 Consolidated Appropriations Act. This effort will require us to provide policy documents to HRSA within 30 days on items such as salary limitations, anti-lobbying, restrictions on abortions, etc. Much of this is expected to reside in SMMC or SMC Health policy documents and we are working with Leadership and County Counsel to comply with the request.

6. Seven Day Update

ATTACHED:

- Program Calendar
- SMC Health Visual Identity Information Sheet

Health Care for the Homeless & Farmworker Health (HCH/FH) Program

2018 Calendar (*Revised September 2018*)

EVENT	DATE	NOTES
• Board Meeting (September 13, 2018 from 9:00 a.m. to 11:00 a.m.) • Approve NCC/BPR and annual budget	September	@Fair Oaks Clinic- RWC
• 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
• 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
• Board Meeting (December 13, 2018 from 9:00 a.m. to 11:00 a.m.) • QI Meeting	December	@San Mateo Medical Center
• Board Meeting (January 10, 2019 from 9:00 a.m. to 11:00 a.m.) • Provider Collaborative meeting	January	@San Mateo Medical Center
• Board Meeting (February 14, 2019 from 9:00 a.m. to 11:00 a.m.) • 2019 Western Migrant Conference- Feb 22-24th in Seattle , WA	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

The San Mateo County Health System will roll out a new name, logo, and tagline in September. As a division of the Health System, San Mateo Medical Center (SMMC) will also roll out a new logo.

Our patients, staff, and community partners tell us our focus on diversity, collaboration, and innovation is an important part of our ability to partner with patients to provide excellent care with dignity and respect. We're excited to roll out a new visual identity that reflects those strengths and our connection to a larger integrated system of care, which serves the complex needs of our patients.

What's Changing

- **Rename**: The Health System has shortened its name to "San Mateo County Health" (short forms: County Health or SMC Health).
- **Tagline**: The tagline, "All together better," suggests improved outcomes through collaboration and support.
- **County Health Logo**: The multicolored icon is bright and welcoming, reflecting the diversity of our patients, staff, and services.
- **San Mateo Medical Center Logo**: The new logo emphasizes our connection to SMC Health.

Timeline

SMMC will begin using the new logo on September 12, 2018. We anticipate it will take at least a year to update all our forms, signs, and other collateral.

If you are currently using the SMMC logo in any way (e.g. website, brochures, forms) please begin using our new logo after September 12, 2018. Reach out to Kate Johnson at kjjohnson@smcgov.org and she can provide the logo in any file format you need (please do not use the file embedded in this email).

Thank you for your continued partnership. I welcome your feedback on the new logo and any suggestions you have to improve our communications.

Sincerely,

TAB 8
Budget & Finance Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 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 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.

At this point it has become clear that there will be an unexpended funds balance between $200,000 and $300,000, likely toward the higher end of that range. 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. The remainder is largely accounted for by the still-pending AIMS grant effort.

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.

Attachment:

- Preliminary GY 2018 Summary Report

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COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (08/31/18)	Projection for GY (+~17 wks)	Projected for GY 2019
Salaries				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	540,000	292,541	502,200	598,000
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	200,000	114,417	206,367	257,140
Travel				
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		1,121	5,000	3,000
Van & vehicle usage		1,075	1,500	1,500
	25,000	9,749	20,500	25,500
Supplies				
Office Supplies, misc.	10,500	3,634	4,500	10,000
Small Funding Requests		25,370	50,000	20,000
	10,500	29,004	54,500	30,000
Contractual				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	592,586	794,225	870,000
Current 2018 MOUs	872,000	517,900	768,550	820,000
---unallocated---/other contracts	118,073		25,000	175,000
	1,957,103	1,160,211	1,637,500	1,865,000
Other				
Consultants/grant writer	31,667	13,575	40,000	30,000
IT/Telcom	5,930	7,630	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	2,006	5,500	4,000
	47,097	25,211	63,750	45,000
TOTALS - Base Grant	2,779,700	1,631,133	2,484,817	2,820,640
HCH/FH PROGRAM TOTAL	2,779,700	1,631,133	2,484,817	2,820,640
PROJECTED AVAILABLE	BASE GRANT		294,883	1,792

based on est. grant of $2,822,432

reporting_year	line_no	line_desc	accrued_cost	allocation_of_fac_cost	accrued_and_allocated_fac_cost	allocation_non_clin_supp_serv	allocation_fac_and_non_clin_supp_serv
2018	01	Medical Staff	3,146,651.00	146,011.02	3,292,662.02	2,102,240.34	5,394,902.36
2018	02	Lab and X-ray	445,824.14	38,840.42	484,664.56	309,440.02	794,104.58
2018	03	Medical/Other Direct	1,055,887.92		1,055,887.92	674,144.56	1,730,032.48
2018	05	Dental	182,451.17		182,451.17	116,488.18	298,939.35
2018	06	Mental Health	1,648,792.79		1,648,792.79	1,052,691.92	2,701,484.71
2018	07	Sustance Abuse					
2018	08a	Pharmacy not including pharmaceuticals	426,913.51	13,385.00	440,298.51	281,113.97	721,412.48
2018	08b	Pharmaceuticals	71,652.97		71,652.97	45,747.72	117,400.69
2018	09	Other Professional	46,545.45	20,515.46	67,060.91	42,815.86	109,876.77
2018	09a	Vision	55,854.53		55,854.53	35,661.01	91,515.54
2018	11a	Case Management					
2018	11b	Transportation					
2018	11c	Outreach					
2018	11d	Patient and Community Education					
2018	11e	Eligibility Assistance					
2018	11f	Interpretation Services					
2018	11g	Other Enabling Services					
2018	12	Other Related Services					
2018	14	Facility	707,527.41				
2018	15	Non Clinical Support Services	4,660,343.57				
2018	18	Value of Donated Facilities, Services, and Supplies					

12,448,444.46

Year	Line	Payor_Category	Allowance	Amount Collected	Bad Debt Write Off	Collection of Reconciliation/ Wrap Around Current Year	Full Charges
2018							3,694.88
2018	01	Medicaid Non-Managed Care	531,640.20	661,795.72		608,270.35	1,133,797.85
2018	02a	Medicaid Managed Care (capitated)	3,383,955.60	1,290,911.56	427.00	663,514.60	4,421,379.16
2018	04	Medicare Non-Managed Care	460,207.43	502,460.00	2,820.05	100,007.99	999,765.67
2018	05b	Medicare Managed Care (fee-for-service)	428,912.68	590,503.89		131,717.78	1,039,256.39
2018	07	Other Public including Non-Medicaid CHIP (Non Managed Care)	100,019.37	14,200.69			164,367.44
2018	10	Private Non-Managed Care	3,517.45	2,945.16		(1.28)	3,261.00
2018	11a	Private Managed Care (capitated)	1,889.21	345.79			359.00
2018	13	Self Pay	1,493,337.45	21,115.79	25,660.83	1,061.31	1,592,302.61
			6,403,479.39	3,084,278.60	28,907.88	1,504,570.75	9,354,489.12

TAB 9
Contractors
2nd Quarter
Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: September 13, 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 2 Report (January 1, 2018 through June 30, 2018)

Program Performance

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 following data table includes performance for the first quarter:

HCH/FH Performance *01/01/2018 – 06/30/2018*	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	185	67	36%	900	238	26%
LifeMoves (care coord)	550	187	34%	1500	365	24%
LifeMoves (SSI/SSDI)	50	31	62%			
LifeMoves (eligibility)	40	13	33%			
LifeMoves (Street Medicine)	160	59	37%	300	319	106%
LifeMoves (Transportation)	N/A	N/A	N/A	344 rides	188 rides	55%
Public Health Mobile Van & Expanded Services	1,210	673	56%	2,420	1,030	43%
Public Health- Street Medicine	135	75	56%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	200	168	84%	590	403	68%
Puente (O/E)	170	109	64%			
Ravenswood (Primary Care)	700	348	50%	2100	789	38%
Ravenswood (Dental)	275	138	50%	780	321	41%
Ravenswood (Care Coordination)	500	229	46%	1200	457	38%
Samaritan House	210	150	71%	360	275	76%
Sonrisas Dental	115	61	53%	460	154	33%
Total HCH/FH Contracts	4,330	2,308	53%	10,610	4,351	41%

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HCH/FH Performance *01/01/2018 – 6/30/2018*	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svs	Care Coordination	<May: $300/pt; >June $500/pt	185	67	$ 21,100	$90,000	23%
Legal Aid Society of San Mateo County	Provider Outreach	$ 1,100	NA		$ 1,100	$14,000	43%
	Farmworker Outreach	$ 4,900	NA		$ 4,900		
	Experience Study	$ 8,000	NA		$ -		
LifeMoves (care coord, SSI/SSDI, eligibility, Transportation)	Care Coordination	$275/patient	500	148	$ 40,700	$298,030	40%
	Intensive Care Coordination	$525/patient	50	39	$ 20,475		
	SSI/SSDI Eligibility Assistance	$420/patient	75	31	$ 13,020		
	Health Coverage Eligibility Assistance	$110/patient	30	13	$ 1,430		
	Transportation	$45/ride	344 rides	188 rides	$ 8,460		
LifeMoves (Street Medicine)	Intensive Care Coordination	$600/patient	140	59	$ 35,400		
Public Health Mobile Van & Expanded Services	Primary Care Services	$330/patient	1,000	537	$ 177,210	$532,250	56%
	Primary Care Services to formerly incarcerated & homeless	$725/patient	210	136	$ 98,600		
Public Health (Street Medicine)	Primary Care Services	$1,850/patient	135	75	$ 138,750	$249,750	56%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	$500/patient	180	147	$ 73,500	$183,500	76%
	Intensive Care Coordination	$850/patient	20	21	$ 17,000		
Puente (O/E)	Health Coverage Eligibility Assistance	$450/patient	170	109	$ 49,050		
Ravenswood (Primary Care)	Primary Care Services	$153/patient	700	348	$ 53,244	$107,100	50%
Ravenswood (Dental)	Dental Services	$199/patient	275	138	$ 27,462	$54,725	50%
Ravenswood (Care Coordination)	Care Coordination	$194/patient	500	229	$ 44,426	$97,000	46%
Samaritan House	Care Coordination	$380/patient	200	150	$ 57,000	$81,000	70%
	Intensive Care Coordination	$500/patient	10	0	$ -		
Sonrisas Dental	Dental Services	$1,145/patient	115	61	$ 69,845	$131,675	53%
Total HCH/FH Contracts			3,985	2,308	$ 952,672	$1,839,030	52%

Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); First Quarter (Jan 2018 through June 2018)

Agency	Outcome Measure	2md -Quarter Progress
Behavioral Health & Recovery Services	•At least 100% screened will have a behavioral health screening. •At least 70% will receive individualized care plan.	By the 2nd quarter: • 69 clients (100%) had a behavioral health screening • 69 (100%) received individualized care plan
LifeMoves/CHOW (street med)	• Minimum of 50% (250) will establish a medical home. • At least 90% of homeless individuals served for CC services will have documented care plan. • At least 30 will complete submission for health coverage.	By the 2nd quarter: • 40% established a medical home • 100% of individuals served for CC services will have documented care plan. • 13 complete submission for health coverage.
Public Health Mobile Van/expanded services	• At least 80 % will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease.	By the 2nd quarter: • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 20% individuals with a chronic health condition
PH- Mobile Van-Street/Field Medicine	• At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care	By the 2nd quarter: • 100% of street homeless/farmworkers seen will have a formal Depression Screen performed • of street homeless/farmworkers seen will be referred to Primary Care
Puente de la Costa Sur	•At least 90% served care coordination services will receive individualized care plan. •At least 25 served will be provided transportation and translation services.	By the 2nd quarter: • 75% farmworkers served cc services received care plan. • 46 were provided transportation and translation services.
RFHC – Primary Health Care	• 100% will receive a comprehensive health screening. •At least 300 will receive a behavioral health screening.	By the 2nd quarter: • 97% received a comprehensive health screening. • 14 received a behavioral health screening.

RFHC – Dental Care	• At least 50% will complete their treatment plans. • At least 80% will receive comprehensive oral health screenings. • At least 50% will complete their denture treatment plan.	By the 2nd quarter: • 17% completed their treatment plans. • 82% attended their scheduled treatment plan appointments. • 38% completed their denture treatment plan.
RFHC – Enabling services	• At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9.	By the 2nd quarter: • 37% will received care coordination services and will create health care case plans • 69% of diabetic patients have hbA1c levels below 9.
Samaritan House-Safe Harbor	•At least 95% of patients will receive individualized health care case plan. •At least 70% will complete their health care plan. •At least 70% will schedule primary care appointments and attend at least one.	By the 2nd quarter: • 60% received individualized health care case plan • 74%complete their health care plan. • 28% will schedule primary care appointments and attend at least one.
Sonrisas Dental	• At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan.	By the 2nd quarter: • 66% completed their treatment plans. • 0% 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 referrals for most clients through ACCESS and first psychiatrist appointments for P90 have been timely.
    - Staff also reports that some clients are having difficulty with finding affordable housing in SMC.

- According to **LifeMoves** reports they have streamlined their internal process for referrals working closer with their shelter staff and developing clear strategy for client case plans.
    - Aging population of homeless is growing, in need of more support services such as Board and care.

- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
    - Seeing more patients with cancer and elderly homeless clients over 62.

- **Puente** held some health education events in April , including on Women's health with Planned Parenthood. They have increased staff and continue to coordinate with the Field Medicine team.
    - Difficulty getting farmworkers into care as it is high season and are reluctant to take time off of work.

- **Ravenswood Primary Care** continues to see patients at Project WEHope shelter and Street Medicine clinic program. Manager coordinates with Emergency Rooms, Santa Clara and San Mateo counties.
    - Trends include requests from patients for resources to help them manage their diabetes. Patients losing their medications and the homeless demographic changing to all ages/genders/ethnicities and many wanting to be screened for STIs.

- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as providing high level of hands-on support to help fill out forms and complete health coverage in timely manner.
    - Trends include request for dentures and education that is needed to provide. Hearing that other dental providers extract teeth rather than try to preserve.

- **Ravenswood Enabling services**- great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio, Project WEHope to assist clients and find housing.
    - Increased requests to seek employment assistance and supplies for babies to distribute to at risk families with children.

- **Samaritan House/Safe Harbor** states that they have expanded more programs around nutrition and education including Yoga..
    - Receiving more fragile and older clients in the shelters via CES program.

- **Sonrisas Dental** states that relationship with Puente is working well.
    - Farmworkers having difficult time getting time off of work for dental appointment, despite providing services closer to where they live/work.

DATE: AUGUST 20, 2018
TO: Health Care for the Homeless, San Mateo Medical Center
FROM: PHPP, Finance & Administration Team & Clinics Team
RE: Data Plan Progress Report

Background on the Data Plan: There are many different reports that PHPP's Finance and Admin team uses to support its operations and reporting functions for various programmatic areas. From looking at the public health clinic's billing revenue to quantifying the services the Health Care for the Homeless (HCH) grant provides to filing annual reports with the State of California, all of these data requests go through Health Information Technology's Business Intelligence (BI) Team. In effort to streamline the requests, and build capacity for the reports to be generated by the PHPP Finance team more readily, to enhance the metrics we can generate for monitoring the HCH grant, we are requesting for the following additions to our routine reports. The below table outlines what reports would need to be altered, with what data fields, and what the outcome would be.

Data Plan Progress: The right most column ("Progress Report I Steps Taken") of the table below details the progress made for steps in the various Data Plan Reports. The date of the step will be followed by a completed icon (✓) or in-progress icon (🕓) to show status of the step.

Current Report	Additional Fields being requested	Justification	Timeline of Production	Next steps	Timeline of next steps	**Progress Report I Steps Taken**
Report 1: PH Edison Mobile Charges Payments Report (Katy's	1. Women's health care services at Street Medicine's Puente clinic Pescadero site 4th Wednesday of the month Health care services columns to include at the encounter/summary at a minimum: • Pap smears/pelvic exams • STD screenings and treatments • Pregnancy tests and pregnancy counseling • Women's health acute issues (vaginal/pelvic	• To track HCH services being provided without having to generate a new report. • Data fields can be added as new columns to px who receive the services and costs can also be tracked that way	The PH Edison Mobile Charges payments file is produced monthly. We propose that we keep the same monthly production timeline	1. Anita to request CDM code created 2. Srivatsa to ensure CDM code is tied to the health services being captured at Puente clinic Pescadero site	1. Beginning of May 2018 2. End June 2018.	1. Anita provided the necessary CMD codes to map to the 5 services ✓ 2. Srivatsa is currently on two high priority BI projects over the next two months (August – September). The goal will be to work on Women's Health Services after that. 🕓 Srivatsa issued BI Ticket 3 to add indictors to show if any of the following 5 services were provided

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	complaints etc.) • Birth Control counseling and administration of selected method					during the encounter. ✓
	2. Add “Homeless”	• Adding homeless and farmworker will also allow for cross checking the total clients served against the UDS report		3. Srivatsa to add “homeless” and “farmworker” columns which are data sets originated in OAS Invision Gold	1. End of May 2018	1. Srivatsa added homeless indicator to the PH Edison Mobile Charges Payment Summary report. The following fields were added: • Homeless • Farm Worker • Seasonal Farm Worker • Migrant \\apps\ISD_Data_Outputs\PH_Edison_Mobile_Charges_Payments Incident INC0235626 opened ✓
	3. Add “Migrant Farmworker” (MSFW code)	• Adding homeless and farmworker will also allow for cross checking the				✓

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		total clients served against the UDS report				
	4. Add Code 18	• Code 18 captures Edison and Mobile patients who are Medi-Cal Managed Care; this is part of the annual FQHC reconciliation report submitted to the State	As soon as possible so as to capture all FY 17/18 Code 18's	1. Katy to provide a 3-Digit (C##) Medi-Cal financial code for the Code 18 field requested for Katy's Edison Mobile Charges Report. There are 20+ different Medi-Cal codes, so Srivatsa needs a specific code 2. Srivatsa to add this data field in a new column, alongside the payer code	1. Mid-May 2018 2. End of May 2018	1. Katy provided Billing codes 02,18, and 20 for Medi-Cal FQHC/RHC/ IHS/MOA which correspond to insurance codes C20, C30, C84, H24, H30, HPSM Secondary. ✓ Srivatsa created Ticket 2 To Add an indicator to show if the insurance is medi-cal or not. ✓ 2) Srivatsa added the following field: fqhc_pyr_ind - indicates the accounts whose primary or secondary is one of the insurances provide to identify fqhc (code 18) ✓
Report 2: DSS Report (Anita's) -	1. Add "Migrant Farmworker status" (MSFW) code as the 6th column.	• Adding farmworker will ensure the DSS report and the PH Edison Mobile Charges payments file match up and	Data required for invoicing is needed monthly and usually services on	1. Srivatsa to add Katy and Luan to the file path and web browser report to have access to the detailed spreadsheet export. Currently, only a high-level view is given. Srivatsa can show the column logic on	1. May 9, 2018 2. End of May 2018 3. Monthly, starting End of May	2. Srivatsa is currently on two high priority BI projects over the next two months (August – September). The goal will be to work on the HCH DSS Report

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		that the count of unduplicated clients is accurate when reports are need to be submitted to HCH	Wed. at Pescadero Puente clinic site so could also add to Street Medicine report	the spreadsheet. 2. Srivatsa to update the DSS reporting by adding migrant farmworker status category (MSFW code) and send link to Anita as well as Luan. Srivatsa to check data to see if farmworker and homeless categories are mutually exclusive based on registration. 3. Srivatsa to provide the subset data report on a monthly basis to ensure that codes are either farmworker or homeless but not both for Pescadero. This will prevent the PSA from doing a manual monthly QI check.		request prior to the second project run and next project report. ✓ Srivatsa issued Ticket 6 (Update HCH Visits report to add MSFW indicator. Verify to see if it has all the required data elements for the analysis) within BI ✓ Srivatsa issued BI Ticket 5 (Add Farm worker indicator to the 1a, 1b, 1c summary crosstab reports) ✓
Report 3: Human Services Agency (HSA) Street Medicine Report (Anita's)	1. Incorporation of HSA data into the DSS Report	This will automate data reporting for HSA Invoicing	Monthly data reporting aligned with the DSS report	1. Srivatsa to provide an excel report to Anita for the Human Services Agency grant with Sara Beth Baily and Dr. Chopra. This is regarding invoicing for the HSA Street Medicine Report. 2. Srivatsa to integrate the HSA Street Medicine Report next quarter into the DSS report for Anita.	1. Beginning of May 2018 2. End of June 2018	2. Srivatsa issued BI Ticket 7 (DSS Crystal Report for Measure A Street Medicine quarterly report) within BI ✓
Report 4: Women's Health	1. Women's health care services at Street Medicine's Puente clinic Pescadero site 4th Wednesday of the	This report will not be used for billing. It is for information purposes to assess	This will be a separate side report pulling	1. Anita to speak with the Nurse Practitioner (NP) to determine what are the specific CDM codes that can	1. End of May 2018 2. Mid-June 2018	1.Anita confirmed she sent the ICD/CDM codes for the 5 women's health services

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Report 5: UDS Report (Jim Beaumont's)-		• Adding Luan to the HCH spreadsheet reports, along with Anita, will ensure deliverables are met per HCH contract and that spend down occurs in a timely fashion • Luan can also cross check these against	Reporting schedule to remain same per SMMC	3. Srivatsa to add Luan to the file path and ensure congruence between DSS reports and PH Edison Mobile Charges reports	End May 2018	

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