

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

Fair Oaks Clinic| 2710 Middlefield Road 1st floor (Great Room) Redwood City

5054 1/2 Brighton Street San Diego, CA 92107

March 10, 2016, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins	9:00 AM
B. CLOSED SESSION		
1. No Closed Session this meeting		
C. PUBLIC COMMENT		9:02 AM
Persons wishing to address items on and off the agenda		
D. CONSENT AGENDA		9:05 AM
1. Meeting minutes from February 11, 2016		TAB 1
2. Program Calendar		TAB 2
E. BOARD ORIENTATION		
1. No Board Orientation items this meeting.		
F. REGULAR AGENDA		
1. 2016 Western Health Migrant Forum De-brief	Linda/Elli	TAB 3 9:10 AM
2. Board Ad Hoc Committee Reports	Committee Members	9:25 AM
<i>i. Transportation</i>		
<i>ii. Health Navigation</i>		
<i>iii. Board Composition</i>		
3. HCH/FH Program QI Report	Frank Trinh	9:35 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 4 9:45 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 5 9:55 AM
6. Contractor's quarterly report- 4 th quarter	Linda/Elli	TAB 6 10:05 AM
7. Update on outstanding proposals	Jim/Linda	TAB 7 10:15 AM
8. Travel Policy	Jim/Linda	TAB 8 10:25 AM
<i>i. Action Item- Request to Approve Travel Policy</i>		
9. Update on Strategic Plan	Jim Beaumont	TAB 9 10:30 AM
10. UDS activities discussion	Jim Beaumont	TAB 10 10:40 AM
G. OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>i. Next Regular Meeting – April, 2016; 9:00 A.M. – 11:00 A.M.</i>		
<i>Coastside Clinic- Half Moon Bay</i>		
H. ADJOURNMENT	Robert Stebbins	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.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm>.



Parking Lot

- ⇒ Bylaws Review
(as needed)
- ⇒ Annual Tactical Plan
(no current deadline)
- ⇒ Scope Discussion
(no deadline set)
- ⇒ Transportation
(no deadline set)
- ⇒ Program Website
(no deadline set)
- ⇒ How to engage our
populations
- ⇒ Respite Care

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
February 11, 2016 at San Mateo Medical Center- San Mateo**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Paul Tunison
Tayischa Deldridge (arrived 9:16 a.m.)
Julia Wilson
Kathryn Barrientos
Molly Wolfes
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
John Nibbelin, County Counsel
Elli, Lo, HCH/FH Management Analyst
Rebecca Ashe, SMMC Coastside Clinic
Brian Eggers, HSA – SMC- Center on Homelessness
Susan, Ehrlich - SMMC
Jennifer, Bruggeman, SMC- BHRS
Anita Booker, SMC- PHPP Mobile Clinic
Linda Nguyen, HCH/FH Program Coordinator

Members of the Public

Pat Fairchild, JSI
Rachel Metz

Absent: Eric Brown, Brian Greenberg

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:05</u> A.M. Everyone present introduced themselves.	
Public Comment	Brian Eggers from SMC-Center on Homelessness announcement on COC resign	
Consent Agenda	All items on Consent Agenda (meeting minutes from November 12 th and December 10, 2015 meetings and the Program Calendar) were approved. <i>Please refer to TAB 1, 2 on the Board meeting packet.</i>	Consent Agenda was MOVED by Dan SECONDED by Paul, and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Discussion on Samaritan Houses' pilot food pharmacy program for Diabetic patients to receive fresh produce as their diet. Partnership with Second Harvest Food bank to supply fresh produce for program. <i>Please refer to TAB 3 on the Board meeting packet.</i>	

<p>Transportation <i>Sub-committee reports</i></p> <ul style="list-style-type: none"> • Steve • Eric 	<p>Discuss with Anita (Public Health staff) to see what vehicle can use instead of County vehicle. Steve will discuss further with staff on County policy for vehicles.</p>	
<p><i>Board orientation Sub-committee reports</i></p> <ul style="list-style-type: none"> • Brian • Dan • Molly • Paul 	<p>Two new potential candidates will be interviewed.</p>	
<p><i>Patient Navigator Sub-committee reports</i></p> <ul style="list-style-type: none"> • Julia • Tay • Kat 	<p>The Sub-committee members, Frank Trinh and Julia from Samaritan House met to discuss what roles they wanted for a new staff to take- that included some responsibilities that a Health Navigator provides, work with SMMC clinics, medical case manager, be point person for providers to contact, conduct outreach about program and provide SMMC training to PSAs,</p>	
<p>QI Committee oral report</p>	<p>Dr. Trinh gave an oral report that included:</p> <ul style="list-style-type: none"> • Working on some reports from QI outcome measures • Planning of Patient Satisfaction survey dissemination. 	
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Report included:</p> <ul style="list-style-type: none"> • Grant conditions- submitted plans on all 10 outstanding conditions to HRSA • Strategic plan retreat still scheduled for March 17th • Request for Proposals- all proposals have been reviewed, awaiting response for further information to determine final decision for some. <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Report included:</p> <ul style="list-style-type: none"> • Working with Fiscal/Accounting to develop a more user-friendly intuitive monthly expenditure report. Will keep board advised of progress. • Program has expended \$83,000 as of January 31, 2016 thus far. <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	

<p>Regular Agenda: Strategic plan Discussion/ presentation</p>	<p>Rachel Metz presented a presentation from numerous interviews conducted for the Strategic Plan, included:</p> <ul style="list-style-type: none"> • Discussion of what needs to be added to the report- respite and behavioral health • Prioritizing of service and planning gaps <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	<p>-Staff follow up with board members on top 3 priorities of gaps</p> <p>-Rachel will contact BHRS for follow up on their services</p>
<p>Regular Agenda: <i>Proposal summary/report</i></p>	<p>The RFP proposals received have all been evaluated including:</p> <ul style="list-style-type: none"> • 11 new proposals, with 2 proposals recommended for funding, 3 still under consideration with requests for further information, and 6 that extensive additional information has been requested as they presently are not recommended for funding. • Included is the report/summary of all the proposals evaluated by all the committees. <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Action Item: Request to Approve MOUs/contracts</p> <p>Action item: Request to Approve Mobile Van MOU</p> <p>Action item: Request to Approve Mobile Van- STREET/FIELD MEDICINE MOU</p> <p>Action item: Request to Approve Ravenswood Enabling service contract</p>	<p>Action item: <i>Request to Approve Mobile Van MOU</i></p> <p>Action item: <i>Request to Approve Mobile Van- STREET/FIELD MEDICINE MOU</i></p> <p>Action item: <i>Request to Approve Ravenswood Enabling service contract</i> Tay recused herself and left the room during vote.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	<p>Motion to approve Mobile Van MOU MOVED by Dan SECONDED by, Julia and APPROVED by all of Board members</p> <p>Motion to approve Public Health Street Medicine contract MOVED by Kat SECONDED by, Paul and APPROVED by all of Board members</p> <p>Motion to approve Ravenswood contract MOVED by Kat SECONDED by Dan, and APPROVED by all of Board members</p>

<p>Regular Agenda: Action Item: Request to Approve grant condition plans</p>	<p>Program Director presented the plans/schedule to become compliant on outstanding grant conditions. From HRSA Operational Site Visit in March 2015, 8 grant conditions required plans. Program has drafted plans to achieve compliance and is attached in packet.</p> <p>Action item: Request to Approve grant condition plans</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	<p>Motion to approve Ravenswood contract MOVED by Steve</p> <p>SECONDED by Tay,</p> <p>Abstain- Molly</p> <p>and APPROVED by remaining Board members</p>
<p>Regular Agenda: UDS activities discussion</p>	<p>Program staff has submitted initial UDS report on February 15th and is now awaiting comments from reviewer. There appears to be a 15% reduction in homeless patients, which is consistent with Homeless One Day Count Data from 2015.</p>	
<p>Closed Session</p>	<p>Discussion of the Program Director's continued leadership and input regarding employee performance. Program staff left the room as Board members and Susan Ehrlich convened for closed session.</p>	
<p>Adjournment</p>	<p>Time _11:30 a.m_____</p>	<p>Robert Stebbins</p>

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2016 Calendar *(Revised March 2016)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (March 10, 2016 from 9:00 a.m. to 11:00 a.m.) • Contractors quarterly (4th) report update • Strategic Plan retreat, March 17, 2016 at San Mateo Medical Center • UDS report final submission • Regional NHCHC training in Denver, CO March 31- April 1 2016 	March	Board meeting at Fair Oaks Clinic- Redwood City
<ul style="list-style-type: none"> • Board Meeting (April 14, 2016 from 9:00 a.m. to 11:00 a.m.) • 	April	Board meeting at Coastside Clinic- Half Moon Bay
<ul style="list-style-type: none"> • Board Meeting (May 12, 2016 from 9:00 a.m. to 11:00 a.m.) • National Assoc. of Community Health Centers Conf. for Agricultural Worker Health in Portland, Oregon May 23-25 • NHCHC Conference in Portland, OR May 31- June 3 2016 	May	SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (June 9, 2016 from 9:00 a.m. to 11:00 a.m.) • 	June	
<ul style="list-style-type: none"> • Board Meeting (July 12, 2016 from 9:00 a.m. to 11:00 a.m.) • Public Entity Conference in Denver, Colorado July 13-15 	July	
<ul style="list-style-type: none"> • TBD- HRSA Operational Site Visit 		Likely late spring/early summer

Conference calendar	
Community Health Institute and Expo	August 28- 30; Chicago, IL
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA

TAB 3
Consumer Input



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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: 2016 Western Forum for Migrant and Community Health attendance in Portland, Oregon

Attendance at this year's Western Forum for Migrant and Community Health was well attended by Program staff (Linda and Elli), Board members (Julia and Molly) as well as non-staff from Puente (2 Promodores).

In an effort to formalize the sharing of Conference knowledge, staff will share their experience during this meeting and Board members and non-staff that were approved for conference will present at the Board's next regular meeting in April.

Some of the workshops attended:

- **Migrant Health 101: An Introduction to Migrant Health**
- Health Equity in Government: Local, State and Federal Perspectives
- Taking Services Beyond Health Center Walls: Health Outreach Partners' New Training Module Pilot on Clinical Outreach
- **Increasing Access to Care: Verifying Agricultural Worker Status**
- Immigrant 101 and Maximizing Immigrant Access to Health Centers
- CHWs Make Cents: A Return on Investment Analysis
- Migrant Students: Fostering Health Care Partnerships That Work for Kids and Families
- Community Health Needs Assessment: A vehicle for Achieving Health Equity
- **Board Leadership Development: Recruiting and Retaining Agricultural Workers**
- Integrating CHWs into the Health and Social Systems of Care through Training, Certification, Model Programs and Funding
- **Promoting Health Care Access to LGBT Farmers**
- Parity for Farmworkers: Update on Revised Worker Protection Standards Regarding Pesticide Exposures

Link for presentations - www.nwrpca.org/wforum2016

Username: forum2016

Password: Westforum16!

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



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
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2016 Western Forum for Migrant & Community Health Write up by Linda Nguyen

Workshops:

Board Leadership Development: Recruiting and Retaining Agricultural Workers Workshop

Promoting Health Care Access to LGBT Farmers workshop

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

- Hilda Ochoa Bogue, RN, MS, CHES- Research & Development Director; National Center for Farmworker health Inc.
- Kerry Brennan, Migrant Clinicians Network
- Derrick Terada, Environmental Protection Agency (Region 10)
- Chelly Richards, Farmworker Justice

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

Board Leadership Development: Recruiting and Retaining Agricultural Workers Workshop:

- The importance of board training in regards to Board responsibilities and Board Authority.
- The significance of board recruitment, especially of consumers such as farmworkers to a governing Board.

Promoting Health Care Access to LGBT Farmers workshop:

- The unique challenges faced by LGBT farmworkers, in an effort to ensure that health care providers can deliver quality care to this vulnerable population.

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

As a program coordinator it is important to have the appropriate tools to not be able to provide technical assistant to contractors, but also to Board members and program staff to adequately perform our duties.

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

Provides technical training needed to ensure that the program abides by our mission and goals. The Board leadership training provided tools need to assist in needed training for staff and board members to perform our duties to the best of our abilities.

The training on LGBT Farmworkers provided some specific questions that we can ask clients to inquire about their gender/sexual information. As federal reporting requirements will require us to provide more detailed information on SOGI- sexual orientation and gender identity, we want to stay compliant. The new various terms that are used to define the LGBT community as well were relevant.

2016 Western Forum for Migrant & Community Health Write up by Elli Lo

Migrant Health 101: An Introduction to Migrant Health

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

Alexis Guild, Migrant Health Policy Analyst, Farmworker Justice; Edith Hernandez, Project Manager, Health Outreach Partners; Hilda Ochoa Bogue, Program Development Director, National Center for Farmworker Health

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

- Besides chronic diseases, pesticide exposure and illness related to unsanitary conditions and substandard housing, farmworkers also had the highest fatal work injury rate.
- Main contributing factors to mental health are separation from families, isolation, discrimination and fear due to immigration status

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

- Background and history of migrant health center program and its structure
- Better understanding of farmworker health needs, risks and challenges for building programs and direction of funding

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

- Definitions of agricultural worker
 - Migratory – principal employment in agriculture, employed within last 2 years, establishes a temporary home for the purpose of such employment
 - Seasonal – principal employment in agriculture on seasonal basis, employed within last 2 years, does not migrate
 - Aged & Disabled agricultural worker – individual who has previously been migratory agricultural worker but no longer meets the requirement due to age or disability
- Agriculture include: *horticulture, aquaculture, animal husbandry, packing & delivery to a location for sale or processing*; exclude: *meat & meat product merchant wholesalers industry, landscaping services, spectator sporting industry, trucking timber industry, transportation of livestock*

Increasing Access to Care: Verifying Migrant & Seasonal Agricultural Worker Status

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

Alicia Gonzalez, Professional Services Director, National Center for Farmworker Health (NCFH)
Expertise: program planning, Community Health Worker/Lay Health Worker program development, development of educational materials & training curricula, and hands-on training

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

- Definitions & classifications of agricultural workers, including migrant, seasonal and aged/disabled agricultural workers
- Asking the right questions and consideration of patients' literacy level on paper, user friendliness, staff communication
- Interpretation of the definitions by Health Center and Board of Director should be reflected in policies & procedures

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

- Better understanding in how to interpret the HRSA definitions & classification of agricultural workers
- Access to resources & tools for registration questions/forms, policies/procedures templates, training resources

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

- Responsibilities at all levels

	Responsibilities
Board of Directors	Establish policies; Oversee compliance with local, state and federal regulations
Management Team	Implement board policies by establishing procedures, training staff, and monitoring compliance
Support Staff	Follow established policies & procedures to accomplish assigned registration task; Provide feedback to management related to patient difficulties around the registration process; Offer suggestions for improvement

TAB 4
Director's Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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 activity update since the February 11, 2016 Co-Applicant Board meeting:

1. Grant Conditions

As reported at the February meeting, the required submissions were completed prior to the February 9, 2016 deadline. Our Project Officer has advised us that they are still working through the submissions.

2. Strategic Plan

As discussed at the February meeting, Program Staff collected the top three Service Gaps and Program and Planning Gaps from Board members, and provided that information to Rachel and Pat for inclusion in the preparation for the Strategic Planning retreat next Thursday (March 17). A summary of the information collected and provided to Rachel and Pat appears later on today's agenda.

3. Request for Proposals

We continue to work with our outstanding proposals. A full update is provided later on today's agenda.

We also visited Daly City Youth Center and discussed possible proposals for services with their staff and Director (Kimberly Gillette).



4. UDS Report Submission

The HCH/FH Program successfully submitted the 2015 UDS Report prior to the February 15, 2016 deadline. On February 23rd, we received our first change request from our UDS Reviewer (Art Strickgold) with eight (8) items noted – six (6) which required changes or further explanation. All of these responses were submitted in a timely fashion. We received word on March 3rd that it would likely be between the 10th and 15th before we would hear back on the latest submission.

Later on today's agenda is a further update on some of the UDS Report data.

5. Director Evaluation

During the week of February 23rd, I met with Dr. Ehrlich to discuss my evaluation. I want to thank the Board for its careful and thoughtful input in the evaluation process.

I would also like to note that as communication between the Director and the Board did generate concern and issues, that we take the opportunity to establish open feedback on the issue going forward. I would like the members of the Board to feel free to call out any issues they may be having with communication from me, whether oral or in writing. I believe the best way to deal with these types of concerns is to address them specifically as they occur. And I commit to the Board to work with the members in being open and responsive to their comments, concerns and issues.

6. Seven Day Update

TAB 5
**Program Budget/
Finance Report**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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

Expenditures to date – through February 29, 2016 – total just under \$163,000. This is understating program activity to date as a number of contracts are still in the process of ramping up.

Based on expected activity, we project total expenditures to be just under \$2,000,000 for the grant year, based on current activity and approved contracts (including Street Medicine Expanded Services. Also, at present we prospectively have between \$250,000 and \$400,000 in proposals for services that may lead to contracts.

Overall, as we move forward with decision for this grant year – the proposals still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$650,000 in unobligated funding.

Attachment: GY 2016 Summary Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
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<u>Details for budget estimates</u>	<u>Budget</u> [SF-424]	<u>To Date</u> (02/29/16)	<u>Projection for</u> GY (+~44 wks)	<u>Projected for GY 2017</u>	
<u>Salaries</u>					
Director					
Program Coordinator					
Medical Director					
Management Analyst					
new position, misc. OT, other, etc.				new	If Added
	<u>697,262</u>	<u>59,572</u>	<u>389,452</u>		<u>395,000</u>
<u>Benefits</u>					
Director					
Program Coordinator					
Medical Director					
Management Analyst					
new position, misc. OT, other, etc.				new	If Added
	<u>417,915</u>	<u>26,104</u>	<u>214,199</u>		<u>244,900</u>
<u>Travel</u>					
National Conferences (1500*4)			6,000		9,000
Regional Conferences (1000*5)			5,000		9,000
Local Travel			800		1,000
Taxis		153	3,000		5,000
Van			1,200		3,000
	<u>16,000</u>	<u>153</u>	<u>16,000</u>		<u>27,000</u>
<u>Supplies</u>					
Office Supplies, misc.	5,833	43	5,833		7,500
	<u>7,000</u>	<u>43</u>	<u>5,833</u>		<u>7,500</u>
<u>Contractual</u>					
Current 2016 contracts	561,425	44,787	560,000		650,000
Current 2016 MOUs	433,300	22,954	430,000		650,000
---unallocated---	168,474				
	<u>1,163,199</u>	<u>67,741</u>	<u>990,000</u>		<u>1,300,000</u>
<u>Other</u>					
Consultants/grant writer		6,120	95,000		75,000
IT/Telcom		2,019	6,000		12,000
Memberships		0	5,000		5,000
Training		350	2,000		2,000
Misc (food, etc.)		343	2,500		2,500
	<u>72,000</u>	<u>8,832</u>	<u>110,500</u>		<u>96,500</u>
TOTALS - Base Grant	<u>2,373,376</u>	<u>162,445</u>	<u>1,725,984</u>		<u>2,070,900</u>
Expanded Servcies Grant	264,942	0	260,000		
HCH/FH PROGRAM TOTAL	<u>2,638,318</u>	<u>162,445</u>	<u>1,985,984</u>		<u>2,070,900</u>

PROJECTED AVAILABLE BASE GRANT

647,392

567,418
based on est. grant
of \$2,638,318

TAB 6
Contractor's
Quarterly
report



SAN MATEO COUNTY HEALTH SYSTEM

DATE:

March 10, 2016

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

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

SUBJECT: Quarter 4 Report (October 1, 2015 through December 31, 2015)

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 2015 grant year. Contracts are for primary care services (Ravenswood Family Health Center and Public Health Mobile Clinic), dental care services (Ravenswood Family Health Center and Sonrisas), and enabling services such as case management and eligibility assistance (LifeMoves, Behavioral Health & Recovery Services, Puente de la Costa Sur, and Samaritan House).

The following data table includes performance for the 4th quarter (100%):

HCH/FH Performance 10/01/2015 – 12/31/2015	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual YTD Visits	% YTD	HCH/FH Funding
Behavioral Health & Recovery Sys	300	208	69%	900	1252	139%	\$90,000
LifeMoves (case mgmt & eligibility)	550	520	95%	1,250	997	80%	\$147,500
LifeMoves (O/E)	50	30	60%				
Public Health Mobile Van	1,250	1212	97%	2,500	2073	83%	\$240,000
Public Health- Expanded Services	626	322	51%	782	377	48%	\$178,500
Puente de la Costa Sur (CM & Intensive CM)	150	154	103%	350	823	235%	\$75,500
Puente (O/E)	100	169	169%				
Ravenswood (Primary Care)	500	511	102%	1,895	1493	79%	\$65,000
Ravenswood (Dental)	133	241	181%	600	669	112%	\$50,000
Samaritan House	175	186	106%	300	360	120%	\$55,000
Sonrisas (Dental)	50	9	18%	150	24	16%	\$31,250
Total HCH/FH Contracts	3,884	3,562	92%	8,727	8,068	108%	\$932,750

O/E= Outreach & Enrollment



HCH/FH- Selected Outcome Measure Review (Contracts); 4th Quarter (October – December 2015)

Agency	Outcome Measure	Progress- Q4
Behavioral Health & Recovery Services	At least 75% (225) screened will have a behavioral health screening. At least 55% (165) will receive case management services.	<u>Year to date:</u> • 208 clients (69%) had a behavioral health screening • 208 received case management services
LifeMoves	Minimum of 50% (250) will establish a medical home. At least 30% (150) of homeless individuals served have chronic health conditions.	<u>Year to date:</u> • 60 % (282) established a medical home • 40 % of individuals served have a chronic health condition.
Public Health Mobile Van	At least 20% (250) of patient encounters will be related to a chronic disease. At least 75% of clients: • seen at foot clinic will be referred to Mobile Clinic for a medical visit • contacted at Service Connect will be seen at Mobile Clinic for medical visit	<u>Year to date:</u> 12 % (245) of encounters were related to chronic health. 100% of patients: • with foot patients referred to PH Mobile Clinic for medical visit • contacted at Service Connect will be seen at Mobile Clinic for medical visit
PH- Mobile Van- Expanded Services	At least 75% (470) of individuals will receive comprehensive health screening. Provide intensive primary care services to minimum of 100 residents with chronic health issues.	<u>Year to date:</u> • 173 patients received a comprehensive health screening • 108 patients with chronic health issues
Puente de la Costa Sur	At least 85 farmworkers served will receive case management services. At least 100 served will be provided transportation and translation services. At least 70% (105) will participate in at least 1 health education class/ workshop.	<u>Year to date:</u> • 114 received case management services • 30 client was provided transportation and translation services. • 21 % (50) participated in Health education workshop.
RFHC – Primary Health Care	At least 60% will receive a comprehensive health screening. At least 250 (50%) will receive a behavioral health screening. At least 50 will be provided Case Mgmt.	<u>Year to date:</u> • 90% (458) received comprehensive health screening. • 54 received behavioral health screening. • 607 received case management services.
RFHC – Dental Care	At least 30% (39) will complete their treatment plans. At least 85% will attend their scheduled treatment plan appointments. At least 40% will complete their denture treatment plan.	<u>Year to date:</u> • 21 (16%) completed dental treatment plan. • 87% (588) attended their scheduled treatment plan • 49 % (20) completed denture treatment plan.
Samaritan House- Safe Harbor	All 100% (175) will receive a healthcare assessment. At least 95% (166) will receive ongoing case management & create health care plan. At least 70% (122) will schedule primary care appointments and attend at least one.	<u>Year to date:</u> • 186 (100 %) received a healthcare assessment. • 186 received case management services. • 64 % attended at least one primary care appointment.
Sonrisas – Dental services	At least 85% of patients will attend their scheduled treatment plan appointments. At least 75% of the individuals will complete their denture treatment plan and have dentures delivered within the contract period.	<u>Year to date:</u> • 12 patients will attend their scheduled treatment plan appointments. • 0 individuals complete their denture treatment plan and have dentures delivered

Contractor successes & emerging trends:

BHRS states that it continues to be easier and faster to get clients appointments at BHRS.

- Housing of any kind, continues to be almost impossible to find because of rising rents in Bay Area.

According to **LifeMoves** they continue to work with already established community partners and have reached out to other potential partners, to assure that clients have access to various medical services.

- They have found many clients are not getting the appropriate paperwork needed to renew their Medi-Cal benefits. This may be attributed to mailing address issues.

Public Health Mobile Clinic has found success in the coordination and referral of clients between community partners and Service Connect, being on-site makes access for clients easier.

- Staff has seen an increase in the age of clients and the severity of their of their health problems and diagnoses associated with aging such as heart conditions, vascular disease, arthritis and weakened immune systems. Also more homeless veterans suffering from PTSD, depression, anxiety and drug and alcohol related problems.

Puente held a Health Fair for the community that was successful in outreaching and for open enrollment.

- The price of health coverage is still too high for families as the cost of living is quite high in SMC, as they re-consider obtaining medical coverage.

Ravenswood Primary Care has been able to reserve 4 primary care appointment slots weekly for homeless patients, as well as designated every Wednesday as a full access day- where homeless individuals can register to become patients, complete the health coverage enrollment process etc. Homeless Manager continues to work on establishing working relationship with partners.

- Homeless patients have difficulty taking their medication in a secure environment. Consequently, they are at risk of losing their medications or having them stolen.

Ravenswood Dental Care experiences success through their "Access Dentist" model, providing same day dental services to our unscheduled patients. Also successful is providing quadrant dentistry services, which refers to a treatment approach used on individuals who require extensive dental work to be carried out in a quadrant during a single appointment.

- New homeless Patients voice frustration with their dental treatment plan possibly taking months to complete, so their Treatment Coordinator continues to spend additional time to explain the process.
- Length of time to transfer patient's Medi-Cal benefits from other counties is too long.

Samaritan House/Safe Harbor states the great relationship with the Public Health Van, a service much in demand and that clients love the staff and trust them.

- Follow through is one of their biggest barriers, as they find more time is used to follow clients with everything to assist and remind them.

Sonrisas Dental Services states that their patients are motivated to take advantage of the opportunity to complete their treatment plan.

- Transportation and work schedules were challenging at times.

TAB 7

**Update on
outstanding
Proposals**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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

FROM: Linda Nguyen, Program Coordinator
Health Care for the Homeless/Farmworker Health Program

SUBJECT: Update on outstanding proposals

As part of the Request for Proposal evaluation process and policy that was approved at the December 10, 2015 Co-Applicant Board meeting, staff has convened all evaluation meetings and reviewed all 11 new proposals.

Nine proposals required further information for committee members to make a final determination. Staff sent out inquiries to all 9 proposal submitters on February 19, 2016 with notice of 30 days to response to concerns/questions. One proposal from LifeMoves is still in contract negotiation phase.

Proposals approved by committees and under contract negotiation:

- LifeMoves – for enabling services for CHOW to support Street Medicine

Proposals that have been asked for further information for final decisions:

- CORA – Behavioral health and enabling service proposals (2): *received initial response and awaiting complete response to all inquiries.*
- Legal Aid- enabling/legal services: *Program staff will meet with on Friday 3/11/16 to discuss inquiries.*

Proposals with funding not recommended, request for additional information:

- Puente de la Costa Sur – coordinating services: *received initial response and awaiting complete response to all inquiries.*
- Health Mobile – medical/dental proposals for farmworkers/homeless (4)- *no response received*
- Samaritan House- medical proposal: *no response received*



TAB 8
Request to
Approve
Travel
Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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

FROM: Jim Beaumont, HCH/FH Program Director

SUBJECT: REQUEST TO APPROVE TRAVEL POLICY FOR NON-BOARD MEMBERS AND NON-STAFF TO ATTEND CONFERENCES, MEETINGS & TRAINING EVENTS

The HCH/FH Program Co-Applicant Board (Board) approved a policy regarding travel reimbursement for Board members who may travel for Board and/or HCH/FH Program (Program) business, as well as the Program policy for the selection process of how Board members are selected for approved travel for reimbursement, in March of 2014.

Recently, the Board was requested to approve funding support for the attendance and travel of non-Board individuals to a conference/training event. As part of that discussion, it was noted that no current policy for these situations existed and that it would benefit the Board to have such a policy.

The attached policy provides a framework for Board decision-making when presented with these types of requests. It attempts to provide for an open and reasonable discussion of such requests, directed towards a balance between primary program activities and needs, and general support for programs and individuals who provide services to our target populations. In addition, the policy reflects on the potential benefits that may accrue to the Board and/or Program by the conference attendance. Aligned with that concept, the policies calls for reports to be provided by individuals funded for attendance at conferences, meetings and trainings, and notes the areas to be covered in such reports.

This request is for approval of a proposed policy to provide a framework for Board decision-making on requests to fund non-Board and non-Staff attendance at trainings, meetings and conferences. Further, it calls for specific report-backs to the Board from individuals who are approved for such funding. A majority vote of the members voting is required to approve this item.

Attachment- Policy on Non-Board/Non-Staff Travel Reimbursement



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SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Travel Reimbursement	Effective Date: 03/10/2016
Subject: Reimbursement of Travel Expenses for Non-Board/Non-Staff Individuals.	Approved Date: 03/10/2016 Revision Date:
Title of Policy: Non-Board/Non-Staff Travel Reimbursement	Approved by: Co-Applicant Board

1. Rationale or background to policy:

In Addition to Co-Applicant Board members and Program Staff, there may be occasions where attendance by others at trainings, meetings or conferences may be in the best interest of the program. This policy establishes the criteria and process for the HCH/FH Co-Applicant Board to make such determination.

2. Policy Statement:

It is understood that enhancing the knowledge and skills of those working with the homeless and farmworkers, and their families, for the maintenance and improvement of their health is a beneficial activity for the HCH/FH Program and the populations that it serves. It is also understood that activities to enhance that knowledge and skills would normally be built into the operational budget for those involved individuals, whatever program is otherwise funding or supporting their activities with the homeless and farmworker populations. Further, it is understood that the HCH/FH Program has a limited budget, and for training and skills development, the primary focus is on doing so for the Co-Applicant Board members, to enhance their capabilities in Board decision-making, and Program Staff, in enhancing their capabilities in program operations.

Given the above, the HCH/FH Co-Applicant Board established this policy to guide their determination on whom, when and for what amounts attendance and travel expenses for non-Board members and non-program staff shall be reimbursable with HCH/FH Program funds.

- For events held in the San Francisco Bay Area; registration expenses up to an aggregate of \$5,000 per event for individuals involved in programs serving the homeless and farmworker populations who wish to attend, on approval of Program staff with consideration of available budgetary funds. While travel and per diem expenses for local events is generally not expected to be reimbursed, in exceptional circumstances Program staff may authorize the reimbursement of such expenses within the \$5,000 event expenditure limit.

- For national or regional events held elsewhere in California, the Board may choose to consider the equivalent of full travel reimbursement of up to two (2) individuals.
- For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.
- Full travel reimbursement is represented by the cost of registration, travel, accommodations and per diem, as defined by Board member travel reimbursement policy.
- All individuals requesting such support and reimbursement will actively pursue any available scholarship support or agency/employer support that might be available.
- If more individuals than noted above express interest for support and reimbursement, the Board shall consider the overall benefit to the program, consumer status, additional support being provided by non-program funds, other similar support having been previously provided to the individual or their employer, agency or others, availability of program funds and any other criteria the Board may deem as appropriate.
- Approvals are always contingent on the availability of funds in the Program budget to cover the costs.

Any such decision by the HCH/FH Co-Applicant Board to support and reimburse attendance and travel for non-Board members and non-program staff at training, meetings or conferences is not precedent setting. There shall be no expectation of similar future support for the same or similar non-Board/non-staff individuals to the same or similar events.

3. Procedures:

With the exception of the local aggregate registration expenses of up to \$5,000, all other determinations must be made by the Board from properly agendaized requests at regular Board meetings. The Board may also consider any other request outside of or in addition to those listed above, to support and reimburse the attendance and travel for a non-Board/non-staff individual for a training, meeting or conference event that is properly agendaized at a regular Board meeting.

All requests for Board approval cited above shall name the specific individual for whom the request is being made, their role in homeless and/or farmworker health, and the expected benefits to the program and/or the populations served by the individuals

attendance at the training, meeting or conference. Any approval by the HCH/FH Board for support and reimbursement of expenses are specific to the individual as approved by the Board, and is non-transferable.

It is expected that approved individuals will attend the training, meeting or conference as requested, and participate in those sections or sessions of said event as representative of their request to the HCH/FH Co-Applicant Board.

It is further expected that approved individuals will share the information and benefits of their event experience, both with those they work with and for, and with the Co-Applicant Board and Program Staff. At a minimum, they will be requested to attend a Co-Applicant Board meeting after their attendance, and share the following in a brief written summary, plus take questions and discuss:

- a. Who were the speakers of interest, their backgrounds & expertise?
- b. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?
- c. How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?
- d. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

Approved _____

Board Chair

Program Director

TAB 9
Update on
Strategic
Plan



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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: STRATEGIC PLAN UPDATE

As discussed at the February 10, 2016 meeting of the HCH/FH Co-Applicant Board, Program solicited feedback from the Board members on the three most important items from the Gap analysis provided by Rachel Metz. This request was to provide a framework for further preparation for discussions at the HCH/FH Co-Applicant Board Retreat on March 17, 2016.

Attached is a summary of the responses received. In preparing the data for our consultants, we summarized the responses into reasonable groupings to provide for some focus in the effort. In the Service Gaps category, Mental Health & Substance Abuse (BHRS) clearly received the most mentions. Dental & Farmworker Dental, Respite Care, Nutrition and Expanding Street Medicine followed in mentions (in order). Also mentioned were Not Handoffs/Navigation/Care Coordination, Support for Special Needs/Circumstances/Change in Circumstances, and Transportation/Geographic Area.

There were a total of 21 individual items mentioned, and with 7 such mentions, Mental Health/Substance Abuse is clearly the major gap identified.

On the Program/Planning Gaps, the grouping was a little more difficult as many of the responses were a little more general (see the Summary Report). As best we could group them, Communication & Coordination was first, followed closely by Data. Following somewhat further behind were Board Expansion, Farmworker Engagement, Board/Staff Training, Cultural Competence & Staffing.

In general, these do follow in line with many of recent Board discussions, particularly with regards to coordination of services and continuity of care.

Attachment: Summary of Board & Staff Gap Input



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Summary of Board & Staff Gap Input

SERVICE GAPS [21 responses]

Mental Health & Substance Abuse –	7
Dental & Farmworker Dental –	4
Respite Care -	3
=====	
Expand Street Medicine-	2
Nutrition-	2
Support Special Needs/ Circumstances/Changes-	1
Hot Hand Offs-	1
Transportation/Geographic Area-	1

Mental Health and Substance Abuse was the clearly indicated top service gap need specified.

Dental (2) and Farmworker Dental (2) ranked second in responses with a total of 4, followed by Respite Care with 3, and Expanding Street Medicine and Nutrition with 2 responses each.

The top three items account for 66.7% of the responses and pretty clearly seem to be the focus of the respondents.

PROGRAM/PLANNING GAPS [20 responses]

Communication & Coordination-	6
Clinical Coordinator on staff	
Expedited appointments; care	
Access; incl. new patients	
Follow-through mechanism for	
Spectrum of care delivery	

Data-	5
Collection & analysis	
QI	
Population	
Outcome	

Board Expansion-	3
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Farmworker Engagement-	2
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Board/Staff Training -	2
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Cultural Competence-	1
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Staffing-	1
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Program/Planning Gaps were far more difficult to tally as people tended to use individualized language to describe their choices. In discussion with Bob, we have gone through and tried to group them as seemed most reasonable based on our understanding of what was being expressed.

The top three items represent 70% of the responses and pretty clearly seem to be the focus of the respondents.

TAB 10
Update on
UDS



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 10, 2016

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: UNIFORM DATA SYSTEM (UDS) REPORT PRELIMINARY UPDATE

Program made our original 2016 submission on February 13, 2016. On February 23rd our UDS reviewer (Art Strickgold,) provided a list of 8 items for further review and documentation or explanation. The responses to these items were submitted on March 1, 2016. At this time, we are awaiting either further requests for changes/additional information, or our notice of completion for the report.

Preliminary review of the UDS data shows there has been a 14% decline in numbers of patient served from 7,707 in 2014 to 6,556 in 2015. The distribution of demographics, such as age, race/ethnicity and language, has been similar as last year. While patients with $\leq 100\%$ FPL has declined significantly by 29% (n=1,558), there was a 36% (n=480) increase in the unknown income category.

There has been a reduction of 14% (n=318) in Farmworkers patients overall, however, the number of adult farmworkers who have Regular Medicaid actually increased by 23%. Meanwhile, there has been a 16% (n=882) decline in Homeless patients. While the Doubling Up population has declined from 1,867 to 451 patients, the "Other" homeless category has increased from 596 to 1,686 patients.

As has been reported to the Board during the past year, program staff has been working diligently with our IT support staff to produce universal reports for several outcome measures, as historically we have reported using 70 chart samples. Of the 10 primary outcome measures that include Adult Weight Assessment, Child Weight Assessment, Colorectal Cancer Screening, Pap Test, Hypertension, Tobacco Cessation, Asthma, Ischemic Vascular Disease, Diabetes and Coronary Artery Disease (CAD), half of the reported results were derived from universal reports and the other half were conducted from chart samples.

Of these 10 reporting categories, it appears that 4 outcome measures performed slightly worse (Child Weight Assessment, Hypertension, CAD and Ischemic Vascular Disease) than in 2014, while the remaining 6 performed better.

The full UDS Report final submission deadline for all changes/modifications is 03/31/16. The full, final UDS Report will be provided to the Board as part of the April 2016 meeting



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