

HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

Co-Applicant Board Meeting

San Mateo Medical Center – San Mateo (Classroom 1)

January 14, 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 November 12, 2015 and December 10, 2015		TAB 1
2. Program Calendar		TAB 2
E. BOARD ORIENTATION		
1. No Board Orientation items this meeting.		
F. REGULAR AGENDA		
1. Consumer Input to Board	Linda and Others	TAB 3 9:08 AM
2. Board Ad Hoc Committee Reports	Committee Members	9:12 AM
<i>i. Transportation</i>		
<i>ii. Health Navigation</i>		
<i>iii. Board Composition</i>		
3. HCH/FH Program Director's Report	Jim Beaumont	TAB 4 9:18 AM
4. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 5 9:28 AM
5. Strategic Plan – Program Discussion	Linda Nguyen	TAB 6 9:35 AM
6. Contracts/MOUs to approve	Jim Beaumont	TAB 7 9:45 AM
<i>i. Action Item- Request to Approve contracts and MOUs</i>		
7. RFP proposals being reviewed and summary	Linda/Jim	TAB 8 9:55 AM
8. Travel Policy and travel request Migrant Forum and Regional NHCH Conference		TAB 9 10:15 AM
9. Staffing Plan discussion		TAB 10 10:25 AM
10. UDS activities discussion		10:35 AM
11. Approve Updated Budget		
<i>i.. Action Item- Request to Approve Updated Budget</i>		TAB 11 10:40 AM
G. OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>ii. Next Regular Meeting – February 11, 2016; 9:00 A.M. – 11:00 A.M. at SMMC- San Mateo</i>		
H. ADJOURNMENT	Robert Stebbins	10:45 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>.

TAB 1
November 12, 2015
and December 10, 2015
Meeting Minutes
(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board November Meeting Minutes
Coastside Clinic- Half Moon Bay**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Brian Greenberg
Tayischa Deldridge
Julia Wilson
Kathryn Barrientos
Molly Wolfes
Paul Tunison, Vice Chair
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, HCH/FH Program Coordinator
Nirit Eriksson, County Counsel
Elli, Lo, HCH/FH Management Analyst
Anita Booker, Mobile Van Clinic Manager
Frank Trinh, Medical Director

Members of the Public

Rachel Metz, consultant
Pat Fairchild, JSI co

Absent: Eric Brown,

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:30</u> A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Dan SECONDED by, Julia and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Discussion on gun violence from 2 articles shared on the statistics and prevalence in the U.S. as well as it being a public health concern. IVSN is building a kennel for companion animals at their Maple street shelter for 4-6 dogs.	

	<i>Please refer to TAB 3 on the Board meeting packet.</i>	
Transportation <i>Sub-committee reports</i>	No report	
<i>Board orientation Sub-committee reports</i>	Dan drafting letter to send to municipalities to recruit for Board. Discussion on recruiting farmworker consumers. Pat suggested inquiring with Health Center of Watsonville as they have many farmworker consumers on their Board. Molly has volunteered to be part of this ad-hoc sub-committee to help recruit consumers.	
<i>Patient Navigator Sub- committee reports</i>	Pat Fairchild handed out more hand navigator/enabling service documents to the group. Tay and Kat- no report.	Pat- to send soft copy to staff
Regular meeting: QI Report	Dr. Frank Trinh conducted oral report: Summary of last QI Committee meeting on Asthma measure. Patients 5-40 diagnosed with persistent Asthma. Chart reviews will be conducted for the negative results to get better understanding, as many are street and transitional homeless. Discussion on IVSN shelter residents having persistent Asthma, most emergency calls from shelters are related to Asthma. Discussion on health education, including in upcoming street medicine efforts. .	
Regular Agenda: HCH/FH Program <i>Director's Report</i>	Summary of <u>Grant Conditions</u> - On October 21, 2015, we were informed by our Project Officer, that the HRSA review of our October 8th submission for the Appropriate Staffing grant	

condition (Credentialing & Privileging - #3) had been found to be unacceptable. We exchanged information with her on the issue to determine what was still needed, and we were requested to provide a timeline be submitted establishing when we would be able to complete the process

Expanded Service Oppurtunity- The planning for the implementation of the HCH/FH Street/Field Medicine initiative funded by our Expanded Services award is ongoing. The week of November 2nd we hosted Candace Kugel who has been working with us on our clinical grant conditions. Candace has extensive experience working with Migrant Farmworker programs and her visit allowed us to get guidance from her in that area and well as other input on implementing the program.

Street Medicine Symposium- On October 14 through 16, 2015, The International Street Medicine Symposium was held in San Jose. We had over two dozen attendees at the Symposium who are involved with our HCH/FH Program.

Strategic Plan- We have established a contract with Rachel Metz to support our strategic Planning effort. Over the next 3-5 months we expect to work through a ton of ideas, possibilities and thoughts, and come out with a robust, thoughtful strategic plan to submit for Board approval.

Request for Proposal- On October 19, 2015, the HCH/FH Program released its Request for Proposals to use the program's available resources to generate services for the homeless and farmworker communities. The RFP was significantly streamlined in an effort to make the proposal process much simpler and easier to navigate. While the final submission deadline is currently set at November 30, 2015, we introduced a rolling evaluation process where proposals will be addressed as they are received.

Please refer to TAB 4 on the Board meeting packet.

<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Based on the information available, the program has expended \$1,513,729 through October 31, 2015. This represents about 70% of the base grant budget expended through 85% of the grant period.</p> <p>The Expanded Services funding is more on track. The funding was intended to cover approximately 20 months of effort, and through 10 months (50%) the Mobile Van's contract is 55% expended. We are still waiting to begin receiving invoices from Sonrisas.</p> <p>Given the known issues in appropriately and adequately addressing short term increases in expenditures, Program continues to work on a number of options that hold promise for utilizing one-time or short-term expenditures and providing longer-term or ongoing benefits.</p> <p>The GY Expenditures & Projections Report thru 10/31/15 is attached.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program 3rd Quarter Contractors Update</p>	<p>Summary of report: Most contractors are on target for performance of 75% of the contract, as others are a bit behind schedule.</p> <p>Rising housing cost continues to be a trend shared in the quarterly report from contractors.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	

<p>HCH/FH Program- Request to Approve C&P Policy</p> <p>Action item: Request to Approve Credentialing and Privileging Policy</p>	<p>Based on continuing discussions with HRSA representatives, it has been noted that the Co-Applicant <i>must</i> approve credentialing and privileging of providers that serve the program's target populations. The Board's current Credentialing & privileging Policy approved May 14, 2015, uses the term 'endorse' for the Board's actions with regard to the credentialing and privileging actions of the San Mateo Medical Center's Board of Directors.</p> <p>The Credentialing 7 Privileging Policy here presented for Board approval changes the references of 'endorse' to 'approve'</p> <p>This request is for the Board to approve the HCH/FH Credentialing and Privileging Policy as presented. Approval of this item requires a majority vote of the Board members present.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p> <p>Action item: Request to Approve Credentialing and Privileging Policy</p>	<p>MOVED by Dan</p> <p>SECONDED by Kat,</p> <p>and APPROVED by remainder of Board members</p>
<p>HCH/FH Program- Strategic Plan Discussion</p>	<p>Pat Fairchild and Rachel Metz guided discussion on Strategic Plan work:</p> <ul style="list-style-type: none"> • Preliminary report will be ready by February Board meeting to review. • Strategic Plan will guide program for next 2-3 years. • Discussion on goals of strategic plan, to include services etc. • Strategic Plan will guide annual Tactical plans. • Will hold extended meeting for Strategic Plan. • Rachel Metz will conduct local interviews with stakeholders. 	

<p>Regular Agenda: Discussion/Review/Approval of RFP Proposals</p> <p>Action item: <i>Request to Approve Puente's contract for next 2 years.</i></p>	<p>Staff presented contract for Puente to Board. Request to send list of RFP Committee members and summary of recommendations</p> <p>InnVision Shelter Network and Samaritan Houses' contracts will be ready for approval by next December meeting. County Counsel will re-evaluate Bylaws on conflict of interest in entering contracts.</p> <p>Staff presented contract for Puente to Board. Reviewed and discussed Puente's proposal to continue current services for 2 years. Motion to vote on Puente's renewed contract.</p> <p><i>Documents available at meeting prior to approval.</i></p> <p>Action item: <i>Request to Approve Puente's contract for next 2 years (2016-2017).</i></p> <p><i>Documents available at meeting prior to approval.</i></p>	<p>Nirit review ByLaws and IVSN contract for conflicts</p> <p>MOVED by Paul</p> <p>SECONDED by Julia,</p> <p>and APPROVED by remainder of Board members</p>
<p>Regular Agenda National Advisory Council on Migrant Health Nominations:</p>	<p>Call for Nominations: The Secretary of the United States Department of Health and Human Services, Sylvia M. Burwell, requests nominations for qualified candidates to be considered for appointment to the National Advisory Council on Migrant Health (NACMH).</p> <p>NACMH Management and Support: The Health Resources and Services Administration (HRSA) is charged with the provision of management and support services for the Advisory Council and oversees the membership nomination process.</p> <p>Discussion to nominate Molly Wolfes, as it is a very competitive process Molly will accept the nomination and look into responsibilities.</p> <p>Please refer to TAB 9 on the Board meeting packet.</p>	

<p>Discussion on attendance of Western Forum for Migrant & Community Health Conference (Feb 23-25)</p>	<p>Upcoming Western Forum for Migrant and Community health Conference in Portland, Oregon in end of February.</p> <p>Molly and Julia are interested in attending. Molly request to have other Puente staff attend and program pay for, will submit request to staff.</p>	<p>Molly to submit request for funding Puente staff to attend conference.</p>
<p>Adjournment</p>	<p>Time ____11:34 a.m.____</p>	<p>Robert Stebbins</p>

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant December Board Meeting Minutes
Human Services Agency - Belmont**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Brian Greenberg
Tayischa Deldridge
Julia Wilson
Kathryn Barrientos
Molly Wolfes
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, Medical Director
Nirit Eriksson, County Counsel
Elli, Lo, HCH/FH Management Analyst
Gloria Gross, BHRS
Brian Eggers, HSA – Center on Homelessness
Jonathan Mesinger, SMMC - Coastside

Members of the Public

Pat Fairchild, JSI Co (via phone)

Absent: Eric Brown, Paul Tunison

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:12 A.M.</u> Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from and the Program Calendar) were approved. Please refer to TAB 1, 2 Postponed November Meeting Minutes for approval to January board meeting. (MOVED by Dan, SECONDED by Molly) Program Calendar accepted (MOVED by Kathy, SECONDED by Dan, and APPROVED by all Board members present.)	Consent Agenda was MOVED by SECONDED by, and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Steve reported positive patient experience at San Mateo Medical Center in the past. Dan complimented San Mateo County for its efficiency in making improvements.	

	<p>Brian expressed concerns about transitional housing and shelters do not change homeless lifestyle, especially health issues such as alcoholism, substance abuse and mental health. Recommend focus groups in exploring this topic in the future.</p> <p>Conversation on relationship between housing and health care.</p> <p>Puente is currently conducting surveys about housing for Farmworkers; Molly will bring results and analysis back to the Board.</p>	
<p>Transportation <i>Sub-committee report</i></p>	<p>Taxi vouchers cannot be used for rides to/from Samaritan House and Ravenswood.</p> <p>Steve will look into the number of Samaritan House individuals are assigned as Ravenswood patient.</p>	
<p><i>Board Composition Sub-committee report</i></p>	<p>Dan has continued to work on his solicitation for board members from local city boards, etc. Dan will finalize document for Jim and Bob to review, plan to publish before Christmas.</p>	
<p><i>Patient Navigator Sub-committee report</i></p>	<p>No report.</p>	
<p>QI Committee - Oral report</p>	<p>Dr. Frank Trinh provided oral report:</p> <ul style="list-style-type: none"> • Summary on Asthma measure. • Chart review conducted, most contacts are not Primary Care visit, but Mobile Van visits for TB tests. • Issues: 1) Linkage to Primary care; 2) Concern on valid data since ICD-9 code does not have persistent Asthma. • ICD-10 code has more detail including persistent asthma. • Discussion on asthma protocols to determine urgent vs. non-urgent cases. • Discussion on importance of active outreach and follow up care. Coastside Clinic has hired community outreach worker for follow-up care. 	

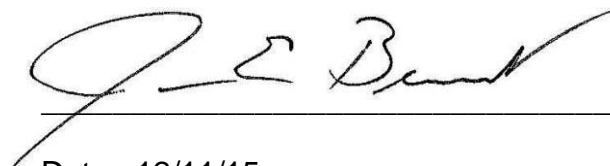
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Summary of <u>Grant Conditions</u> – HRSA issued 30-day grant conditions for two (2) remaining grant conditions from the August 2014 OSV Report, Credentialing & Privileging and Key Management Staffing, due date is December 12, 2015. The Key Management Staffing reclassification is agendaized for approval by the Board of Supervisors at December 8, 2015 meeting. Submission will follow as soon as the signed Board Resolution and supporting documents are received.</p> <p><u>New Project Officer</u> - On November 19, 2015 we were notified that HRSA has assigned our program a new Project Officer, Kimberly Range, and she is stationed in Rockville, MD.</p> <p><u>Strategic Plan</u> - Rachel Metz, consultant for our Strategic Planning process has delivered her draft plan and has initiated her information gathering interviews. Please respond and schedule a time with her if you haven't done so.</p> <p><u>Information Technology</u> - Program has initiated conversations with Health IT to purchase the time of a dedicated IT staff person to improve the program's capability of generating reports as needed, which would significantly improve our overall analysis capabilities.</p> <p><u>Request for Proposals</u> - Recognizing that we would need to continue the effort to develop new and additional services, RFP deadline was extended to April 30, 2016. In total, to date, 17 proposals were received, includes a total of seven new proposals from programs we currently do not contract with for services.</p> <p><u>Public Entity Health Center Forums</u> - On November 12, 2015, Program Director was invited to participate in a new HRSA initiative, the Public Entity Health Center Forums.</p>	
<p>Regular Agenda: HCH/FH Program Budget & Financial Report</p>	<p>Summary of budget:</p> <ul style="list-style-type: none"> • Based on the information available, we estimate the total expenditures for the project period ending 12/31/15 will be around \$1,900,000. Final total grant approval for the year is \$2,924,838. • Some of the unspent funding is expected to be carried over as it was received to late in the grant year to be reasonably able to expend it (approximately \$600,000). • About \$300,000 of the total anticipated unexpended amount comes from never finding a replacement service component to fund when we withdrew the funding previously going to the SMMC Clinics in a block allotment. Much of the remainder comes from the extension of the grant period by two months for which HRSA provided additional funding at our average monthly rate, around \$60,-75,000. 	
<p>Oath of Office</p>	<p>Molly completed the Oath of Office with Nirit.</p>	

Strategic plan update	<p>Pat presented Planning Data and Definitions of Farm Workers/Agricultural Workers and Homelessness:</p> <ul style="list-style-type: none"> • Asked the Board to review data and provide feedback to Rachel Metz during the one-on-one interview. • Presented Draft Project Plan and asked the Board to schedule a Board retreat date/time in late March. She expects the retreat will take more than 3 hours. The Board will discuss and update Pat and Rachel when a date is set. 	
<p>RFP proposal approval/review Action item: Request Board approval-Motions to approve new IVSN & Samaritan House contracts for 2 years; approve amendment to Public Health-Expanded Services contract for 1 additional year.</p>	<p>Staff presented contract for InnVision Shelter Network (IVSN) to Board. Reviewed and discussed IVSN's proposal to continue current services for 2 years. Action item: Motion to vote on IVSN's 2 year contract approved.</p> <p>Discussion on forming a sub-committee in mid-year to strategize leftover funding.</p> <p>Staff presented contract for Samaritan House to Board. Reviewed and discussed Samaritan House's proposal to continue current services for 2 years. Action item: Motion to vote on Samaritan House's 2 year contract approved.</p> <p>Staff presented amendment to contract for Public Health Mobile Clinic Expanded Services to Board. Reviewed and discussed Public Health Mobile Clinic to continue current expanded services for 1 additional year. Action item: Motion to vote on Public Health Mobile Clinic's 1 year contract extension amendment approved.</p>	<p>Motion to approve IVSN contract MOVED by Dan SECONDED by Tayischa and APPROVED by remainder of Board members.</p> <p>Motion to approve Samaritan House contract MOVED by Brian SECONDED by Molly and APPROVED by remainder of Board members.</p> <p>Motion to approve Public Health contract amendment MOVED by Dan SECONDED by Kat and APPROVED by remainder of Board members.</p>
Regular Agenda RFP summary of new contracts	No discussion	

<p>RFP Funding Policy Action item: Request Board approval- Motion to vote on RFP Funding Policy</p>	<p>Robert presented request to approve proposal funding policy for responses to requests for proposals (RFP) and solicitations for services (SFS)</p> <p>Discussion on current evaluation process: Some members expressed desires to read & evaluate all proposals</p> <p>Staff expressed concern of this policy and expressed concerns on overstep governance of Board into program side. 2013 RFP review process was not designed for Co-Applicant Board as it was only an Advisory Board. Proposals are public document and anyone can request a copy.</p> <p>Action item: Motion to vote on RFP Funding Policy approved</p>	<p>MOVED by Steve SECONDED by Julia ABSTAINED by Dan ABSENT - Brian and APPROVED by remainder of Board members.</p>
<p>Board travel request discussion:</p>	<p>Tabled Brian Greenberg's National Health Care for the Homeless Council spring regional training request to January Board Meeting</p> <p>Discussion on Puente's travel request for Molly Wolfes and 4 Puente staff: As HCH/FH never fully funded contractor's program staff to conferences in the past, any decision will set precedence for future travel requests. Tayischa shared her past experience on HCH/FH only partially funded program staff for conferences (i.e. program pays for registration, contractor funds travel cost etc.).</p> <p>Board approved full travel & reimbursement for Western Forum Migrant Health Conf. attendance for Molly Wolfes. Molly Wolfes will follow up with Puente on partial funding and report back in January. To re-discuss issues on Puente staff travel cost in January.</p>	
<p>Adjournment</p>	<p>Time <u>11:21am</u></p>	<p>Robert Stebbins</p>



Date: 12/11/15



Date: 12/11/15

TAB 2
Program Calendar
(Consent Agenda)

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (January 14, 2016 from 9:00 a.m. to 11:00 a.m.) • Contracts begin January 1, 2016 	January	Board meeting at SMMC
<ul style="list-style-type: none"> • Board Meeting (February 11, 2016 from 9:00 a.m. to 11:00 a.m.) • UDS report • Strategic Plan Draft • 2016 Western Forum for Migrant & Community Health Feb 23-25 Portland 	February	Board meeting at SMMC
<ul style="list-style-type: none"> • Board Meeting (March 10, 2016 from 9:00 a.m. to 11:00 a.m.) • Strategic Plan retreat • UDS report final submission • Regional NHCHC training in Denver, CO March 31- April 1 2016 	March	
<ul style="list-style-type: none"> • Board Meeting (April 14, 2016 from 9:00 a.m. to 11:00 a.m.) • 	April	
<ul style="list-style-type: none"> • Board Meeting (May 12, 2016 from 9:00 a.m. to 11:00 a.m.) • NHCHC Conference in Portland, OR May 31- June 3 2016 	May	
<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.) • 	July	

TAB 3
Consumer Input

For Immediate Release December 22, 2015

FACT SHEET: Obama Administration Releases National Action Plan for Combating Multidrug-Resistant Tuberculosis

Today, the White House released a comprehensive plan that identifies critical actions to be taken by key Federal departments and agencies to combat the global rise of multidrug-resistant tuberculosis (MDR-TB). **The National Action Plan for Combating Multidrug-Resistant Tuberculosis** (hereafter referred to as the National Action Plan), developed by an interagency working group in response to Executive Order 13676: Combating Antibiotic-Resistant Bacteria and the *National Action Plan for Combating Antibiotic Resistant Bacteria*, identifies a set of targeted interventions that address the core domestic and global challenges posed by MDR-TB and extensively drug-resistant TB (XDR-TB). The recommended interventions represent the U.S. Government's contributions to reversing the worldwide spread of MDR-TB and can help inform policy development processes around the world. The National Action Plan is an effort to articulate a comprehensive strategy, and to mobilize political will and additional financial and in-kind commitments from bilateral and multilateral donor partners, private-sector partners, and governments of all affected countries.

TB has caused more deaths than any other single infectious disease worldwide, killing more than 1.5 million people each year; more than 4,000 people die of TB every day. Nearly one-third of the world's population is thought to be infected with *Mycobacterium tuberculosis (Mtb)*, the causative agent of TB, and is at risk of developing TB disease. The health impact of TB is extraordinary. Each year, more than 9.5 million people develop active TB and approximately 480,000 people develop MDR-TB each year. However, fewer than 20 percent of individuals with MDR-TB receive the drugs they need to combat the disease and of them, less than half are cured. Those who do not receive treatment or are not successfully treated continue to transmit the disease to others and face prolonged illness and likely death.

The consequences of TB are much broader than its impact on health. TB can be economically devastating to individuals and their families, many of whom are already living on the edge of poverty. The average TB patient may lose up to 4 months of work and up to 30 percent of his or her annual income. The toll of TB on the global economy is estimated to be \$12 billion each year. In countries with a high-prevalence of TB, the disease is estimated to decrease gross domestic product by 4 to 7 percent. In the United States, it costs about \$17,000 to treat a patient with drug-susceptible TB, \$150,000 to treat a single patient with MDR-TB, and \$482,000 to treat a single patient with XDR-TB.

Since 1993, when the World Health Organization (WHO) declared the TB epidemic a global health emergency, a renewed international commitment to expand access to care has reduced the incidence and prevalence of the disease. Intensified efforts to detect and treat TB have led to a nearly 50-percent decrease in global TB deaths, amounting to nearly 45 million lives saved in the last 15 years alone. In the United States, the number of individuals who develop TB has declined annually over the past 20 years, falling below 10,000 for the first time in 2012. This dramatic progress could, however, easily be eroded or reversed by the further development and spread of MDR-TB and XDR-TB, which is why the action plan is important.

Scope of the National Action Plan

The *National Action Plan* identifies critical immediate actions the U.S. Government will take over a 3- to 5-year period, with appropriate appropriations, to contribute to the global fight against MDR-TB. It is designed to achieve an impact within that timeframe and to serve as a call to action for the global community. The *National Action Plan* builds on existing mandates of U.S. Government departments and agencies to advance efforts such as those identified in the WHO's End TB Strategy and the U.S. Government's Global TB Strategy 2015–2019. It is aimed to make an impact on the global MDR-TB epidemic, emphasizing patient outcomes and program results through innovative approaches. The *National Action Plan* guides U.S. Government activities tailored to key domestic, international, and research and development needs and serves as a call to action for other bilateral and multilateral donors, private sector partners, and affected countries to further their investments in this critical area of worldwide concern.

National Action Plan for Combating Multidrug-Resistant Tuberculosis

The *National Action Plan* is organized around three goals that aim to strengthen health-care services, public health, and academic and industrial research through collaborative action by the U.S. Government in partnership with other nations, organizations, and individuals:

- **Goal 1: Strengthen Domestic Capacity to Combat MDR-TB.** Each year in the United States, around 100 individuals are diagnosed with MDR-TB and health authorities must follow up with every patient to ensure appropriate treatment and to determine if others have been infected and require treatment or preventive services. Goal 1 activities will help prevent TB drug resistance by ensuring that all patients with TB disease are promptly

detected and treated, and that people who have been in close contact with infectious TB patients are identified, monitored, and if necessary, treated. Although any transmission of TB is of public health importance, an outbreak sparked by an individual with undiagnosed MDR-TB or XDR-TB could have serious consequences due to the difficulty and costs associated with treating patients infected with these resistant strains.

- **Goal 2: Improve International Capacity and Collaboration to Combat MDR-TB.** The emergence of MDR-TB and XDR-TB not only results in significant loss of human life and economic damage, but has the potential to impede progress in mitigating the devastating effects of TB. Goal 2 describes efforts the United States will take to address the global threat of MDR-TB through strategic investments to broaden access to diagnosis and treatment by engaging providers from both the public and private sectors in the most affected communities, improving innovative health technologies and patient-centered approaches to care, and advancing diagnostic and treatment options.
- **Goal 3: Accelerate Basic and Applied Research and Development to Combat MDR-TB.** New products and innovations for the diagnosis, treatment, and prevention of TB are needed to accelerate control of TB and MDR-TB at home and abroad. Goal 3 activities will help with the development of rapid tests to diagnose TB and determine susceptibility to available drugs; novel therapies and drug regimens that could cure TB and MDR-TB within weeks, making it easier for patients to complete therapy and decreasing opportunities for the emergence of drug resistance; and new vaccines with the potential to prevent all forms of TB.

Implementation of the *National Action Plan* and achievement of its goals and objectives will depend not only on sustained coordination among U.S. agencies to ensure a strategic whole-of-government approach, but also on close collaboration with global partner's ministries of health, the WHO, the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other domestic and global partners in the fight against TB, which include:

- *U.S. and global front-line health-care providers* who detect, diagnose, and treat MDR-TB;
- *State and local public health departments in the United States and regional health departments;*
- *Ministries of health and national TB control programs in high burden countries*, which have primary responsibility for preventing and controlling TB in their jurisdictions;
- *Non-governmental organizations* that help build health-care capacity and expand quality treatment services for MDR-TB in TB-endemic countries;
- *Private sector partners* who advance the development of innovative tools for the detection, treatment, and prevention of MDR-TB, including academic and industrial researchers; pharmaceutical, biotech, and not-for-profit product developers; public/private partnerships; and manufacturers of vaccines, drugs, and diagnostics;
- *Community leaders, patient engagement organizations, and other community-based groups* that provide health literacy and social support to patients undergoing treatment for TB and MDR-TB;
- *Civil society organizations* that promote civic engagement and advance the development of national health policies for the control of TB and MDR-TB;
- *People who have had TB and other private citizens* who serve as patient advocates and raise awareness related to the danger posed by MDR-TB; and
- *Governments, foundations, and other donor organizations* that support disease-control activities and innovative research to develop new tools for detection, treatment, and prevention of MDR-TB.

Over the next 5 years, the U.S. Government will work with members of the public and private sector, affected countries, non-government organizations, and global partners to meet the goals identified in the National Action Plan. This initiative will require a sustained effort involving industry, non-governmental organizations, and international partners. This *National Action Plan* will solidify an ongoing partnership among these entities that will ensure resources are leveraged effectively to address this global challenge to public health and prosperity. A healthy global population makes for stronger, more prosperous, and more stable nations; enhances international security and trade; and ensures a safer, more resilient America.

<https://www.whitehouse.gov/the-press-office/2015/12/22/fact-sheet-obama-administration-releases-national-action-plan-combating>

TAB 4
Director's Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 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 December 10, 2015 Co-Applicant Board meeting:

1. Grant Conditions

On December 23, 2015, Program staff, counsel and the Board Chair held a conference call with our HRSA Project Officer (PO). As the conversation got quite detailed in discussing what HRSA/our PO perceived as being necessary to address the conditions, and our questions in trying to understand how we could best do that, it was decided that we would prepare an annotated response for our PO with our questions, concerns and issues, based on the OSV Report on which the grant conditions were based. That document has been submitted to our PO and as we wait for her response on specifics, we continue to move forward with planning and actions to put us in position to submit our required responses.

One of the grant conditions resulting from the OSV Report was for the submission of a Revised Budget. Subsequent to the issuance of the grant condition, we submitted a required budget update to HRSA (in the form of updated SF 424 Form and an updated Budget Narrative & Justification) as part of the finalization of our new SAC award. While it is an open question as to whether another budget submission is necessary, the Board has not yet had the opportunity to approve that updated SAC budget. Elsewhere on today's agenda is the Board Action Item for approval of the updated SAC budget.

Also pending current action is the submission of Change In Scope documents to address grant conditions relating to the services and sites in our scope. Any such changes in scope that are determined to be required in our discussions with HRSA and our PO, and for which we submit Change In Scope documents, will be updated on our Forms 5A & 5B and those will be presented to the Board for approval at the next Board meeting.



2. Strategic Plan

Rachel Metz, our consultant for our Strategic Planning process, has continued with her data and information acquisition, and has completed much of the planned interviews. The initial findings/analysis is still on schedule for significant discussion at the February Board meeting. Elsewhere on today's agenda is the discussion and action to schedule the Strategic Planning Retreat for the Board in March.

3. Request for Proposals

Program continues to work through the current set of submitted proposals and look for opportunities to solicit additional proposals. Elsewhere on today's agenda is a discussion of those proposals received and still under review, as well as Board Action items for approval of a number of the agreements for the continuation of the services that were being previously provided.

4. Report to the San Mateo Medical Center Board of Directors

On January 7, 2016, the HCH/FH Program provided a program update and report to the SMMC Board of Directors. A copy of the report is attached.

5. Seven Day Update

DATE: January 7, 2016
TO: Board of Directors, San Mateo Medical Center
FROM: Jim Beaumont, Director,
Health Care for the Homeless/Farmworker Health (HCH/FH) Program
SUBJECT: Program Report

The HCH/FH Program continued its efforts over the past year to support and provide access to Primary Care, Dental Care and Behavioral Health Services for the homeless and Migrant & Seasonal Farmworkers of San Mateo County. Recently, the program received its annual award for \$2,373,376 for 2016. This represents an increase of over 58% (\$873,951) from the 2010 award (\$1,499,425). In addition, the program has also received an Expanded Services Award for \$264,942, with which we will be initiating a street/field medicine program through the Public Health Mobile Van to reach those homeless that are reluctant to come to the mobile van or the clinics, and the farmworkers who feel they cannot afford to leave the field to get appropriate health services.

As the Board may recall, the program has been under significant scrutiny from our granting agency, the Health Services & Resources Administration (HRSA), to come into full program compliance since the addition of the farmworker population to the program scope of services in 2010. In September 2014, HRSA issued 16 grant conditions as the result of their Operational Site Visit in 2013. We are pleased to report that as of December 22, 2015, we have had all 16 grant conditions from that site visit lifted. However, HRSA performed another site visit in March of 2015 which generated a new set of grant conditions, issued November 9, 2015. We have initiated conversations with our HRSA Project Officer to establish clear expectations on clearing these conditions and expect to be able to do so during the first half of 2016.



SECTION TITLE: SUBJECT ##

During 2014, the program reported over 41,000 service visits for over 7,700 unduplicated homeless and farmworkers individuals, including 24,288 visits for 6,704 patients in the SMMC clinic system. We are just beginning the 2015 reporting process, but data through 10/31/2015 would put us on target for very similar numbers of patients and visits with SMMC.

In addition to the SMMC clinical services received by the homeless and farmworkers, the program contracts with multiple community based organizations and BHRS to provide services the support access to primary, dental and behavioral health services, along with some additional primary care and dental care services. During 2014 these contracts generated over 7,000 visits for 1,656 individuals.

In an effort to identify service needs and gaps, the HCH/FH Program did a Needs Assessment Survey in the summer of 2015 and is currently working on a Strategic Plan to focus the program's efforts over the next 3-5 years. The Strategic plan is scheduled to be completed and approved by the Co-Applicant Board during March/April of 2016.

With the additional federal grant funding, the HCH/FH Program is in the midst of a Request for Proposal process to identify and fund quality services – including, potentially, services not previously provided. The review and evaluation process is ongoing and it is hoped that the Co-Applicant Board will make decisions on the proposals during February and March of 2016. It is anticipated that the Strategic Planning effort will strongly inform the decision on funding the various service proposals.

The HCH/FH Program is excited to be moving forward in developing broad-based services in support of the health and medical care of the homeless and farmworkers in San Mateo County. And we are appreciative of the support and assistance provided by SMMC to the program and to the homeless and farmworkers we endeavor to serve.

TAB 5
**Program Budget/
Finance Report**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14 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

December 31, 2015 marked the end of the HCH/FH Program's 2015 project period. Preliminary figures show total expenditures for the period were \$1,841,390. The total grant award for the period was \$2,924,838. We are working with the Accounting Office to ensure that all expenditures that can be claimed for the period are identified and correctly claimed.

A significant portion of the unspent grant award is represented by the 2015 Expanded Services award (\$264,942) and the 2015 Base Grant Adjustment (\$255,784). These amounts were awarded in September of 2015, leaving insufficient time to appropriately plan and expend the funds. Because of this, we will be requesting to carry-over these funds when we complete our fiscal reporting for the grant period (during March 2016). In addition, we will be requesting the portion of the 2014 Expanded Services award that remains (approximately \$95,000) under the contracts awarded to cover that specific award period (September 2014 through August 2016).

The vast majority of the remaining unspent funding represents what would have been expended from continued support of the funding to SMMC clinics (\$305,785), which ended on June 30, 2015. Replacement service expenditures were never found during the project period.

After accounting for the above, there would be approximately 5% of the total award left unexpended. Between 1/3 and half of that amount was money unexpended on contracts. In addition, the flat proportional adjustment of the grant to account for extending the grant period by two months – when our contracts tend to tail off in expenditures as we reach the end of the contract period, added about 1% (~\$30,000) to the unexpended amount.

Once final figures are determined and claiming completed, we will provide a full final report to the Board.

Looking forward to the current 2016 Grant Year, the current award is \$2,373,376. We would nominally expect – at current staffing levels – that program operation would account for between \$600,000 and \$700,000. Contract services and any staffing additions would be expected to account for the remainder of expenditures.



TAB 6
Strategic Plan
Discussion



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 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: Strategic Plan discussion

One of the responsibilities of the Co-Applicant Board is the approval of a Strategic Plan. A draft of the plan will be ready for review and discussion at the next February 11, 2016 Co-Applicant Board meeting. We also anticipate an all-day retreat to finalize the Strategic Plan, possible dates include:

- Monday, March 14th
- Tuesday, March 15th
- Thursday, March 17th
- Monday, March 21st



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

**TAB 7 Request to
Approve
Contracts/MOUs**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AGREEMENT FOR FUNDING FOR BEHAVIORAL HEALTH AND RECOVERY SERVICES

Program received a preliminary proposal from Behavioral Health and Recovery Services (BHRS) in response to our issued RFP for the continuation of Care Coordination (nee Case Management) for the Homeless. To date, Program has not received an official proposal from BHRS and currently in communication with BHRS Staff to complete the RFP process soon. After review and evaluation of the preliminary proposal, program has drafted a proposed agreement with BHRS.

The preliminary proposal essentially called for the continuation of the currently provided services. Current services include providing behavioral health assessment and care coordination (nee case management), and facilitating access to full range of behavioral health, primary care, and other supportive services available.

Included with this request is the draft MOU, along with a brief summary of the proposal. The proposed agreement is for two (2) years. The value of the agreement is \$90,000 the first year and \$97,500 for the second year, for a total MOU value of \$187,500.

This request is for the Board to approve the proposed MOU with BHRS. It requires a majority vote of the Board members present to approve this action.

Attachments:
BHRS Memorandum of Understanding
Summary of BHRS Proposal



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

**BEHAVIORAL HEALTH AND RECOVERY SERVICES
RFP PROPOSAL FOR ENABLING SERVICES**

Organization: Behavioral Health and Recovery Services

Proposal Target population: 300 homeless residing at a shelter, in a transitional housing program, or on the street, and those who are in danger of becoming homeless (900 encounters/visits)

What is being proposed: Provide behavioral health assessment and care coordination services, and facilitating access to the full range of behavioral health, primary care, and other supportive services available in San Mateo County

Total Proposal Request: \$90,000

Current Contract: \$90,000

PROPOSED CONTRACT: \$187,500 (2 years)
[\$90,000/\$97,500 years 1/2]

Case Management: 300 @ \$300

Care Coordination 300 @ \$300(YR1)/\$325(YR2)

Objectives include: Increasing Access to Healthcare Services, Screening/Assessment, Healthcare Care Coordination , Health Care Case Planning , Establishment of Medical Home, Increasing Access to Primary Care and Other Services, and Health Education Programs .

**Memorandum of Understanding Between
Health System, San Mateo Medical Center
And
Health System, Behavioral Health and Recovery Services**

The purpose of this Memorandum of Understanding (MOU) is to describe and make explicit the agreement between the San Mateo Medical Center (SMMC) and the Behavioral Health and Recovery Services (BHRS) Division of the San Mateo County Health System, regarding the provision of Behavioral Health Care Services through the Health Care for the Homeless/Farmworker Health Program funding.

I. Background Information

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program is a program within the San Mateo Medical Center. The HCH/FH Program oversees the provision of primary health care, dental health care, and behavioral health care services to individuals and families who are homeless or at-risk of being homeless, and the farmworker community in San Mateo County. In order to ensure access to a continuum of services for homeless individuals, the HCH/FH Program provides federal (330(h)) funding to the Division of Behavioral Health and Recovery Services for the purpose of providing Behavioral Health Care Services to individuals who are homeless in San Mateo County.

II. Goals and Objectives

Goal: To stabilize homeless individuals by providing behavioral health assessment and care coordination services, and facilitating access to the full range of behavioral health, primary care, and other supportive services available in San Mateo County.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Objective 1: In each contract year (January through December), the Division of Behavior Health and Recovery Services will provide behavioral health services to 300 unduplicated individuals who are homeless residing at a shelter, in a transitional housing program, or on the street, and those who are in danger of becoming homeless, through 900 visits.

Outcome Measure a) In each contract year, 100% (300) of the homeless individuals seen will receive a behavioral health screening as documented in each client's BHRS chart.

Outcome Measure b) In each contract year, at least 75% (225) of the homeless individuals served by BHRS will have documented behavioral health issues as identified by the behavioral health screening and noted in the client's BHRS chart.

Objective 2: In each contract year, at least 55% (165) of the screened homeless individuals will receive care coordination services.

Outcome Measure a) In each contract year, of those clients receiving behavioral health case management services, at least 70% (116) of these individuals will participate in their case management plan.

Outcome Measure b) In each contract year, of those clients receiving behavioral health case management services, at least 60% (99) of these individuals will complete their behavioral health case management plan.

Outcome Measure c) In each contract year, of those clients receiving behavioral health care coordination services, at least 60% (99) will establish a medical home (defined by a minimum of two attended visits) for primary medical care and/or behavioral health services as documented on the monthly spread sheet submitted to HCH/FH Program staff.

III Terms of Agreement

The Division of Behavioral Health and Recovery Services will receive \$300.00 (THREE HUNDRED DOLLARS) for each unduplicated individual who meets the homeless criteria and receives behavioral health services during each agreement year. The rate shall increase by \$25.00 in each subsequent contract year.

The total amount of HCH/FH Program funding for behavioral health services under this agreement will not exceed \$187,500 (ONE HUNDRED EIGHTY-SEVEN THOUSAND FIVE HUNDRED DOLLARS).

The Division of Behavioral Health and Recovery Services will invoice the HCH/FH Program by the 10th of each month for the prior month's efforts. Each invoice will indicate the number of unduplicated individuals served in the prior month.

Responsibilities

The Division of Behavioral Health and Recovery Services is responsible for the following:

1. All demographic information will be obtained from each homeless individual receiving enabling services by the Division of Behavioral Health and Recovery Services during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless**

individuals for whom the Contractor is not reimbursed. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

2. A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.
3. Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted by the following dates: April 15, July 15, October 15 of 2016 & 2017, and January 15, 2017 & 2018.
4. Participate in planning and quality assurance activities related to the HCH/FH Program.
5. Participate in HCH/FH Provider Collaborative Meetings, Quality Improvement Committee meetings, and other workgroups as requested.
6. Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect).
7. Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.
8. Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:
 - Lack of timely reporting, especially repeatedly
 - Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
 - Ongoing difficulties in scheduling routine site visits
 - Complaints or reports that raise concerning issues; etc.,the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

The HCH/FH Program is responsible for the following:

1. Monitor the performance of the Division of Behavioral Health and Recovery Services to assure it is meeting its contractual requirements with the HCH/FH Program.

2. Review, process, and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to the Division of Behavioral Health and Recovery Services related to program development, data collection, or other HCH/FH Program related issues as needed.

This agreement will be effective January 1, 2016 – December 31, 2017.

signatures

Susan Ehrlich, Chief Executive Officer
San Mateo Medical Center

Date

Stephen Kaplan, Director
Division of Behavioral Health and Recover Services
Health Services Agency

Date



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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 INNVISION SHELTER NETWORK

Program received a proposal from InnVision Shelter Network (IVSN) in response to our issued RFP for the continuation of Care Coordination (nee Case Management) and Eligibility Assistance Services for the Homeless.

In December 2015, the Board has approved contract funding for IVSN. Since then, Program has updated the contract site visit language to ensure the accuracy of invoicing and to assess the documentation of client activities/outcome measures. That is the only change to the contract materials.

Included with this request is the current Exhibit A & Exhibit B included with the County standard contract, along with a brief summary of the proposal. The proposed contract is for two (2) years. The value of the contract is \$169,000 the first year and \$179,150 for the second year, for a total contract value of \$348,150.

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

Attachments:
IVSN Contract
Summary of IVSN Proposal



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

INNVISION SHELTER NETWORK PROPOSAL FOR ENABLING SERVICES

Organization: InnVision Shelter Network

Proposal Target population: 145 Street homeless; 203 Homeless shelter; 40 Transitional shelter; 162 doubling up = total 550 (1500 visits)

What is being proposed: Health Navigation/Care Coordination, Health Coverage enrollment and Disability Benefits Eligibility/application assistance to homeless throughout San Mateo County, fragile patient shelter beds

To provide intensive, coordinated care and health navigation for sheltered and unsheltered homeless individuals in SMC. Assist clients in enrolling for an appropriate health plan, scheduling appointments, and provides education about covered health benefits. Also reminding clients of appointments and confirming method of transportation. Disability benefits eligibility and application assistance: SSI/SSDI enrollment process. Shelter beds for health fragile homeless.

Total Proposal Request: \$282,200; \$310,524; \$319,020

Matching funds : none specified in proposal

<u>Current Contract:</u>	\$145,000	<u>PROPOSED CONTRACT:</u> \$348,150 (2 years)	
			[\$169,000/179,150 years 1/2]
<u>Case Management</u>	500 @ \$255	<u>Care Coordination</u>	500 @ \$250(YR1)/\$265(YR2)
<u>SSI Eligibility</u>	50 @ \$300	<u>Intensive Care Coordination</u>	50 @ \$500(YR1)/\$525(YR2)
<u>Health Coverage</u>	40 @ \$100	<u>SSI Eligibility</u>	50 @ \$300(YR1)/\$320(YR2)
		<u>Health Coverage</u>	40 @ \$100(YR1)/\$110(YR2)

Objectives include: Initial assessment, on-going care coordination services, assist clients establish new medical home, submission of 50 SSI/SSDI applications, assist in 40 health care coverage applications.

Budget requested: ~\$210,752

Discussion- other service proposals to be reviewed at later time:

- Community Health Outreach Worker- link between Street Medicine Team and clinics etc.
- Beds for Medically Fragile Street Homeless – partner with Samaritan House to provide 2 beds at Safe Harbor for medically fragile
- Medical Professional- will work in conjunction with the CHOW to provide case management for these individuals.

Exhibit A

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

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with InnVision Shelter Network (IVSN) for a full range of enabling services to homeless individuals, centered on care coordination and eligibility assistance. IVSN will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and eligibility assistance for health coverage and Supplemental Security Income (SSI) or Social Security Disability, to at least **550 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during the specified reporting period. At a **minimum, 75%** of these individuals (**375**) will meet the BPHC definition as a street or shelter homeless individual. A **minimum of 50 of these homeless individuals** will complete an SSI (MediCal) or SSDI (Medicare) application.

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

OBJECTIVE 1: Provide initial assessments and on-going care coordination services to a minimum of **550** homeless individuals each reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **1,375** on-going care coordination encounters will be provided to these 550 individuals.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

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

OBJECTIVE 1.1.: Of the 550 homeless individuals served, assist at least **50** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. The determination of a client's status as a new unduplicated homeless individual shall be determined by IVSN

through use of a standard information gathering protocol, as approved by the HCH/FH Program, which may include self-attestation by the client. A minimum of **150** on-going encounters will be provided to these 50 individuals.

Outcome Measure 1.A: Of the homeless individuals that do not currently have a medical home, a minimum of 50% will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.B: At least 150 of homeless individuals served will be homeless individuals with chronic health conditions (including, but not limited to, obesity, hypertension, diabetes, and asthma).

Outcome Measure 1.C: At least 75% of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

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

Outcome 2.A: At least 50 individuals each reporting period will complete an SSI (MediCal) or SSDI (Medicare) application. SSI/SSDI claims will be supported from the initial submission to Administrative Law Judge (AJL) hearing as needed. At least 60% (30) will attend their scheduled Consultative Exam. At least 20% (10) of these individuals will be classified in the street homeless category.

Outcome 2.B: All (100%) homeless clients will be screened for health insurance/coverage eligibility. At least 40 homeless individuals each reporting period will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, as appropriate.

RESPONSIBILITIES:

The following are the contracted reporting requirements that InnVision Shelter Network must fulfill:

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

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

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

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

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

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th 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 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 is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless, One Day Count, Homeless Project Connect, etc.).

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

Exhibit B

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

County shall pay Contractor at a rate of \$250.00 for each established (not "new" as defined in Exhibit A) unduplicated homeless individual invoiced per reporting period for delivery of care coordination services, up to the maximum of 500 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated." The rate shall increase by \$15.00 in each subsequent reporting period.

County shall pay Contractor at a rate of \$500.00 for each unduplicated homeless individual invoiced per reporting period for delivery of intensive care coordination services for "new" clients as defined in Exhibit A, up to the maximum of 50 per reporting period, limited as defined in Exhibit A for "unique unduplicated." The rate shall increase by \$25.00 per each unduplicated homeless individual in each subsequent reporting period.

County shall pay contractor at a rate of \$300.00 per unduplicated homeless individual invoiced, per reporting period, for completing application to SSI (MediCal) or SSDI (Medicare) up to and including at least one potential appeal of a denial, up to a maximum of 50 per reporting period, limited as defined in Exhibit A for homeless category and "unique unduplicated". The rate shall increase by \$20.00 per each unduplicated homeless individual in each subsequent reporting period.

County shall pay contractor at a rate \$100.00 per unduplicated homeless individual invoiced for completing the enrollment process for Covered California, Medi-CAL or the ACE program, as appropriate, up to a maximum of 40 per reporting period limited as defined in Exhibit A for "unique unduplicated." The rate shall increase by \$10.00 per each unduplicated homeless individual in each subsequent reporting period.

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

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed THREE HUNDRED FORTY-EIGHT THOUSAND ONE HUNDRED FIFTY DOLLARS (\$348,150).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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 RAVENSWOOD FAMILY HEALTH CENTER

Program received two (2) proposals from Ravenswood Family Health Center (RFHC) in response to our issued RFP for the continuation of Primary Care and Dental Services for the Homeless. After review and evaluation, we opened discussion with RFHC on the parameters of a contract based on the proposal.

The proposals essentially called for the continuation of the currently provided services. They proposed a modest increase in both the numbers of Primary Care and Dental Care Services clients. We estimate that the proposed cost for the services included for Primary Care was around \$135,263 per year and Dental Care was around \$79,342 per year.

For Primary Care Services, with a 20% increase in number of target clients, the new proposed contract represents a 38% increase in funding from the previous contract. For Dental Services, with a 50% increase in number of target clients, the new proposed contract reflects RFHC's request for the same amount of total funding from the previous contract. In discussion with RFHC, they have accepted both contracts.

Included with this request are the current Exhibit A & Exhibit B documents for both Primary Care and Dental Services included with the County standard contract, along with a brief summary of the proposals. Both proposed contracts are for two (2) years. For Primary Care Services, the value of the contract is \$90,000 the first year and \$96,000 for the second year, for a total contract value of \$186,000. For Dental Services, the value of the contract is \$50,000 the first year and \$52,000 for the second year, for a total contract value of \$102,000.

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



Attachments:

RFHC Contract for Primary Care Services

RFHC Contract for Dental Services

Summary of RFHC Proposals

**RAVENSWOOD FAMILY HEALTH CENTER
Primary Care & Dental**

Organization: Ravenswood Family Health Center

Proposal Target population: Primary Care
100 Street homeless; 140 Homeless shelter; 240 Transitional shelter; 120 doubling up =
total 600 (1,900 visits)
Dental
25 Street homeless; 100 Homeless shelter; 50 Transitional shelter; 25 doubling up =
total 200 (600 visits)

What is being proposed:
Full scope of primary care services, comprehensive health screenings, ongoing primary care services for hypertension and diabetes, prenatal care in East Palo Alto
Oral health care services include prevention, diagnosis, risk assessment, risk management and treatment of oral disease and disorders, including oral surgery and prosthetics at Ravenswood Family Dentistry

Total Proposal Request: Primary Care: \$94,752 ; Dental: \$50,060

Matching funds : Primary Care: \$40,511 ; Dental: \$29,282

<u>Current Contract:</u>	Primary Care \$65,000 Dental \$50,000	<u>PROPOSED CONTRACT:</u> PC \$186,000 (2 years), [\$90K/\$96K for years 1/2]; Dental \$102,000 (2 yrs) [\$50K/\$52K yrs 1/2]
<u>Primary Care</u>	500 @ \$130	<u>Primary Care</u> 600 @ \$150
<u>Dental</u>	133 @ \$375.93	<u>Dental</u> 200 @ \$250

Objectives include: Primary care services, comprehensive health screenings, on-going primary care services for hypertension and diabetes, prenatal care in East Palo Alto
Dental Services, comprehensive dental screenings, on-going dental services to complete treatment plans

Budget requested: Primary Care \$94,752 + \$40,511 = \$135,263
Dental \$50,060 + \$29,282 = \$79,342

Discussion- other service proposals to be reviewed at later time:

- Enabling
65 Street homeless; 75 Homeless shelter; 200 Transitional shelter; 60 doubling up = total 400 (1,200 visits)

Enabling services for homeless adults, children and families with complex chronic and serious health conditions, include outreach, assessment and assistance of immediate needs & barriers,

Proposal request: \$80,958
Matching: \$32,979
Total Project Budget requested: \$80,958 + \$32,979 = \$113,937

EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

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 Ravenswood Family Health Center to provide dental services for homeless individuals.

Ravenswood Family Health Center will provide preventive and restorative dental services including examinations, prophys, fillings, crowns, prosthetics, x-rays, and other general dental services to at least **200 unduplicated homeless individuals** for a total of **600 dental visits**. A minimum of 100 of the homeless individuals are to be adults (over the age of 18 at the time services are initiated). A minimum of 20 homeless individuals will be provided with Major Restorative services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Ravenswood staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

Treatment Plan Priorities:

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

Diagnostic and Preventive:

- Exam and evaluation
- Routine Cleaning
- Digital imaging (FMX on all new patients)
- Digital imaging of problematic area
- Fluoride treatment (as recommended)
- Dental Education
- Sealants (for children)
- Palliative treatment for dental pain

Basic Services:

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

Major Restorative:

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

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

Partial Dentures with Metal Framework – If three (3) or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant

Acrylic-Base Stay plate (Flipper) – If one (1) to four (4) teeth are missing or if the needing of an extraction will cause them to be missing

The dental services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to dental health services to at least 200 individuals who qualify as homeless in San Mateo County for a total of 600 dental visits.

Outcome Measure 1.A: Each patient will be scheduled for a series of appointment to complete their treatment plan. Contractor shall schedule patients for services.

Outcome Measure 1.B: Each patient's progress on their dental plan will be tracked, with a goal to make significant progress in their treatment plans. At least 30% of homeless dental patients will complete their treatment plans, determined from patient's initial oral assessment, within the grant year.

OBJECTIVE 2: Provide comprehensive dental health services (diagnostic and preventive, basis services, major restorative as outlined above) to at least 200 individuals who are homeless in San Mateo County that will result in improving their overall health status.

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

Outcome 2.B: At Least 85% of the individuals who are homeless will have improved oral health.

OBJECTIVE 3: Replace missing teeth with dentures to restore full function, improve self-esteem, and increase employment opportunities for at least 20 removal prostheses.

Outcome 3.A.: All extractions necessary before denture treatment can begin will occur within three (3) months of the initial visit. This shall be accomplished by the Contractor.

Outcome 3.B: Of the homeless patients who need dentures, at least 40% will

complete their denture treatment plan and have dentures delivered within the grant year.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

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

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

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

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

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

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th 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 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 is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

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

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

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

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

- A. County shall pay Contractor at a rate of \$250 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum of 200 per contract year, and limited as defined in Exhibit A for age and service level. The rate shall increase by \$10.00 in each subsequent reporting period.

- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed FIFTY THOUSAND DOLLARS (\$102,000).

EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

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 (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide primary health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide primary health care services to a minimum of **600 unduplicated homeless individuals** for a total of at least **1,900 visits**. At least 75% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The primary health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to primary health care services to at least 600 individuals each contract year who qualify as homeless in San Mateo County for a total of 1,900 visits.

Outcome Measure 1.A: At least 75% of the homeless adults served each contract year will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drugs and alcohol, diabetes, obesity, STI, TB and, in those patients who provide consent, HIV. All women will be offered gynecological screenings and referred as age and/or risk appropriate for a mammogram.

Outcome Measure 1.B: At least 250 homeless individuals served within each contract year will receive behavioral health screenings by a behavioral health professional using a behavioral health assessment tool as a guide and will receive continued counseling with the behavioral health professional based on their assessment and identified concerns that the client would like to address.

Outcome Measure 1.C: At least 50 homeless individuals in each contract year who are identified as a high-risk medical patient will be provided with case management services to support continuation of access and services.

OBJECTIVE 2: Homeless female patients between 21 and 64 years of age will have had at least one pap smear test within the past three years.

Outcome 2.A: At least 90% of the homeless female patients between 21 and 64 years of age will be screened for having a pap smear test within the past three (3) years.

Outcome 2.B: 100% of those found to not have a pap smear test within the past three (3) years will be offered the test.

OBJECTIVE 3: Provide ongoing primary health care to homeless individuals diagnosed with hypertension.

Outcome 3.A.: At least 70% of homeless patients with diagnosed hypertension will have most recent blood pressure levels less than 140/90.

OBJECTIVE 4: Provide ongoing primary health care services to homeless individuals diagnosed with either Type I or Type II diabetes.

Outcome 4.A: At least 80% of homeless patients diagnosed with Type I or Type II diabetes will have HbA1c levels less than or equal to 9%.

OBJECTIVE 5: Provide prenatal care to pregnant homeless women.

Outcome 5.A: At least 90% of pregnant homeless women will be assessed upon presentation to RFHC and receive their first medical prenatal visit within one (1) week of presentation for care.

Outcome 5.B: At least 95% of infants delivered to homeless women will have healthy birth weights.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

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

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

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

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

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

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th 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 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 is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

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

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

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

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

- A. County shall pay Contractor at a rate of \$150.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 600 individuals, and limited as defined in Exhibit A. The rate shall increase by \$10.00 in each subsequent reporting period.
- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED EIGHTY-SIX THOUSAND DOLLARS (\$186,000).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR SAMARITAN HOUSE

Program received a proposal from Samaritan House (SH) in response to our issued RFP for the continuation of Care Coordination (nee Case Management) Services for the Homeless at their Safe Harbor Shelter.

In December 2015, the Board has approved a two(2) year proposed agreement for \$130,625. The proposed agreement was drafted prior negotiation with SH. However, after negotiation with SH, Program has drafted a new one (1) year proposed agreement for \$63,500. Services include Care Coordination and Intensive Care Coordination services.

In total, the proposed agreement represents a 15% increase in funding from the previous contract for a very similar suite of services.

Included with this request is the current Exhibit A & Exhibit B included with the County standard contract, along with a brief summary of the proposal. The proposed contract is for one (1) year. The value of the contract is \$63,500.

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

Attachments:
Samaritan House Proposed Agreement
Summary of Samaritan House Proposal



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

SAMARITAN HOUSE RFP PROPOSAL FOR ENABLING SERVICES

Organization: Samaritan House

Proposal Target population: 175 (shelter) homeless of Safe Harbor Shelter (300 encounters/visits)

What is being proposed: Care coordination for clients at Safe Harbor Shelter

The primary Enabling Services to be provided through this contract are 1) care coordination 2) patient and community education; 3) transportation and 4) eligibility assistance.

To provide intensive individualized "Care Coordination" services for Safe Harbor clients with most acute healthcare needs. Activities may include, but not limited to: care assessment, weekly care coordination meetings, assisting in developing, implementing and coordinating a health care plan, attending appointments with clients; providing hospital visits for moral support; providing clients with transportation assistance; and evaluating treatment results. Arrangements for health-related prevention/education groups and activities for staff, volunteers and clients will also occur.

Staff provides crisis intervention as well as short and intermediate-term counseling and referrals; develops and coordinates an individualized healthcare case plan for identified clients; assist clients in developing and following their case plan with the intent of moving them from crisis to economic security as the ultimate goal; and monitors clients progress.

Total Proposal Request: \$68,042

Matching funds: \$23,947 (29%)

Current Contract: \$55,000

PROPOSED CONTRACT: \$63,500 (1 year)

Case Management: 175 @ \$314

Care Coordination 150 @ \$340

Intensive Care Coordination 25 @ \$500

Objectives include: Increasing Access to Healthcare Services, Screening/Assessment, Healthcare Care Coordination , Health Care Case Planning , Establishment of Medical Home, Increasing Access to Primary Care and Other Services, and Health Education Programs .

Budget request: ~\$91,989

Samaritan House

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 Samaritan House for a full range of enabling services to homeless individuals, centered on health care coordination and patient education. Samaritan House, through Safe Harbor Shelter, will provide care coordination, health care navigation, patient and community education, transportation, referral services to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and other enabling services as defined by BPHC and as necessary for the client, to at least **175 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

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

OBJECTIVE 1: Provide initial assessments and on-going health care coordination services to a minimum of **175** homeless individuals in order to better access primary care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **300** on-going health care coordination encounters will be provided to these 175 individuals, and each patient shall have a minimum of at least one such encounter.

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

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

OBJECTIVE 1.1: Of the 175 homeless individuals served, assist at least **25** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of **75** on-going encounters will be provided to these 25 individuals.

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

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

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

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

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

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

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

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

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

RESPONSIBILITIES:

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

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

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will work with Contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless.

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

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

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted by the following dates: April 15, July 15 and October 15 of 2016 and January 15, 2017.

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

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count,

Homeless Project Connect, etc.).

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

EXHIBIT B

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

County shall pay Contractor at a rate of \$340.00 for each unduplicated homeless individual invoiced for the first contract year, for delivery of enabling services, up to the maximum of 150 per contract year, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$500.00 for each new (client not currently receiving or participating in any health program) unduplicated homeless individual invoiced, per contract year, for delivery of intensive care coordination services, up to the maximum of 25 per contract year, 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 individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director.

The term of this Agreement is January 1, 2016 through December 31, 2016. Maximum payment for services provided under this Agreement will not exceed SIXTY-THREE THOUSAND FIVE HUNDRED DOLLARS (\$63,500).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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 AMENDMENT TO EXTEND FOR A SECOND YEAR THE CURRENT AGREEMENT WITH SONRISAS COMMUNITY DENTAL CENTER FOR EXPANDED SERVICES FOR DENTAL CARE TO FARNWORKERS AND FARMWORKER FAMILY MEMBERS

The HCH/FH Program currently has a contract with Sonrisas Community Dental Center (Sonrisas) for the delivery of expanded Dental Care services to farmworkers and farmworker family members in San Mateo's Coastside area. This agreement was a result of the 2015 Expanded Services Funding Award to the program from HRSA, and is paid through those award funds.

This award called for services to be provided through a period ending August 31, 2016 in an effort to increase program patients. As with many new program efforts, the original agreement was for one year to provide the opportunity to assess the effort.

Sonrisas has only reached 18% of its targeted number of new patients through the target period as of December 21st, 2015 and would require the agreement be extended to complete the effort. This amendment proposes to extend the contract from a one (1) year to a two (2) year period, through December 31, 2016, bringing it into the program standard timeline of operations for agreements. At that point a determination can be made on potentially including these services in an ongoing agreement under regular funding.

Included with this request is the draft amendment to extend the current contract one year through December 31, 2016. The total value of the agreement is \$31,250 for the two (2) year period.

This request is for the Board to approve the proposed Amendment to the contract with Sonrisas Community Dental Center for the expanded services delivering Dental Care to the



farmworkers and farmworker family members. It requires a majority vote of the Board members present to approve this action. Once approved by the Board, this Amendment entered into the Health System approval process.

Attachments:

DRAFT Amendment to Sonrisas Community Dental Center for Expanded Services

SONRISAS COMMUNITY DENTAL CENTER
Expanded Services – Dental

Organization: Sonrisas Community Dental Center

Proposal Target population: 50 farmworkers (150 visits)

Services Included: Preventive and restorative dental services in Coastside area

Preventive and restorative dental services include examinations, prophylaxis, fillings, crowns, prosthetics, x-rays, and other general dental services as described in Diagnostic and Preventative, and Basic Services. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Sonrisas staff to either private offices or San Francisco dental schools. Sonrisas will coordinate their contract effort with Puente de la Costa Sur to outreach and identify farmworkers primarily from the Pescadero area for potential contract services.

Current Contract:
\$55,000 (1/1/2015-12/31/2015)

AMENDED CONTRACT
\$63,500 (1/1/2015-12/31/2016)

Dental Services:
50 @ \$625

Dental Services:
50 @ \$625

Objectives include: Provide access to dental health services to farmworkers or farmworker family members, Provide routine and comprehensive dental services (diagnostic and preventive, and basic services), Provide major restorative, Replace missing teeth with dentures to restore full function

Exhibit A

Agreement between the County of San Mateo and Sonrisas Community Dental Center

1. Description of Services to be Performed by Contractor

In consideration of the payments set forth in Section 2, **Amount and Method of Payment**, Contractor shall provide the following services:

Sonrisas Community Dental Center (Sonrisas) will provide dental services for farmworkers and farmworker family members. Sonrisas will provide preventive and restorative dental services including examinations, prophyls, fillings, crowns, prosthetics, x-rays, and other general dental services as described in Diagnostic and Preventative, and Basic Services below, to at least **50 unduplicated farmworkers or farmworker family members** for a total of **150 dental visits**. A minimum of 38 of the farmworkers or farmworker family members are to be adults (over the age of 18 at the time services are initiated). A minimum of 40 farmworker or farmworker family members will be from the Pescadero, California area. A minimum of 10 farmworkers or farmworker family members will be provided with Major Restorative services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Sonrisas staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

Treatment Plan Priorities:

Alleviate pain

Restore function

Prevent further disease

Consider esthetic results

Diagnostic and Preventative:

Exam and evaluation

Routine cleaning

Digital imaging

Dental education

Palliative treatment for dental pain

Basic Services:

Composite and amalgam fillings

Extractions

Temporary Crowns

Stainless steel crowns

Major Restorative:

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

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

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

Acrylic-Base stay plate (Flipper) – *If one to four teeth are missing or if the need of an extraction will cause them to be missing*

Sonrisas will coordinate their contract effort with Puente de la Costa Sur, the core service agency in Pescadero, California, to outreach and identify farmworkers primarily from the Pescadero area for potential contract services. Sonrisas will utilize a field hygienist to perform a basic oral health observation and provide that information back to Sonrisas' Dental Director for treatment determination. Patients identified as needing a full examination and development of a treatment plan will have an appointment made at Sonrisas' clinic in Half Moon Bay.

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

Objective 1: *Provide access to dental health services to a minimum of 50 individuals who qualify as farmworkers or farmworker family members in San Mateo County for a minimum total of 150 visits.*

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

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

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

Objective 2: *Provide routine and comprehensive dental services (diagnostic and preventive, and basic services as outlined above), to at least 50 individual farmworkers or farmworker family members resulting in improved overall health status.*

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

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

Objective 3: *Provide major restorative (as previously outlined). Replace missing teeth with dentures to restore full function and improve self-esteem for a minimum of 10 farmworkers or farmworker family members.*

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

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

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Sonrisas** must fulfill:

1. All demographic information as is routinely collected by the Health Care for the Homeless/Farmworker Health (HCH/FH) Program will be obtained from each farmworker or farmworker family member receiving dental care during the contract period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include farmworkers or farmworker family members for whom the Contractor is not reimbursed.**
2. A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all farmworkers or farmworker family members in this same time period will be submitted to the HCH/FH Program by the 10th of the month following service. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.
3. Quarterly reports providing an update on the contractual goal, objectives, and outcome measures shall be submitted by the following dates: April 15, July 15 and October 15 of 2015 & 2016, and January 15, 2016 & 2017.
4. Participate and prepare for annual chart review as indicated by the HCH/FH Program.
5. Participate in planning and quality assurance activities.
6. Participate in HCH/FH Provider Collaborative Meetings and other workgroups as requested by the HCH/FH Program
7. Participate in farmworker community activities that address health issues (i.e., needs assessments, surveys, focus groups, etc.)

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

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

2. Amount and Method of Payment

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

County shall pay Contractor at a rate of \$625.00 for each unduplicated farmworker or farmworker family member invoiced for contract services during the contract, up to the maximum of 50 unduplicated individuals, and limited as defined in Exhibit A for “unique unduplicated,” age, location and service level.

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of 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 January 1, 2015 through December 31, 2016. Maximum payment for services provided under this Agreement will not exceed THIRTY-ONE THOUSAND EIGHT HUNDRED SEVENTY-FIVE DOLLARS (\$31,250).

TAB 8
RFP proposal
review and
summary



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 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: RFP proposals reviewed and summary

As part of the Request for Proposal evaluation process and policy that was approved at the December 10, 2015 Co-Applicant Board meeting staff continues to convene evaluation teams. Staff has already convened the Enabling/Coordinating service committee on January 5th and Mental Health committee on January 8th. The Medical/Dental services committee will convene on January 12th and the Selection Committee will convene during the end of January to discuss all new proposals, resulting in a report to summarize findings and discussions from all review committee meetings.

EVALUATION TEAMS

<i>Enabling Service Committee members</i>	
Name	Organization
David Modersbach	Alameda HCH
Allison Ulrich	VA HCH progmn
Cristina Ugaitafa	Aging and Adult Services
Brian Eggers	COH- SMC
<i>Medical/Dental Committte</i>	
Julia Wilson	Board member
Rumbaua, Lorda	SMMC- Resources mgmt dept
Candace Kugel	consultant
Bob Stebbins	IVSN
<i>Mental Health Committee</i>	
Brian Greenberg	IVSN
Bob Stebbins	IVSN
Frank Trinh	PH

Attached- Please find a summary of all new proposals currently being reviewed.



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
 222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

SUMMARY OF PROPOSAL SUBMISSION FOR NEW SERVICES

Enabling/ Services:

Service	Agency/Program	Population	Target			Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
			Patient Count	Requested Funding	Agency/Program Contribution			
Enabling Services								
	Ravenswood Family Health Center	Homeless	400	\$ 80,895	\$ 32,979	1,200	65/75/200/60/0	Care Coordination
	Community Overcoming Relationship Abuse (CORA)	Homeless	80	\$ 154,435	No amount, 10%	1300 hours	0/80/0/0/0	Care Coordination- not yet hired staff, 3 months start up time
	Legal Aid Society of San Mateo County	Farmworkers	62	\$ 89,909	\$ 10,000	18		Eligibility Assistance; train 15 health providers and conduct Needs Assessment 1st quarter
	IVSN (CHOW)	Homeless	150	\$ 96,080	No amount, 10%	300	150 street	CHOW to work with Street medicine team (PH)

Ravenswood- proposes to provide comprehensive **enabling services for homeless** adults, children and families with complex chronic and other serious health conditions. Services include: outreach, assessment of needs/barriers, care coordination, health navigation, transportation, translation, coordination of discharge planning and care/housing transition for hospitalized patients.

CORA- proposes to provide **enabling services at 2 fixed confidential safe house locations** in San Mateo County. Services to be provided include: psychological assessment, appointment accompaniment, enrollment in insurance, identification of primary care physician, medication management, referrals and connection to local clinics, and transfer of medical records.

Legal Aid- Proposes to provide a 3 pronged strategy to comprehensively address the health needs of farmworkers in SMC rural, coastal communities by: 1) performing a Needs Assessment and Experience Study to identify the continuing barriers to health care for farmworkers and their families; 2) Provide outreach and education to farmworkers and training and technical assistance to health providers and outreach partners ; 3) Provide referrals, eligibility assistance, legal advice, and representation.

InnVision Shelter Network- proposed to hire a Community Health Outreach Worker to expand their HCH team's current service offerings via care coordination for unsheltered homeless individuals. This new CHOW staff will work collaboratively and complement SMC's Street Medicine Team.

Coordinating Services:

Service	Agency/Program	Population	Target			Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
			Patient Count	Requested Funding	Agency/Program Contribution			
Coordinating Services								
	Puente	Farmworkers		\$ 24,960				

Puente de la Costa Sur- proposal seeks to increase coordination of complex medical and dental services that are offered by San Mateo Medical Center and other institutional providers to ensure that farm and nursery workers receive coordinated care to best meet their needs. Puente will contract with local community health consultant, to assist in assessing partnerships and leveraging resources aimed at optimizing and sustaining integrated health care services for all South Coast farmworkers.

Mental health/substance abuse services:

Service	Agency/Program	Population	Target		Agency/Program Contribution	Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
			Patient Count	Requested Funding				
Behavioral Health (Mental Health & Substance Abuse)								
	Community Overcoming Relationship Abuse (CORA)	Farmworkers	73	\$ 184,415	No amount, 10%			Not yet hired staff, start up time 6 months

CORA- proposed to provide Mental Health Services at 2 fixed sites (Half Moon Bay and Pescadero). Services to be offered include: screening, crisis intervention, safety planning, treatment planning, assessment, diagnosis, treatment, crisis case management resource and feral, consultation and training. Services will be provided by newly hired clinician, licensed mental health provider.

Medical Services:

Service	Agency/Program	Population	Target		Agency/Program Contribution	Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
			Patient Count	Requested Funding				
Primary Care								
	Health Mobile	Homeless	1,410	\$ 288,028	\$ 28,802	4,230	300/1050/60/0/0*	*Estimate
	Health Mobile	Farmworkers	1,410	\$ 288,028	\$ 28,802	4,230		
	Samaritan House	Homeless*	65	\$ 44,678	\$ 8,576	260	0/40/10/10/0 (5)	*Count includes 5 Farmworkers

Samaritan House's - Free Clinics propose to provide primary care and some specialty services to homeless individuals and farmworkers (5). Funding will support the provision of Comprehensive Health Screenings and Primary Health Care Visits onsite at the Free Clinics of San Mateo and Redwood City. A Nurse Practitioner or volunteer physician will conduct a thorough and comprehensive medical history that includes mental health and substance abuse history, screening for hypertension, diabetes, TB, STD's and/or HIV; immunizations and preventive health education.

Health Mobile- proposes to provide free, accessible complete primary medical care to homeless and farmworker populations at their mobile clinics. Services include annual check-up exam, eyes, ear, nose, throat, lung, heart, well check examinations, cognitive and awareness training, nutritional education and recommendations, and smoking cessation guidance.

Dental:

Service	Agency/Program	Population	Target		Agency/Program Contribution	Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
			Patient Count	Requested Funding				
Dental Care								
	Health Mobile	Homeless	1,425	\$ 400,938	\$ 41,093	3,800	300/1050/75/0/0*	*Estimate
	Health Mobile	Farmworkers	1,428	\$ 380,938	\$ 45,720	4,761		

Health Mobile- proposes to provide free, accessible complete dental care services to homeless and farmworker populations at their mobile clinics. Services include diagnostic preventative, restorative i.e. fillings, root canals, extraction, crown, bridge, post, partial and full dentures dental treatments.

**TAB 9 Travel
Policy and
Travel
Requests**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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: TRAVEL REQUESTS FOR DISCUSSION AND BOARD ACTION, AND TRAVEL POLICY DISCUSSION

At the December 2015 Board meeting, the Board tabled to this meeting discussion and action on Dr. Greenberg's request for funding support to attend the NHCHC Regional Meeting in Denver in March 2016, and the request from Puente de la Costa Sur to fund the attendance of 4 Promotores at the Regional Migrant Health Conference in Portland, OR in February. Copies of these initial requests are attached. Note that a portion of the original Puente request – support for the attendance of Molly Wolfes at the Portland Conference was addressed by the Board at December's meeting.

In addition, we have a request from Board member Julia Wilson to provide funding to support her attendance at the Portland Migrant Health Conference. Ms. Wilson has no associated program from which to derive other funding support.

In addition, in reviewing both recent and previous discussions regarding supporting the cost of travel and conference attendance, etc., we have also attached a copy of J. Snow, Inc.'s travel policies. This is intended to provide simply an example of such a policy as the Board may wish to consider a broader travel policy with regards to individuals who are not Board members or Program staff.

A majority vote of the Board is required to take action to approve the included requests, or any portion of those requests.

Attachments:
Request from Dr. Greenberg
Request from Puente de la Costa Sur
Request from Julia Wilson
J. Snow, Inc. Travel Policy



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

Attached Message

From Brian Greenberg <Bgreenberg@ivsn.org>
To 'Jim Beaumont' <jbeaumont@smcgov.org>; 'Inguyen@smcgov.org' <Inguyen@smcgov.org>
Subject FW: Save the Date: 2016 NHCHC Spring Regional Training
Date Wed, 18 Nov 2015 21:02:48 +0000

I would like to be considered for a travel/attendance subside for this conference. Thanks.

From: National Health Care for the Homeless Council [<mailto:council@nhchc.org>]

Sent: Wednesday, November 18, 2015 12:01 PM

To: Brian Greenberg

Subject: Save the Date: 2016 NHCHC Spring Regional Training

Learn about the Council's upcoming 2016 Spring Regional Training.

If you're having trouble viewing this email, you may [see it online](#).



Save the Date

Spring Regional Training

March 31-April 1, 2016 • Denver, CO

Join the National Health Care for the Homeless Council on March 31-April 1, 2016, at the Colorado Convention Center in Denver, Colorado, as we bring together individuals and organizations that provide compassionate care to people experiencing homelessness throughout your region. The 2016 Spring Regional Training will offer two days of professional development and educational workshops, as well as networking opportunities.

Health Care for the Homeless experts across the Rocky Mountains and Great Plains regions of the United States will offer tailored education to clinicians, administrators, consumers, and advocates of homeless health care services. The content has been specifically crafted to address emerging and current issues in serving people experiencing homelessness in your region.

For more information about the 2016 Spring Regional Training, email Training Coordinator [Alyssa Curtis](#) or call 615-226-2292.



[2016 National Health Care for the Homeless Conference & Policy Symposium](#)

If you haven't already, we hope you will make plans to join us at the 2016 [National Health Care for the Homeless Conference & Policy Symposium](#) on May 31-June 3, 2016, in Portland, Oregon.

National Health Care for the Homeless Council
nhchc.org | (615) 226-2292

From: Julia Wilson <btriangle2@gmail.com>
To: Beaumont Jim <jbeaumont@smcgov.org>
Date: 12/10/2015 11:27 AM
Subject: 2016 WFMSH Conference

To: Jim Beaumont, Director HCH/FH conference
From: Julia Wilson, Co-applicant Board
Re: Request for 2016 WFMSH Conference

This is a funding request for myself to the above conference on February 23rd-25th to include travel and accommodations and conference costs.

Thanks for your consideration,
Julia Wilson

Sent from my iPhone

TO: Jim Beaumont, Director *Health Care for the Homeless/Migrant Seasonal Farmworker*

FROM: Molly Wolfes, Community Health Coordinator *Puente de la Costa Sur*

RE: Request for 2016 WFMSH Conference

DATE: 11/12/15

This is a funding request for myself and the four Community Health Workers to attend the 2016 Western Forum for Migrant and Seasonal Health Conference on February 23rd-25th in Portland, Oregon. I believe this will be a great opportunity for the CHWs to learn about FQHCs and what other Community Health Workers are doing and apply that to their work with farmworker residents of San Mateo County. I would also like to note that Puente has never requested funding for travel in the past and would like that you consider sending the CHWs even though they are not HCHMSFW Co-Applicant Board Members.

Costs:

- **Roundtrip transportation for 5 people: \$1,910**
 - Train fare- 5 people x \$382 per ticket
- **Conference Cost Total: \$700**
 - Community Health Coordinator/Board Member \$300
 - Community Health Worker \$100 x 4 = \$400
- **Accommodations & food for 5 people= \$4,300**
(Per diem as per gsa.gov for Portland, Oregon)
 - \$215 a day x 4 days x 5 people = \$4,300
- **TOTAL ESTIMATED COST: \$6,910**

Thank you for considering this request. Please let me know if you need any additional information that may influence your decision to approve funding.

Sincerely,

Molly Wolfes

HEALTH SERVICES DIVISION CONFERENCE ATTENDANCE Policy Document

Introduction

In 2013, the Health Services (HSD) Operations Committee created the HSD Communications workgroup composed of staff across offices, technical backgrounds, and different levels of experience at JSI to lead a process to ensure that the HSD conferences attendance process is selective, strategic, and consistent.

This policy outlines the main goals of conference attendance, and describes the conference submission, selection, and attending process. This policy—as well as all related materials—are available on the HSD intranet pages under Health Services, Administration and Operations [link]. The submission and selection process is coordinated by Natalie Truesdell (ntruesdell@jsi.com).

I. Goals of Conference Attendance

- Disseminating technical knowledge gained from projects
- Learning new technical information to bring back to JSI
- Keeping informed in policy changes and science advancement
- Networking and partnership development
- Marketing

II. Submitting a Request for Approval of Conference Attendance

- Early submission of conference attendance is strongly encouraged for conferences covered through overhead funding. Ideally, conference attendance is proposed 6 months to 1 year in advance, with a minimum of 3 months in advance.
- All requests for conference attendance that **involve funding through overhead funds OR for JSI marketing** (no technical presentations) should be submitted through the 'Google' Conference Submission Form [link]. (Found on the intranet pages under Health Services, Administration and Operations) You are encouraged to submit the form early on, even if all information is not yet known on acceptance of abstract submission.
- Conference attendance that is fully funded through a project or by the conference organizers is not required to go through the approval process, though you are encouraged to submit the conference submission form as an FYI of which conferences JSI will have a presence. Furthermore, while not required, it is encouraged that you share what you learn from the conference with your colleagues.

III. Conference Selection

Every conference submission form is sent for review to the HSD Communications workgroup. The group will review the submission and based on the criteria below, and will rate it as “highly desired”, “medium desirability”, or “not

recommended". The initial submission, together with reviewer notes and the rating will be submitted to Pat Fairchild for final review. The final decision of conference attendance will be emailed to the submitter after Pat's review.

Criteria for Consideration of Conference Attendance

1. Audience

The conference is marketed to the people we want to reach (either potential or existing clients) within the next 18 months. Consideration is given to both local (state), and national audiences.

2. Topic

- Participation in this conference supports high-profile visibility in technical areas of Health Services Division interest
- The topic is an emerging area of interest or fits with strategic priorities for a given year (strategic areas may be defined by recent RFPs, new federal initiatives, or trends in public health)
- If a new technical area for JSI, a clear rationale should be provided

3. JSI Presentation/Poster

- Clear priority is given when staff have an accepted oral presentation at the conference
- Posters are considered a higher ranking priority for attendance, but are not a definitive rationale for conference attendance.

Note: Some consideration will be given to staff attending to try to diversify the staff who attend conferences across offices, level of experience, and previous attendance.

Professional Development

- If you are seeking to attend the conference for professional development purposes and attendance does not meet the other conference criteria, please contact your supervisor and office director for approval to attend. After their approval, please do submit the conference submission form so we can track all conferences staff attend.

IV. Preparation for Conference Attendance

Communications can support you in preparing for the conference. After approval of your conference please contact Communications immediately to provide adequate time for planning.

If you are **exhibiting**, Communications team will work with you to:

1. Decide on relevant [booth display](#) and artwork
2. Create and provide materials to present at the conference
3. Promote our participation
4. Manage conference logistics, including shipping and booth amenities (tables, electricity, etc)
5. Create a timeline

If you are **presenting**, the Communications team will work to promote your participation and help you prepare by:

1. Offering [PowerPoint templates](#) and graphics for your presentation
2. Reviewing your presentation with fresh eyes and offering feedback

3. Coordinating the opportunity to do a “dry run” of your presentation in the office to a friendly staff audience
4. Developing an engaging graphical poster (for poster presentations)

Reference: How to Present or Exhibit at a Conference (JSI wiki)

https://intranet.jsi.com/Wiki/index.php/How_to_Present_or_Exhibit_at_a_Conference

V. Expectations for Staff Attending Conferences

During the conference, staff will:

- 1) Network with conference attendees
- 2) Share responsibility in “staffing” the JSI booth, if any
- 3) Share information with staff via an electronic medium (e.g., write a blog, Tweet, intranet posting, etc.) during or immediately after the conference

After the conference, staff will:

- 1) Fill out the Conference Feedback Form [\[link\]](#) Found on the intranet pages under Health Services, Administration and Operations)
- 2) Bring information back and share it with the organization through a brownbag or conference call (Add appendix of recommended format of sharing information)

Options for sharing your conference experience:

There are several ways to share what you learned at a conference. A strong recommendation is for active reporting out WHILE you are at the conference through email, blog, and social media. Information sent to your colleagues in real time is more likely to be read, and is often the best quality while your experience is fresh in your mind.

Regardless of the method, below are some prompting questions on what information to share about the conference:

- a. Who were the speakers of interest?
- b. What are key points and interesting discussions happening at the conference?
- c. How does this connect to work you are doing at JSI?
- d. What technical knowledge did you gain that you think your colleagues would be interested in?
- e. Are there any specific new business leads to follow-up on? *(This would not be shared publicly through blog or social media but privately and internally to your colleagues)*

- 1) **Twitter:** Use Twitter to broadcast your experience at the conference in real time.
- 2) **Blog:** Post a blog of your experience on JSI’s The Pump. Communications can work with you on any questions you have about content and posting.
- 3) **Use an existing forum**—e.g., the Boston HSD monthly lunches—to share what you’ve learned informally.
- 4) **Brownbag:** Develop a brownbag presentation and discussion to share what you learned at the conference.

- 5) **Share presentation slides with targeted colleagues:** Circulate slides and presentation materials with colleagues you think would be interested.

TAB 10
Staffing Plan
Discussion



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 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: STAFFING PLAN DISCUSSION

In accordance with the Co-Applicant Agreement and the Co-Applicant Board Bylaws, the Co-Applicant Board has authority over the program's budget as derived from the federal grant, and authority to set program policy, priorities, and services. In addition, the Board has the responsibility to ensure that the program is operated in accordance with HRSA Program Requirements. As noted by the reviewers in the recent Operational Site Visit (OSV), the program administration and operations are significantly deficient in staffing.

Based on recent experience with workload demands, the prospective needs of the program, comments of the OSV reviewers, and the direction received from those reviewers, Program has developed a DRAFT Staffing Plan to initiate the discussion for Program staffing going forward. The basis for this is an effort to put the Program in a position to appropriately respond to the known conditions to be presented in the immediate future, as well as many potential conditions that could likely arise. As Program staff is tied to the County recruitment and hiring process, having a plan in place provides the best opportunity to be in a position to respond effectively and quickly.

The positions noted on the plan are conceptual in nature. Exact titles, job descriptions, etc. would be addressed as time moves forward and Program can assess the specific needs. However, we can describe what we see as the likely general areas of staffing need.

The HCH/FH Strategic Plan is scheduled for completion and Board approval during the March/April 2016 time frame. Having some frame of reference for future staffing is an important consideration for inclusion as part of that plan. In addition, once the Strategic Plan is approved, there will be an immediate need to begin planning for and executing the designated direction presented by the Strategic Plan. Dependent on exactly what that direction is, we forecast the immediate need for (at least) one staff person to begin the process. This is expected to include implementation planning and subsequent execution of the implementation plan – be it development of new programs or immediate support for expanded current programs.



In addition, there are other potentially immediate considerations. With current grant conditions to be addressed and an impending Operational Site Visit again in 2016, having appropriate staff to assist in the process is of significant importance. We also received almost a dozen and a half funding proposals from the issuance of our RFP, and there may potentially be additional submissions. It is very reasonable to expect that there will be additional contractors to support and monitor in the immediate future.

Based on how all of the above plays out, we fully expect to have a critical need for at least one (1) additional staff by mid-year 2016. As we move further out, we expect more of the items cited above to come to fruition and further staffing increases to be required. As some of these expected events occur, we can foresee a need for additional clinical support, both to directly interact with those providing clinical services for the Program and to support the efforts of the HCH/FH Medical Director. As described by the OSV reviewers, we need to have better communication and coordination with SMMC in order to ensure the program meets the service requirements of the grant and that our populations are being served at an optimum level. Working in conjunction with and in support of the HCH/FH Medical Director, this position will help address program compliance for our clinical efforts at SMMC, including population protocols and the clinical support the program receives from SMMC in areas such as credentialing.

The annualized cost for each of these positions is expected to be in the area of \$110,000 - \$150,000 including salary & benefits. Spread out over the next few years, this should not particularly impede the utilization of funds for the development of new services or the expansion of current ones. And, in general, staffing support needs to be included in each of those efforts as part of the decision process.

The staffing plan also addresses potential staffing needs beyond the immediate future needs. As the Program expands and staff fills out, there will be a probably need for generic support for overall operations, including basic support for the Board. Currently built into the plan is an Administrative Assistant position to provide broad support to the Board and Program staff and management. This position is planned to be filled sometime out in 2018 or as it is determined it is necessary (sooner or later), but the position has been put off until that time to provide for the program and the Board to assess the impact of the immediately-requested positions and actual staffing needs at that point.

As has been identified in the both the recent OSVs, the HCH/FH Program now has significantly more responsibilities than it did as recently as 5 years ago. With the need to provide the necessary information for the Board to perform its decision-making responsibilities, for the program to have the staffing necessary to move the program forward as directed by the Board in the upcoming Strategic Plan, for the program to have the resources to support the fiscal, analytical, and reporting requirements of the program as unique from those of SMMC, for the program to have the resources to work with SMMC on providing the best services possible in meeting the specific needs of our service populations, and for the Board and the Program to be able to show full accountability for the services and operations of the program, additional staff is a significant need. This DRAFT staffing plan is intended to begin that discussion.

This is not a request for the Board to take immediate action on the Staffing Plan. Rather, we wish to initiate the discussion and decision process for the Board to make any eventual action a simpler and more fluid process.

Attachments:

HCH/FH Program Staffing Plan

HCH/FH Staffing Plan

CURRENT STAFFING

Director

Administrative

Management Analyst

Program/Operations

Medical Director (0.25)
Program Coordinator

FUTURE STAFFING

Administrative

2016/17	Program Development Specialist	Program Development/Coordination/Requirements Assurance
2018	Administrative Assistant	Board/Program Support

Program/Operations

2016/17	Public Health Worker/Nurse/?	Clinical Support/Coordination
2016/17	Program Coordinator	Program Monitoring/TA/Coordination

Early-Mid 2016	Dependent on Startegic Plan, OSV, Volume on Contracts/Proposals - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination
Mid 2016 to Early 2017	Dependent on Startegic Plan, OSV, Volume on Contracts/Proposals - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination
Mid 2017 on	Dependent on Startegic Plan, OSV, Volume on Contracts/Proposals or Other Developments - One of Program Development Specialist OR Program Coordinator OR Clinical Support/Coordination
2018 or when necessary	Administrative Assistant

TAB 11
Request to
Approve
Updated
Budget



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 14, 2016

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 UPDATED PROGRAM BUDGET

One of the responsibilities of the Co-Applicant Board is the approval of the Program budget. As part of completing the Service Area Competition (SAC) grant application award process, we were required to submit updated budget documents to align with the increased funding to be awarded.

Attached to this request is the updated SF-424 Form and Budget Justification & Narrative as submitted to support the increased funding in our SAC award.

This request is for the Board to approve the SF-424 Form and Budget Justification & Narrative as the current Program Budget. It requires a majority vote of the Board members present to approve this action.

Attachments:

SF-424
Budget Justification & Narrative



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
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

BUDGET JUSTIFICATION

REVENUE

	FEDERAL			NON-FEDERAL			TOTAL YEAR 1	TOTAL YEAR 2	TOTAL YEAR 3
	HCH	MH	Total	HCH	MH	Total			
Federal Section 330 Grant	1,966,353	407,023	2,373,376	0	0	0	2,373,376	2,373,376	2,373,376
Program Income	0	0	0	4,520,868	952,623	5,473,491	5,473,491	5,768,801	6,055,116
Other	0	0	0	0	0	0	0	0	0
TOTAL REVENUE	1,966,353	407,023	2,373,376	4,520,868	952,623	5,473,491	7,846,867	8,142,177	8,428,492

Year 1: The total projected revenue for Year 1 is \$7,846,867. Of this revenue, 30.2% or \$2,373,376 is from the federal Section 330 grant. The \$5,473,491 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 17.15% and the Health Care for the Homeless (HCH) is 82.85%. Migrant health is referenced as Farmworker Health (FH) for the remainder of this budget justification.

Years 2 and 3: Total project revenue increases by 3.8% in Year 2 and 3.5% in Year 3. The increased revenue is from program income that reflects increased utilization each year. Although it will change, the Section 330 grant revenue has to stay constant for all three years for the purpose of this SAC proposal.

EXPENSES

	FEDERAL			NON-FEDERAL			TOTAL YEAR 1	TOTAL YEAR 2	TOTAL YEAR 3
	HCH	MH	Total	HCH	MH	Total			
A. PERSONNEL									
Administration	187,241	38,759	226,000	0	0	0	213,209	221,737	230,606
Medical Staff	149,014	54,560	203,574	2,086,185	431,841	2,518,026	2,673,481	2,780,420	2,891,637
Dental Staff	131,454	47,394	178,848	76,780	16,286	93,066	271,914	282,791	294,103
Behavioral Health Staff	0	0	0	74,789	15,481	90,270	90,270	93,881	97,636
Enabling Staff	0	0	0	27,601	5,713	33,314	33,314	34,647	36,033
Other Staff	73,604	15,236	88,840	0	0	0	88,840	92,394	96,090
TOTAL PERSONNEL	541,313	155,949	697,262	2,256,979	477,697	2,734,676	3,371,028	3,505,870	3,646,105

Year 1: As summarized on Form 2: Staffing Profile, 27.71 FTE direct hire positions are included in the above categories. These 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. Elli Lo, the new 1.0 FTE Management Analyst will support the Director and Co-Applicant Board and coordinate various administrative activities such as the UDS submission, reports and budget development. Dr. Frank Trinh, the 0.25 FTE Medical Director, will continue to provide

clinical oversight for HCH/FH services.

Under Medical Staff, providers are split between physicians (6.96 FTE) and Nurse Practitioners (3.0 FTE). Average productivity levels for medical (3,200 encounters) and mid-level practitioners (2,900 encounters) are also near or within the range for the average Section 330 national benchmarks. A part-time Optometrist (0.2 FTE) and Ophthalmologist (0.10 FTE) are also included under medical staff.

Other Medical Staff include 4.0 FTE RNs and 6.0 FTE Clinical Support Staff who support provider panels of physicians and mid-levels. Although HCH/FH patients are spread across various provider panels, efforts are being made to assign them to the same PCP and “medical homes” connected to care coordination that includes health education and referrals to specialty care, behavioral health and oral health services. FH accounts for 30.5% of the staff time and costs dedicated to medical services under Federal funding because of the pediatrician time at the Coastside Clinic. Under Non-federal funding, it accounts for 17.15%.

The Dental Staff includes 1.0 FTE Dentist and 2.0 FTE Dental Support Staff. This reflects the time for Dentists and Dental Assistants at the various SMMC dental clinics serving HCH/FH patients, as well as the direct time for the Dentist (0.5 FTE), Dental Assistant (0.5 FTE) and Mobile Health Services Assistant (0.5 FTE) staffing the Mobile Dental Van. Approximately 26.5% of the Dentist and Dental Assistant time under Federal Funding are dedicated to FH to match dental utilization by farm workers at the Coastside Clinic.

The Behavioral Health Staff includes two clinicians that equal 0.7 FTE, 0.2 FTE Psychiatrist and 0.5 FTE Clinical Psychologist. Enabling Services staff is for a 0.5 FTE Enrollment Specialist. FH accounts for 17.15% of the staff time and costs dedicated to behavioral health and enabling services under Federal and Non-Federal funding.

Under Other Staff, Linda Nguyen, the 1.0 FTE Community Program Specialist, coordinates system-wide outreach and planning with HCH/FH contract providers and other homeless service agencies.

Years 2 and 3: Personnel costs will increase 4% in Year 2 and 4% in Year 3 through annual cost of living adjustments (COLA).

B. FRINGE BENEFITS

Personnel x 0.60	321,346	96,569	417,915	1,354,188	286,618	1,640,806	2,022,175	2,103,522	2,187,663
------------------	---------	--------	---------	-----------	---------	-----------	-----------	-----------	-----------

Year 1: 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 59.99%. Benefits included are: FICA, Retirement, Medical/Dental and Vision, State Disability and Workers Compensation. FH accounts for 23.7% of the Federal budget allocated for fringe benefits because of the higher dollar amount allocated to dental salaries. It decreases to 17.15% for the Non-Federal funding.

Years 2 and 3: Fringe benefit costs will increase 4% in Year 2 and 4% in Year 3 through annual cost of living adjustments (COLA).

C. TRAVEL

HCH/MH Conference @ \$1,500/trip x 3 trips x 3 attendees	6,000	3,000	9,000	0	0	0	9,000	9,360	9,734
Regional Conference @ \$600/trip x 1 trip x	1,800	0	1,800	0	0	0	1,800	1,872	1,947

San Mateo County Healthcare for the Homeless/Farmworker Health (HCH/FH) – Service Area Competition – Revised Budget (2016-2018)

3 attendees									
Local Mileage @ \$100/MO x 12	600	600	1,200	0	0	0	1,200	1,248	1,298
Patient Transportation @ \$333.33/MO x 12	2,000	2,000	4,000	0	0	0	4,000	4,160	4,326
TOTAL TRAVEL	10,400	5,600	16,000	0	0	0	16,000	16,640	17,305

Year 1: This includes funds budgeted for the required attendance at two HCH and FH national meeting and one HCH regional meeting. Local Mileage is also budgeted for travel to/from HCH/FH sites by the Executive Director and Community Program Specialist. 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.

Years 2 and 3: Travel costs will increase 4% in Year 2 and 4% in Year 3 through annual cost of living adjustments (COLA).

D. EQUIPMENT

Furniture/Equipment (>\$5,000/item)	0	0	0		0	0	0	0	0
-------------------------------------	---	---	---	--	---	---	---	---	---

E. SUPPLIES

Office & Business @ \$2.50/patient	5,800	1,200	7,000	10,770	2,230	13,000	20,000	21,250	22,500
Medical/Dental Supplies @ \$14/patient	0	0	0	92,792	19,208	112,000	112,000	119,000	126,000
Lab Supplies @ \$2.60/patient	0	0	0	17,233	3,567	20,800	20,800	22,100	23,400
Drugs/Pharmaceuticals @ \$50/patient	0	0	0	331,400	68,600	400,000	400,000	425,000	450,000
TOTAL SUPPLIES	5,800	1,200	7,000	452,195	93,605	545,800	552,800	587,350	621,900

Year 1: Office supplies (printers, business cards, notebooks) used for HCH/FH and clinic-wide administration are budgeted at \$2.50/patient for the 8,000 patients. Medical/Dental supplies for clinics are budgeted at \$14/patient, Lab supplies at \$14/patient, and drugs/pharmaceuticals are budgeted at \$50/patient. All of these costs are based on pro-rated averages for the HCH/FH program.

Years 2 and 3: The cost per patient for the various line items will remain the same in Years 2 and 3, but will be multiplied by 8,500 patients in Year 2 and 9,000 in Year 3.

F. CONTRACTUAL

1. Other County Agencies									
Public Health Mobile Van	622,843	42,299	665,142	0	0	0	665,142	665,142	665,142

The Public Health Department’s Mobile Health Van delivers screening and acute care to homeless individuals residing in shelter and transitional living programs, on the street and at the reentry service site. MSFW will also be served at various locations on the Coastside @ 2,126 patients x \$312.86/patient and/or 4,332 encounters x \$153.54/encounter.

San Mateo County Healthcare for the Homeless/Farmworker Health (HCH/FH) – Service Area Competition – Revised Budget (2016-2018)

Behavioral Health & Recovery Services	90,000	0	90,000	0	0	0	90,000	90,000	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 MOA’s	712,843	42,299	755,142	0	0	0	755,142	755,142	755,142
2. Community Providers									
Ravenswood Family Health Center – Primary Care	65,000	0	65,000	0	0	0	65,000	65,000	65,000
RFHC delivers primary care to homeless patients @500 patients x \$130.00/patient and/or 1,895 encounters x \$34.30/encounter.									
Ravenswood Family Health Center – Dental	50,000	0	50,000	0	0	0	50,000	50,000	50,000
RFHC delivers oral health services targeting homeless patients @ 133 patients x \$373.93/patient and/or 600 encounters x \$83.33/encounter.									
Subtotal	115,000	0	115,000	0	0	0	115,000	115,000	115,000
InnVision Shelter Network – Case Management & Benefits Enrollment	145,000	0	145,000	0	0	0	145,000	145,000	145,000
Provide on-going case management and eligibility assistance services to homeless individuals and families @ 600 clients x \$241.66/client and/or 1,250 encounters x \$116/encounter.									
Samaritan House – Safe Harbor Shelter	55,000	0	55,000	0	0	0	55,000	55,000	55,000
Provide shelter-based health-related case management, navigation and health education services @ 175 clients x \$314.20/clients and/or 300 encounters x \$183.33/encounter.									
Puente de la Costa Sur	0	60,500	60,500	0	0	0	60,500	60,500	60,500
Provide on-going case management eligibility assistance, health education, and other enabling services to farm workers and their family members @ 250 clients x \$242/client and/or 350 encounters x \$172.85/client. Under Federal funding, 100% of this contract is budgeted under FH.									

San Mateo County Healthcare for the Homeless/Farmworker Health (HCH/FH) – Service Area Competition – Revised Budget (2016-2018)

Sonrisas Dental Clinic	0	32,557	32,557	0	0	0	32,557	32,557	32,557
This is for the personnel that will deliver dental hygiene and oral health services to the migrant farm workers @ 40 patients x \$813.92/patient and/or 100 encounters x \$325.57/encounter. 100% of this contract is budgeted under FH.									
Total – Community Contracts	315,000	93,057	408,057	0	0	0	408,057	408,057	408,057
TOTAL CONTRACTUAL	1,027,843	135,356	1,163,199	0	0	0	1,163,199	1,163,199	1,163,199

Year 1: As indicated on the Federally Supported Contractor Form that follows the budget justification, 8.62 FTE staff that work for various contractors are supported with federal grant dollars.

Years 2 and 3: Contract amounts will remain the same in Years 2 and 3. This might change as contracts are re-bid, but any changes will be reflected in the budget period renewals for each year.

G. CONSTRUCTION	0	0	0	0	0	0	0	0	0
------------------------	---	---	---	---	---	---	---	---	---

H. OTHER									
Program Consultant(s) @ \$4,167/MO	41,425	8,575	50,000	0	0	0	50,000	52,000	54,080
Staff Training @ \$417/MO	4,142	858	5,000	0	0	0	5,000	5,200	5,408
Memberships	4,142	858	5,000	0	0	0	5,000	5,200	5,408
Information Technology @ \$4,500/MO	9,942	2,058	12,000	34,797	7,203	42,000	54,000	75,600	78,624
Rent/Utilities @ \$35,000/MO	0	0	0	347,970	72,030	420,000	420,000	436,800	454,272
Printing/Copying @ \$550/MO	0	0	0	5,468	1,132	6,600	6,600	6,864	7,139
Maintenance @ \$1,070/MO	0	0	0	10,638	2,202	12,840	12,840	13,354	13,888
Custodial @ \$3,670/MO	0	0	0	36,487	7,553	44,040	44,040	45,802	47,634
Recycling & Bio Waste @ \$139/MO	0	0	0	1,382	286	1,668	1,668	1,735	1,804
Communication @ \$1,055/MO	0	0	0	10,489	2,171	12,660	12,660	13,104	13,628
Miscellaneous @ \$1,033/MO				10,010	2,126	12,401	12,401	12,480	12,979
TOTAL OTHER	59,651	12,349	72,000	457,506	94,703	552,209	624,209	668,140	694,864

Year 1: Line items under this category include direct and pro-rated expenses to support HCH/FH operations across the SMMC clinic system. This includes program consultants to assist with service planning and grant compliance, staff training, memberships, rent and utilities, printing, facility/equipment maintenance, custodial services, information technology, recycling and hazardous waste disposal, communication (phone, internet), and other miscellaneous costs.

Years 2 and 3: Costs for this budget category will increase 4% in Year 2 and 4% in Year 3 through annual cost of living adjustments (COLA).

I. DIRECT SERVICES	1,966,353	407,023	2,373,376	4,520,868	952,623	5,473,491	7,846,867	8,142,177	8,428,492
---------------------------	------------------	----------------	------------------	------------------	----------------	------------------	------------------	------------------	------------------

San Mateo County Healthcare for the Homeless/Farmworker Health (HCH/FH) – Service Area Competition – Revised Budget (2016-2018)

J. INDIRECT	0	0	0	0	0	0	0	0	0
<p>Since the San Mateo Health System and the San Mateo Medical Center do not have a current HHS approved indirect rate, non-clinical operations expenses are only partially presented in this budget. HCH/FH estimates that another \$4 million is spent on costs not allocated to the HCH/FH Program in this budget.</p>									
K. GRAND TOTAL	1,966,353	407,023	2,373,376	4,520,868	952,623	5,473,491	7,846,867	8,142,177	8,428,492

Federally-Supported Personnel Justification Table – Year 1					
Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
Beaumont J.	HCH/FH Executive Director	1.00	\$134,000	No adjustment needed	\$134,000
TBD	HCH/FH Management Analyst	1.00	\$92,000	No adjustment needed	\$92,000
Nguyen L.	HCH/FH Program Coordinator	1.00	\$88,840	No adjustment needed	\$88,840
Trinh F.	HCH/FH Medical Director	0.25	\$183,300	No adjustment needed	\$45,825
Various	Physician	0.09	\$183,300	No adjustment needed	\$16,980
Various	Pediatrician	0.77	\$183,300	No adjustment needed	\$140,769
Various	Dentist	0.25	\$166,776	No adjustment needed	\$41,694
Hemrajani S.	Dentist	0.50	\$166,776	No adjustment needed	\$83,388
Flores L.	Dental Assistant	0.50	\$51,372	No adjustment needed	\$25,686
Ramirez R.	Mobile Dental Asst.	0.50	\$56,160	No adjustment needed	\$28,080
Total		5.86			\$697,262
Federally-Supported Contractor Personnel Justification – Year 1					
Public Health Mobile Van					
TBD	Medical Director	0.25	\$177,036	No adjustment needed	\$44,259
Greicus, L	Nurse Practitioner	0.25	\$140,208	No adjustment needed	\$35,052
Takaki, M.	RN	0.25	\$109,716	No adjustment needed	\$27,249
Mansfield, C.	Sr. Public Health Nurse	0.25	\$118,608	No adjustment needed	\$29,652
Lopez, M.	Medical Office Asst. II	0.25	\$48,336	No adjustment needed	\$12,084

San Mateo County Healthcare for the Homeless/Farmworker Health (HCH/FH) – Service Area Competition – Revised Budget (2016-2018)

Roth F.	Driver/Community Worker	0.25	\$51,048	No adjustment needed	\$12,762
TBD	Nurse Practitioner	0.75	\$125,403	No adjustment needed	\$94,052
TBD	Driver/Community Worker	0.50	\$52,584	No adjustment needed	\$26,292
TBD	Nurse Practitioner	0.75	\$159,587	No adjustment needed	\$ 119,960
TBD	RN	0.10	\$104,318	No adjustment needed	\$ 10,432
Behavioral Health and Recovery Services					
Field, P.	Mental Health Counselor II	0.81	\$66,816	No adjustment needed	\$54,121
Gerke, C.	Community Worker II	0.74	\$48,277	No adjustment needed	\$35,725
Ravenswood Family Health Center – Primary Care					
TBD	Program Manager	0.70	\$60,000	No adjustment needed	\$42,000
TBD	Facilities Manager/Security	0.15	\$48,000	No adjustment needed	\$7,200
Ravenswood Family Health Center – Primary Care					
TBD	General Dentist	0.30	\$130,000	No adjustment needed	\$39,000
InnVision Shelter Network					
TBD	Case Manager	0.50	\$52,000	No adjustment needed	\$26,000
TBD	Case Manager	0.50	\$47,840	No adjustment needed	\$23,920
TBD	Program Aide	0.50	\$36,400	No adjustment needed	\$18,200
TBD	Contract Associate	0.10	\$45,760	No adjustment needed	\$4,576
Puente de la Costa Sur					
TBD	Case Manager	0.75	\$40,000	No adjustment needed	\$30,000
TBD	Outreach/CEC	0.50	\$40,000	No adjustment needed	\$20,000
Samaritan House					
TBD	Health Case Manager	1.00	\$42,000	No adjustment needed	\$42,000
Sonrisas Dental Clinic					
Contract	Dentist	0.08	\$100,800	No adjustment needed	\$8,064
Contract	Hygienist	0.10	\$70,000	No adjustment needed	\$7,000
Contract	Dental Asst.	0.08	\$42,200	No adjustment needed	\$3,216
Contract	Office/Front Desk	0.05	\$33,300	No adjustment needed	\$1,665

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
				H80CS00051		
Budget Information						
Section A – Budget Summary						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A	1,966,353	4,520,868	6,487,221
Migrant Health Centers	93.224	N/A	N/A	407,023	952,623	1,359,646
Public Housing	93.224	N/A	N/A			
Total				2,373,376	5,473,491	7,846,867
Section B – Budget Categories						
Object Class Categories	Federal	Non-Federal	Total			
Personnel	697,262	2,734,676	3,371,028			
Fringe Benefits	417,915	1,640,806	2,022,175			
Travel	16,000	0	16,000			
Equipment	0	0	0			
Supplies	7,000	545,800	552,800			
Contractual	1,163,199	0	1,163,199			
Construction	0	0	0			
Other	72,000	552,209	624,209			
Total Direct Charges						
Indirect Charges	0	0	0			
Total	2,373,376	5,473,491	7,846,867			
Section C – Non-Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers						
Health Care for the Homeless					4,520,868	4,520,868
Migrant Health Centers					952,623	952,623
Public Housing						
Total					5,473,491	5,473,491
Section D – Forecasted Cash Needs (optional)						
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year	
Federal	593,344	593,344	593,344	593,344	2,373,376	
Non-Federal	1,368,372	1,368,373	1,368,373	1,368,373	5,473,491	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration				FOR HRSA USE ONLY	
				Grant Number	Application Tracking Number
FORM SF-424A: BUDGET INFORMATION				H80CS00051	
Total	1,961,716	1,961,717	1,961,717	1,961,717	7,846,867
Section E – Budget Estimates of Federal Funds Needed for Balance of Project					
Grant Program	Future Funding Periods (Years)				
	First	Second	Third	Fourth	
Community Health Centers			N/A	N/A	
Health Care for the Homeless	1,966,353	1,966,353	N/A	N/A	
Migrant Health Centers	407,023	407,023	N/A	N/A	
Public Housing			N/A	N/A	
Total	2,373,376	2,373,376	N/A	N/A	
Section F – Other Budget Information					
Direct Charges					
Indirect Charges					
Remarks					

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857