HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting
San Mateo Medical Center| 222 W. 39th Ave. basement floor (Garden room) San Mateo
February 9, 2017, 9:00 A.M - 11:00 A.M.
AGENDA

A.	**CALL TO ORDER**	Robert Stebbins		**9:00 AM**
B.	**CLOSED SESSION**			**9:05 AM**
	1. Closed Session this meeting (Credentialing/Privileging list)			
C.	**PUBLIC COMMENT**			**9:10 AM**
	Persons wishing to address items on and off the agenda			
D.	**CONSENT AGENDA**			**9:15 AM**
	1. Meeting minutes from January 12, 2017		**TAB 1**	
	2. Program Calendar	Linda Nguyen	**TAB 2**	
E.	**BOARD ORIENTATION**			
	1. No Board Orientation items this meeting.			
F.	**REGULAR AGENDA**			
	1. Consumer Input	Linda Nguyen	**TAB 3**	**9:20 AM**
	2. HCH/FH Program QI Report	Frank Trinh	**TAB 4**	**9:25 AM**
	3. HCH/FH Program Director's Report	Jim Beaumont	**TAB 5**	**9:30 AM**
	4. HCH/FH Program Budget/Finance Report	Jim Beaumont	**TAB 6**	**9:37 AM**
	5. Transportation- Taxi Voucher Policy	Jim/Bob	**TAB 7**	**9:42 AM**
	i. Action Item- Request to Approve Taxi Policy			
	6. Request to Amend/Approve Contracts	Jim Beaumont	**TAB 8**	**9:47 AM**
	i. Action Item- Request to Amend Project WeHOPE			
	ii. Action Item- Request to Approve Apple Tree			
	7. Discussion on NHCHC request for travel	Jim/Linda	**TAB 9**	**9:52 AM**
	i. LifeMoves			
	ii. Ravenswood			
	8. Request to Approve funds for CDA dental event	Jim/Linda	**TAB 10**	**10:00 AM**
	i. Action Item- Request to Approve transportation funding			
	9."The Emotional Lives of Farmworkers and their Families"	Joann Watkins		**10:07 AM**
	10. Staffing Plan to add new staff/current staffing load	Jim Beaumont	**TAB 11**	**10:27 AM**
	11. Contractors report for 4th quarter	Linda/Elli	**TAB 12**	**10:35 AM**
	12. Discussion on financial consultant	Jim Beaumont		**10:42 AM**
	13. Shelter operating hours policy for residents Report	Linda Nguyen	**TAB 13**	**10:50 AM**
	14. Strategic Plan Update	Linda/Jim	**TAB 14**	**10:57 AM**
	OTHER ITEMS			
	1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)			
	i. Next Regular Meeting March 9, 2017; 9:00 A.M. – 11:00 A.M. | SMMC| San Mateo			
H.	**ADJOURNMENT**	Robert Stebbins		**11:00 AM**

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

TAB 1
Meeting Minutes

(Consent Agenda)

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
Jan 12, 2017 at San Mateo Medical Center- San Mateo

Co-Applicant Board Members Present	County Staff Present	Members of the Public
Robert Stebbins, Chair	Linda Nguyen, Program Coordinator	
Dick Gregory	Sandra Nierenberg, County Counsel	
Theresa Sheats	Elli Lo, Management Analyst	
Brian Greenberg	Frank Trinh, Medical Director	
Julia Wilson		
Kathryn Barrientos		
Molly Wolfes (last mtg)		
Steve Carey		
Tayischa Deldridge		
Dan Brown		
Christian Hansen		
Jim Beaumont, HCH/FH Program Director (Ex-Officio)		

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at 9:05 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	Homeless- One Day Count January 26th , volunteers still needed in North County.	
Closed session **Request to Approve C&P list**	Conversation on dentist on list **Action item: *Request to Approve* Credentialing and Privileging List**	Motion to Approve C&P list MOVED by Theresa SECONDED by Kat, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from December 8th meetings and the Program Calendar) were approved. Conversation on upcoming conferences, Western migrant and NHCHC in DC Please refer to TAB 1, 2	Consent Agenda was MOVED by Dan SECONDED by Kat, and APPROVED by all Board members present.
Board Orientation: Discussion Board meeting time	Discussion on changing time to evening or lunch time to accommodate more Board members including consumers. Discussions will continue on changing meeting times and further recruitment, but no change in meeting times at the moment as there is no consensus on an evening time that would work for all current Board members and staff.	

Regular Agenda Consumer Input	Homeless Person's Memorial Day Many cities that remembered people who had experienced homelessness that lost their lives this year had the highest number of deaths that they had ever seen. While many figures state that homelessness is decreasing in the United States, this reminds us that the struggle to end homelessness and ensure the end to these tragic and avoidable deaths is critical. We know there is a link between healthcare, chronic diseases, trauma, and access to housing, and that many of our deaths are undoubtedly due to the disproportionate effects on persons experiencing homelessness. These are conditions that can be treated with access to primary care services and education to help empower persons to take control of their health. Each Homeless Persons' Memorial Day event is unique to its community, but the events often include readings of names, candles, prayers, personal remembrances, marches, and moments of silence. *Please refer to TAB 3 on the Board meeting packet.*	
Request to Approve new Board member	Mother Champion has 15 years of experience with the homeless, and comes highly recommended by current Board member Tay. **Action item: *Request to Approve Mother Champion as a member of the Board*** *Please refer to TAB 4 on the Board meeting packet*	Motion to Approve new Board member MOVED by Dan SECONDED by Brian, and APPROVED by all Board members present.
Regular Agenda QI Committee report	The next QI meeting is scheduled for January 19th to review outcome measures, discuss patient satisfaction results and QI plan for 2017. Discussion on Whole Person care funding- Medicaid waiver program • 5 year pilot to with $33 million in funding over 4 years with matching funds, to serve 5,000 patients including homeless patients and high utilizers of services. • Response to not paying for non-clinical services in state plan. • SMMC will hire 43 FTE and 1/3 will be permanent staff *Please refer to TAB 5 on the Board meeting packet*	
Discussion on dental problems/challenges	Discussion on access to oral health as huge problem : • Affecting about 30% of communities • SMC came out with strategic plan and looking to hire staff to implement • In April there will be a CDA dental weekend with free dental services in San Mateo	
Regular Agenda: HCH/FH Program **Directors report**	• SAC- On December 16, 2016, we received a Notice of Award (NOA) from our SAC application. The award is for $2,550,004 for 2017 (the expected amount), but also establishes our new grant period for three years – 2017, 2018 & 2019, attached to the report is the NOA. • Contracts- we continue to work with Apple Tree, Project WeHOPE and Daly City Youth Health Center to finalize agreements. • UDS- We expect to receive our data files from SMMC activities for the UDS Report prior to January 15th. Program has been working with BI/IT to ensure that we are correctly identifying	

	all of the homeless and farmworker patients. • Discussion on financial consultant- table for next agenda *Please refer to TAB 6 on the Board meeting packet.*	
Regular Agenda: HCH/FH Program *Budget & Financial Report*	• Expenditures to date – through December 31, 2016 – currently reported as $1,960,977. • This represents the total expenditures for the Grant Year (January 1 through December 31, 2016) as have been processed to date through the county's fiscal system. (Final month-end processing will not be completed until around January 12, 2017.) With an original total GY award of $2,373,376, this results in a total unobligated balance of $412,399 • • On December 19, 2016, we received Notice of Awards from HRSA allowing for $264,942 of carryover funding from GY 2015 to GY 2016. This reduced our GY 2015 unobligated balance and increased our available funding for GY 2016 by this amount. Given the lateness in the GY that we received approval of the carryover, there was no reasonable way to plan for its utilization. We will need to include it as part of a carryover request from GY 2016 (submitted as part of our Final Financial Report on the 2016 grant, due by April 30, 2017.) *Please refer to TAB 7 on the Board meeting packet.*	
Budget approval **Request to Approve Budget 2017**	• On December 19, 2016, we received Notice of Awards from HRSA allowing for $264,942 of carryover funding from GY 2015 to GY 2016. This reduced our GY 2015 unobligated balance and increased our available funding for GY 2016 by this amount. Given the lateness in the GY that we received approval of the carryover, there was no reasonable way to plan for its utilization. We will need to include it as part of a carryover request from GY 2016 (submitted as part of our Final Financial Report on the 2016 grant, due by April 30, 2017.) • This request is for the Board to specifically approve, as a separate action, the budget as accepted by HRSA for the entirety of the program. In addition, this request is for the Board to approve the allocation of grant specific money to services and operations as depicted in the attached documents. **Action item: *Request to Approve* Budget 2017** *Please refer to TAB 8 on the Board meeting packet*	Motion to Approve Budget MOVED by Thersa SECONDED by Tay, and APPROVED by all Board members present.
Transportation **Request to Approve Taxi voucher**	**TABLED TO NEXT AGENDA** **Action item: *Request to Taxi Voucher Program*** *Please refer to TAB 9 on the Board meeting packet*	

Contract Amendments **Request to Amend Legal aid contract**	The Board recently approved a two-year contract with Legal Aid Society of San Mateo County (Legal Aid) for Enabling Services for the Farmworkers. The current contract focuses on a 3 pronged strategy to comprehensively address the health needs of farmworkers in San Mateo County rural, coastal communities by: 1) performing a Needs Assessment and an 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. Legal Aid has identified and requested additional expense to the farmworker outreach project after the last approval. After discussion with Legal Aid, Program is looking to add $1,500 to the current contract for farmworker outreach project. This request is for the Board to take action to approve the execution of this amendment with Legal Aid. Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for two (2) year through December 31, 2017. The total value of the contract is $109,600. **Action item: *Request to* Amend Legal Aid contract** *Please refer to TAB 10 on the Board meeting packet.*	Motion to Amend **Legal Aid contract** MOVED by Julia SECONDED by Tay, and APPROVED by all Board members present.
Staffing Plan Discussion	**TABLED TO NEXT MEETING** *Please refer to TAB 11 on the Board meeting packet.*	
Shelter operations report/discussion	**TABLED TO NEXT MEETING** *Please refer to TAB 12 on the Board meeting packet.*	
Regular meeting: Strategic Plan Update	**TABLED TO NEXT MEETING** *Please refer to TAB 13 on the Board meeting packet.*	
Adjournment	Time _11:08 am_____	Robert Stebbins

TAB 2
Program Calendar
(Consent Agenda)

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

2017 Calendar (*Revised February 2017*)

EVENT	DATE	NOTES
• Board Meeting (March 9, 2017 from 9:00 a.m. to 11:00 a.m.) • UDS Final Submission (March 31) • Site Visits with contractors • QI Committee meeting	March	@San Mateo Medical Center
• Board Meeting (April 13, 2017 from 9:00 a.m. to 11:00 a.m.) • Providers Collaborative meeting	April	@San Mateo Medical Center
• Board Meeting (May 11, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting	May	@San Mateo Medical Center
• Board Meeting (June 8, 2017 from 9:00 a.m. to 11:00 a.m.) • National Health Care for Homeless Conference, DC (June 21-24th) • Site Visits with contractors	June	@San Mateo Medical Center
• Board Meeting (July 13, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Providers Collaborative meeting • Site Visits with contractors	July	@San Mateo Medical Center
• Board Meeting (August 10, 2017 from 9:00 a.m. to 11:00 a.m.) • RFP announcement • Site Visits with contractors	August	@San Mateo Medical Center
• Board Meeting (September 14, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting	September	@San Mateo Medical Center
• Board Meeting (October 12, 2017 from 9:00 a.m. to 11:00 a.m.) • Annual conflict of statement signed by Board members • Providers Collaborative meeting • International Street Medicine Symposium, Pennsylvania (Oct 19-21)	October	@San Mateo Medical Center

Conference calendar 2017	
Western Forum for Migrant & Community Health	February 22-24; San Francisco, CA
Nat'l Health care for the homeless Conf.	June 21-24; Washington D.C.
International Street Medicine Symposium	October 19-21; Allentown , Pennsylvania

TAB 3
Consumer Input

Wider Racial Gap Found in Cervical Cancer Deaths By JAN HOFFMANJAN. 23, 2017

The death rate from cervical cancer in the United States is considerably higher than previously estimated and the disparity in death rates between black women and white women is significantly wider, according to a study published Monday in the journal Cancer. The rate at which black American women are dying from the disease is comparable to that of women in many poor developing nations, researchers reported. What makes the findings especially disturbing, said experts not involved in the research, is that when screening guidelines and follow-up monitoring are pursued, cervical cancer is largely preventable.
"This shows that our disparities are even worse than we feared," said Dr. Kathleen M. Schmeler, an associate professor of gynecologic oncology at the University of Texas M. D. Anderson Cancer Center. "We have screenings that are great, but many women in America are not getting them. And now I have even more concerns going forward, with the" — expected — "repeal of the Affordable Care Act, which covers screening, and the closing of family planning clinics, which do much of that screening."

The racial disparity had been noted in earlier studies, but it had been thought to have narrowed because cervical cancer death rates for black women were declining. But this study said that the gap was far greater than believed.
In the new analysis, the mortality rate for black women was 10.1 per 100,000. For white women, it is 4.7 per 100,000. Previous studies had put those figures at 5.7 and 3.2. The new rates do not reflect a rise in the number of deaths, which recent estimates put at more than 4,000 a year in the United States. Instead, the figures come from a re-examination of existing numbers, in an adjusted context.
Typically, death rates for cervical cancer are calculated by assessing the number of women who die from a disease against the general population at risk for it. But these epidemiologists, who looked at health data from 2000 to 2012, also excluded women who had had hysterectomies from that larger population. A hysterectomy almost always removes the cervix, and thus the possibility that a woman will develop cervical cancer.
Although the study did not explore reasons for the racial disparity, some doctors said it could reflect unequal access to screening, ability to pursue early-warning test results, and insurance coverage. A recent study in the journal Gynecologic Oncology that looked at 15,194 patients with advanced cervical cancer found that more than half did not receive treatment considered to be standard of care, and that those patients were more likely to be black and poor.
According to the analysis published Monday, the hysterectomy-corrected mortality rates put black American women on par with women living in some underdeveloped countries in Latin America, Asia and Africa, particularly in sub-Saharan Africa.
Certainly removing women who had hysterectomies from the data pool had a significant effect. About 20 percent of women in the United States have a hysterectomy, often for problems unrelated to cancer, like excessive bleeding and fibroids, with prevalence higher among black women than white. In years to come, mortality and incidence rates should decline as more women receive HPV vaccines, which prevents cervical cancer.
In recent years, with recognition of the slow progression of the disease, the success of the vaccine and more sophisticated screening tests, guidelines for cervical cancer assessments have shifted. Depending on circumstances, some women need to be screened only every five years.
The current study says that the greatest mortality rates hit black women 85 and older.
But experts said the new findings did not necessarily point to the need to revisit the upper end of the guidelines. Cervical cancer progresses so slowly, with so many early-warning stages, experts said, that it is highly unlikely that a 65-year-old woman who had met guidelines' requirements would subsequently develop the disease.
But given the rigor of the guidelines and screenings, Dr. Rositch said, why do American women not only still get cervical cancer but die from it? And with such pronounced racial and age divides?
Dr. Otis W. Brawley, the chief medical officer for the American Cancer Society, said that the new study pointed to inequity of access and good treatment.

"When we look at the difference between black and white, and rich and poor, we find the same disparity," he said. "The quality of assessment and follow-up treatment can be different. The question becomes: how do we get adequate preventive care to all people?"Although this study looked at the divide between black and white women, Dr. Schmeler said that it implicitly raised alarms for other poor women of color. Along border towns in Texas, with an overwhelmingly poor, Hispanic population, she said that rates of incidence and death from cervical cancer were considerably higher than national figures.Studies such as this latest one consider death rates from a broad epidemiological perspective; statistically, its grimmest news is about older black women. But on the ground, Dr. M. Margaret Kemeny, the director of the Queens Cancer Center of Queens Hospital, a public institution in New York, said she had treated many younger women of color with a diagnosis of cervical cancer. Although the disease is preventable and, if detected early, treatable, Dr. Kemeny's patients have often never had Pap smears.

TAB 4
QI Report

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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

FROM: Frank Trinh, HCH/FH Medical Director

SUBJECT: QI COMMITTEEE REPORT

The most recent San Mateo County HCH/FH Program QI Committee meeting was in January 2017. The main focus of the meeting was review and discussion of the results of the HCH/FH Program Patient Satisfaction Survey Report. The Patient Satisfaction Survey Report was drafted by John Snow, Inc (JSI). The QI Committee will finalize review of the report at the next QI Committee meeting in March. Once the report is finalized, it will be brought to the Co-Applicant Board for review in April.

The most salient results from the Patient Satisfaction Survey were reported to the San Mateo Medical Center QI Committee at the end of January. The presentation slides are included here with this report.

The HCH/FH Program QI Committee is also determining the elements for the 2017-2018 QI Plan. Discussion regarding this will continue at the next QI Committee meeting in March.

San Mateo County HCH/FH Program QI Report

Frank Duy D. Trinh, MD
Medical Director, San Mateo County HCH/FH Program and PHPP Mobile Health Clinic
January 24, 2017

2016 HCH/FH Program Patient Satisfaction Survey

Participating health agencies and recorded surveys

Agency	Number	Percent
Medical		
Public Health Mobile Clinic	27	13%
Ravenswood Family Health Center	30	14%
Subtotal	**57**	**27%**
Dental		
SMMC Mobile Dental Clinic	15	7%
Ravenswood Family Health Center	23	11%
Sonrisas Dental Clinic	18	8%
Subtotal	**56**	**26%**
Mental Health		
Behavioral Health & Recovery Services	30	14%
Coastside Mental Health	19	9%
Subtotal	**49**	**23%**
Enabling		
Puente de la Costa Sur	18	8%
LifeMoves	16	8%
Samaritan House/Safe Harbor	16	8%
Subtotal	**50**	**24%**
Total	**212**	

Figure 1. My provider understood and met my needs and concerns today

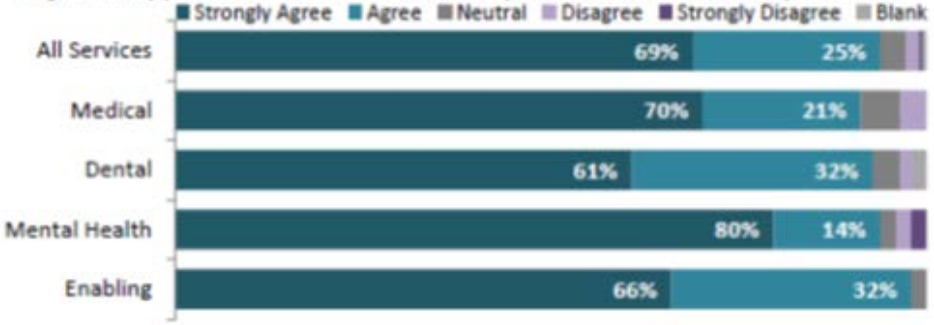

Figure 2. Staff treated me with dignity and respect

Figure 3. I was satisfied with today's visit

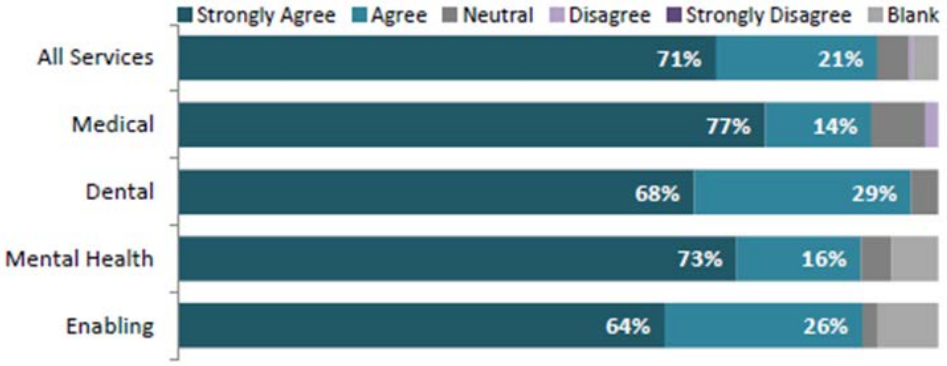

Table 2. Patient feedback regarding healthcare visit

Services	Enabling	Mental Health	Dental	Medical	All Services
Do you have problems getting your medications					
n	0	43	36	40	119
Yes	N/A	33%	17%	15%	32%
No	N/A	67%	83%	85%	68%
Did you have trouble getting here today					
n	49	49	48	53	199
Yes	10%	10%	6%	6%	8%
No	90%	90%	94%	94%	92%

Table 5. Medical Service-specific questions

	Number	Percent
Did anyone ask if you have problems with the medications you take		
Yes	31	76%
No	10	24%
I have a doctor or medical clinic where I go to get regular care		
Yes	33	59%
No	23	41%

Courtesy John Snow, Inc. (JSI)

Conclusions and Future Actions

- Overall satisfaction with services provided seems high across service categories
- BHRS ARM Team to look into any issues regarding medication access
- Determine how to identify access barriers for clients who don't make it to appointments
- Improve efforts to link homeless and farmworker individuals to medical care

TAB 5
Director's Report

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 09, 2017

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 January 12, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

We have not received any recent updates on the status of our OSV Report (and any resulting grant conditions). Our previous expectations remain that we will work with our Project Officer to address some of the issues in the final OSV report such that they will not generate grant conditions. Also that we will likely still receive a couple of grant conditions from "Not Met" program requirements identified in the final OSV Report.

2. Proposals & Contracts

Program has completed development of the 2017 contracts/amendments with Project WeHope and Apple Tree Dental. These proposed contracts are on today's agenda for Board consideration.

We continue to consider CORA's revised proposal and are working with the Proposal Review Committee to reach a recommendation.

Program is also continuing to work with Daly City Youth Health Center/Jefferson Union High School District to finalize an agreement for services in 2017. We hope to be able to bring a proposed contract amendment to the Board for consideration at the Mach meeting.

3. UDS

We have experienced delays in the production of our UDS data reports, partly due to an upgrade to the DSS system that generates the reports. We have also identified some potential training issues to take forward for work with the Patient Services staff that collects the data at registration. Program has been

working with BI/IT to ensure that we are correctly identifying all of the homeless and farmworker patients.

As in year's past, the UDS Report submission deadline is February 15, 2017.

4. Automation

Program has identified six (6) IT projects that have the potential for significant impact on the HCH/FH Program, in addition to the Case/Care Manager System project. In addition, there are five (5) additional projects that may also be of interest or have some benefits for the program.

Program has already engaged in the Health System EHR 2.0 Kick-Off, has met with the project leadership for the Health Information Exchange (HIE) Project, and are gathering data on the remaining efforts. These efforts add to the overall workload for Program staff, which will likely increase as we identify specifically the impacts these projects could have on the program and advance our involvement in the project development

5. Board Composition & Recruitment

At present, the board has an approved membership of 14, with only 11 positions filled. As the required minimum is to have nine (9) Board members, the membership is again approaching that lower bound. In addition, various interactions with HRSA representatives as well, including during the latest OSV (October 2016), has indicated that the Board would be best served by adding consumers (homeless and farmworkers that are current patients of SMMC) as well as community members with expertise in finances, human resources and other basic operational areas.

In support of the Board in this effort, Program is developing a Board capabilities matrix (attached). In the matrix we are attempting to identify all of the various areas of expertise that may be of benefit to the Board. Our hope is that upon finalization of the matrix it will serve the Board Recruitment Committee in their efforts by helping identify specific areas of expertise to be pursued for potential Board membership. Developing a matrix of this type has also been previously recommended by HRSA consultants and others.

Program is requesting that Board members review the matrix with an eye towards including other areas of expertise not already identified. Please provide such feedback directly to Program staff. Program will consolidate the feedback, continue our assessment of potentially beneficial areas of expertise and bring the matrix back to the Board within the next meeting or two for Board action.

6. Seven Day Update

Attached:
DRAFT Board Expertise Matrix

Board Expertise Matrix

HRSA Governance PIN 2014-01 on Health Center Governance provides the following requirements/guidance on Board membership:

> The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:
>
> - Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.
> - The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their **expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.**
> - No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry. http://bphc.hrsa.gov/programrequirements/index.html

The matrix below is a DRAFT to assist in identifying the areas of expertise that would be of benefit to the Board.

Board Profile/Matrix		
Board skill set	**Current**	**Need**
Farmworker Consumer		
Homeless Consumer		
Fiscal/Finance		
Legal Affairs		
Business		
Health (medical/dental)		
Managed Care		
Social Services		
Human Resources & Labor Relations		
Government		
Public Relations		
Marketing		
Social Media		
Community Affairs		

TAB 6
Budget &
Finance Report

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 09, 2017

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Expenditures to date – through January 31, 2017 – currently reported as $ 76,935.

This represents what has been recorded in the county fiscal systems as of February 2, 2017. Month-end processing, which will add some (probably) small amounts to the total, will not complete until around February 10, 2017.

Also note that contractual/MOU payments during January were for the performance in December – the last month of GY2016. Because progressively fewer and fewer patients/clients qualify as unduplicated as we go deeper into the contract year, contract/MOU payments for December are not likely to be representative of a true prorated amount. These payments should be markedly higher during February (when January's invoices are processed and everyone will be new and unduplicated).

Given the minimal data for GY2017 to date, there is no meaningful projection for actual year-end expenditures.

Attachment:
GY 2017 Summary Report

GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (01/31/17)	Projection for GY (+~48 wks)	Projected for GY 2018
Salaries				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	490,000	29,003	380,000	490,000
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	250,000	13,203	171,639	250,000
Travel				
National Conferences (1500*4)			15,000	9,000
Regional Conferences (1000*5)			5,000	7,000
Local Travel			1,200	2,000
Taxis		85	2,600	4,000
Van			1,200	3,000
	25,000	85	25,000	25,000
Supplies				
Office Supplies, misc.	10,500	472	9,500	10,500
Small Funding Requests				
	10,500	472	9,500	10,500
Contractual				
2016 Contracts		34,172		
2016 MOUs				
Current 2017 contracts	941,154		894,000	953,004
Current 2017 MOUs	811,850		730,665	800,000
---unallocated---/other contracts				
	1,753,004	34,172	1,624,665	1,753,004
Other				
Consultants/grant writer			80,000	5,000
IT/Telcom			8,000	8,000
New Automation			0	-
Memberships			4,000	4,000
Training			3,250	2,000
Misc (food, etc.)			2,500	2,500
	21,500	0	97,750	21,500
TOTALS - Base Grant	2,550,004	76,935	2,308,554	2,550,004
HCH/FH PROGRAM TOTAL	2,550,004	76,935	2,308,554	2,550,004
PROJECTED AVAILABLE	BASE GRANT		241,450	0

based on est. grant of $2,550,004

TAB 7
Request to Approve Taxi Policy

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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

FROM: Robert Stebbins, Board chair

SUBJECT: REQUEST TO APPROVE TAXI VOUCHER POLICY

Ensuring patient access to needed health and social services is an important aspect of the mission of the HCH/FH program. This taxi voucher policy revision is intended to streamline the decision process for ensuring transportation, and investing the person or persons caring for the patient with the responsibility for making the decision about the need for voucher-supported taxi transportation.

The name of the client and the reason for transportation will be documented and sent subsequently to the HCH/FH program office for review and budget reconciliation. Each month the program office will submit the results of its voucher review for the month prior to the Board or Board-designated entity for study and guidance for the HCH/FH office.

A majority vote of the Board members present is required to approve this request.

Attached: Proposed Taxi Voucher Policy

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Transportation Services Policy	**Effective Date:**
Subject: Taxi Voucher Program	**Approved Date: Revision Date:**
Title of Policy: HCH/FH Taxi Voucher Program	**Approved by:**

1. **Rationale or background to policy:**

The mission of the Health Care for the Homeless/Farmworker Health Program (HCH/FH) is to serve homeless and farmworker individuals and their families by providing access to comprehensive health care as defined in 42 U.S. Code 254b – Health Centers, in a supportive, welcoming and accessible environment.

Understanding that transportation can act as a barrier to some clients needing medical care and other health related services, HCH/FH taxi vouchers are available to SMMC providers of care, contractors of the HCH/FH program, and other Board-approved partners providing services to the homeless and farmworker communities, for Transportation Services.

The taxi vouchers are intended to better provide clients with transportation necessary to effectuate the mission of the HCH/FH program.

2. **Policy Statement**:

The Taxi Voucher Program is intended to provide taxi services for clients who require transportation necessary to receive medical care and/or other health related services.

The HCH/FH Program taxi vouchers may be used by patients for:

- Transportation to/from San Mateo Medical Center Clinics throughout San Mateo County;
- Transportation to/from non-SMMC facilities, including facilities outside of San Mateo County, to which a patient is referred by SMMC and other providers of services and care; and
- Transportation to required appointments for eligibility determination for SSI and other health and social services in 42 U.S. Code 254b – Health Centers.

3. Procedures:

The person or organization who has determined the need for a patient to be transported to another site to receive services is authorized to provide the necessary voucher to the client for

that transport to occur. The name of the client and reason for transportation will be documented and sent to the HCH/FH office for review and budget reconciliation.

The HCH/FH office will submit each month the results of its voucher review for the month prior to the Board Transportation committee or other Board-designated entity for study and guidance for the HCH/FH office.

_____ _____

Co-Applicant Board Chair Date

_____ _____

Program Director Date

TAB 8
Request to Amend/Approve Contracts

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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 FOR PROJECT WEHOPE

Program had a one-year contract with Project WeHOPE for Enabling Services for street homeless individuals in 2016. The 2016 contract was specifically for the delivery of shower and laundry services to homeless clients on the Dignity on Wheels project, recognizing that the shower and laundry services may support the ongoing development and delivery of care coordination services.

On the completion of the contract, Program met with Project WeHOPE in discussing the development of care coordination activities in 2017. Program offered an agreement with recommended funding at $52,900 for the delivery of care coordination services to homeless clients on the Dignity on Wheels project. This request is for the Board to take action to approve the execution of this agreement with Project WeHope.

Included with this request is the draft Exhibit A & Exhibit B. The proposed agreement is for one (1) year through December 31, 2017. The total value of the contract is $52,900.

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

Attachments:
Project WeHope Exhibit A & B for Enabling Services Agreement

PROJECT WEHOPE

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 Project WeHOPE for a range of enabling services to homeless individuals, centered on health care coordination and patient education. Dignity on Wheels, through Project WeHOPE, will provide care coordination, health care navigation, patient and community education, 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 230 unduplicated homeless individuals who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

The services to be provided by Project WeHOPE 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 **230** 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 230 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.

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 90% will receive ongoing care coordination services and will create an individualized care case plan.
>
> **Outcome Measure 1.C:** Of those clients receiving ongoing care coordination services, at least 50% will get appropriate referral for services.

OBJECTIVE 2: 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) primary medical care service appointments (one initial and one follow-up appointment)

> **Outcome Measure 2.A:** 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 50% of clients with scheduled primary care appointments will attend at least one of these appointments.

RESPONSIBILITIES:

Data Reporting

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

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

- A **monthly invoice** detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary, and must be supported with full demographic reporting.

- **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.

- Any **revenue** received from or for services provided under any HCH/FH 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.

Meetings/activities:

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

All HRSA/ BPHC reporting requirements as may be designated:

If there are charges for services provided under this contract, a **sliding fee scale policy** must be in place, and must be submitted to the HCH/FH Program for review.

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 $230.00 for each unduplicated homeless individual invoiced for the first contract year, for delivery of enabling services, up to the maximum of 230 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 or their designee.

The term of this Agreement is January 1, 2017 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed FIFTY-TWO THOUSAND NINE HUNDRED DOLLARS ($52,900).

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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 FOR APPLE TREE DENTAL, INC.

Program had a two-year contract with Apple Tree Dental (formerly known as Sonrisas Community Dental Center) for the delivery of expanded Dental Care services to farmworkers and farmworker family members in San Mateo's Coastside area in 2015-2016. This agreement was a result of the 2015 Expanded Services Funding Award to the program from HRSA, and is paid through those award funds.

On the completion of the contract, Program received a proposal from Apple Tree Dental for continuing onsite dental services to farmworkers and their family members in Pescadero in collaboration with Puente de la Costa Sur. After discussion and negotiation, Program offered an agreement with recommended funding at $52,900 for the delivery of preventive and restorative dental services, referrals for patients requiring more specialized care and dental care coordination such as scheduling, transportation, and translation services as needed. This request is for the Board to take action to approve the execution of this agreement with Apple Tree Dental.

Included with this request is the draft Exhibit A & Exhibit B. The proposed agreement is for one (1) year through December 31, 2017. The total value of the contract is $89,125.

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

Attachments:
Apple Tree Dental Exhibit A & B for Dental Services Agreement

Exhibit A
Agreement between the County of San Mateo and Apple Tree Dental, Inc.

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:

Apple Tree Dental, Inc. (Apple Tree) will provide dental services for farmworkers and farmworker family members. Apple Tree will provide preventive and restorative dental services including examinations, prophys, fillings, crowns, prosthetics, x-rays, and other general dental services as described in Diagnostic and Preventative, and Basic Services below, to at least **115 unduplicated farmworkers or farmworker family members** for a total of **345 dental visits**. A minimum of 23 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 Apple Tree staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

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

Treatment Plan Priorities:
Alleviate pain
Restore function
Prevent further disease
Consider esthetic results

Diagnostic and Preventative:
Exam and evaluation
Routine cleaning
Digital imaging
Dental education
Palliative treatment for dental pain

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 needing of an extraction will cause them to be missing*

Apple Tree 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.

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

Objective 1: *Provide access to dental health services to a minimum of 115 individuals who qualify as farmworkers or farmworker family members in San Mateo County for a minimum total of 345 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. Apple Tree will schedule patients for services.

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

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

Outcome 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 23 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.

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

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

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

RESPONSIBILITIES:

Data Reporting

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker or farmworker family member individual receiving dental services from Apple Tree during the reporting period. All encounter information as defined by the HCH/FH Program will be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with a monthly invoice. **This may include data for farmworker or farmworker family members for whom the Contractor is not**

reimbursed. The contractor would also assess and report each individual's homeless status as defined by BPHC.

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

- A **monthly invoice** detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.

- **Quarterly reports** providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th 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.

- Any **revenue** received from services provided under any HCH/FH 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.

Meetings/activities:

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

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

- Participate in County and community activities that address farmworker issues.

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

All HRSA/ BPHC reporting requirements as may be designated:

If there are charges to patients for contract services, a **sliding fee scale policy** must be in place, and must be submitted to the HCH/FH Program for review

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

1. Monitor Apple Tree'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 Apple Tree 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 $775.00 for each unduplicated farmworker or farmworker family member invoiced for contract services during the contract, up to the maximum of 115 unduplicated individuals, and limited as defined in Exhibit A for “unique unduplicated,” age, location and service level.

Contractor will invoice the HCH/FH Program by the 10th 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, 2017 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed EIGHTY-NINE THOUSAND ONE HUNDRED TWENTY-FIVE DOLLARS ($89,125).

TAB 9
Discussion on NHCHC travel requests

LifeMoves NHCHC request

Name	position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution
Chloe Molla	HCH CHOW	See below	Registration ($250), Airfare ($140), food/ transportation ($100)	$490	Hotel ($540), remaining airfare ($160)= **$700**
Dashika Woodridge	Homeless Outreach Case Manager	See below	Registration ($250), Airfare ($140), food/ transportation ($100)	$490	Hotel ($540), remaining airfare ($160)= **$700**
Lorena Bellamy	HCH Care Coordinator	See below	Registration ($580), airfare ($140), food/ transportation ($100)	$820	Hotel ($540), remaining airfare ($160)= **$700**
Michelle Evans	Benefits Specialist	See below	Registration ($580), airfare ($140), food/ transportation ($100)	$820	Hotel ($540), remaining airfare ($160)= **$700**
Paige Retter	HCH Program Manager	See below	Registration ($580), airfare ($140), food/ transportation ($100)	$820	Hotel ($540), remaining airfare ($160)= **$700**

Total requesting: $3,440
Total contributing: $3,500

Please note that Chloe, Dashika and Paige will be presenting on the Street and Field Medicine Team at the conference. A portion of Chloe and Dashika's registration will be waived by the Counsel because they are presenting. As presenters, we are given three fee waivers and those will go to Chloe, Dashika and Chris King.

All of these team members are delivering direct health care coordination, health benefits eligibility and wraparound services to individuals and families experiencing homelessness. By attending this conference, the team will be able to gain insight to other similar programs to learn what is working well and, in turn, they will be able to bring that knowledge back to better serve our clients. Along with this, they will be able to network with professionals providing health care services and this will give them a chance to develop partnerships with other agencies.

If this request is accepted, we agree to submit a written report or attend a Board meeting to speak about what was learned and gained from the experience.

NHCHC 2017 Presentation Proposal - LifeMoves

Objectives:

- To understand the development and implementation of a public/private partnership in order to deliver a multidisciplinary approach for street based healthcare.
- To understand the unique challenges and barriers specifically the physical and mental health concerns of street homeless and farmworker populations.
- To understand the innovative model the Street and Field Medicine team has developed to address the specific needs of the population. The audience will learn and understand how the client's needs were addressed through care-coordination and a multidisciplinary team approach.

Abstract:

This workshop presentation will demonstrate how a public/private partnership is meeting the medical and psychiatric needs of a vulnerable population. San Mateo County's Public Health Policy and Planning program, LifeMoves' Homeless Outreach teams and Puente developed a Street and Field Medicine program that provided direct care to the street homeless and farmworker populations. In the first 9 months, the team has had 136 encounters. The Street and Field Medicine team will explain the planning stages, their challenges and tremendous client success stories in a panel like discussion.

Presentation Description:

San Mateo County, California, which rests in Silicon Valley, stretches for 16 miles and is comprised of densely urbanized communities and a rural coastal area. In 2015, there were roughly 1,800 unsheltered individuals and 1,947 farmworkers and their families in the county. Although there is a great deal of health care services available in San Mateo County, there are still many marginalized, and medically fragile populations for whom services are extremely inaccessible.

Public Health Policy and Planning (PHPP) has a Mobile Health Van which serves communities which are generally unable to access medical services. The van has limited success at reaching vulnerable populations such farmworkers, chronically homeless individuals and their families. In mid-2015 LifeMoves, an organization that provides services to homeless individuals and families, Puente, an agency which focuses on farmworkers and families on the coast, and PHPP came together to strategize how to better reach these populations.

What ensued was a collaborative program design between one public and two private entities to provide access to medical care, psychiatric care, permanent supportive housing, disability benefits and referrals to other social services. LifeMoves brings its expertise in developing rapport with a hard to serve population, Puente brings its long history of serving the farmworker population and PHPP is a leader in providing health care services to the homeless.

Our workshop will be a panel discussion, which will include an in-depth analysis of how these three partners identified an emerging issue which needed immediate solutions. The solutions that will be discussed will include how these partners expeditiously came together to identify methods to address the issue; the methods included brainstorming, visiting programs with similar initiatives and conversations with PHPP and San Mateo County administrators to ensure that the program had design fidelity.

The panel will be comprised of the Street and Field Medicine team, a Nurse Practitioner, an Outreach Case Manager and the Community Health Outreach Worker from LifeMoves. The team developed processes and procedures to fast-track patients into primary and specialty care. The key elements of the presentation will be how the partners broke down bureaucratic barriers for a vulnerable population in order to address their immediate medical, mental health and housing needs.

The panel will discuss their methods, achievements and challenges in developing this partnership along with the tremendous success stories that came from it. We will leave ample time in the workshop for the audience to ask questions to the panel.

Ravenswood
Family Health Center

Health Care for the Homeless/ Farmworker Health Program
San Mateo Medical Center-
SAN MATEO COUNTY
222 W. 39th Ave.
San Mateo CA, 94403

January 30th, 2017

Dear Members of the Board:

I plan to attend the 2017 National Health Care for the Homeless Conference and Policy Symposium, taking place from June 21 to June 24, 2017, at Washington, DC. I would like to request board approval for sponsoring Kassundra Dunn to attend as well. We will be there for the Pre-Conference Institute (June 21), the main conference (June 22-23), and the Saturday Learning Lab (June 24). Kassundra recently joined Ravenswood Family Health Center as the Health Care for the Homeless Outreach Worker, and she is working closely with me. We believe this conference will provide us with intensive training, knowledge sharing, and network building, which will be extremely beneficial to our work in the homeless community.

Sincerely,

Tayischa D. Deldridge Pembleton
Community Collaborations/Health Care for the Homeless Manager
Center for Health Promotion
Ravenswood Family Health Center
1807 Bay Rd
East Palo Alto, CA 94303
Phone: 650-330-7426
Fax: 650-485-2094

Ravenswood Family Health Center (RFHC)

Conference Registration Budget Request

Name of Conference	2017 National Health Care for the Homeless Conference and Policy Symposium					
Requested Days of Attendance	Wednesday June 21- Saturday June 24, 2017					
Location of Conference	Washington, DC					
RHFC Staff Name	Position/role	benefit of attendance	Request	Request amount	RFHC Contribution	Notes
Tayischa Deldridge	Community Collaborations/Health Care for the Homeless Manager	Enhance knowledge and skills around delivering health care to the homeless, build networks and share knowledge with colleagues	4 days Conference Registration	$ 780.00	$ -	This price is the non-member rate. It includes Pre-Conference Institute ($125, June 21), Main Conference ($580, June 22-23), Learning Lab ($60, June 24), and administrative Fee ($15).
			Airfare	$ 600.00	$ -	Round trip airfare plus fees and taxes, San Francisco Intl (SFO) to Ronald Reagan Washington National Airport (DCA), departs June 20th, Returns June 24th.
			4 days hotel room booking	$ -	$ 1,339.20	Grand Hyatt Washington (hotel indicated on conference website) daily double occupancy rate: $279, plus 20% taxes and fees. Attendees will need stay overnight on Tuesday June 20th, in order to attend Wednesday June 21 conference program, which starts at 8:30am
			Ground Travel		$ 100.00	Transportion between airport and hotel
Subtotal for Tayischa				**$ 1,380.00**	$ 1,439.20	
Kassundra KD. Dunn	Health Care for the Homeless Outreach Worker	Same as above	4 days Conference Registration	$ 780.00	$ -	
			4 days hotel room booking	$ -	$ 1,339.20	
			Ground Travel	$ -	$ 100.00	
			Airfare	$ -	$ 600.00	
subtotal for Kassundra				**$ 780.00**	$ 2,039.20	same as above
Total				**$ 2,160.00**	$ 3,478.40	

TAB 10
Request to Approve funding for CDA event

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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

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

SUBJECT: REQUEST TO APPROVE FUNDING IN SUPPORT OF HOMELESS AND FARMWORKER ACCESS TO THE CALIFORNIA DENTAL ASSOCIATION EVENT

California Dental Association (CDA) will be hosting a weekend long event on April 22-23, 2017 to provide free and comprehensive dental services to the community at San Mateo Event Center.

Dental Services are frequently cited as being a population need both our target populations of homeless and farmworkers, and farmworker dental services is included as one of the primary initiatives in the HCH/FH Strategic Plan. Given the availability to this CDA event to provide dental services to some who may otherwise never access such services, program is proposing to utilize program funds to support transportation to the event for homeless and farmworker patients.

Program is planning to gather interest from our community partners on how many of their clients would like to participate in this event and potentially provide funding to the various organizations to provide transportation services to the event to improve access for both the homeless and farmworkers. Program is Board approval to expend up to $5,000 on transportation costs associated with homeless & farmworker participation in the CDA San Mateo event.

A majority vote of the Board members present is required to approve this request.

TAB 11

Staffing Plan

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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 STAFFING UTILIZATION REPORT

Based on a review of actual staff effort, we have determined that the routine staff effort required to maintain general program operations is over 1,800 hours for the Program Coordinator position and almost 1,900 hours for the Management Analyst position. This is substantially problematic in that the typical actual available hours for a full-time staff person is in the area of 1,720 hours (max) per year.

And the above does NOT includes any time for SAC, OSV, RFP * proposal review, Needs Assessment & Patient Satisfaction Survey, all of which add a total of 580 (PC) to 685 (MA) estimated hours per year (in which they would all occur).

That means we have a routine shortfall of a little less than a quarter-time staff, assuming no non-routine activities need to occur. For a year like 2016, it would indicate we were short almost one (1) full-time staff position,

And none of this includes substantial efforts to develop a website, improve training for SMMC staff around homeless and farmworker identification, do any clinic visits, provide extensive provider/partner training & TA in the field, developing new community partners, developing a disaster recovery plan, increasing the volume and quality of financial reporting, or any other project that might move the program forward or improve the health status of our populations.

Attachment:

- Narrative of duties
- Staffing Hours Spreadsheet
- IT projects

Staffing Duties

Contract Oversight

The number of contracts has drastically increased from five (5) agreements with four (4) agencies in 2013 to now fifteen (15) agreements with at least ten (10) agencies. This growth in agreements has a direct and significant impact on additional oversight to manage and monitor the contracted services. This includes not just verifying that the invoices are correct for payment, but ensuring that the specified services are being delivered to the benefit of our target populations as intended and provided administrative and programmatic technical assistance when and as necessary to our partners.

Monitoring contract duties include validating monthly data, reconciling data discrepancy with contractor, verifying that the invoices are correct for payment, reviewing quarterly reports, troubleshooting through problems and barriers identified on quarterly reports, providing technical assistance etc. For each contract, program spends about 33 hours per year, for a total of up to 495 hours for all contracts each year. Additionally, each executed contract requires a site visit. Site visit duties includes reviewing forms, compiling & preparing data for site visit review, coordinating with agency, conduct site visit, follow up TA if needed, compiling evaluation & report. Program Staff spend about thirteen (13) hours per contract, for a total of 195 hours dedicated to the site visit effort.

Overall, contracts require approximately 45 hours of staff support time each, each year. With 15 current contracts, that totals 675 hours foe overall contract support each year.

UDS (Uniform Data System annual report)

Every year staff works closely with our IT (Business Intelligence) department to execute the annual report Uniform Data System (UDS) to HRSA. The effort to produce the annual UDS report takes hundreds (600 annually) of hours to complete as it is currently a very manual process. Every year HRSA makes changes on required information to be collected for our UDS report, and may range from minor to major efforts. On-going meetings with IT department are required to ensure that the right data is collected for not only demographic information on our patients but also many medical outcome measures that are also required for the overall quality improvement effort. Staff combines and unduplicates all (thousands) patients of SMMC and all contractors as well as validates visits of each category. Verifying many clinical outcome measure reports through conducting numerous chart reviews is also required to ensure accurate reporting. Even as staff works with IT to produce universal reports for some outcome measures, some must be conducted manually with a chart sample of 70 conducted by chart reviews of E.H.R.s . There is an initial submission in February and final submission end of March that includes verifying any discrepancies and justifying so with written explanations.

Budget + Program Expense Oversight

Program staff reviews and oversees other expenses such as small funding request, taxi vouchers, operation expenses such as printer, supplies, equipment etc. Duties include reviewing and negotiating funding requests, validating expenses against budget, follow up on taxi voucher discrepancies or unauthorized rides, working with County finance staff in processing invoices etc. These duties add up to 250 hours annually.

Other Program Meetings

Program hosts monthly QI and quarterly Provider Collaborative meetings. Program also meets with various Medical Center Staff for troubleshooting, gathering relevant information and resources from other departments. For QI meetings, prep work includes working with Business Intelligence team on gathering and fine-tuning data, analyzing data, compiling various reports, researching for data criteria and resources etc. For Provider Collaborative meetings, prep work includes compiling data, researching and bringing new information/resources, working with Medical Center staff

for common barriers that the contractors bring up, providing technical assistance, scheduling external trainings etc. With the growth of contractors and partners, Program Staff spend about 280 hours annually for program hosted & other program meetings.

Board Support (meetings and training)

Monthly Board meetings take several hours (440 annually) as well as providing any board orientation/training. Staff must prepare at least a week in advance for Board materials that include drafting any policies and memos, working with sub-committees and contractors to draft contracts/reports, as well as researching relevant topics such as consumer topics and board training. Logistics of Board meetings include preparing board packets, reserving rooms, order catering, ensuring adequate attendance, as well as any A/V equipment that is necessary.

Board orientation/training is also an on-going effort that includes orientation for new Board members and on-going training to Board members. Staff updates and researches Board orientation documents, meets with new Board members and provides on-going Board training throughout the year

Strategic Plan Implementation
Planning, research, criteria development, program development, policies, etc., as necessary to implement the strategic initiative established by the Board. This is estimated to require about 480 hours annually.

Routine Operations
Staff meetings, literature review, general trainings & webinars, conferences & major trainings, county budget development & tracking, contract development, and general liaison with HRSA especially around grant conditions, requires around 600 total hours throughout the year.

Overall, the above accounts for an annual expenditure of over 3200 hours, or at least two (2) full-time staff.

Other Miscellaneous Duties and Special Projects
The following efforts may not occur each year, but require extensive effort and time when they do occur:

- Strategic Plan efforts (Development, Support, Report, etc.) (200+ hours)
- Needs Assessment/Patient Satisfaction Survey (80+ hours)
- RFP Proposal Announcement / Reviewing Process (320+ hours)
- Service Area Competition Application (400+ hours)
- Operational Site Visit (360+ hours)
- IT Projects (such as the Case Management Software Project) (160+hours)
- PSA Training/Other SMMC Training (80+ hours)

In addition, program has targeted efforts in the following areas based on the availability of staff to engage in the efforts:

- Website creation/support
- Support new & additional service areas
- SMMC/Health System Clinic and contractor visits
- Expanded TA for contractors
- Development of Outreach and other program materials
- Work with (non-contracting) community partners
- Disaster/Recovery Plan for homeless & farmworkers
- Promotion of the HCH/FH Program internally/externally

Common Efforts	ANNUAL HOURS Prog Coor	M.A.	Projects	Full-Time Position
				hours
Site visits	120	75	PSA training	2080
			Website creation/updates	
general trainings, webinares, literture reviews	40	60	Visit Clinics	-80 county scheduled holidays
			Provider Contractor TA in field	-100 vacation
IT/Case mgtm software project	104	65	Outreach/program materials	-40 sick leave
			Work with community partners	
grant conditions	208	208	Disaster/recovery plan for h/fw	-200 county issue time
			Program promotion	
small funding request	104	104		-52 Supervision time
staff meetings	104	104		
				1608 actual available hours
Board packet	144	48		
Board support	120	102		
UDS (training, prep, completion, etc.)	300	300		
Conferences & external trainings	40	48		
Other program meetings (Provider Collaborative, QI, etc.)	76	46		
External Meetings & Workgroups (Continuum of Care, Oral Health Coalition, Center on Homelessness, Disparities Workgroups, Health Coverage Coalition, etc.	112	48		
Strategic Plan implementation, etc.	250	250		
	1722	1458		
Position Specific				
Reviews of Invoices, data, vouchers, etc. + TA		272		
contract work		75		
Budget development, review, etc		208		
Quarterly reports, service issues + TA	208			
	208	555		
Periodic & As Needed				
SAC	200	200		
OSV	180	180		
Needs Assessment or Patient Satisfaction	40	40		
RFP/Proposal announcement	120	225		
Strategic Plan development	100	100		
	640	745		

IT Projects

Health Information Exchange (HIE) June 2017
Project to collect health information from various sources, initially within the Health System Network, and subsequently across the county; this project is a lynchpin for the ability to provide clinical providers with “alerts” or other notification that the patient is homeless or a farmworker.

Mobile Health Coach Replacement Later 2017
Public Health Policy & Planning are adding an additional mobile clinic to their fleet; needs to be seamlessly connected to typical systems used in the clinical setting.

One-e-App Alternatives Summer 2017
Health Coverage Unit is looking to replace One-e-App, the current ACE eligibility system (with information referral to MediCal for those eligible); this eligibility determination is a key within the HCH/FH Sliding Fee Scale Policy

EMPI – Electronic Master Patient Index Early 2017
Master Index for all Health System clients/patients

Care/Case Management Solution Summer 2017
Project to identify a potential Case Management System for use by multiple Health System programs, including HCH/FH; could be critical to development of a HCH/FH program database and ability to due longitudinal analysis and other sophisticated patient/client reporting

EHR 2.0 Assessment Late 2018
Kick-off scheduled for 02/01/17; initial phase is for planning & information gathering, leading to an RFP.

In addition, there are numerous other IT projects & efforts that may tangentially touch our patients, incorporate out patients as part of a much larger group, or have some impact on operations. These include:

- Specialty Care Augmented Referral & Tracking
- Behavioral Health Data for Chronic Disease Care
- Electronic Document Management (EDM) Solution & Integration
- PRIME Program Implementation/Enterprise Data Warehouse & Dashboards
- Soarian Financial

Plus some projects that are, as yet, unscheduled:

- Geographic Information System (GIS) Integration

And we may develop additional projects for QI or based on potential new offerings from HRSA.

Additionally, we will be involved in the effort(s) to establish the collection of required SOGI data.

TAB 12

Contractors 4th quarter report

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2016

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

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

SUBJECT: Quarter 4 Report (October 1, 2016 through December 31, 2016)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with eight community-based providers, plus two County-based programs for the 2016 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance for the fourth quarter:

HCH/FH Performance *01/01/2016 – 12/31/2016*	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	187	62%	900	1273	141%
Legal Aid Society of San Mateo County*	20	9	45%	30	17	57%
LifeMoves (care coord & eligibility)	600	590	98%	1500	1,281	85%
LifeMoves (O/E)	40	34	85%			
LifeMoves (Street Medicine)*	160	64	40%	300	241	80%
Project WeHope**	NA	NA	NA	1200	525	44%
Public Health Mobile Van	1300	1,123	86%	2500	1,877	75%
Public Health- Expanded Services***	626	603	96%	782	729	93%
Public Health- Street Medicine	125	165	132%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	129	86%	530	784	148%
Puente (O/E)	180	188	104%			
Ravenswood (Primary Care)	600	680	113%	1900	2,016	106%
Ravenswood (Dental)	200	265	133%	600	749	125%
Ravenswood (Care Coordination)	400	469	117%	1200	954	80%
Samaritan House	175	215	123%	300	398	133%
Apple Tree Dental***	50	52	104%	150	175	117%
Total HCH/FH Contracts	4,926	4,773	97%	11,892	11,019	93%

** Contract executed in June 2016*

*** Contract executed in September 2016*

**** Two year contract, target # & progress # are for 2 years*

HCH/FH Performance *01/01/2016 – 12/31/2016*	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Contracted Amount	Spent % YTD
Behavioral Health & Recovery Svs	Care Coordination	$300/patient	300	187	$ 56,100	$90,000	62%
Daly City Youth Health Center**	Needs Assessment	$ 30,000	NA		$ 30,000	$35,000	100%
	Referral Tracking Protocols	$ 5,000	NA		$ 5,000		
Legal Aid Society of San Mateo County*	Needs Assessment	$ 8,000	NA		$ 2,500	$67,100	48%
	Experience Study	$ 10,000	NA		$ 2,000		
	Provider Outreach	$ 8,700	NA		$ 6,000		
	Farmworker Outreach	$ 6,400	NA		$ 6,400		
	Legal Services	$1,675/patient	20	9	$ 15,075		
LifeMoves (care coord & eligibility)	Care Coordination	$250/patient	500	485	$ 121,250	$169,000	94%
	Intensive Care Coordination	$500/patient	50	38	$ 19,000		
	SSI/SSDI Eligibility Assistance	$300/patient	50	67	$ 15,000		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	$100/patient	40	34	$ 3,400		
LifeMoves (Street Medicine)*	Intensive Care Coordination	$516/patient	160	64	$ 33,024	$82,560	40%
Project WeHope**	Shower Services	$20/visit	800 visits	388 visits	$ 7,760	$21,400	48%
	Laundry Services	$18/visit	300 visits	137 visits	$ 2,466		
Public Health Mobile Van	Primary Care Services	$210/patient	1300	1,123	$ 235,830	$277,500	85%
Public Health-Expanded Services***	New formerly incarcerated	$350/patient	420	470	$ 147,000	$357,000	57%
	New patient with chronic/complex issue	$750/patient	120	47	$ 35,250		
	Established patient with chronic/complex issue	$250/patient	480	86	$ 21,500		
Public Health-Street Medicine	Intensive Care Coordination	$1,750/patient	125	165	$ 218,750	$218,750	100%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	$340/patient	100	99	$ 33,660	$111,300	92%
	Intensive Care Coordination	$500/patient	50	30	$ 15,000		
Puente (O/E)	Health Coverage Eligibility Assistance	$300/patient	180	188	$ 56,400		
Ravenswood (Primary Care)	Primary Care Services	$150/patient	600	680	$ 90,000	$90,000	100%
Ravenswood (Dental)	Dental Services	$250/patient	200	265	$ 50,000	$50,000	100%
Ravenswood (Care Coordination)	Care Coordination	$205/patient	400	469	$ 82,000	$82,000	100%
Samaritan House	Care Coordination	$340/patient	150	202	$ 51,000	$63,500	91%
	Intensive Care Coordination	$500/patient	25	13	$ 6,500		
Apple Tree Dental***	Dental Services	$625/patient	50	52	$ 31,250	$31,250	100%
Total HCH/FH Contracts			5,320	4,773	$1,396,715	$1,746,360	80%

** Contract executed in June 2016*

*** Contract executed in September 2016*

**** Two year contract, target # & progress # are for 2 years*

Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); Fourth Quarter (Oct 2016 through Dec 2016)

Agency	Outcome Measure	Q -Progress
Apple Tree Dental (formerly Sonrisas)	• At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan.	Year to date: •37% completed their treatment plans. • 20% completed their denture treatment plan.
Behavioral Health & Recovery Services	•At least 75% (225) screened will have a behavioral health screening. •At least 55% (165) will receive care coordination services.	Year to date: • 187 (83 %) had a behavioral health screening • 187 (113%) received care coordination services
Daly City Youth health Center	•Complete a Needs Assessment to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing. •To complete a set of protocols for the outreach, referral, care coordination and tracking.	Completed a Needs Assessment and a set of protocols for outreach, referral, care coordination and tracking.
Legal Aid	•Outreach to at least 50 Farmworkers and Providers •Host 8 outreach and education events targeting farmworkers	Year to date: • Conducted outreach to 300 farmworkers • Hosted 8 outreach events
LifeMoves	• Minimum of 50% (250) will establish a medical home. • At least 30% (150) of homeless individuals served have chronic health conditions.	Year to date: • 46 % (259) established a medical home • 46 % of individuals served have a chronic health condition.
LifeMoves-CHOW/Street Medicine	• 20% served will establish medical home, that don't currently have one • 80% of clients with a scheduled primary care appointment will attend at least 1 appointment	Year to date: • 33 (52 %) served established medical home • 27(42%) attended at least 1 primary care appointment
Public Health Mobile Van	•At least 20% (250) of patient encounters will be related to a chronic disease. At least 75% of clients: • seen at foot clinic will be referred to Mobile Clinic for a medical visit • contacted at Service Connect will be seen at Mobile Clinic for medical visit	Year to date: •74 % (185) of encounters were related to chronic health. • 75 % seen foot patients referred to PH Mobile Clinic for medical visit • 100% contacted at Service Connect will be seen at Mobile Clinic for medical visit
PH- Mobile Van-Expanded Services	• At least 75% (470) of individuals will receive comprehensive health screening. • Provide intensive primary care services to minimum of 100 residents with chronic health issues.	Year to date: • 211 patients received a comprehensive health screening • 94 patients with chronic health issues

PH- Mobile Van-Street/Field Medicine	• At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care	Year to date: • 53% patients received Depression screening • 60 % patients referred to Primary Care
Project WeHOPE	• Provide a minimum of 800 showers to homeless individuals in San Mateo County. • Provide a minimum of 300 laundry loads to homeless individuals in San Mateo County.	Year to date: • Provided 388 showers • Provided 78 loads of laundry
Puente de la Costa Sur	•At least 85 farmworkers served will receive care coordination services. •At least 25 served will be provided transportation and translation services. •At least 70% (105) will participate in at least 1 health education class/ workshop.	Year to date: • 129 received care coordination services • 45 client was provided transportation and translation services. • 1 % (10) participated in Health education workshop.
RFHC – Primary Health Care	•At least 60% will receive a comprehensive health screening. •At least 250 (50%) will receive a behavioral health screening.	Year to date: •99% (676) received comprehensive health screening. • 85 received behavioral health screening.
RFHC – Dental Care	• At least 30% (39) will complete their treatment plans. • At least 85% will attend their scheduled treatment plan appointments. • At least 40% will complete their denture treatment plan.	Year to date: • 11 % completed dental treatment plan. • 83 % attended their scheduled treatment plan • 27 % completed denture treatment plan.
RFHC – Enabling services	• At least 95% will receive care coordination services and will create health care case plans • 80% of patients with hypertension will have blood pressure levels below 140/90	Year to date: : • 68 (20%) patients receive care coordination with health care case plans • 54% (70) with hypertension have reading below 140/90
Samaritan House-Safe Harbor	•All 100% (175) will receive a healthcare assessment. •At least 95% (166) will receive ongoing care coordination & create health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one.	Year to date: • 202 received a healthcare assessment. • 215 received care coordination services. • 63% (133) attended at least one primary care appointment.

[1] Medical home -defined as a minimum of (2) attended primary care appointments;
[2] Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes & emerging trends:

- **Apple Tree Dental (formerly Sonrisas)** states most patients seem happy with services provided.
  - No shows can be difficult to deal with due to work schedules, means another patient cannot be seen.

- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
  - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.

- **Legal Aid** continues to connect with many farmworkers in Pescadero area, visiting farms and attending outreach events to foster trusting relationships with the help of Puente staff.
  - Need for more dental services for farmworkers along the coast

- According to **LifeMoves** working closely with Street Medicine Team to enroll clients in benefits and working closely with St. Vincent de Paul and Pacifica Resource Center to reach clients.
  - Transportation for those referred to specialty and outside of SMMC as well as Dental van long wait times at Dental Van and health Coverage unit for medical coverage.

- Project WeHOPE hands out a comprehensive County resource guide for homeless adults, which has been valuable for clients
  - There are concerns about the amount of laundry they are allowed to wash. They are also working on on better follow-up procedures because of lack of contact info etc.

- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
  - Challenge of getting clients to go get labs done at SMMC and patient no-shows for appointments.
  - Lack of a medical nurse/case management for service coordination and tracking with clients continues to be an issue.

- **Puente** states that screening clients for health insurance during their Holiday Gift Cards event was a success.
  - Clients are not receiving notice of renewals in a timely manner and incorrectly billed for ACE enrollment fee.

- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments. At least four appointment slots are reserved for homeless patients each week.
  - Patients not wanting to change cover from other counties and lack of proper documentation for coverage. The lack of affordable housing for clients is an on-going issue.

- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Communication barrier to book/confirm appointments and provide reminders to patients as well as some patients experiencing mental health conditions can be challenging when providing services.

- **Ravenswood Enabling services**- great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Limited shelter hours, access to food, lack of affordable housing and transportation as barrier to care.

- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients, as well as relationships with LifeMoves and Street Medicine
  - Long wait for dental clinic, primary care access and transportation
  - Client follow-through because of transportation or exiting from program.

TAB 13

Shelter Operating hours Policies

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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

FROM: Linda Nguyen, Program Coordinator
HCH/FH Program

SUBJECT: Shelter operating hours policies

During the December Co-Applicant Board meeting on Consumer Input the discussion began on nutrition and food insecurity and developed into a discussion on shelter policy on operating hours. Board members discussed the need for shelter during the day for the homeless and inquired about the operating hours for residents of shelters in San Mateo County. Staff was requested to conduct research on shelter policy and report back at next meeting. Below are responses of three shelters in San Mateo County on their operating hours.

Questions asked

- What are your shelters operating hours for clients and policy on this?
- Do residents have to vacate the shelter during the day?
- What challenges do you see in keeping the shelter open during the day for clients to stay?

LifeMoves:

What are your shelters operating hours for clients and policy on this?

All of our shelters operate 24 hours/day, 365 days each year. The ratio of case management to clients (or families in site-based family programs) is about 1:16. Case Management occurs during day or evening hours. There are a minimum of two staff on @ all hours (and many, many more during daytime hours).

Do residents have to vacate the shelter during the day?

Residents leave the shelter to work or apply for jobs/housing. Residents are required to keep a daily log regarding job or work applications if they leave the shelter. They are of course allowed to leave for work. No one is mandated to leave. No panhandling is allowed @ any time.

What challenges do you see in keeping the shelter open during the day for clients to stay?

There are few challenges. We rely on a split between volunteers (financial literacy workshops, working with individuals to prepare resumes or rental applications ,etc.) and staff for day, evening, and weekend programming (we also have socialization activities).

Safe Harbor:

In terms of shelter hours of operation, again, these are determined by the operating organization (in this case Samaritan House) based on a variety of factors (funding, needs of clients, etc.).

In terms of Safe Harbor shelter, we operate 24 hours/day and have a general requirement that clients exit the facility between 8am and 4pm (to seek housing, employment, rehabilitative services, attend medical or other appointments and / or school). We currently also have a protocol in place where Case Managers can provide a client with what we call a "stay back" for the day and for a short or long term period of time (days, weeks, months). This would be determined based upon the needs of the client (physical health, mental health, hours of employment – clients working a grave shift can sleep during the day, etc.).

We are not a "one size fits all" operation and determine the best solution based on the needs of our clients…

Project WeHOPE

The shelter is open from 4:30 PM to 8 AM. The current funding that we have supports staffing for those hours. The clients leave during the day and return between 4:30 and 7.
We agree that there is a need for people to have a place to go during the day. We also think that it would be best to offer classes, training and programs to be the most effective.
We are open to ideas if you have any.

TAB 14

Strategic Plan Update

SAN MATEO COUNTY
HEALTH SYSTEM

DATE: February 9, 2017

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

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

SUBJECT: STRATEGIC PLAN REPORT AND UPDATE

Strategic Plan efforts/discussion started in October of 2015 and continued with a Strategic Plan Retreat on March 17, 2016 with the help of consultants Rachel Metz and Pat Fairchild.

The Three Year Strategic Plan report 2016-2019 was reviewed at the June 9, 2016 meeting, with the Board arriving at consensus and finally approved by The Board at the August 11, 2016 meeting. Staff will update the Board on the on-going efforts of the Strategic Plan at every Board meeting, below is a summary of on-going efforts. Attached you will find the status table.

On-gong efforts:

- Staff continues to work with various organizations to process small funding requests and travel request to conferences (Migrant Forum)
- On- going Case management meetings with County staff to pursue cloud based CM software
- Staff part of Disparities Workgroup to identify disparities with patients, led by SMMC executive management (CEO)
- Program continues to reach out to other programs and agencies in the county to increase our exposure and to better understand those programs and agencies. In addition to continuing our routine conference calls with the Center on Homelessness, we also attempted to arrange some time with the Health Plan of San Mateo (HPSM) and have met with Whole Person Care and HIE teams.
- Program has met with Whole Person Care and Health Information Exchange teams on collaborating efforts.
- Program is invited to monthly Ambulatory meetings regarding operations.

Attached: Strategic Plan status table

STRATEGIC PLAN- ACTIONS		Status/Notes
Goal 1: Expand Health Services for Homeless and Farmworkers		
1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.		
2. Increase available respite care with wrap-around services for homeless.		Staff is conducting research for Respite Services, with a Request for Information (RFI) announcement to come out soon for hire of consultant(s) to assist in this effort.
3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters. *(Strategy that were added at the retreat.)*		Collecting data on senior homeless population from shelters as well as current services provided/accessible to population
4. Increase dental services for adult farmworkers.		On-going conversations with Dental Director and Fiscal
5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.		Efforts are also ongoing to research the appropriate classification as well as knowledge, skills and abilities needed for Homeless Navigator position.
6. Increase drug and alcohol support for farmworkers.		Board members held conference call on substance abuse workshop/conference to hold with various takeholders on outreach etc.
7. Promote preventive dental care for homeless and farmworkers. (Strategy that were added at the retreat.)		
Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers		
1. Integration and alignment of additional measureable outcomes for homeless and farmworker population with SMMC.		
2. Work with Partners to increase data collection capacity		Program staff has been meeting monthly with Center on Homeless on data collaboration efforts. Working with SMMC/Business Intelligence to add homeless/farmworker status to E.H.R. Staff pursuing efforts for case mgmt software .
3. Strenghten collaboration with San Mateo Medical Center		Staff is part of Disparities workgroup that is lead by SMMC management to identify disparities with patients and roll out SOGI data collection effort. Staff is invited to Ambulatory meetings as well.
Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff		
1. Increase diversity of expertise on the Board.		Ad-Hob Board Orientation sub- committee tasked with policy and efforts to increase Board membership and create retention plan. On-gong Board orientation presentations from staff.
2. Determine whether additional staff and/or consultants whould be hired to complete strategies and on-going efforts.		Staff prepared staffing plan with current workload and responsibilities.
3. Use all available resources.		Staff continues to work with organizations to approve small funding requests
Goal 4: Improve communication about resources for the homeless and farmworkers.		
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.		Program staff has been meeting with Center on Homelessness and Department of Housing to discuss partnerships and future collaborations. Staff met with Office of Managed Care to get better understanding of Health Plan of San Mateo relationship. Staff has met with Whole Person Care and Health Information Exchange teams on collaboration.
2. Develop easy to use material for homeless and farmworker providers with information about resources available.		Continually updating HCH/FH Services provided table, and internal program pamphlet.