

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

San Mateo Medical Center | 222 W. 39th Ave. 2nd floor (classroom 2) San Mateo
January 12, 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
<i>Persons wishing to address items on and off the agenda</i>			
D. CONSENT AGENDA			9:15 AM
1. Meeting minutes from December 8, 2016		TAB 1	
2. Program Calendar	Linda Nguyen	TAB 2	
E. BOARD ORIENTATION			
1. Discussion on Board meeting time	Robert Stebbins		9:20 AM
F. REGULAR AGENDA			
1. Consumer Input	Linda Nguyen	TAB 3	9:23 AM
2. New Board Member Approval	Jim Beaumont	TAB 4	9:30 AM
<i>i. Action Item- Request to Approve new Board member</i>			
3. Dental Problems and Challenges: Visions for Care	Dick Gregory		9:35 AM
4. HCH/FH Program QI Report			
<i>i. Introduction to Whole Person Care</i>			
	Frank Trinh	TAB 5	9:55 AM
5. HCH/FH Program Director's Report	Jim Beaumont	TAB 6	10:10 AM
6. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7	10:15 AM
7. Budget Approval	Jim Beaumont	TAB 8	10:20 AM
<i>i. Action Item- Request to Approve Budget 2017</i>			
8. Transportation- Taxi Voucher Policy	Jim Beaumont	TAB 9	10:25 AM
<i>i. Action Item- Request to Approve Taxi Voucher Policy</i>			
9. Request to Amend/Approve Contracts	Jim Beaumont	TAB 10	10:30 AM
<i>i. Action Item- Request to Amend Legal Aid</i>			
10. Staffing Plan to add new staff/current staffing load	Jim Beaumont	TAB 11	10:35 AM
11. Shelter operating hours policy for residents Report	Linda Nguyen	TAB 12	10:45 AM
12. Strategic Plan Update	Linda/Jim	TAB 13	10:53 AM
OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>i. Next Regular Meeting February 9, 2017; 9:00 A.M. – 11:00 A.M. SMMC San Mateo</i>			
H. ADJOURNMENT	Robert Stebbins		11:00 AM

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

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (December 8, 2016)
Human Services Agency- Belmont**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Dick Gregory
Theresa Sheats
Brian Greenberg
Julia Wilson
Kathryn Barrientos
Molly Wolfes (last mtg)
Steve Carey
Tayischa Deldridge
Dan Brown
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Glenn Levy, County Counsel
Elli Lo, Management Analyst
Sandra Nierenberg, County Counsel

Members of the Public

Absent: Christian Hansen

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:04</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	Molly Wolfes resigns from Board, will be leaving Puente at end of month. Sandra Nierenberg is HCH/FH new County Counsel, Glenn will serve as back up.	
Closed session Request to Approve C&P list	Questions about general dentist hire and need as well as temporary privileges. Action item: <i>Request to Approve Credentialing and Privileging List</i>	Motion to Approve C&P list <u>MOVED</u> by Dan <u>SECONDED</u> by Theresa, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Sept 8 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Tay <u>SECONDED</u> by Molly, and APPROVED by all Board members present.
Board Orientation:	Discussion on changing Co-Applicant Board meeting times to evening to accommodate future Board members and consumers. Tuesdays and Wednesdays seem to be most flexible for most Board members so far.	Staff- to send out doodle on Board evening time availability

Board nominations of Chair and Vice Chair	<p>Nominations:</p> <p><u>Chair:</u></p> <ul style="list-style-type: none"> • Robert Stebbins <p><u>Vice Chair:</u></p> <ul style="list-style-type: none"> • Julia Wilson • Brian Greenberg – declined 	<p><u>Election vote results:</u></p> <p><u>Chair:</u> Robert Stebbins</p> <p><u>Vice Chair:</u> Julia Wilson</p>
<p>Regular Agenda Consumer Input</p>	<p>Discussion on food programs that are supported by Second Harvest Food bank as well as CalFresh benefits. Discussion on County shelter policies on operating hours for residents. Some shelters close during the day and require residents to leave and come back in the evening for a bed. This can be difficult for clients with medical conditions etc.</p> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p>Staff to request shelter operation hours policy for residents.</p>
<p>Transportation Sub-committee reports : Steve, Christian, Molly</p>	<p>Discussion on current taxi voucher program and LifeMoves requesting additional funding to manage their transportation requests. Program may need to look at new taxi contract to accommodate further request, as program is currently working with current SMMC taxi contract in place that may have limitations. Staff will review current taxi voucher policy and amend to include referrals to specialty and eligibility visits etc.</p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p>Staff to revise current taxi voucher policy for review at next meeting for approval. Place on next meeting agenda.</p>
<p>Board orientation Sub-committee reports Brian, Dan, Paul, Bob</p>	<p>Discussion on applicant – Mother Champion, included phone interview and 15 years of her work with CBOs and volunteering with community. She is formerly homeless, community activist and use to work for Project WeHOPE. Will place on next Board meetings agenda for a vote.</p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p>Place on next board meeting agenda for vote</p>
<p>Regular Agenda QI Committee report</p>	<p>Regarding the medical outcome measures, the analysis of the Diabetes Hemoglobin A1c outcome measure data from 2016 Quarters 1 and 2 continues. The goal of the continued Hemoglobin A1c data analysis is to identify which Homeless and/or Farmworker populations showed improvement or deficiency in diabetic control between the first two quarters of 2016. The Hypertension outcome measure will be the next focus for assessment, as well as how to spend QI award funding and outcome measures for next annual QI plan 2017. The QIC is awaiting the final Patient Satisfaction Surveys analysis report from the outside consultant. We hope to have this report available for review at the next QIC meeting in January 2017.</p> <p><i>Please refer to TAB 5 on the Board meeting packet</i></p>	

<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Program continues to communicate and work with Project Officer on last Site visit and report. Contracts for Project WeHOPE and Daly city Youth Health Center have been approved and signed. There was a meeting with Public health and Planning health System to review and discuss extending current MOU for Expanded Services grant 2014 (Service Connect). Program continues to work with Health IT to acquire Care Coordination/case Management system. Working with IT/BI to ensure UDS processes are update in preparation of conducting UDS report 2016. Program has continued to reach out to other programs and agencies in the county to increase our exposure and to better understand those programs' and agencies' roles as they might relate to the homeless and farmworker populations and the services we provide. 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). This latter request ended up generating a meeting with the SMMC Office of Managed Care. Program also met with the Santa Clara County HCH Program for a discussion of outreach efforts and methodologies.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program Budget & Financial Report</p>	<p>Based on expenditures to date, we are projecting total expenditures to be around \$2,006,700 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00. This is a decrease in the rate of expenditures, primarily driven by the reduction in the unduplicated counts in the contracts & MOUs. For GY2017, assuming the funding level as indicated in the SAC announcement plus the expected carryover of DSHII & QI Supplemental Funding (\$2,600,752), our current projection is for around a \$85,000 unobligated balance. This includes expenditure projections for two (2) additional staff (one hired in Q1, the other in Q3).</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p>Budget change (DSHII) Request to Approve Budget Change</p>	<p><i>Program has received the DSHII supplemental funding award from HRSA for developing the presentation of the homeless and farmworker indicators in eCW for easy and immediate recognition by providers when seeing a patient.</i> <i>On October 17, 2016, HRSA requested Program to resubmit a revised SF 424A, Line Item Budget and Budget Narrative Justification for the award as the previous submission did not include detail of the price and detailed description of the budgeted contract. Due to the short turnaround, Program has submitted the documents on October 28, 2016.</i></p> <p>Action item: Request to Approve Budget Change (DSHII)</p> <p><i>Please refer to TAB 8 on the Board meeting packet</i></p>	<p>Motion to Approve Budget Change</p> <p><u>MOVED</u> by Julia <u>SECONDED</u> by Tay, and APPROVED by all Board members present.</p>
<p>Contract Amendments Request to Amend PH-Mobile van Street/Field Medicine contract</p>	<p>The HCH/FH Program currently has a one-year MOU with Public Health, Policy and Planning Division (PHPP) for the Street and Field Medicine Service initiative to expand the delivery of Primary Care services to street homeless and farmworker individuals. The proposed agreement is for two (2) years through December 31, 2017. The total value of the agreement is \$437,500.</p> <p>Action item: Request to Amend PH-Mobile van Street/Field Medicine contract</p>	<p>Motion to Amend Ph-Mobile Van Street/Field Medicine contract</p> <p><u>MOVED</u> by Dan <u>SECONDED</u> by Kat, and APPROVED by all Board members present.</p>

<p>Request to Amend PH-Mobile van – Expanded Services Contract</p>	<p>Program has met with PHPP discussing the Expanded Services for primary care to formerly incarcerated patients and shelter residents. Based on the discussion, Program has drafted a MOU amendment to continue the same primary care services to formerly incarcerated patients and all shelter residents at Maple Street in 2017. Included with this request is the draft MOU for one year through December 31, 2017. The total value of the agreement is a total of \$183,600 for one year. Action item: Request to Approve PH-Mobile van Service Connect/Expanded Services contract</p>	<p>Motion to Approve Ph-Mobile Van Expanded Services <u>MOVED</u> by Theresa <u>SECONDED</u> by Molly, and APPROVED by all Board members present.</p>
<p>Request to Amend Daly City Youth Health Center Contract</p>	<p>Taken off agenda, DCYC no longer in need of additional time to complete 2016 contract Action item: <i>Request to Amend Daly City Youth Health Center contract</i></p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	<p>Motion to Daly City Youth Health Center Contract <u>MOVED</u> by <u>SECONDED</u> by, and APPROVED by all Board members present.</p>
<p>Staffing Plan Discussion</p>	<p>Discussion on staffing plan that includes adding staff to respond to growing contracts and expanding program. 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, Discussion on hiring contracts to help with workload.</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
<p>Regular meeting: Strategic Plan Update</p>	<p>On-going efforts include:</p> <ul style="list-style-type: none"> • Staff continues to work with various organizations to process small funding requests, we have approved 8 requests and continue to process requests. • 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) <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>11:01a.m</u></p>	<p>Robert Stebbins</p>

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2017 Calendar *(Revised January 2017)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (February 9, 2017 from 9:00 a.m. to 11:00 a.m.) • Western Forum for Migrant & Community Health, SF (February 22-24) • UDS initial submission 	February	@San Mateo Medical Center
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Board Meeting (April 13, 2017 from 9:00 a.m. to 11:00 a.m.) • Providers Collaborative meeting 	April	
<ul style="list-style-type: none"> • Board Meeting (May 11, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting 	May	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • Board Meeting (August 10, 2017 from 9:00 a.m. to 11:00 a.m.) • RFP announcement • Site Visits with contractors 	August	

TAB 3
Consumer
Input

Homeless Persons' Memorial Day

Highlights from Homeless Persons' Memorial Day 2016

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. Here is a reflection from a community member in one such city.

From David Peery in Miami: On December 16, 2016, near longest night of the year, the Miami community held a candle light service in remembrance of those persons who lost their lives while residing on the streets and in shelters of our city. 2016 was an especially deadly year. We read the names of 142 persons who passed away, a sixty percent increase from the previous year and more than double the number who died in 2014.

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. As we enter the New Year and welcome the new Presidential Administration, we urge policy makers to take measures to stem this crisis on our streets, helping to increase access to health care rather than decreasing it. **We must also address the primary cause of homelessness — the lack of affordable housing — which is a severe problem here in Miami. Unless we address these health and housing issues, 2017 will only surpass 2016 as the deadliest year for some of our most vulnerable citizens.**

From NPR- [Vigil Honor's Homeless Who Died as they Lived: On the Streets](#)

From National League of Cities- [Cities Remember Homeless Deaths, Commit to Creating Solutions](#)

From Baltimore Brew- [Elderly and homeless, stabbing victim had a name and a story](#)

From Gothamist- [Remembering The Homeless Who Died in 2016](#)

Next years remembrance for Homeless Persons' Memorial Day will be December 21, 2017

The National Consumer Advisory Board, the National Coalition for the Homeless, and the National Health Care for the Homeless Council encourage our constituents to organize or take part in Homeless Persons' Memorial **Day events on or around December 21st, the first day of winter and the longest night of the year.** Learn why we remember this day each year through our [HPMD Public Statement and Advocacy Agenda](#).

At these events each year, we remember those who have died and we strengthen our resolve to work for a world where no life is lived or lost in homelessness. We state clearly, together with others in scores of communities across our nation, that no person should die for lack of housing.

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. They are often held outdoors, sometimes – fittingly – in the bitter cold. These events honor those who have paid the ultimate price for our collective failure to adequately address homelessness, and often include calls to address the systemic causes of tragically avoidable deaths.

A succinct [Organizing Manual](#) for HPMD is now available. In it you will find guidelines for planning these events, sample documents, and suggestions for addressing policy issues related to homeless deaths. Please use it to borrow ideas from others and to help create a moving and powerful local event.

For help in organizing your local Homeless Person's Memorial Day or to let us know about your event, please contact [Katherine Cavanaugh](#), the Council's Consumer Advocate, or the [National Coalition for the Homeless](#).

TAB 4
New Board
Member
Approval



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 2017

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

FROM: Board Composition Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR MOTHER CHAMPION

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

The Board Composition Committee has interviewed a candidate it wishes to present to the Board. Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB.

This request is for the approval of a new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.

Mother Champion was interviewed by members of the Board Composition Committee and the Board Chair. She has extensive experience providing services to the homeless population in East Palo Alto, through volunteer work, community activism and employment at Project WeHOPE shelter.

The Board Composition Committee nominates Mother Champion for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT: MOTHER CHAMPION APPLICATION



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester J. Kunnappilly, MD
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

Board Composition Committee Nomination to Board

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant Board Application for Board Membership.

1. What is your name and contact information?

She'ren Champion aka Mother Champion hope4ourcommunity2016@gmail.com

Hope4OurCommunity

2. What is your place of employment and title, if applicable?

Executive Director for Hope 4 Our Community,

3. What experience and/or skills do you have that would make you an effective member of the Board?

Fifteen years plus in the non-profit sector, working with the homeless, mentally challenge, faith based community, and Police/Community Chaplaincy.

4. Why do you wish to be a Board member?

To help people and to use my experience and resources to benefit the community.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker?

Formerly temporarily homeless.

We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

6. The Board requires a member to be a resident of San Mateo County.

YES

7. Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

(Check) No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.

(45 CFR Part 74.42 and 42 CFR Part 51c.304b)

TAB 5
QI Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 2016

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 COMMITTEE REPORT

The HCH/FH Program QI Committee continues to evaluate multiple aspects of the program.

The only new update since the last HCH/FH Program Co-Applicant Board meeting is that the draft Patient Satisfaction Survey analysis has been completed by the outside consultant. The report will be reviewed at the next HCH/FH Program QIC meeting on January 19, 2017.

The QI Committee will be reviewing the Diabetes Hemoglobin A1c and Hypertension outcome measures, the Enabling Services outcome measure tracking Primary Care referrals, and the Patient Satisfaction Survey report at the upcoming meeting. In addition, the Committee will begin determining the 2017-2018 HCH/FH Program QI Plan.



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TAB 6
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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 December 08, 2016 Co-Applicant Board meeting:

1. Service Area Competition (SAC) Award

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. This is great news.

In addition, there were no specific grant conditions attached to the award. We may still receive conditions (and are very likely to do so) from our recent Operational Site Visit (OSV), but, for right now, we begin our new 2017 grant year with no grant conditions.

2. 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.

3. Proposals & Contracts

Following our request for further information on their revised proposal, CORA responded with additional information. Staff has reviewed the information and forwarded it on to the Proposal Review Committee to determine next action.

Program continues to work with Apple Tree Dental, Daly City Youth Health Center/Jefferson Union High School District and the WeHope Dignity on Wheels Program to finalize agreements for services in



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2017. We currently plan to bring these agreements to the Board for their approval at the February Meeting.

4. 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.

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

5. HRSA DRAFT Compliance Guide

HRSA has developed a DRAFT compliance Guide to generally compile and summarize all of the Program Requirements in a single document, and released the DRAFT for comment. While much of the Guide was simply a recapitulation of previously issued PINs, PALs and known HRSA policies, the Guide did contain statements that could potentially be troublesome for California target population programs (homeless & farmworkers) that are county-based. These counties, including San Mateo County, currently receive enhanced Medicaid (MediCal) reimbursement for all of the Medicaid eligible patients that receive services, not just those from the target population. This is a significant supportive funding source for these counties in the operation of their safety-net health care systems.

Because the statements made in the DRAFT Guide could potentially be used to put the above funding at risk, comments were provided to HRSA from Program and from the California Association of Public Hospitals (CAPH), to which all of the affected counties belong. These comments focused on requesting HRSA to amend the Guide language so as not to be as prescriptive concerning the reimbursement for non-330 program patients.

6. Whole Person Care Project

The San Mateo County Health System successfully submitted a MediCal project request for a "Whole Person Care" (WPC) initiative. Recognizing that WPC's case management efforts will likely include some homeless individuals for whom we provide similar services, we have initiated meetings and conversations with WPC. Program will keep the Board updated on our interactions and relationship with WPC, and any homeless or farmworker patient impacts it may have.

7. Seven Day Update

Attached:
SAC award

1. DATE ISSUED: 12/09/2016		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 2 H80CS00051-16-00		4b. GRANT NO.: H80CS00051	5. FORMER GRANT NO.: H66CS00469
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 12/31/2019			
7. BUDGET PERIOD: FROM: 01/01/2017 THROUGH: 12/31/2017			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 SAN MATEO COUNTY HEALTH SERVICES AGENCY
 222 W 39th Ave
 San Mateo, CA 94403-4364
DUNS NUMBER:
 625139170
 BHCMS # 091140

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Jim Beaumont
 SAN MATEO COUNTY HEALTH SERVICES AGENCY
 222 W 39th Ave
 San Mateo, CA 94403-4364

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$2,550,004.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$1,487,502.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,062,502.00

a. Salaries and Wages :	\$3,598,049.00
b. Fringe Benefits :	\$2,176,991.00
c. Total Personnel Costs :	\$5,775,040.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$1,116,657.00
g. Travel :	\$25,000.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$4,973,266.00
j. Consortium/Contractual Costs :	\$1,753,004.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$13,642,967.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$13,642,967.00
i. Less Non-Federal Share:	\$11,092,963.00
ii. Federal Share:	\$2,550,004.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
17	\$2,550,003.00
18	\$2,550,003.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]
 Estimated Program Income: \$5,202,291.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached []Yes []No)

Electronically signed by Elvera Messina , Grants Management Officer on : 12/09/2016

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1946000532A1 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3981180	93.224	17H80CS00051	\$48,220.00	\$0.00	MH	HealthCareCenters_17
17 - 3980879	93.224	17H80CS00051	\$263,887.00	\$0.00	HCH	HealthCareCenters_17
17 - 398180F	93.527	17H80CS00051	\$175,374.00	\$0.00	MH	HealthCareCenters_17
17 - 398879G	93.527	17H80CS00051	\$575,021.00	\$0.00	HCH	HealthCareCenters_17

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The non-Federal share of the project budget includes all anticipated program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from "other revenue sources" such as state, local, or other federal grants or contracts, private support or income generated from fundraising or contributions. In accordance with Section 330(e)(5)(D) of the PHS Act, health centers may use their non-grant funds, either "as permitted" under section 330 or "for such other purposes ... not specifically prohibited" under section 330 if such use "furthers the objectives of the project." Health centers can meet the standard of "furthering the objectives of the project" by ensuring that the uses of non-grant funds benefit the individual health center's patient/target population.
2. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
3. Based upon the review of your Service Area Competition application, your organization is being awarded a three year project period.
4. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under [41 U.S.C. 4712](#) in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").
5. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantpolicy.pdf>
6. The application submitted by your organization requested a new or renewed waiver of the 51 percent patient majority governance requirement as documented in your Form 6B: Request for Waiver of Board Member Requirements. A review of your application indicates that your organization is eligible for such a waiver, and the HRSA assessment is that the application demonstrated both good cause for requesting the waiver as well as appropriate mechanisms detailing how the health center intends to meet the intent of the statute for the waived requirement. This waiver and the implementation of these mechanisms for addressing patient representation are approved for the length of the project period established with this award. Please be advised that the health center's governing board must fulfill all other Health Center Program requirements regarding board responsibilities, authorities and functions.
7. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the

prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.

8. This action approves the FY 2017 Budget Period Progress Report or Service Area Competition application and awards prorated support through May 31, 2017 based on the grantee's target FY 2017 funding under the Health Center Program (HCP). The HCP is currently operating under a Continuing Resolution since there is not a final FY 2017 appropriation for the program. A revised Notice of Award (NoA) will be issued later in the budget period after the final FY 2017 appropriation action is taken; the revised NoA will provide the remaining balance of grant support for the budget period that is consistent with the final appropriation for the HCP.
9. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or non-responsive progress report may result in a delay or a lapse in funding.
10. Prior approval by HRSA is required for any significant change in the scope (e.g., sites or services) or nature of a Health Center Program award recipient's approved project activities. Requests to change the approved scope of project, must be submitted for prior approval by HRSA via the Electronic Handbooks (EHBs) Change in Scope Module prior to implementation. See: <http://www.bphc.hrsa.gov/about/requirements/scope> for more information.
11. A health center's scope of project includes the approved service sites, services, providers, service area(s) and target population which are supported (wholly or in part) under the total budget approved for the health center. In addition, scope of project serves as the basis for eligibility for programs associated with the Health Center Program such as Medicare and Medicaid Federally Qualified Health Center (FQHC) reimbursements, Federal Tort Claims Act coverage, 340B Drug Pricing. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act. Health centers are responsible for maintaining the accuracy of their Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. Refer to the Scope of Project policy documents and resources available at: <http://www.bphc.hrsa.gov/programrequirements/scope.html> for details pertaining to changes to services, providers, sites, service area zip codes, and target population(s).
12. Health Center Program Federal award recipients that expend less than \$750,000 in Federal awards during their fiscal year are exempt from Federal Single Audit requirements of 45 CFR Part 75. However, in accordance with section 330(q) of the Public Health Service Act, all Health Center Program Federal award recipients, (including those that expend less than \$750,000) are required to provide for an independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under such [Health Center Program] grant and such other funds received by or allocated to the project for which such grant was made. For purposes of assuring accurate, current, and complete disclosure of the disposition or use of the funds received, each such audit shall be conducted in accordance with generally accepted accounting principles. Therefore, Health Center Program Federal award recipients that expend less than \$750,000 should be prepared to provide their most recent annual financial audit to HRSA's Office of Federal Assistance Management upon request. The audit must include the Auditor's report (including the auditor opinion, financial statements, auditor's notes and required communication from the auditor). In addition, the audit must include any management letters issued by the auditor.
13. All sites proposed on Form 5B of the approved Service Area Competition (SAC) application must be open and operational within 120 days of the Notice of Award. Task(s) in the HRSA Electronic Handbook (EHB) will allow you to verify when sites(s) proposed on Form 5B become operational through verification task(s). If all site(s) have not been verified as operational within 120 days from the Notice of Award release date, the verification task(s) will no longer be accessible in EHB and HRSA will place a Progressive Action condition on your grant award. Placement of a Progressive Action condition triggers the need for site-related Change in Scope (CIS) prior approval request(s) and provides a revised deadline for site(s) to be verified as open and operational. CIS request(s) must be submitted either for the original proposed site address(es) or for alternative address(es) that constitute comparable site(s), both in location and capacity, to what was proposed in the SAC application. Approval of the CIS request(s) will generate new site verification task(s) in EHB that will allow you to verify when the site(s) become operational, as required for the Progressive Action condition to be lifted. In addition to the Progressive Action condition, additional restrictions may be placed on your grant award, including the requirement that all drawdowns of

Health Center Program grant award funds from the Payment Management System (PMS) have the prior approval of the HRSA Division of Grants Management Operations (DGMO). If implementation of all proposed sites is not documented within the timeframe afforded by the Progressive Action process, in accordance with HHS Grant Regulation, found at 45 CFR Part 75, which states specifically in §75.372, "Termination," "the Federal award may be terminated in whole or in part. . . by the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with terms and conditions of a Federal award," the health center will have failed to comply with the terms and conditions of this new/supplemental SAC award and HRSA may proceed to terminate grant funding through the cancellation of all or a portion of this award.

14. By accepting these grant funds, the health center acknowledges its commitment to have 1) the necessary staff and providers in place to begin operating and delivering services to the proposed community and/or target population as described on Forms 5A: Services Provided, 5B: Service Sites, and 5C: Other Activities/Locations within 120 of receipt of this Notice of Award, and 2) all proposed providers will be in place and all sites will be delivering services for the proposed hours of operation within one year of receipt of this Notice of Award.

15. By accepting these grant funds, the health center acknowledges its commitment to providing service to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet by December 31, 2018, as well as any additional unduplicated patient projections associated with supplemental awards received that can be monitored by this date via the 2018 UDS submission. Failure to meet this total patient commitment may result in a reduction of total funding announced for the service area in the next Service Area Competition.

Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
2. Consistent with Departmental guidance, HRSA grantees that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
3. Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure to submit a complete UDS report by the specified deadline may result in additional conditions and/or restrictions being placed on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System (PMS) have the prior approval of the HRSA Division of Grants Management Operations (DGMO) and/or limits on eligibility to receive future supplemental funding.
4. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
5. Health centers are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (See: <http://www.bphc.hrsa.gov/about/requirements/scope> for more information). Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

The Medicare enrollment application is located at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>. To identify the address where the package should be mailed, please refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

Successful enrollment in Medicare as an FQHC does not automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in

- applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
 3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:
"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."
Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
 4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
 5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
 6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
 7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
 8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
 9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited

English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2016, Division H, § 202. (P.L.114-113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$185,100, effective January 10, 2016. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2017 Ending: 12/31/2017, due 45 days after end of reporting period.**
The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. It is reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable

populations. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by Health Centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Please consult the Program Office for additional instructions. Reporting technical assistance can be found at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

2. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Jim Beaumont	Program Director	jbeaumont@smcgov.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kimberly Range at:

MailStop Code: 8th Floor
 HRSA/BPHC/Southwest Division/East Southwest Branch
 90 7th Street
 FL 8th
 San Francisco, CA, 95103-
 Email: KRange@hrsa.gov
 Phone: (415) 437-8150

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Christie Walker at:

MailStop Code: 10SWH03
 OFAM/DGMO/HCB
 5600 Fishers Ln
 Rockville, MD, 20852-1750
 Email: cwalker@hrsa.gov
 Phone: (301) 443-7742
 Fax: (301) 443-9810

TAB 7
Budget &
Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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 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.)

Attachment:
GY 2016 Summary Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester J. Kunnappilly, MD
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Details for budget estimates	Budget [SF-424]	To Date (12/31/16)	Projection for (as of Dec. report)	Projected for GY 2017								
<u>Salaries</u>												
Director												
Program Coordinator												
Medical Director												
Management Analyst new position, misc. OT, other, etc.												
	697,262	361,915	365,000	490,000								
<u>Benefits</u>												
Director												
Program Coordinator												
Medical Director												
Management Analyst new position, misc. OT, other, etc.												
	417,915	146,238	146,000	225,000								
<u>Travel</u>												
National Conferences (1500*4)		2,124	3,000	9,000								
Regional Conferences (1000*5)		8,871	9,000	9,000								
Local Travel		2,538	1,250	2,000								
Taxis		2,622	2,000	4,000								
Van			1,200	3,000								
	16,000	16,155	16,450	27,000								
<u>Supplies</u>												
Office Supplies, misc.	7,000	8,920	6,500	10,500								
Small Funding Requests		51,932	60,000									
	7,000	60,852	66,500	10,500								
<u>Contractual</u>												
Current 2016 contracts	561,425	665,194	690,000	875,000								
Current 2016 MOUs	433,300	612,701	625,000	765,000								
---unallocated---/other contracts	168,474											
	1,163,199	1,277,895	1,315,000	1,640,000								
<u>Other</u>												
Consultants/grant writer		87,033	80,000	50,000								
IT/Telcom		6,565	8,000	12,000								
New Automation			0	50,000								
Memberships		2,000	4,000	5,000								
Training			3,250	2,000								
Misc (food, etc.)		2,324	2,500	2,500								
	72,000	97,922	97,750	121,500								
TOTALS - Base Grant	2,373,376	1,960,977	2,006,700	2,514,000								
HCH/FH PROGRAM TOTAL	2,373,376	1,960,977	2,006,700	2,514,000								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">UNOBLIGATED BALANCE</td> <td style="width: 15%; text-align: center;">412,399</td> <td style="width: 15%; text-align: center;">366,676</td> <td style="width: 30%; text-align: center;">36,004</td> </tr> <tr> <td></td> <td style="text-align: center;">ACTUAL</td> <td style="text-align: center;">PROJECTED</td> <td style="text-align: center;">based on est. grant of \$2,550,004</td> </tr> </table>					UNOBLIGATED BALANCE	412,399	366,676	36,004		ACTUAL	PROJECTED	based on est. grant of \$2,550,004
UNOBLIGATED BALANCE	412,399	366,676	36,004									
	ACTUAL	PROJECTED	based on est. grant of \$2,550,004									

TAB 8
Request to
Approve Budget



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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: REQUEST FOR THE BOARD TO APPROVE THE 2017 TOTAL PROGRAM BUDGET AS APPROVED BY HRSA IN THE PROGRAM SAC AWARD AND TO APPROVE THE WORKING BUDGET FOR THE GRANT

Program received a Notice of Award for 2017 with a HRSA approved budget as was submitted as part of the overall Service Area Competition application. This approved budget includes the estimates for all services to be delivered under the grant, including those performed by SMMC and the SMMC Clinics.

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.

This request is for the Board to approve the SAC submitted and HRSA accepted budget for the total program effort, and to approve the allocation of grant dollars to services and operations. A majority vote of the Board members present is required to approve the grant application.

ATTACHED:

HRSA Approved SF 424A as submitted with the Service Area Competition Application
Grant Allocations for Services and Operations



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
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SF-424A: BUDGET INFORMATION - Non-
Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	\$0	\$0	\$2,013,377	\$8,758,528	\$10,771,905
Migrant Health Centers	93.224	\$0	\$0	\$536,627	\$2,334,435	\$2,871,062
Total		\$0	\$0	\$2,550,004	\$11,092,963	\$13,642,967

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$490,000	\$3,108,049	\$3,598,049
b. Fringe Benefits	\$250,000	\$1,926,991	\$2,176,991
c. Travel	\$25,000	\$0	\$25,000
d. Equipment	\$0	\$0	\$0
e. Supplies	\$10,500	\$1,106,157	\$1,116,657
f. Contractual	\$1,753,004	\$0	\$1,753,004
g. Construction	\$0	\$0	\$0
h. Other	\$21,500	\$4,951,766	\$4,973,266
i. Total Direct Charges (sum of a-h)	\$2,550,004	\$11,092,963	\$13,642,967
j. Indirect Charges	\$0	\$0	\$0
k. TOTALS (sum of i and j)	\$2,550,004	\$11,092,963	\$13,642,967

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$0.00	\$4,651,029	\$4,107,499	\$8,758,528
Migrant Health Centers	\$0.00	\$1,239,643	\$1,094,792	\$2,334,435
Total	\$0.00	\$5,890,672	\$5,202,291	\$11,092,963

HCH/FH 2017 Grant Budget

SECTION B - BUDGET CATEGORIES	
Object Class Categories	Federal Grant
a. Personnel	490,000
b. Fringe Benefits	250,000
c. Travel	25,000
d. Equipment	0
e. Supplies	10,500
f. Contractual	1,753,004
g. Construction	0
h. Other	21,500
i. Total Direct Charges (sum of a-h)	2,550,004
j. Indirect Charges	0
k. TOTALS (sum of i and j)	2,550,004

Direct Service Costs

SECTION B - BUDGET CATEGORIES	
Object Class Categories	Federal Grant
a. Personnel	0
b. Fringe Benefits	0
c. Travel	10,000
d. Equipment	0
e. Supplies	0
f. Contractual	1,673,004
g. Construction	0
h. Other	0
i. Total Direct Charges (sum of a-h)	1,683,004
j. Indirect Charges	0
k. TOTALS (sum of i and j)	1,683,004

Non-Federal Grant Expenditures (SMMC) 11,092,963

Total Services 12,775,967 93.6%

Operations Costs

SECTION B - BUDGET CATEGORIES	
Object Class Categories	Federal Grant
a. Personnel	490,000
b. Fringe Benefits	250,000
c. Travel	15,000
d. Equipment	0
e. Supplies	10,500
f. Contractual	80,000
g. Construction	0
h. Other	21,500
i. Total Direct Charges (sum of a-h)	867,000
j. Indirect Charges	0
k. TOTALS (sum of i and j)	867,000

66.0%

34.0%

2,550,004

867,000 6.4% 13,642,967

BHRS	97,500
PHMV	312,000
PHES	183,600
PHSM	218,750
	<hr/> 811,850
RFHC-D	52,000
RFHC-PC	96,000
RFHC-CC	82,000
Safe Harbor	63,500
Legal Aide	42,500
LM-CC/OE	179,150
LM-SMCC	82,560
Puente-CC/OE	118,050
	<hr/> 715,760

Total 1,527,610

ESTIMATES	
AppleTree (Sonrisas)	97,750
DCYHC	97,929 requested
WeHope	60,000 requested
	<hr/> 255,679 requested

TAB 9
Request to
Approve Taxi
Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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: **REQUEST TO APPROVE TRANSPORTATION TAXI 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, 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 contractors of the HCH/FH program, and other approved partners providing services to the homeless and farmworker communities, for Transportation Services.

The taxi vouchers are primarily intended to better provide clients with transportation to their Primary Care medical appointments or other health related services within the San Mateo Medical Center (SMMC) Clinic System, or as otherwise reasonably necessary to effectuate the mission of the HCH/FH program.

The Program is currently using an existing SMMC contract to provide transportation/taxi services within SMMC clinics for SMMC patients. With increased request for transportation to be provided outside of SMMC clinics for referral to specialty clinics as well as appointments associated with eligibility services, the program has revised the transportation policy to respond to such demands.

The program may initiate contracts directly with taxi providers to deliver transportation services to our clients if problems arise with these revised guidelines on the transportation/taxi policy while using the current SMMC contracts.

This request is to approve the attached revised Taxi Voucher policy.

ATTACHMENT:
Taxi Voucher Policy



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester J. Kunnappilly, MD

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:
<p>1. Rationale or background to policy:</p> <p>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, in a supportive, welcoming and accessible environment.</p> <p>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 contractors of the HCH/FH program, and other approved partners providing services to the homeless and farmworker communities, for Transportation Services.</p> <p>The taxi vouchers are primarily intended to better provide clients with transportation to their Primary Care medical appointments or other health related services within the San Mateo Medical Center (SMMC) Clinic System, or as otherwise reasonably necessary to effectuate the mission of the HCH/FH program.</p> <p>2. Policy Statement:</p> <p>The Taxi Voucher Program is intended to provide taxi services for clients who do not have access to other means of transportation necessary to receive medical care and/or other health related services.</p> <p>The HCH/FH Program taxi vouchers shall primarily be used by patients for:</p> <ul style="list-style-type: none">• 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• Transportation to required appointments for eligibility determination for SSI or other programs providing health coverage. <p>Transportation to other medical and health related services that are not based on a referral from SMMC may also be allowable with express approval from the HCH/FH Program Director or his/her designee. Approval may be obtained by contacting the HCH/FH office no later than 3:00 p.m. on the day before the necessary transportation is to occur. The case manager/provider making such a request must provide complete information on the need for services at a</p>	

different medical/health care facility outside of and without referral from SMMC, including why the patient cannot receive such services at SMMC.

3. Procedures:

The case manager utilizing the voucher is required to document the authorization of access to transportation on voucher with their initials, or as otherwise required by the HCH/FH Program.

To obtain taxi vouchers contact the HCH/FH Program Coordinator as soon as practicable prior to the date on which the voucher is needed and, as described herein, no later than 3:00 p.m. on the business day prior to the date on which the voucher is needed if the voucher is intended to transport the patient to a medical or other health care facility not based on a referral from SMMC.

Co-Applicant Board Chair

Date

Program Director

Date

TAB 10
Request to Amend
Contracts



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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 AMENDMENT FOR LEGAL AID SOCIETY OF SAN MATEO COUNTY

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.

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

Attachments:
Legal Aid Exhibit A & B for Enabling Services Amendment



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LEGAL AID SOCIETY OF SAN MATEO COUNTY

Exhibit A

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

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

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Legal Aid Society of San Mateo County (Legal Aid) for a full range of enabling services to farmworker individuals, centered on Needs Assessment, Experience Study, direct legal assistances, outreach and patient and community education. Legal Aid will provide legal assistance, including eligibility assistance, legal advice, follow-up, translation services, and referral services for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate, and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least **20 unduplicated farmworker individuals per reporting period** who meet Bureau of Primary Health Care (BPHC) criteria for Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who have not been previously served and invoiced for that service during the specified reporting period. The HCH/FH Program will continue to monitor the number of "cases" that are provided legal services, even as Legal Aid will invoice for unduplicated individuals.

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

OBJECTIVE 1: Provide direct legal services to a minimum of **20** unduplicated farmworker individuals or family members of farmworkers each reporting period to support eligibility assistance in securing access to available health, social services, pharmacy and other assistance programs including Medi-Cal, Medicare, MCE, ACE Healthy Kids, and related assistance programs related to the access of medical, dental, mental health or substance abuse services. A minimum of **30** on-going encounters will be provided to these 20 individuals.

These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in encounters.

OBJECTIVE 1.1.: 80% (16) of the farmworker clients provided legal services will receive favorable outcomes in addressing issues related to health coverage or health care access.

Outcome Measure 1.A: Of the farmworker individuals, a minimum of 80% will receive coverage or reduce out-of-pocket expenses through access to available coverage programs.

Outcome Measure 1.B: Of the farmworker clients provided legal services 65% (13) will be uninsured, not having current health coverage.

OBJECTIVE 2: Complete a regional **Needs Assessment**, and develop a plan to systematically address identified barriers to accessing health care affecting farmworkers in San Mateo County.

Outcome 2.A: To complete a Needs Assessment of the region to determine the number and location of farmworkers, their greatest areas of need, and the legal barriers they are currently facing.

OBJECTIVE 3: Outreach to at least 50 Farmworkers and Providers to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE each reporting period.

Outcome 3.A: In the first year, train 15 health providers and other outreach partners (quarterly) who are working directly with the target farmworker population to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE. This includes answering at least 24 technical assistance phone calls and emails. In the second year, train 20 providers and outreach partners annually who are working directly with the target farmworker population to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE. Evaluations after training will show that at least 80% of attendees are better able to identify legal needs among their farmworker clients, and are comfortable making appropriate referrals.

Outcome 3.B: Host eight outreach and education events targeting farmworkers and their families. These events will focus on the underserved southern coastal region at Pescadero. Outreach will include information about various health coverage programs, government benefits programs, and Public Charge.

Outcome 4: To complete an **Experience Study** by following and documenting a minimum of 12 farmworkers as they navigate attempting to access the health care system and receive health care services in order to identify barriers to accessing healthcare.

Outcome 4.A: LIBRE will work with partners to develop a strategy that best addresses the legal needs and barriers to accessing health coverage and healthcare. Contractor will follow a minimum of 12 farmworkers as they interact with the health care system in order to identify barriers to accessing healthcare.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Legal Aid Society of San Mateo County must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker individual receiving enabling services from Legal Aid during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. In addition, the contractor will track the number of legal cases pursued and the number of the reported unduplicated individuals that are involved in each case. **This may include data for farmworker individuals for whom the Contractor is not reimbursed.** The contractor will also assess and report each individual's homeless status as defined by BPHC.

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

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

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate

scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

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

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

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

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

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

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

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

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

Participate in County and community activities that address farmworker issues.

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

Exhibit B

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

County shall pay Contractor a one-time payment of \$8,000 total over the term of the agreement for the Needs Assessment project. County shall pay \$2,500 upon Contractor submission of Needs Assessment detailed plan with questionnaire and/or tool for review and acceptance, and \$5,500 upon Contractor submission of the Needs Assessment final report for review and acceptance.

County shall pay Contractor a one-time payment of \$10,000 total over the term of the agreement for the Experience Study project. County shall pay \$2,000 upon Contractor submission of Experience Study detailed plan with selection criteria for review and acceptance, and \$8,000 upon Contractor submission of the Experience Study final report for review and acceptance.

County shall pay Contractor \$11,300 total over the term of the agreement for the Provider Outreach project. For the first reporting period, County shall pay \$6,000 upon Contractor submission of Provider Outreach plan and materials including PowerPoint presentations and LIBRE flyers and handouts for review and acceptance, and \$3,200 upon Contractor submission of the Provider Outreach final report showing at least 50% completion of plan. For the second reporting period, County shall pay \$1,000 upon Contractor submission of updated Provider Outreach plan and materials including information targeting unreached provider workshop information for review and acceptance, and \$1,100 upon Contractor submission of the Provider Outreach final report showing at least 50% completion of the updated plan.

County shall pay Contractor \$13,300 total over the term of the agreement for the Farmworker Outreach project. For the first reporting period, County shall pay \$2,000 upon Contractor submission of Farmworker Outreach plan and materials for review and acceptance, and \$4,400 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of plan. For the second reporting period, County shall pay \$2,000 upon Contractor submission of updated Farmworker Outreach plan and materials including information targeting unreached farmworkers for review and acceptance, and \$4,900 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of updated plan.

County shall pay Contractor at a rate of \$1,675.00 for each unduplicated farmworker individual invoiced per reporting period for delivery of legal services, up to the maximum of 20 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated."

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of 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, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED AND NINE THOUSAND AND SIX HUNDRED DOLLARS (\$109,600).

TAB 11

Staffing Plan



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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 and anticipated staff effort, we have determined that the routine staff effort required to maintain general program operations is over 3,200 hours. This is substantially problematic in that the typical actual available hours for a full-time staff person are in the area of 1,600 hours (max) per year. Program could potentially meet the effort required, on a marginal basis, if no external disruptions or unanticipated events occur.

However, the above does NOT include any time for SAC, OSV, RFP * proposal review, Needs Assessment & Patient Satisfaction Survey, and Strategic Plan development, all of which add a total of over 1,400 hours per year (in which they would all occur).

That means we have a shortfall of up to a 3/4-time staff, assuming some of the above non-routine events 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 or other program issues, 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



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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 for 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		Projects	Full-Time Position	hours
	Prog Coord	M.A.			
Site visits	120	75	PSA training	2080	
			Website creation/updates		
general trainings, webinars, literature reviews	40	60	Visit Clinics	-80	county scheduled holidays
			Provider Contractor TA in field	-100	vacation
IT/Case mgmt 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			
<u>Position Specific</u>					
Reviews of Invoices, data, vouchers, etc. + TA		272			
contract work		75			
Budget development, review, etc		208			
Quarterly reports, service issues + TA	208				
	208	555			
<u>Periodic & As Needed</u>					
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			

TAB 12

**Shelter Operating
hours Policies**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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 13

**Strategic Plan
Update**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 12, 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). This latter request ended up generating a meeting with the SMMC Office of Managed Care.

Attached: Strategic Plan status table



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

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. <i>(Strategy that were added at the retreat.)</i>	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
Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers	
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. <i>(Strategy that were added at the retreat.)</i>	
Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff	
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 with Center on Homelessness and meeting with Department of Housing to discuss partnerships, future collaborations and data sharing options. Working with SMMC/Business Intelligence to add homeless/farmworker status to E.H.R., pursuing the Delivery System Health Information (DSHII) supplemental funding for this effort. Staff pursuing efforts for case mgmt software
3. Strengthen collaboration with San Mateo Medical Center	Staff is part of Disparities workgroup that is lead by SMMC management to identify disparities with patients and work on problem statement.
Goal 4: Improve communication about resources for the homeless and farmworkers.	
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 would 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 understandin gof Health Plan of San Mateo relationship.
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.