

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

San Mateo Medical Center | 2<sup>nd</sup> floor, Board Room  
January 11, 2017, 9:00 A.M - 11:00 A.M.

**AGENDA**

---

<b>A.</b>	<b>CALL TO ORDER</b>	Brian Greenberg	<b>9:00 AM</b>
<b>B.</b>	<b>CHANGES TO ORDER OF AGENDA</b>		<b>9:10 AM</b>
<b>C.</b>	<b>PUBLIC COMMENT</b>		<b>9:10 AM</b>
	<small>Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.</small>		
<b>D.</b>	<b>CLOSED SESSION</b>		<b>9:15 AM</b>
	1. Closed Session this meeting		
	<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>		
	<i>ii. Director Evaluation check-in</i>		
<b>E.</b>	<b>CONSENT AGENDA</b>	Linda Nguyen	<b>TAB 1 9:30 AM</b>
	1. Meeting minutes from December 14, 2017		
<b>F.</b>	<b>BOARD ORIENTATION</b>		
	1. No Board Orientation		
<b>G.</b>	<b>BUSINESS AGENDA:</b>		
	1. Service Contract Approvals	Linda/Jim/Elli	<b>TAB 2 9:35 AM</b>
	<i>i. Action Item – Request to Approve Puente Contract</i>		
	<i>ii. Action Item – Request to Approve Samaritan House Contract</i>		
	<b>Documents for the following item will be available for review at the meeting with time for review prior to consideration and action by the Board.</b>		
	2. Amend By-laws	Jim Beaumont	<b>TAB 3 10:00 AM</b>
	<i>i. Action Item- Request to Approve Amend By-laws</i>		
	1. Conference Travel Request	Linda/Elli	<b>TAB 4 10:05 AM</b>
	<i>i. Action Item- Request to Approve Board member travel request</i>		
	<i>ii. Action Item- Request to Approve non staff/member travel request</i>		
<b>H.</b>	<b>REPORTING AGENDA:</b>		
	2. Consumer Input	Linda Nguyen	<b>TAB 5 10:15 AM</b>
	3. HCH/FH Program QI Report	Frank Trinh	<b>TAB 6 10:25 AM</b>
	4. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 7 10:40 AM</b>
	5. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 8 10:50 AM</b>
	<i>a) Budget/Finance</i>		
	<b>BOARD COMMUNICATIONS AND ANNOUNCEMENTS</b>		
	<small>Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.</small>		
	<b>OTHER ITEMS</b>		
	1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated)		
	<i>Next Regular Meeting February 8, 2018; 9:00 A.M. – 11:00 A.M.  San Mateo Medical Center</i>		
<b>H.</b>	<b>ADJOURNMENT</b>	Brian Greenberg	<b>11:00 AM</b>

---

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

**TAB 1**  
**Meeting Minutes**

**Request to Approve**  
**(Consent Agenda)**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (Dec 14, 2017)  
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair  
 Julia Wilson, Vice Chair  
 Robert Anderson  
 Tayischa Deldridge  
 Steve Carey  
 Kathryn Barrientos  
 Dwight Wilson  
 Gary Campanile  
 Christian Hansen  
 Mother Champion  
 Allison Ulrich  
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Elli Lo, Management Analyst  
 Linda Nguyen, Program Coordinator  
 Sandra Nierenberg, County Counsel  
 Frank Trinh, Medical Director

Members of the Public

Dirk Alvarado  
 Bonnie Jue

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:02</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting	
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from August 10, 2017) were approved.  Please refer to TAB 1 <i>on the Board meeting packet.</i>	Consent Agenda was <u>MOVED</u> by Robert <u>SECONDED</u> by Steve K, and APPROVED by all Board members present.
Business Agenda:  RFP report and service contracts <b>Request to Approve Service Contracts</b>	LifeMoves proposals essentially called for the integration and continuation of the currently provided services via two contracts: 1) care coordination, SSI/SSDI and health eligibility assistance and 2) care coordination in collaboration with Public Health Street Medicine team. In collaboration with San Mateo County's Street Medicine Team, LifeMoves proposed to provide care coordination and intensive follow-up to 140 street homeless individuals. Discussion on history of turnover. <b>Action item: <i>Request to Approve LifeMoves Enabling Contract (1 year)</i></b>  Program currently has a two-year contract with Legal Aid Society of San Mateo County (Legal Aid) for Enabling Services for the Farmworkers. Legal Aid has requested a no-cost extension amendment to the contract due to difficulties in coordinating outreach presentations with Puente. After discussion with Legal Aid, Program is looking to extend the current contract for another three (3) months for the completion of experience study, farmworker and provider outreach projects. <b>Action item: <i>Request to Extend Legal Aid Contract (3 months)</i></b>	Motion to Approve <i>LifeMoves</i> Enabling contract <u>MOVED</u> by Dwight <u>SECONDED</u> by Robert, Steve Carey & Brian Greenberg recused themselves and APPROVED by all remaining Board members present.  Motion to <i>Extend Legal Aid</i> contract <u>MOVED</u> by Tay <u>SECONDED</u> by Kat, and APPROVED by all Board members present.

	<p>Sonrisas Dental proposals essentially called for the continuation of the currently provided onsite dental services to farmworkers and their family members in Pescadero in collaboration with Puente de la Costa Sur. After discussion and negotiation, Program offered an agreement with recommended funding at \$131,675 for the delivery of preventive and restorative dental services, periodontal deep cleaning, referrals for patients requiring more specialized care and dental care coordination such as scheduling, transportation, and translation services as needed.</p> <p><b>Action item: Request to Approve Sonrisas Dental contract (1 year)</b> Please refer to TAB 2 on the Board meeting packet.</p>	<p>Motion to Approve Sonrisas Dental contract <u>MOVED</u> by Steve K. <u>SECONDED</u> by Christian, and <u>APPROVED</u> by all Board members present.</p>
<p>Business Agenda: <b>Notice of Intent to Amend Board's By-laws</b></p>	<p>In accordance with Article 15: Amendments of the Board's Bylaws, Board members must be provided fourteen (14) day notice of the intent to alter, amend or adopt new Bylaws, and such notice must include the text of the proposed alteration, amendment, or substitution. This item functions as such notice of intent to amend the Bylaws at the Board's January 11, 2018 meeting.</p> <p>The proposed amendment to the Bylaws is to remove from the first sentence of the paragraph the phrase "..., without reasonable excuse,...". Without further definition of what was or would be considered as "reasonable", the phrase was viewed as an impediment to working with Board members on attendance.</p> <p>This amendment to the Bylaws shall be up for Board action at the January 11, 2018 meeting. It requires a two-thirds vote of the members present to approve the amendment.</p> <p><b>Notice of Intent to Amend Board's By-laws</b> <i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p>Add changing By Laws to January agenda</p>
<p>Reporting Agenda: Consumer Input/NHCHC/ISMS report back</p>	<p>Mother Champion reported back on workshops attended at National health care for homeless conference in DC that included Caring for the Homeless Patient with Mental Illness; Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities; and Leap of Faith.</p> <p>Tayischa Deldridge reported on workshops attended at International Street Medicine Symposium: Packing for Success; Risk Management and Legal Considerations in Street Medicine and; Psychosis, Neurosis, or Alcoholic Hallucinosi? : Connecting and Planning Care on the Street. Through attending the "Packing for Success" workshop, I learned how and what to pack when you go out to do street medicine. Some of the questions we explored include: what kind of durable and washable backpacks we need to purchase, and what types of medical supplies should be packed (for example, topical ointments for wound care and other basic medications).</p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p>Send information on next ISMS conference in Netherlands</p>
<p>Subcommittee report: Transportation Committee</p>	<p>Transportation committee last report: Case manager-provides service and care. See contractors of the HCH/FH program below. Note that service and care is not limited to medical service and care. The policy does not need to be changed.</p> <p>Discussion on appropriate referrals. The Transportation committee has concluded that case managers can make the determination of an appropriate referral and it does not need to be directly</p>	

<p>Discussion of meeting times</p>	<p>from SMMC.</p> <p><u>Finance Committee</u>- would like to recruit a Board member with finance background and work with a consultant in the interim for some training on Financial matters</p> <p><u>Staffing Committee</u> (Gary-lead, Steve, Tay, Kat (guest Frank, Maddy) members ok with first meeting after January Board meeting.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	<p>Staff will contact consultant on training for Finance committee.</p>
<p>Regular Agenda: HCH/FH Program <b>QI Report</b></p>	<p>The QI Committee reviewed the 3rd Quarter 2017 Diabetes Hemoglobin A1c (HgbA1c) data for Homeless and Farmworker patients in the San Mateo County Health System. Overall, the rate of Hemoglobin A1c &lt; 8%, denoting adequate diabetic control, was 54.9% for the combined Homeless and Farmworker population, comparable to the overall Primary Care population rate of approximately 60%. Disparities were found in specific subpopulations. The HgbA1c &lt; 8% rate for the total Farmworker population was lower at 48.4%, lower than past level of around 54% in 2016. Within the Homeless population, disparities were found in the Black/African-American Race (45.5%), "Other" Race (44.6%), Shelter (45.4%), and Transitional (40.9%) populations. The QI Committee will be further evaluating these subpopulations to look for trends or unique challenges specific to them.</p> <p>Discussion on understanding why patients are not tested when they come into clinic and on vocational nurse at maple Street- training staff on outcome measures.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <b>Directors report</b></p>	<p><u>Grant Conditions</u>- As part of the 7-Day Update in last meeting's Director's Report, we informed the Board that we had received notice that all of our grant conditions had been lifted. That Notice of Action (NOA) is attached to this month's report</p> <p><u>Health Center Program Funding</u>- On November 16, 2017, we received NOA 2017-00 providing approval of our Non-Competing Continuation Progress Report (NCC)/Budget Period Progress Report (BPR) and awarded pro-rated funding for the first two (2) months of the grant year. Congress is still working on final 2018 appropriations and authorizations, resulting in the pro-rated funding.</p> <p>Automation- The County is presently negotiating a contract with Eccovia for their ClientTrack Case Management software. This is the system which the HCH/FH Program supported, and we are still included in the implementation group. We have been advised that this will not be finished during the current calendar year. Therefore, we will be unable to utilize any GY2017 unexpended funds to support the purchase effort.</p> <p><u>RFP</u>- We plan to visit with Puente on their proposal as recommended by RFP Committee. We should be receiving a proposal from Mental Health Association.</p> <p><u>7 Day Update</u>- Contacted individuals that had attendance issues from last meeting and Dan Brown has resigned.</p> <p><i>Please refer to TAB7 on the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Program <b>Budget &amp; Financial Report</b></p>	<p>November saw a significant decrease in the rate of expenditure against our contracts and MOUs. Based on this, we now expect to underspend our budgeted contract/MOU amount by approximately \$450,000 (26%). This has driven the total anticipated unexpended funds for the grant year to \$669,032, which represents over 25% of our budget.</p> <p>As reported last month, this also does not include the 2017 AIMS (\$175,700) and QI (\$25,596) awards, nor the approved carryover of the DSHII (\$50,748) and QI (\$35,556) awards from 2016. 2016 carryovers are actually already included/projected in the expenditure report. Therefore, the total unexpended amount (that will not be able to be carried-over) projected for the end of the year is now approximately \$750,000.</p> <p>We do anticipate being able to allocate some of the funding to small funding requests, but these have mostly already been allocated and it will total less than \$30,000.</p> <p>As reported in the Director's Report, while the County is negotiating the contract for the purchase and implementation of a Case Management/Care Coordination System, of which HCH/FH will be a participant, they will not have that completed in this budget year, so we will not be able to utilize any unexpended funds toward that project.</p> <p><i>Please refer to TAB 13 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time <u>10:50 a.m.</u>_____</p>	<p>Brian Greenberg</p>

**TAB 2**

**Service  
Contract  
Approvals**

DATE: January 11, 2017

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FOR PUENTE DE LA COSTA SUR

The HCH/FH Program received an enabling services proposal from Puente de la Costa Sur (Puente) in response to our issued RFP for the continuation of enabling services for Farmworkers and their family members. Upon the RFP Evaluation Committee’s recommendation, Program staff met with Puente staff in discussing the continuation of current services and clarifying the new additional care coordination efforts for dental services for farmworkers and their family members in the Pescadero area. After discussion and evaluation, Program drafted an agreement with Puente on the parameters of a contract based on the proposal.

The proposal essentially called for the continuation of the currently provided care coordination, health coverage eligibility assistance services and additional efforts in dental care coordination in collaboration with Sonrisas Dental Health Inc. They proposed an 80% increase from 100 to 180 individuals in care coordination, a decrease from 50 to 20 individuals in intensive care coordination, and decrease from 180 to 170 individuals for health coverage eligibility assistance. The increase in care coordination and funding are as a result of additional intensive efforts for connecting, translating and coordinating farmworkers and their families to dental services with Sonrisas Dental Health Inc.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for one (1) year from January 1, 2018 through December 31, 2018. The value of the agreement is for a total contract value of \$183,500.

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

	2017 (current)		2018 (proposed)	
	Patient#	Payment	Patient#	Payment
Care Coordination	100	\$360/patient	180	\$500/patient
Intensive CC	50	\$525/patient	20	\$850/patient
Health Coverage Eligibility Assistance	180	\$310/patient	170	\$450/patient
<b>Total Funding</b>		<b>\$118,050</b>		<b>\$183,500</b>

Attachments:

- Exhibit A & B for Puente de la Costa Sur Enabling Services





## 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 1<sup>st</sup> through December 31<sup>st</sup>, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period:

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Puente de la Costa Sur for a full range of health care enabling services to farmworker individuals, centered on care coordination and eligibility assistance. Puente de la Costa Sur will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least **200 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. Also, a **minimum of 170 unduplicated farmworker individuals** per reporting period will be assisted with eligibility assistance for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate.

The services to be provided by Puente de la Costa Sur will be implemented as measured by the following objectives and outcome measures:

**OBJECTIVE 1:** Provide initial assessments and on-going care coordination services to a minimum of **180** unduplicated farmworker individuals each reporting period to engage and maintain participation in health programs in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. A minimum of **360** on-going care coordination encounters will be provided to these 180 individuals.

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

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

**Outcome Measure 1.A:** At least **180** of the farmworker individuals served will receive care coordination services during the reporting period. Provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support **to improve client access to San Mateo County Health System primary medical services**

**Outcome Measure 1.B:** At least 25 farmworker individuals will be provided with transportation and translation services necessary to access medical, dental, and/or behavioral health services during the reporting period.

**Outcome Measure 1.C:** At least 90% of the 180 farmworker individuals will receive an individualized care plan.

**OBJECTIVE 2: Intensive Care Coordination-** In addition to the 180 farmworker individuals receiving care coordination services, assist at least **20** new (client has not been seen for primary care in the past two years) unduplicated farmworker individuals each reporting period to engage and maintain participation in health programs and the health care system **in order to better access primary medical services through the San Mateo County Health System and HCH/FH Program contractors**. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of **60** on-going encounters will be provided to these 20 individuals.

**Outcome Measure 2.A:** At least 10 farmworker individuals receiving intensive case coordination services during the reporting period will be provided with transportation and translation services necessary to access medical, dental, and/or behavioral health services.

**Outcome Measure 2.B:** At least 90% of the 20 farmworker individuals will receive an individualized care plan.

**OBJECTIVE 3:** To improve access to health care by providing eligibility assistance to farmworker individuals to apply or renew for appropriate health insurance coverage plans.

**Outcome 3.A:** All (100%) farmworkers engaged by Puente de la Costa Sur during the reporting period will be screened for health insurance/coverage eligibility. At least 170 farmworker individuals will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, etc. as appropriate, during the reporting period.

#### **RESPONSIBILITIES:**

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker individual receiving enabling services from Puente de las Costa Sur during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for 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 on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will try to accommodate contractors with advance notice of visits, but visits may also occur unannounced.

**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 10<sup>th</sup> 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 15<sup>th</sup> 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**, tracking and documenting occurrences are required with submission to designated HCH/FH staff for follow up.

In response to **staff turn-over**, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff

members soon after they have started to orient them with the contract and program, including contracting and related staff.

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

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

Participate in County and community activities that address farmworker issues.

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

## EXHIBIT B

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

County shall pay Contractor at a rate of \$500.00 for each unduplicated farmworker individual invoiced, per reporting period, for delivery of care coordination services, including transportation, and translation services, up to the maximum of 180 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$850.00 for each unduplicated farmworker individual invoiced per reporting period for delivery of intensive care coordination services for “new” clients as defined in Exhibit A, up to the maximum of 20 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay contractor at a rate \$450.00 per unduplicated farmworker individual invoiced for completing the enrollment process for Covered California, Medi-CAL or the ACE program as appropriate, up to a maximum of 170 per contract year.

Contractor will invoice the HCH/FH Program by the 10<sup>th</sup> 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, 2018 through December 31, 2018. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED EIGHTY-THREE THOUSAND FIVE HUNDRED DOLLARS (\$183,500).

### Budget Overview

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	180 patients	\$500
	Intensive Care Coordination	20 patients	\$850
Can be invoiced in addition to any care coordination	Health Coverage	170 patients	\$450

**TAB 3**

**Request to  
Amend Board  
By laws**

DATE: January 11, 2018

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

FROM: Jim Beaumont, Program Director

SUBJECT: REQUEST TO AMEND THE BOARD BYLAWS

In accordance with Article 15: Amendments of the Board's Bylaws, the Board members were noticed as part of the December 14, 2017 meeting of the intent to request an amendment to the Bylaws at the January 11, 2018 meeting, thereby providing the required fourteen (14) day notice.

Currently, the second paragraph of Article 9: Removal reads:

“Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.”

The proposed amendment to the Bylaws is to remove from the first sentence of the paragraph the phrase “..., without reasonable excuse,...”. Without further definition of what was or would be considered as “reasonable”, the phrase was viewed as an impediment to working with Board members on attendance.

The Amended second paragraph for Article 9: Removal will read:

“Continuous and frequent absences from the Board meetings shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.”

This request is for the Board to amend its Bylaws as stated above. It requires a two-thirds vote of the members present to approve the amendment.

**TAB 4**  
**Conference**  
**Request**

DATE: January 11, 2018

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 and Jim Beaumont, Director HCH/FH Program

SUBJECT: BOARD MEMBER AND NON BOARD MEMBER/STAFF TRAVEL REQUESTS

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business. The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014) and according to the policy:

To address this situation, and to try and provide appropriate fairness to all of the members of the Board, the Board established the policy for the determination of which Board members travel (or portion thereof) will be reimbursed by the Program. This policy addresses the potential benefits that may accrue to the Board and/or Program by the travel, benefits that may be accrued to others who might also be able to support said travel, the number of events that may be of interest, the number of Board members who may be interested in attending said events, available funding in the Program budget for all potential events, and other issues as determined as relevant by the Board.

The following is the Program policy for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:

- For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.

So far the program has received request from one Board member for the upcoming 2018 Western Forum for Migrant & Community Health in Seattle, Washington (February 22-24); Gary Campanile.

For non-Board/staff travel request the policy states:

It is understood that enhancing the knowledge and skills of those working with the homeless and farmworkers, and their families, for the maintenance and improvement of their health is a beneficial activity for the HCH/FH Program and the populations that it serves. Further, it is understood that the HCH/FH Program has a limited budget, and for training and skills development, the primary focus is on doing so for the Co-Applicant Board members, to enhance their capabilities in Board decision-making, and Program Staff, in enhancing their capabilities in program operations.

- For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.

So far the program has received one request for the upcoming 2018 Western Health Care for Homeless Conference in Minneapolis, MN (May15-18); Denise Chun.

ATTACHED:

- Funding request from Gary Campanile
- Funding request from Denise Chun



Name	Position/Role	Request (ex: registration)	Request Amount Total	Org Contribution (if applicable)
Gary Campanile	Board Member	Registration (\$300.00), Airfare (\$162.00), Hotel (\$661.45), Per dieum (\$104.00), Ground Transportation (\$60.00)	\$ 1,287.45	



5 January 2018

**2018 NATIONAL HEALTH CARE FOR THE HOMELESS  
Conference & Policy Symposium  
May 15-18 Minneapolis, MN**

**Hello HCH/FH Board,**

I am a social worker with the San Mateo Medical Center but a mental health clinician by training. I would like to attend this conference and symposium on "your dime", and am willing to comply with your requirements, to justify the expense. I believe the Conference will showcase ideas and concepts that would improve my services to the homeless and illustrate examples of better health outcomes, as a result of medical respite and palliative care for the homeless.

I have worked with high risk special needs populations for 20 years, as a case manager, social worker, mental health clinician (therapist) and developed proposals for services and pilot programs for special mental health populations and researched models and evidence based best practices, for the homeless with chronic medical, MH and AOD issues with significant psychosocial stressors. The model I proposed and received funding for was based on Housing First with ACT-like services, for the State of Hawaii, Adult Mental Health Division, DOH, in 2013.

I relocated to California and started working for SMMC, in Feb 2014, as a social worker/discharge planner, acute unit 2A. In my role as a discharge planner, I placed homeless patients into skilled nursing (rehabilitation and custodial care), board and care (when living independently was not a safe option) or some form of assisted living accommodations, with development of a secondary funding source and coordination and collaboration with several CBOs and government agencies with social service resources.

More recently, I was invited by Street and Mobile Medicine, to travel to homeless encampments. Perceiving a need I introduced the use of home health companies to homeless patients (for evaluation and rehab) as an adjunct to Street Medicine, by enlisting the help of nearby senior centers on the coast and working with these companies to resolve service barriers. This afforded the patient rehab they would not have otherwise received due to their reluctance to travel to a "brick and mortar" facility.

I have a Master's Degree in clinical psychology with an MFT Terminus and an MPA, which prepared me for positions in public agencies and non-profit settings. I am available for questions. A future goal is to establish a medical respite with hospice care services for the homeless.

Regards,

Denise M. Chun, MACP MFT, MPA  
Social Worker III

Name	position/role	request (ex: registration)	Request amount	Personal/out of pocket
Denise Chun	Social worker	registration	\$660.00	
		flight	\$400.00	
		hotel	\$796.00	
		PerDiem		\$150.00
		Travel		\$150.00
			<b>\$1,856.00</b>	\$300.00

**TAB 5**  
**Consumer**  
**Input**



## Pray for the Dead and Fight like Hell for the Living: Honoring Homeless Person's Memorial Day - December 21<sup>st</sup>

Recently, there has been greater attention to overt acts of violence perpetrated through mass shootings, police brutality, and growing incidents of homicide. We are shocked by these blatant acts of violence, yet there is another – more pervasive – form of violence in our communities: **poverty**. Unfortunately, we have become so accustomed to deep and desperate poverty; it no longer inspires the same distress as the discrete acts of violence that too often make the headlines. Of the 46 million people living in poverty in the U.S., too many suffer the ultimate consequences of our collective failure to acknowledge and address the brutal conditions of deprivation. Those who are so poor that they experience homelessness are three to four times more likely to die prematurely and have a life expectancy 30 years shorter than their housed counterparts.

On National Homeless Persons' Memorial Day (HPMD) – commemorated annually since 1990 on or about December 21, the first day of winter and longest night of the year – communities across the country come together to remember those who have died without stable housing, to reflect on the shocking inhumanity of homelessness, and to call for meaningful policy changes to ensure that no life is lived or lost in homelessness. Each HPMD event is unique to its community, but the commemorations often include reading of names, candles, prayers, personal remembrances, marches, and moments of silence.

Recently, the State of Hawaii and nine local jurisdictions declared a state of emergency around homelessness. These declarations provide us the opportunity to acknowledge that homelessness is a human-made disaster that has been at crisis levels for decades; and is one we have the tools to end if we can galvanize the political will needed for significant policy changes. Any solution to end homelessness must be grounded in greater access to affordable housing and supportive services to help individuals not only meet their basic needs, but thrive in their community.

Communities holding HPMD events should contact Katherine Cavanaugh, National Consumer Advocate, at [kcavanaugh@nhchc.org](mailto:kcavanaugh@nhchc.org) with information and photos about their event so the National HCH Council can better track events nationally. Our [HPMD tool kit](#) is available with resources to help communities plan events and better advocate for needed policy changes. Today, take pause with us to remember those who have lost their lives, and recommit ourselves to addressing the root causes of homelessness. Let us clearly state together that no person should die for lack of housing.

## Advocacy Recommendations for Homeless Person's Memorial Day 2017

While Homeless Persons' Memorial Day is a solemn occasion to remember those who have passed, we recommend that local groups conducting HPMD events use these opportunities to encourage changes in their community to prevent and end homelessness so that no others should die on the streets. Consider including in public statements some or all of the following policy priorities, or add others depending on local issues currently active:

- Housing:** Housing is a fundamental need, a basic human right, and protects people from illness, violence and death.
  - Local, state and federal governments should invest in affordable housing for all its residents, to include those at the lowest income levels.
  - Adequate supports to maintain housing (through a Housing First approach) should be available to those who need them in order to prevent homelessness.
- Response system:** State and local jurisdictions should declare formal States of Emergency to create additional resources for housing and services as well as more quickly facilitate zoning changes and other administrative actions needed to end homelessness.
- Health care:** Medical illnesses often go untreated for lack of accessible, affordable health care, and result in accelerated death rates and premature mortality for people without homes.
  - States that have not yet expanded Medicaid under the Affordable Care Act must do so in order to facilitate the breadth of health care services for this population (who are often uninsured).
  - The Community Health Center program must be funded in full in order to protect the vital services they provide to millions of patients each year.
  - States and the federal governments should move toward single payer health care financing – expanded and improved Medicare for all – to eliminate remaining coverage gaps and financial barriers.
- Addiction:** Alcohol-related illnesses and drug overdoses are among the leading causes of death for people experiencing homelessness.
  - States and local communities should ensure there is adequate capacity to provide substance abuse treatment for those who need it, to include intensive, residential programs
  - Harm reduction programs – including ready availability of naloxone, needle exchange, and safe injection sites – should be implemented.
- Violence:** People without homes are frequent victims of violence, which is sometimes fatal.
  - Jurisdictions should not pass laws that criminalize homelessness because arrests and displacement do nothing to solve the problem and only create new problems.
  - Law enforcement should focus on protecting vulnerable people, rather than on enforcing ordinances intended to limit their presence in public spaces.
- Reporting:** Local jurisdictions should track, investigate and provide annual reports on all homeless deaths, and use the information to improve public policies and targeted interventions.
  - Death certificates should identify people who die while experiencing homelessness to provide better data on the extent of these tragedies.

**TAB 6**  
**QI Report**

DATE: January 11, 2018

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT

The next HCH/FH Program QI Committee meeting will be on January 18, 2018. There are no other updates at this time.

**TAB 7**  
**Director's**  
**Report**



DATE: January 11, 2018

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the December 14, 2017 Co-Applicant Board meeting:

1. Health Center Program Funding

There is no specific update on funding as Congress has continued to work with continuing resolutions for the federal fiscal year funding.

2. Automation

The County is continuing negotiating a contract with Eccovia for their ClientTrack Case Management software. Meetings have already begun to address the details of the scope of the project, which Program staff has been involved in. Preliminary indications are that the HCH/FH Program would transition to/implement the ClientTrack system effective for January 2019.

3. RFP

We continue to work through the RFP/contracting process. A number of agreements are elsewhere on today's agenda for Board action.

4. Staffing

We have submitted the requested information to the SMMC HR Office and are awaiting their response on next steps.

5. Seven Day Update

ATTACHED:

- Program Calendar



**Health Care for the Homeless & Farmworker Health (HCH/FH) Program**  
**2018 Calendar (Revised January 2018)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (January 11, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>Board training</li> <li>QI Committee meeting</li> <li>Provider Collaborative meeting</li> </ul>	January	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (February 8, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>UDS first submission</li> <li>Western Forum for Migrant &amp; Community Health, Seattle, WA (Feb 22-24)</li> </ul>	February	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (March 8, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>Final UDS submission</li> <li>QI Committee meeting</li> <li>Mobile Healthcare Assoc- Coalition Mtg at SMMC- RWC (March 23; 10-2pm)</li> </ul>	March	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (April 12, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>Provider Collaborative meeting</li> <li>Tentative Consultant visit for TA on OSV</li> </ul>	April	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (May 10, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>National Health Care for Homeless Conference, Minneapolis, MN (May 15-18)</li> </ul>	May	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
Project	Deadline
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
BPR/SAC-Approve	August
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Board review annual HR report on OLCPs	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**TAB 8**  
**Budget &**  
**Finance Report**

DATE: January 11, 2018

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

FROM: Jim Beaumont  
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Grant expenditures to date – through December 31, 2017 – currently reported as \$ 1,837,387. This is a preliminary figure as complete closing for December has not yet been completed. We expect some small increase in the final total.

This leaves over \$700,000 in unexpended funds for the year. The majority of this is the result of under expenditure of our contracts by 32% - over \$500,000.

As reported last month, this also does not include the 2017 AIMS (\$175,700) and QI (\$25,596) awards, nor the approved carryover of the QI (\$35,556) award from 2016. While we expect to be able to carryover all (or most) of the 2017 awards, due to the how late in the year they were awarded, any expenditures on the 2016 carryovers are actually already included in the expenditure report. Therefore, the total unexpended amount (that will not be able to be carried-over) projected for the end of the year is now approximately \$750,000.

Attachment:

- Preliminary GY 2017 Summary Report

**GRANT YEAR 2017**

Details for budget estimates	Budget [SF-424]	To Date (12/31/17)	Projection for GY as of 11/17	Projected for GY 2018
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>490,000</u>	<u>428,683</u>	<u>430,000</u>	<u>625,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>250,000</u>	<u>150,557</u>	<u>155,000</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)		19,145	21,000	20,000
Regional Conferences (1000*5)		3,105	3,500	5,000
Local Travel		1,076	1,500	2,000
Taxis		4,284	4,900	5,000
Van		436	800	1,000
	<u>25,000</u>	<u>28,046</u>	<u>31,700</u>	<u>33,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,418	2,500	10,000
Small Funding Requests		8,261		
	<u>10,500</u>	<u>9,679</u>	<u>2,500</u>	<u>10,000</u>
<u>Contractual</u>				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	597,895	590,000	940,000
Current 2017 MOUs	811,850	528,232	575,000	790,000
---unallocated---/other contracts	63,369			
	<u>1,733,004</u>	<u>1,180,399</u>	<u>1,219,272</u>	<u>1,730,000</u>
<u>Other</u>				
Consultants/grant writer	20,000	21,680	25,000	40,000
IT/Telcom		4,537	6,000	6,000
New Automation		7,594	0	-
Memberships			4,000	4,000
Training		1,715	2,500	4,000
Misc (food, etc.)		4,497	5,000	5,500
	<u>41,500</u>	<u>40,023</u>	<u>42,500</u>	<u>59,500</u>
 TOTALS - Base Grant	 <u>2,550,004</u>	 <u>1,837,387</u>	 <u>1,880,972</u>	 <u>2,707,500</u>
 HCH/FH PROGRAM TOTAL	 <u>2,550,004</u>	 <u>1,837,387</u>	 <u>1,880,972</u>	 <u>2,707,500</u>
 PROJECTED AVAILABLE	 BASE GRANT	 712,617	 <span style="border: 1px solid black; padding: 2px;">669,032</span>	 48,004
				based on est. grant of \$2,750,004
				Does not include AIMS or QI award for 2017, nor carryover of DSHII & QI awards from 2016 (approx. \$287,000).