

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

Co-Applicant Board Meeting Agenda

San Mateo Medical Center | 222 W. 39th Ave. 2nd Floor (Classroom 2) San Mateo

January 9, 2020; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			9:02am
C. PUBLIC COMMENT			9:03am
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.			
D. CONSUMER INPUT	Suzanne Moore		9:05am
a. Update on local policies and other advocacy items			
E. CLOSED SESSION			
a. No closed session			
F. CONSENT AGENDA			
1. Meeting minutes from December 12, 2019	Linda/Jim	Tab 1	9:10am
2. Travel requests- Western Migrant Conference			
G. BUSINESS AGENDA			
1. Amend Board Bylaws	Jim/Irene/Linda	Tab 2	9:12am
a. Request to amend Bylaws on Committees			
b. Discussion of Strategic Plan sub-committee			
2. Board membership	Robert/Linda	Tab 3	9:25am
a. Request to approve board members			
H. REPORTING AGENDA			
1. QI report	Frank/Danielle	Tab 4	9:30am
a. Discussion on Cancer prevalence	Finance Subcommittee/Jim	Tab 5	9:45am
2. Finance Report	Jim Beaumont	Tab 6	9:50am
3. HCH/FH Program Director's Report			
I. BOARD PRESENTATIONS AND DISCUSSIONS	Sofia/Linda	Tab 7	9:55am
1. Quarter 3- contractors report	Staff	Tab 8	10:10am
2. Strategic Plan - Review outcomes of sessions attended by Board Members and subject matter experts: 1) Street Field Medicine/Mobile Clinic, 2) Collaboration with Law Enforcement, 3) SMMC clinics			
J. BOARD COMMUNICATIONS AND ANNOUNCEMENTS			
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.			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
a. Next Regular Meeting February 13, 2020; 9:00AM – 11:00AM at SMMC San Mateo			
K. ADJOURNMENT			11:00am

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

**Consent Agenda:
Meeting Minutes
Travel Requests**

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (Dec 12, 2019)
Fair Oaks Clinic- RWC**

Co-Applicant Board Members Present

Brian Greenberg
Tayischa Deldridge
Suzanne Moore
Eric DeBode
Robert Anderson
Christian Hansen
Steven Kraft
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, Program Medical Director
Linda Nguyen, Program Coordinator
Irene Pasma, Program Implementation Coordinator
Danielle Hull, Clinical Coordinator
Sofia Recalde, Management Analyst
Andrea Donahue, County Counsel's Office
Melissa Rombaoa, SMMC- PCMH Manager

Members of the Public

Reverend Michael Hollingshead

Absent: Victoria Sanchez De Alba, Shanna Hughes, Mother Champion

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>8:32</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
<u>Consumer Input</u> Local policies- Suzanne Moore	Local policy updates: <ul style="list-style-type: none"> • An increase of evictions prior to implementation of the January 1st California Renters Protection Act. • Redwood City Council member met with homeless housed in motor homes. • Pacifica Task Force had a community forum on 11/20/19 and created a report and presented finding to Pacifica City Council on 12/9/19 with a list of recommendations that impact those living in vehicles. • San Mateo County Homeless in Vehicles survey conducted. • City of Mountain View residents submitted signatures to challenge oversize vehicle parking restriction. 	
closed session- Director evaluation		
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Nov 14, 2019) were approved. Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Suzanne <u>SECONDED</u> by Robert, and <u>APPROVED</u> by all Board members present.

	<ul style="list-style-type: none"> • Training Updates: Trauma Informed Care (TIC): Self-Care Training held on November 15th with 42 attendees. There will be a second TIC training on December 18, 2019 and an Outreach workshop on December 13, 2019. • Uniform Data System (UDS): Universal reporting is now required in order to receive a QI award; staff will perform chart reviews on low performing measures to identify actions to improve data quality. <p>Please refer to TAB 5</p>	
<p><u>Reporting Agenda:</u></p> <p>HCH/FH Program Budget & Financial Report</p>	<p>Estimated grant expenditures to-date are \$2,539,440. In addition, the program has an estimate \$116,316 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$2,655,756. Current projection for year-end is that total base grant expenditures will be \$2,655,407 by the end of the year, including expenditures for approved Small Funding Requests, which would create an overextended budget amount of (\$6,971). Including expenditures for the Expanded Services Awards, etc. (SUD-MH), the total Program grant expenditures would be \$2,953,686. That leaves approximately \$35,579 total in unexpended funding from all grants. Next year's projection currently shows an estimated total expenditure of \$3,033,200 against all program grants (base, SUD-MH & IBHS) totaling \$2,942,049. This would create an over-expenditure of (\$91,151). However, this would anticipate full expenditure of every contract/MOU, which is highly unlikely.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p><u>Reporting Agenda:</u></p> <p>HCH/FH Program Director's report</p>	<p>Director's update:</p> <ul style="list-style-type: none"> • Notice of Award (NOA) update on grant status awarding a new three (3) years (January 1, 2020 through December 31, 2022) project period for the HCH/FH grant. This action is the approval of our Service Area Competition (SAC) application. The first-year award amount is \$2,625,049, which represents the expected 2% reduction due to not being able to project to meet HRSA's target population service numbers. • Informed Dr. Kunnappilly (CJ) of the positive response from the Board to his visit and discussion at the last Board meeting. Along those lines, we are working to establish routine quarterly updates/discussions with San Mateo Medical Center (SMMC) leadership. • San Mateo County Health is in the process of identifying and implementing a new Electronic Health Record System (HER 2.0) to replace the amalgamation of various current systems and provide a singular record of care for clients/patients across the entire SMC Health environment. Meetings will continue in January. <p><u>7-day update:</u> Following events occurred on December 11, 2019: Grower's workshop in Half Moon Bay to discuss program services; Health Plan of San Mateo (HPSM) Respite ribbon cutting to announce beginning of pilot Respite program.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p><u>Board Presentation/</u></p>	<p>Discussion on amending Board Bylaws to make meeting in sub-committees more efficient, such as</p>	

<p><u>Discussions</u></p> <p>Discuss amending Board Bylaws</p>	<p>the case for current Strategic Planning efforts to meet. Current Bylaws are unclear and too restrictive. Program staff and County Counsel will meet to discuss changes and come back to Board in January Board meeting with proposed changes.</p>	
<p><u>Board Presentation/ Discussions</u></p> <p>Strategic Plan</p>	<p>Staff summarized and discussed five out of the eight Strategic Plan brainstorming sessions that were conducted on following topics:</p> <ul style="list-style-type: none"> • Dental Health • Medical Respite/Medical Acuity in shelters/Housing • Farmworker Education/outreach • Nutrition/Food Access • Behavioral Health/Addiction Services <p>The remaining three topics (Street Field Medicine/Mobile Clinic, Collaboration with Law Enforcement and SMMC clinics) will be discussed at next January Board meeting.</p> <p>The program is looking into having a Strategic Planning (SP) sub-committee that will be composed of four board members and staff from San Mateo Health. Staff will continue discussion of an SP sub-committee at January Board meeting.</p> <p>Please refer to TAB 8</p>	
<p><u>Board Presentation/ Discussions</u></p> <p>Needs Assessment report</p>	<p>Staff discussed and summarized the draft Needs Assessment (NA) report that was included in the Board packet and included about 200 survey respondents of farmworker and homeless patients. Staff asked for any input in revisions from Board members at meeting and noted that board members can also email staff on any suggestions on NA report.</p> <p>Please refer to TAB 8</p>	
<p>Adjournment</p>	<p>Time __11:29am__</p>	<p>Brian Greenberg</p>



San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: January 9, 2019
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
FROM: Linda Nguyen, HCH/FH Program Coordinator
SUBJECT: TRAVEL REQUESTS FOR NAT'L ALLIANCE TO END HOMELESSNESS CONF.

HCH/FH Co-Applicant Board Policy on travel reimbursement for non-board/non-staff members (effective 3/10/2016) states that:

For national and regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individuals, and

If more individuals than noted above express interest for support and reimbursement, the Board shall consider the overall benefit to the program, consumer status, additional support being provided by non-program funds, other similar support having been previously provided to the individual or their employer, agency or others, availability of program funds and any other criteria the Board may deem as appropriate.

HCH/FH staff received travel requests from SMMC staff, to attend the upcoming Western Migrant Conference, in Sacramento (February 19-21, 2020)

Agency	Name	Position/Role	request (ex: registration)	Request amount
SMMC	Maya C Martinez	Ambulatory Care Nurse-Coastside clinic	Mileage \$127.60; Hotel \$500; Conf fee \$350; meals \$150	\$ 1,128
SMMC	Sandra Perez	NP at Coastside Clinic	Mileage \$80; Hotel \$500; Conf fee \$350; meals \$150	\$ 1,080

Total \$ **2,208**

Attachment:

- Maya C Martinez travel request
- Sandra Perez travel request





**COUNTY OF SAN MATEO
HEALTH SYSTEM**

TRAVEL REQUEST

This is a *pre-approval* for an employee **traveling out-of-the county requiring an overnight stay (except for employees of Environmental Health as this form is also used to track training hours in LMS)** and will also be used to confirm your reimbursement expenses are accurate after your travel. It requires approval at least 7 days prior to travel to receive expense reimbursement or use work hours.

Name							
Date of Request	12/27/2019	Org Name	PHASE Grant	Org Number		JL Coding, if known	

Event specifics:

Name of the Event	Western Forum for Migrant and Community Health	Training Hours		# Training Hours	
Date(s)	2/19-2/21/2020	CEUs		# CEUs	
Location	Sacramento, Ca	Work Hours Claimed		Job Code, if applicable	
		Work Hours Claimed, outside of 001 time		Job Code, if applicable	
To assist and educate clinic leaders in changes and experiences as we move forward in becoming a Patient Centered Medical Home and assist with accreditation.					

Cost Request Specifics:

Cost Category	Description	Rate*	Published CONUS Rates for Area	Amount*	Estimated vs. Actual	Pre-paid by county
Mileage / Airfare	138 miles	0.58/mile		80.00		
Hotel	#Nights 2			500.00		
Conference Fee				\$350.00		
Meals	#Breakfast 0			\$150.00	Choose an item.	Choose an item.
	#Lunch					
	#Dinner					
Misc (if any)					Choose an	Choose an item.
Misc (if any)					Choose an	Choose an item.
Total Estimated/Confirmed Costs				\$1080.00		
				0		

*Include an estimate of the costs. For meals rates, if costs are unknown use the maximum allowable rate listed per meal on the CONUS site (<http://www.gsa.gov/portal/content/104877>) for the area that you will be traveling to.

General Comment/Additional Notes/Specific regarding request (If cost estimate is higher than CONUS rate – please explain.) —e.g. use of work time, cost requirements, other logistical needs

Click here to enter text.

Employee	Sandra Perez, NP	Date	12/27/2019
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COUNTY OF SAN MATEO
HEALTH SYSTEM

TRAVEL REQUEST

This is a *pre*-approval for an employee **traveling out-of-the county requiring an overnight stay (except for employees of Environmental Health as this form is also used to track training hours in LMS)** and will also be used to confirm your reimbursement expenses are accurate after your travel. It requires approval at least 7 days prior to travel to receive expense reimbursement or use work hours.

Name	Mayra C Martinez						
Date of Request	12/27/2019	Org Name	PHASE Grant	Org Number		JL Coding, if known	

Event specifics:

Name of the Event	Western Forum for Migrant and Community Health	Training Hours		# Training Hours	
Date(s)	2/19-2/21/2020	CEUs		# CEUs	
Location	Sacramento, CA	Work Hours Claimed		Job Code, if applicable	
		Work Hours Claimed, outside of 001 time		Job Code, if applicable	

To assist and educate clinic leaders in changes and experiences as we move forward in becoming a Patient Centered Medical Home and assist with accreditation.

Cost Request Specifics:

Cost Category	Description	Rate*	Published CONUS Rates for Area	Amount*	Estimated vs. Actual	Pre-paid by county
Mileage / Airfare	220 m (round trip)	0.58/mile		127.60		
Hotel	#Nights 2			500.00		
Conference Fee				350.00		
Meals	#Breakfast 0			\$150.00	Choose an item.	Choose an item.
	#Lunch					
	#Dinner					
Misc (if any)					Choose an	Choose an item.
Misc (if any)					Choose an	Choose an item.
Total Estimated/Confirmed Costs				1127.60		

*Include an estimate of the costs. For meals rates, if costs are unknown use the maximum allowable rate listed per meal on the CONUS site (<http://www.gsa.gov/portal/content/104877>) for the area that you will be traveling to.

General Comment/Additional Notes/Specific regarding request (If cost estimate is higher than CONUS rate – please explain.) —e.g. use of work time, cost requirements, other logistical needs

Click here to enter text.

Employee #000056429	Mayra C Martinez <i>Mayra C Martinez, RN</i>	Date 12/27/2019	Click here to enter a date.
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TAB 2

Request to Approve Amending Bylaws



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: January 09, 2020

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 AMENDMENT TO BOARD BYLAWS ON BOARD COMMITTEES

In accordance with the Board's bylaws, "These Bylaws may be amended at any meeting of the Board at which a quorum is present upon agreement by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the Board of the intention to alter, amend, or adopt new Bylaws at such meetings, and such notice must include the text of the proposed alteration, amendment, or substitution."

In consideration of making the formation and utilization of committees by the Board as functional as possible and to ensure compliance with the State of California's Brown Act, and an amendment to the Board's bylaws, Article 14 – Committees is proposed. As demonstrated in the attachments to this request, Board members were notified December 23, 2019 by email of the intent to amend the bylaws and including the text of the amendment, thereby complying with the bylaws 14-day requirement.

The primary intent of the amendment is to simplify and clarify the process and authority of Board Committees and remove unnecessary language that may have constrained the Board in forming committees.

As noted above, the bylaws require a two-thirds majority of those present and voting for approval.

ATTACHMENTS:

- Proposed Amendment
- Proposed Amendment Redline
- Board Notification of Intent to Amend the Bylaws



Article 14: Committees

Board committees may be formed as appropriate to address specific issues or duties. Any such committee is advisory in nature and is limited to a membership of fewer than half the members of the Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Committees shall not have power to bind the Board, and any recommendations of a committee must be approved by the Board.

All Board committees shall operate in accordance with the Brown Act requirements that apply to them and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

Nothing in this section limits the Program Director from meeting with advisors, staff, colleagues or anyone else, or from creating multi-member bodies in support of Program operations.

Article 14: Committees

~~The Board may designate one or more committees- may be formed as the Board sees as appropriate to address specific issues or duties ~~as they arise~~. Any such committee is advisory in nature and is limited to a membership of fewer than half the members of the Board. ~~Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.~~~~

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Committees shall not have power to bind the Board, and any recommendations of a committee must be approved by the Board.

~~All Board Committees shall operate in accordance with the Brown Act requirements that apply to them, pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.~~

~~Nothing in this section limits the Program Director from meeting with advisors, staff, colleagues or anyone else, or from creating multi-member bodies in support of Program operations.~~

From: [Linda Nguyen](#)
Cc: [Andrea Donahue](#); [Jim Beaumont](#)
Bcc: [Brian Greenberg](#); [Christian Hansen \(christian.hansen.msc@gmail.com\)](#); [Eric DeBode \(ericdebode@gmail.com\)](#); [hope4ourcommunity2016@gmail.com](#); [Michael Vincent Hollingshead](#); [Robert Anderson \(rra28@yahoo.com\)](#); [Shanna Hughes](#); [Steve Carey \(scarey@lifemoves.org\)](#); [steven.h.kraft@gmail.com](#); [Suzanne Moore](#); [tdeldridge@ravenswoodfhc.org](#); [Victoria Sanchez De Alba](#); [Victoria Sanchez De Alba \(vsanchezdealba@gmail.com\)](#) personal
Subject: Proposed changes to Board Bylaws
Date: Monday, December 23, 2019 3:09:00 PM
Attachments: [FINAL Updated Co-Applicant Board Bylaws Jan 2018.pdf](#)
[DRAFT Bylaws amendment v3 12.23.19 Final .docx](#)
[DRAFT Bylaws amendment v3 12.23.19 LN.docx](#)

Good afternoon HCH/FH Co-Applicant Board Members,

During the last meeting (December 12th) there was a discussion on amending the Board's Bylaws in the section on Committees (page 11) to make it more efficient to organize committees. Per the Bylaws we must give at least fourteen (14) days written notice to all Board members on the intention to alter or amend the Bylaws.

I have attached the proposed changes (redline with track changes and final without) and we will go over these proposed changes at the next board meeting on January 9th.

Per ByLaws:

"These Bylaws may be amended at any meeting of the Board at which a quorum is present upon agreement by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the Board of the intention to alter, amend, or adopt new Bylaws at such meetings, and such notice must include the text of the proposed alteration, amendment, or substitution. Bylaw changes which are approved by the Board and which are inconsistent with or in opposition to established San Mateo County policies and procedures are not effective unless approved by the San Mateo County Board of Supervisors. These Bylaws must always remain consistent with the Ordinance which created the Board, and any change to the Bylaws which is inconsistent with that Ordinance is null and void."

TAB 3

**Request to
Approve
Board
memberships**



San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: January 9, 2019

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

FROM: Board Membership/Recruitment Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR MICHAEL HOLLINGSHEAD

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 new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.

Board Recruitment/membership committee members interviewed Michael Hollingshead on December 9, 2019. Michael has worked extensively with homeless and mental health clients and generally cares about people in need. He graduated from San Jose State University with a degree in Social Work and worked for the first two years with children with Mental Illness in San Francisco's Mission District. Later on, in his career Michael worked at Urban Ministry in Palo Alto and Meramonte Mental Health. He was a senior case manager at the Opportunity Center in Palo Alto for 4 years where he managed 50 homeless clients and successfully got most of them into housing. Michael also taught at the elementary school level for a few years in San Francisco. He currently is a Baptist minister and has a teaching credential.

The Board Recruitment/Membership Committee nominates Michael Hollingshead for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT:

- MICHAEL HOLLINGSHEAD APPLICATION



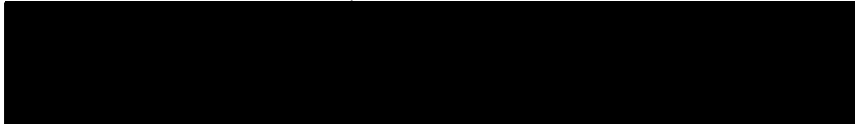
**Board Recruitment Committee
Nomination to Board**

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

1. Please state your name

Rev. Michael V. Hollingshead

2. Your contact information (email and phone number).



3. What city/county do you reside in?

Woodside, San Mateo County

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

Retired

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

30+ years in human services, providing case management, resource referral, + hospitality to unhoused individuals, those struggling with mental illness and/or substance abuse,

6. Briefly describe why you would like to join the HCH/FH Board

To best utilize my experience to collaborate with members of the community to help those in need of vital services,

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

Homeless for 3 months in 1971.

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

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

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.

- 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 4
QI Memo



DATE: January 9th, 2019

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
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met on December 19th. Below are quality improvement updates:

- **Training Recap:**

- Homeless and Farmworker Service Providers: Administered by Health Outreach Partners
 - 11 participants
 - Participants left the training with framework for an outreach plan
 - Logic Models and SMART goals
 - Outreach calendar
 - Awaiting evaluation data from consultant
 - Potential interest to have additional workshops for SMMC internal staff
- 2020 Training Brainstorm
 - Homeless and Farmworkers Social Determinants of Health Training for providers and staff
 - Trauma Informed Care for Homeless and Farmworkers (separate content from Trauma Informed Self Care)
 - SOGI Refresher Training
 - Motivational Interviewing

- **Homeless Cancer Prevalence**

- As part of the data gathering effort for the 2019 Needs Assessment, the HCH/FH Program worked with SMMC Population Health to identify top diagnoses across homeless and farmworker patient populations. Breast and colorectal cancer were noted to be frequent diagnoses for homeless patients.
- Data was gathered using SMMC Encounter Data, Claims Data from HPSM, and the UDS Report from 2018. The time period was calendar year 2018.
- For Breast Cancer

- The homeless population had a higher prevalence rate for breast cancer (six times higher) and all cancers (three times higher) as compared to SMMC's population in 2018
 - SMMC PRIME population had a higher rate for breast cancer screening (almost twice as high) as compared to the homeless population's rate in 2018
 - For Colorectal Cancer
 - The homeless population had a higher prevalence of colorectal cancer (three times higher) and all cancers (three times higher) as compared to SMMC's population in 2018
 - SMMC population had a higher colorectal cancer screening (almost three times as high) as compared to the homeless population's rate in 2018
 - The QI/QA Committee will be looking into the data further to identify the reasons for the higher prevalence, lower screening rates, and ensure that homeless and farmworker status is being accurately identified.
- **QI Annual Plan Review**
 - The QI/QA Committee reviewed accomplishments from the past year, annual data and national rankings, and current year progress for clinical measures of focus.
 - Suggestions to remove Diabetic Control as a measure of focus and add Adult BMI and Follow-up and Child/Adolescent BMI and Counseling were discussed and will be voted on at the next QI meeting in February.

TAB 5

**Budget &
Finance Report**



DATE: January 09, 2020

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

The HCH/FH Program preliminary final grant expenditures for the 2019 Grant Year (GY) is \$2,585,936. With how early in the month this Board meeting is, the County books for December 2019 have not yet been closed. The preliminary value includes the expectation on successful completion of all submitted payment requests. Based on this expectation, we are estimating our unexpended grant funds for GY 2019 to be \$62,500.

This year, we also have been utilizing our SUD-MH funding award of \$305,250, of which we estimate a final expenditure of \$235,041, leaving an unexpended award of \$70,209. Combined with the base grant expenditures, we expect a total claimable expenditure of \$2,820,977

Note that based on recently issued HRSA policy, we will be able to request the carryover of all of the base grant unexpended funding, and potentially the SUD-MH unexpended funding. Because we are beginning a new grant period (2020-2022), we will need to request approval for the carryovers, but our expectation is that the request will be approved.

For comparison, in GY 2018, our total claimable expenditure was \$2,410,741. GY 2019 is estimated to have over \$400,000 in additional claimable expenditures.

In addition, this year we have an estimate \$121,863 in expenditures for items not claimable on the grant, for total Program estimated expenditures of \$2,942,842.

Based on current data, we anticipate the overall expenditure rate on base grant contracts and MOUs to be around 84% for allocation during the current Grant Year (and at a little under 90.0% overall when December activity is paid in January 2020).

Next year's projection currently shows an estimated total expenditure of \$2,980,600 against all program grants (base, SUD-MH & IBHS) totaling \$2,942,049. This would create an over-expenditure of **(\$38,551)**. However, this would anticipate full expenditure of every contract/MOU, which is highly unlikely.

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 12/31/19



GRANT YEAR 2019

Dec \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (12/31/19)	Projection for final adds	SUD-MH/QI	Projected for GY 2020
EXPENDITURES						
<u>Salaries</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	554,324	44,475	582,303	582,303		614,250
<u>Benefits</u>						
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	224,198	10,023	156,265	156,265		163,800
<u>Travel</u>						
National Conferences (2500*8)	20,000		21,566	27,066		25,000
Regional Conferences (1000*5)	5,000		3,721	3,721		5,000
Local Travel	1,000	2,132	1,390	1,390		1,500
Taxis	3,500		997	997		1,000
Van & vehicle usage	3,000		2,877	2,877		2,000
	32,500		30,551	36,051		34,500
					30,000	
<u>Supplies</u>						
Office Supplies, misc.	7,500	1,760	13,014	13,014		12,000
Small Funding Requests		30,429	30,429	76,429		
	7,500		43,443	89,443		12,000
					25,000	
<u>Contractual</u>						
2018 Contracts			67,867	67,867		54,300
2018 MOUs			23,540	23,540		45,000
Current 2019 MOUs	872,000		738,995	738,995		822,000
Current 2019 contracts	1,034,000		854,477	854,477		1,024,250
ES contracts (SUD-MH)	180,000		135,950	135,950		150,000
---unallocated---/other contracts			12,000	12,000		
	2,086,000	220,637	1,832,829	1,832,829		2,095,550
					135,950	
<u>Other</u>						
Consultants/grant writer	30,000	21,206	94,343	94,343	32,000	30,000
IT/Telcom	12,000	2,119	15,092	15,092		15,000
New Automation				0		-
Memberships	4,000		2,300	2,300		5,000
Training	10,000	6,321	12,266	12,266	12,091	10,000
Misc	750		85	85		500
	56,750		124,086	124,086		60,500
TOTAL	2,961,272	339,102	2,769,477	2,820,977		2,980,600
					235,041	
GRANT REVENUE						
Available Base Grant *	2,648,436			2,648,436		2,625,049 *2% reduction
Available Expanded Services Awards **	305,250			305,250		167,000 IBHS
						150,000 SUD-MH
HCH/FH PROGRAM TOTAL	2,953,686		2,769,477	2,953,686		2,942,049
BALANCE						
	(7,586)		PROJECTED AVAILABLE	132,709		(38,551)
			BASE GRANT PROJECTED AVAILABLE	62,500	2,585,936	based on est. grant of \$2,678,621 before reduction
* includes \$13,232 of QI targeted funding						
** includes \$175,000 of one-time funding (SUD-MH) (\$125,250 unallocated)						
Total special allocation required	\$ 138,446					
<u>Non-Grant Expenditures</u>						
Salary Overage	13090	953	11,688	12,641		13,750
Health Coverage	40000	3937	46,793	51,000		57,000
base grant prep	15000		53,812	53,812		0
food	2500	330	1,613	2,000		1,500
incentives/gift cards	1,000		2,410	2,410		1,500
	71,590	5,220	116,316	121,863		73,750
TOTAL EXPENDITURES	3,032,862	344,322	2,885,793	2,942,840	NEXT YEAR	3,054,350
	BUDGETED	<i>This month</i>	TO DATE	PROJECTED		

TAB 6
Director's Report
Program Calendar



San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: January 09, 2020

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 12, 2019 Co-Applicant Board meeting:

With the holidays, this month has been comparatively slow. We continue with the Strategic Planning effort as our primary focus, and we will begin the Uniform Data System (UDS) reporting process here early in January.

Program has also been working to make sure all appropriate payments are completed by the close of business for December 31, 2019, to ensure that as much of the grant as possible is expended.

As previously noted for the Board, San Mateo County Health is in the process of identifying and implementing a new Electronic Health Record System (EHR 2.0) to replace the amalgamation of various current systems and provide a singular record of care for clients/patients across the entire SMC Health environment. Two proposals have been advanced and will be each providing two-day demonstrations on Tuesday & Wednesday, January 7 & 8 and January 14 & 15. I will be attending the demonstrations to assess each vendor's system's benefit to the HCH/FH Program.

Seven Day Update

ATTACHED:

- Program Calendar



Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2020 Calendar (Revised January 2019)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (January 9, 2020 from 9:00 a.m. to 11:00 a.m.) Provider Collaborative meeting 	January	@SMMC
<ul style="list-style-type: none"> Board Meeting (February 13, 2020 from 9:00 a.m. to 11:00 a.m.) Initial UDS submission- February 15, 2020 National Alliance to end Homelessness Conference- Oakland (Feb 19-21) Western Forum for Migrant & Community Health Conf -Sacramento (Feb 19-21) QI Meeting 	February	
<ul style="list-style-type: none"> Board Meeting (March 12, 2020 from 9:00 a.m. to 11:00 a.m.) Final UDS submission due March 31, 2020 	March	
<ul style="list-style-type: none"> Board Meeting (April 9, 2020 from 9:00 a.m. to 11:00 a.m.) QI Meeting Provider Collaborative meeting California Health + Advocates Day at the Capitol (April 22, 2020) Sacramento 	April	
<ul style="list-style-type: none"> Board Meeting (May 14, 2020 from 9:00 a.m. to 11:00 a.m.) SMMC Audit approval National Health care for homeless conf. in Phoenix Arizona (May 11-14) 	May	

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
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 7

Board Presentations

**Discussion on
Q3- contractors
report
Strategic Plan**



DATE: January 9, 2020

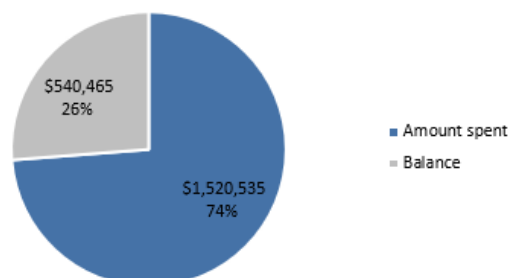
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH)
FROM: Linda Nguyen, HCH/FH Program Coordinator and Sofia Recalde, Management Analyst
SUBJECT: Quarter 3 Report (January 1, 2019 through September 30, 2019)

Program Performance

The HCH/FH Program has contracts with seven community-based providers, plus two County-based programs for the 2019 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance. The following data table includes performance through the fourth quarter:

HCH/FH Contractor Financial Progress Q3 January - Sep 2019					
Contractor	Contract Amount	Amount Spent	% spent YTD	% Sep 2018	EOY 2018
Behavioral Health & Recovery Services	\$90,000	\$34,000	38%	36%	43%
El Centro de Libertad	\$82,500	\$24,300	29%	NA	47%
LifeMoves	\$296,500	\$244,150	82%	71%	93%
Public Health - Mobile Van	\$507,250	\$382,565	75%	79%	95%
Public Health - Street Medicine	\$249,750	\$249,750	100%	72%	84%
Puente de la Costa Sur	\$183,500	\$146,550	80%	97%	100%
Ravenswood - Medical	\$107,100	\$68,085	64%	64%	82%
Ravenswood - Dental	\$54,725	\$40,596	74%	67%	92%
Ravenswood - Enabling	\$97,000	\$46,754	48%	56%	73%
Samaritan House - Safe Harbor	\$81,000	\$69,540	86%	94%	94%
Sonrisas Dental	\$131,675	\$92,745	70%	66%	87%
StarVista	\$180,000	\$121,500	68%	NA	NA
TOTAL	\$ 2,061,000	\$ 1,520,535	74%		

Contract Expenditures Jan-Sep 2019



HCH/FH Contractor Report by Pt and Visit Count | Q3 | January - September 2019

Agency	Contracted Services	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% 2019 YTD	% YTD Sep 2018	2018 EOY %	Yearly Target # Visits	Actual # YTD Visits	% Visits YTD 2019
Behavioral Health & Recovery Sys	Care Coordination (CC)	180	68	38%	49%	56%	900	335	37%
	CC	120	24	20%	N/A	N/A	140	25	18%
El Centro	Motivational Outreach and Education	N/A	N/A	N/A	N/A	N/A	95	45	47%
	CC	450	282	63%	77%	107%	1,225	390	32%
Life Moves	Intensive CC	50	101	202%			150	108	72%
	Street Medicine	140	120	86%	57%	84%	300	255	85%
	SSI/SSDI	50	48	96%	57%	75%	N/A	N/A	NA
	Eligibility	50	32	64%	70%	113%	N/A	N/A	NA
	Transportation	N/A	N/A	N/A	99%	134%	400	385	N/A
	Primary Care	1,000	743	74%	74%	92%	2,000	1,193	60%
PHPP Mobile Van & Expanded Services	Primary Care for formerly incarcerated & homeless	210	155	74%	92%	106%	420	260	62%
	Primary Care	135	176	130%	72%	84%	270	331	123%
PHPP- Street Medicine	CC	180	113	63%	108%	112%	360	199	55%
	Intensive CC	20	8	40%	125%	125%	60	10	17%
	Health Insurance Assistance	170	185	109%	93%	106%	170	242	142%
Puente de la Costa Sur	Primary Care	700	445	64%	64%	82%	2100	1,114	53%
	Dental	275	204	74%	67%	92%	780	493	63%
	CC	500	241	48%	56%	73%	1200	539	45%
Ravenswood	Care Coordination (CC)	200	183	92%	100%	121%	360	186	52%
	Intensive CC	10	0	0%	0%	0%			
Samaritan House / Safe Harbor	Dental	115	81	70%	66%	87%	460	236	51%
	Adult Outreach & Engagement	150	65	43%	N/A	N/A	N/A	N/A	N/A
StarVisia	Adult Therapeutic Services	75	61	81%	N/A	N/A	N/A	N/A	N/A
	Youth CC	75	50	67%	N/A	N/A	N/A	N/A	N/A
	Youth Therapeutic Services	25	26	104%	N/A	N/A	N/A	N/A	N/A
	Transportation	N/A	N/A	N/A	N/A	N/A	300	91	N/A
Total HCH/FH Contracts		4,880	3,411	70%			11,690	6,437	55%

Agency	Outcome Measure	3rd- Quarter progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> •At least 100% screened will have a behavioral health screening. •At least 70% will receive individualized care plan. 	By 3rd quarter: <ul style="list-style-type: none"> • 100% clients had a behavioral health screening • 100% received individualized care plan
El Centro	<ul style="list-style-type: none"> • Provide at least 120 screening/assessments to homeless/farmworkers • Provide at least 50 Motivational outreach sessions on AOD/mental health 	By 3rd quarter: <ul style="list-style-type: none"> • 24 received a screening/assessment to homeless/farmworkers • 31 Motivational outreach sessions on AOD/mental health were provided
LifeMoves/CHOW (street med)	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 75% with a scheduled primary care apt will attend at least one apt. • At least 30 will complete submission for health coverage. 	By 3rd quarter: <ul style="list-style-type: none"> • 26% established a medical home • 100% of individuals served for CC services will have documented care plan. • 32 complete submission for health coverage.
Public Health Mobile Van	<ul style="list-style-type: none"> • At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. • Number of women survey and expressed interest in Pap test services 	By 3rd quarter: <ul style="list-style-type: none"> • 100% served received a comprehensive health screening for chronic disease and other health conditions. • 16/19 of women survey and expressed interest in Pap test services
Public Health Mobile -Service Connect	<ul style="list-style-type: none"> • At least 80% will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease. 	By 3rd quarter: <ul style="list-style-type: none"> • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 25% individuals with a chronic health condition
PH- Mobile Van-Street/Field Medicine	<ul style="list-style-type: none"> • At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care • Number of patients provided women’s health services 	By 3rd quarter: <ul style="list-style-type: none"> • 90% of street homeless/farmworkers seen will have a formal Depression Screen performed • 60% of street homeless/farmworkers seen will be referred to Primary Care • 15 patients provided women’s health services- Pap/pelvic exam, Pregnancy test and birth control counseling
Puente de la Costa Sur	<ul style="list-style-type: none"> •At least 90% served care coordination services will receive individualized care plan. •At least 25 served will be provided transportation and translation services. 	By 3rd quarter: <ul style="list-style-type: none"> • 33% farmworkers served cc services received care plan. • 50% were provided transportation and translation services.

RFHC – Primary Health Care	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. • At least 300 will receive a behavioral health screening. 	<p>By 3rd quarter:</p> <ul style="list-style-type: none"> • 96% received a comprehensive health screening. • 23 received a behavioral health screening.
RFHC – Dental Care	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 80% will attend their scheduled treatment plan appointments. • At least 50% will complete their denture treatment plan. 	<p>By 2nd quarter:</p> <ul style="list-style-type: none"> • 7% completed their treatment plans. • 89% attended their scheduled treatment plan appointments. • 48% completed their denture treatment plan.
RFHC – Enabling services	<ul style="list-style-type: none"> • At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9. 	<p>By 3rd quarter:</p> <ul style="list-style-type: none"> • 22% will received care coordination services and will create health care case plans • 68% of diabetic patients have hbA1c levels below 9.
Samaritan House-Safe Harbor	<ul style="list-style-type: none"> • At least 95% of patients will receive individualized health care case plan. • At least 70% will complete their health care plan. • At least 70% will schedule primary care appointments and attend at least one. 	<p>By 3rd quarter:</p> <ul style="list-style-type: none"> • 86% received individualized health care case plan • 39% complete their health care plan. • 61% will schedule primary care appointments and attend at least one.
Sonrisas Dental	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>By 3rd quarter:</p> <ul style="list-style-type: none"> • 45% completed their treatment plans. • 12% completed their denture treatment plan.

¹ Medical home -defined as a minimum of (2) attended primary care appointments;

² Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes & emerging trends:

- **BHRS** states they are receiving consistent referrals from the shelters and Project 90 and have been able to establish a contact at SMMC New Patient Services that is very helpful and receiving appointment appears to be faster overall.
 - When clients are ready to transition from treatment programs or helters, affordable housing remains an issue.
- **EI Centro** states that there is a strong showing at their Motivational Outreach/assessment and Navigation for Treatment on substance use.
 - We may be going too often to the same shelter; some our message is a "re-run". We anticipate adding additional shelters to increase our impact.

- **LifeMoves** reports care coordinators were able to obtain SEAL training. This provided our care coordinators with an improved working knowledge of the SSI/DI application processes for homeless clients in San Mateo county
 - Communication email issues with Mobile Dental Van.
 - We continue to notice more clients who are detoxing from, or report having used fentanyl.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier. Having full time RN for farmworkers has been helpful.
 - Limited housing options. We need to have an immediate services available for alcohol detox when clients are ready to go.
 - We are starting to see more clients with cancer. We are also seeing a large increase in homeless elderly clients over 65 with mental health and complex medical needs.
- **Puente** held a public charge and rapid response training. It is important for community members to learn about public charge and whether it affects them or not so that there is no fear of applying for state and/or county benefits such as MediCal and ACE.
 - Power outages have been hard on the community living on the south coast, because we are so far out we tend to be the last group to get the power turned back on. Puente has been working very hard to get community members needs met by purchasing items (ice, flashlights, milk, batteries) that are hard to find for clients. Staff focus on meeting community members immediate needs and have had to cancel other case management and/or enrollment appointments.
 - Political rhetoric on immigration is affecting the wellbeing of the population.
- **Ravenswood Primary Care** continues to see patients at Project WeHope shelter and Street Medicine clinic program (Wednesday & Thursdays). Started contract with Santa Clara County to see patients for Primary Care in EPA.
 - Trends include requests from patients for resources to help them manage their diabetes.
 - Patients uninsured in SMC are not able to access specialty care at SMC
- **Ravenswood Dental Care** provides Individualized Treatment Plans and Stand-by appointments.
 - Trends include request for dentures and education that is needed to provide.
 - Would like to see more dental providers in SMC accept Medi-Cal coverage and deliver flexible care.
- **Ravenswood Enabling services-** partnerships with LifeMoves, Center on Homelessness, and Abode Services for housing. They manage a Food Pantry and Clothing Closet to distribute essential supplies.
 - County's Coordinated Entry System (CES) shelter referral process has experienced delays with obtaining these shelter beds due to the additional layer of authority needed to complete the process.
 - Aging homeless population, need for more affordable housing.
 - More detox beds needed.
- **Samaritan House/Safe Harbor** states that the collaboration between Mobile Clinic, Street Medicine and Whole Person Care is working well.
 - Clients experiencing long wait times for primary care and dental appointments.
- **Sonrisas Dental** is working with Puente and Dr. Trinh on questions regarding medical consults.
 - Sonrisas was ready to start seeing patients back in Pescadero as of September; but this was delayed due to staffing changes at Puente.
 - had an incident in August that affected 6 farmworker patients. Two of the patients did not have access to medical care and required intervention from Puente staff to ensure they got the recommended follow up care.

Strategic Plan Update

Prepared for January 2020
Co-Applicant HCHFH Board
meeting



HCH/FH Brainstorming Session Summaries

Brainstorming Session Considerations

- Summarizing brainstorming session discussions
- Anything we should add? Anything off the mark?
- 15 minutes per slide
- We are not making decisions today
- Stay high level

Patients at SMMC Clinics

Brian Greenberg Board Member, Vanessa Washington, SMMC New Patient Connection; Christine Zachos, SMMC Patient Navigator; Frank Trinh, HCHF Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

- **Changing how a patient can become established to simplify & expedite access, i.e. Mobile Clinic or Field/Street Medicine Team**
- **Create slots for homeless and farmworker patients at county clinics**
- Create Care Navigator position linked to new patient connection line and focus on non-WPC patient population
- Leverage patient portal

*Orange indicates this item was cross referenced in other brainstorming sessions

Street/Field Medicine & Mobile Clinic

Robert Anderson, Board Member; Anita Booker, PHPP; Frank Trinh, PHPP; James O'Connell, PHPP; Hannah Blankenship, Lifemoves HOT; HCHF Staff: Jim Beaumont, Sofia Recalde, Danielle Hull, Linda Nguyen, Irene Seliverstov

Ideas

- Attach Care Navigator to Street/Field/Mobile Team
- **Attach IMAT to Field Medicine Team**
- PHPP to develop relationships with Farm owners / expand services to Mid & North Coast Farms
- **Boosting clinic spaces – Puente, Maple Street (need more information whether this is desired, licensure and revenue)**
- Women's Health – better connection with OBGYN, changing mode of administration of tests and screening, revamping clinic space

Additional Thoughts / Links with Other Sessions

- If patient doesn't have Medi-Cal or ACE, he/she cannot get specialty care
- How to keep someone connected to health care even after they're housed?
- **Slotting spaces in SMMC Clinics**
- Farmworkers are priced out of ACE, but can't afford insurance
- **Designating Mobile Clinic as a primary care site**
- Mobile Clinic is raising awareness about its services

*Orange indicates this item was cross referenced in other brainstorming sessions

Collaboration with Law Enforcement

Robert Anderson, Board Member; Correctional Health Services: Carlos Morales, Ashely Sokolov, Karina Sapag; Melissa Wagner, Sheriff's Office, HCHF Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

45% of inmates
are out of
county

- Need case managers and community collaboration on weekends and after hours
 - 'text' "someone" when an individual is being released and ensure follow up
- Discharge is an opportunity to provide intervention – i.e. daily case management after someone is released from jail
- Data sharing is a large opportunity – focus on how we can coordinate health care during pre-release and post (i.e. HOT, etc)
- Finding housing or services for sex offenders is particularly challenging
- Someone who is homeless who goes into jail has no place to put all their belongings, when they are released, they start completely from scratch including documents
- More thought needs to go into multiple booking short stay individuals ("frequent jail fliers") because they are the least connected to services