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

Co-Applicant Board Meeting Agenda
San Mateo Health| 225 37th Ave, Ground Floor (Room 20) San Mateo
March 12, 2020; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			
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.

AGENDA	SPEAKER(S)	TAB	TIME
D. CONSUMER INPUT			
a. **Get Healthy San Mateo**	Belen Seara		9:05am
b. **Update on local policies and other advocacy items**	Suzanne Moore		
E. CLOSED SESSION			
a. **No closed session**			
F. CONSENT AGENDA			
1. Meeting minutes from February 13, 2019	Linda Nguyen	**Tab 1**	9:30am
2. Travel requests- National Health Care for the Homeless conference	Sofia Recalde		
G. BUSINESS AGENDA			
a. **April Board meeting**	Jim/Linda/Irene	**Tab 2**	9:32am
i. **Request to extend April meeting to 3 hours**			
H. REPORTING AGENDA			
1. QI report	Frank/Danielle	**Tab 3**	9:35am
2. Q4 2019 Contractor Report	Linda/Sofia	**Tab 4**	9:45am
3. Finance Report	Finance Subcommittee/Jim	**Tab 5**	10:05am
4. HCH/FH Program Director's Report	Jim Beaumont	**Tab 6**	10:10am
I. BOARD PRESENTATIONS AND DISCUSSIONS			
1. Conflict of Interest training	Andrea Donahue		10:15am
2. Strategic Plan	Irene Pasma	**Tab 7**	10:35am
a. **Update from Subcommittee meeting**			

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 2nd Thursday of the month (unless otherwise stated)
    a. Next Regular Meeting April 9, 2020; 9:00AM – 11:00AM

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 (February 13, 2020)
SMMC

Co-Applicant Board Members Present
Brian Greenberg
Tayischa Deldridge
Suzanne Moore
Eric DeBode
Robert Anderson
Steven Kraft
Victoria Sanchez De Alba
Christian Hansen
Michael Vincent Hollingshead
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present
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
Mai Le, First 5 San Mateo County
Belinda Arriaga, ALAS
Diane Gillen, Mission Hospice

Absent: Mother Champion, Shanna Hughes

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:00 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting. • Maple Street shelter is expanding from 140 to 190 beds. • Ravenswood Family Health Center is offering Medication Assistance Treatment (MAT) to patients.	
Consumer Input Local policies- Suzanne Moore	Community event updates: • Pacifica- oversize vehicle ordinance passed city council. Overnight rotational shelter trial was performed at St. Edmunds. • Redwood City is reaching out to motorhome unhoused through Fair Oaks Resource center and LifeMoves HOT team to offer resources on housing and work to clean the streets. • San Mateo office of sustainability report- Overview of safe parking case studies and best practices. Meeting to discuss motor home unhoused next week.	
ALAS – Belinda Arriaga	ALAS founder and director Belinda Arriaga spoke about her work with the organization that was founded in 2011, Latino centered non-profit that combines the cultural arts, mental health and social justice advocacy to support healing/wellness. Belinda has a background in mental health and saw the need, seeing many children of mixed status experiencing trauma because of the experience of their parents fears of deportation. They are expanding work on health with farmworker population. Guest (Mai Le) from First 5, shared resources that they have for children and encouraged checking out their resources and funding availability.	Staff will send Belinda, Mai's contact (first 5 SMC).
No closed session-		
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from January 9, 2020 and travel requests) were approved.	Consent Agenda was MOVED by Robert SECONDED by Tay,

Meeting minutes Travel requests	Please refer to TAB 1	and APPROVED by all Board members present.
<u>Business Agenda:</u> **Request to move May Board meeting (May 7, 2020)**	Currently Board meetings occur on the 2nd Thursday of the month and the May Board Co-Applicant Board meeting is scheduled for May 14, 2020. This date conflicts with the upcoming National Health Care for the Homeless Council Conference (5/11/20-5/14/20) occurring in Phoenix, AZ and the program expects staff and Board members to be in attendance. The request is to move the Board meeting a week up to May 7, 2020 to ensure a quorum. **Action item: Request to amend Bylaws on Committees** Please refer to TAB 2	**Request to move May Board meeting (May 7, 2020)** <u>MOVED</u> by Suzanne <u>SECONDED</u> by Eric, and APPROVED by all Board members present.
<u>Reporting Agenda:</u> QI Committee Report	Currently we are working on the following: • A summary of Provider interviews that will be discussed as part of the Strategic Plan. • Calendar of events and training for 2020. • PSA online training module for onboarding. For the next meeting QI Committee meeting scheduled February 27, 2020 we will be discussing the next QI Annual Plan Discussion on what clinical measures HRSA requires. Currently HRSA does not have a mental health or substance use clinical measure, other than Depression screening. *Please refer to TAB 3 on the Board meeting packet.*	UDS report/results agendized for April Board meeting
Q4 2019 Contractor Financial report	The Health Care for the Homeless/Farmworker Health (HCH/FH) Program had 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. In 2019, Contractors expended 88% of funds dedicated to contracted services for homeless and farmworker individuals. Although 50% of contracted providers exceeded 90% of their contracted target, several providers experienced challenges (such as staffing disruptions, client hesitation to transfer Medi-Cal to San Mateo County and new contractor start-up challenges) that resulted in a low patient count or lower patient count compared to 2018. Discussion on what happens to funds when contractors don't spend all of their contract. Discussion on small funding request and HRSA new policy on carry over. *Please refer to TAB 4 on the Board meeting packet.*	
<u>Reporting Agenda:</u> HCH/FH Program **Budget & Financial Report**	Preliminary expenditure numbers for January 2020 show a total expenditure of $190,571, of which $185,191 is claimable against the grant. Our projections for the year are very preliminary at this point. Nonetheless, at this point the program estimates that base grant expenditures will be $2,737,165. While our current base grant award for 2020 is $2,625,049, the program anticipates being able to carryover $132,709 of unexpended 2019	

	funds based on HRSA's new carryover policy (although there is some risk that it might not happen), which ultimately provides us with a projected balance of unexpended funds of $20,593 for the 2020 Grant Year (GY). The projections do estimate a 95% expenditure rate on our contracts, which is higher than has occurred in recent history. *Please refer to TAB 5 on the Board meeting packet.*	
Reporting Agenda: HCH/FH Program **Directors report**	For the month of January, Program was focused almost completely on the Strategic Planning effort and work on the Uniform Data System Report. • On January 28th, Program had the Quarterly Check-In call with our HRSA Project Officer (PO) Kimberly Range. Technical Assistance on our scope issues is still pending. The PO also inquired on any impact we expected from the Governor's policy related to 340B Drug pricing, of which we have begun a review. • On January 28th, Louise Rogers, SMC Health Chief, led a study session with the Board of Supervisors on the current issues with the SMC Health and (particularly San Mateo Medical Center (SMMC) budgets. With expected structural deficits, SMMC has proposed some cuts which will impact our homeless and farmworker populations, including potentially closing the Outpatient Retail Pharmacy at the 39th Ave. campus and ending the delivery of Ophthalmology services. None of this is final until the Board of Supervisors passes the final SMC Health budget in June. • As has been previously reported to the Board, SMC Health is in the midst of soliciting a new Electronic Health Record (EHR) System. The responses to the RFP have been evaluated, demonstrations completed, and the Project Steering Committee has selected a vendor to elevate. Next, the Executive Steering Committee will receive that recommendation. If they concur, Jim believes the next step will be going to contract negotiations. While any implementation is still a number of years off, implementation of a new EHR would be of significant benefit to the HCH/FH Program as the RFP included expansive requirements around case management and population health. • Our present plan on adding staff as required by our IBHS supplemental award is currently on hold. The original selected candidate by BHRS is not being hired. We are continuing our discussions with BHRS and PHPP on getting the required staff. • 7- day update: Working with SMMC to fund issues regarding retail pharmacy. Waiting for proposal from SMMC to review. Still working with PHPP and BHRS on IBHS grant to staff someone by end of April. *Please refer to TAB 6 on the Board meeting packet.*	

Board Presentation/ Discussions Strategic Plan	Update from Subcommittee meeting and update on Strategic Plan (SP) efforts: • Sub-committee met on 1/28/2020 to discuss shared perspective on HCH/FH and SMC Health Roles. • Summary of SMMC Provider feedback with 11 interviews of doctors and SMMC senior management • Update on Needs Assessment report • Two more SP sub-committee meetings to discuss conduct SWOT analysis and to create recommendations to the Board *Please refer to TAB 7 on the Board meeting packet.*	
Adjournment	Time 11am	Brian Greenberg

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

DATE: March 12, 2020

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

FROM: Sofia Recalde, HCH/FH Management Analyst

SUBJECT: TRAVEL REQUESTS FOR THE WESTERN FORUM FOR MIGRANT AND COMMUNITY HEALTH

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 National Health Care for Homeless conference, in Phoenix Arizona (May 11-15, 2020)

Agency	Name	Position/Role	request (ex: registration)	Request amount
SMMC	Katherine Shadish	Clinical psychologist	Flight- $350; Hotel $756; conference fee $920 ; Meals $204; luggage/transportation $250	$ 2,480
SMC Health-WPC	Jenny Brooks	Managaement Analyst	flight-$215; hotel $900; Conf fee $695; Meals $191; luggage/transit $100	$ 2,101
SMC-BHRS	Giovanna Giron	Case Manager	flight $300; hotel$675; conf fee $525; meals $191; luggage/transit $100	$ 1,841

The total amount of this travel request is $6,422

Attachment:

- Jenny Brooks- WPC travel request
- Dr. Shadish- IBH travel request
- Giovanna Giron- BHRS travel request

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		Org Name	HCH/FH	Org Number	68120	JL Coding, if known	

Event specifics:

Name of the Event	National Health Care for the Homeless Conference	Training Hours		# Training Hours	28
Date(s)	May 11-14	CEUs		# CEUs	
Location	Phoenix, AZ	Work Hours Claimed	32	Job Code, if applicable	
		Work Hours Claimed, outside of 001 time	0	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	SFO → PHX		215		215		
Hotel	#Nights	4	$225		900		
Conference Fee			695		695		
Meals	#Breakfast	3	13		39		
	#Lunch	4	15		60		
	#Dinner	4	23		92		
Misc (if any)	Parking/Ground transport				100		
Misc (if any)							
Total Estimated/Confirmed Costs					2101		

*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
The hotel rate is based on the discounted conference venue hotel rates

Please explain how you and the homeless and/or farmworker clients you serve benefit from your attendance:

The 2020 National Health Care for Homeless Conference & Policy Symposium is an exciting opportunity for me both personally and professionally, and my attendance will positively impact the clients experiencing homelessness in the Whole Person Care (WPC) population, as well as the frontline staff who work with them closely. As a person who identifies as white and who engages in anti-racism work personally and professionally, I am excited for the venue's central tenant of applying racial equity in homelessness. Without addressing inequity and dismantling racist systems, our innovation or new programming may only perpetuate harmful, oppressive systems.

As an Associate Management Analyst for Whole Person Care and the Chairperson for the Whole Person Care Measure K Housing Committee, I analyze data and manage projects that serve clients who are experiencing homelessness. I also work closely with frontline staff (Bridges to Wellness) who work directly with these clients. I am an early career public health professional whose training on the social determinants of health and chronic disease. I recently took on the Chairperson role for the WPC Housing Committee where I maintain policy and procedures and facilitate housing committee activities for clients who are experiencing homelessness and/or at risk of imminent homelessness. As I am new to the world of housing, I am eager to learn more on the topic, including best practices and strategies to eliminate disparities. I am excited about opportunities to connect with other professionals working across housing and healthcare and discover more about how other organizations are approaching the work.

If this request is approved, there are many sessions (including the pre-conference institute and learning labs) that would greatly benefit our work. This Conference & Symposium comes at a key stage where we have the opportunity to establish anti-racist policies and procedures and to infuse equity into the program as our county goes through the transition from the Medical 1115 Waiver (Whole Person Care) to the Medi-Cal Healthier California for All in the next two years. I have a great opportunity to influence the direction of this work and how the county will fund housing for clients with complex needs. This training opportunity could not come at a better time to infuse future systems with equity and quality housing and health care for San Mateo County

Employee	Jenny Brooks	Date	2/25/2020

Approvals:

Program Manager is confirming the business need for the travel and within the program's budget. Financial Services Manager is also reviewing for budget availability.

Program Manager		Date	
Financial Manager		Date	
Division Director (Required for all meals and out-of-County travel)		Date	

After all signatures: Employee keeps original to be submitted with Request for Reimbursement after travel, copy goes to the Supervisor and Accounting.

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	Katherine Shadish						
Date of Request	2/7/2020	Org Name	PHASE Grant	Org Number	66142	JL Coding, if known	

Event specifics:

Name of the Event	National Health Care for the Homeless	Training Hours	Yes	# Training Hours	32
Date(s)	5/11/20-5/14/20	CEUs		# CEUs	
Location	Phoenix, AZ	Work Hours Claimed	32	Job Code, if applicable	001
		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	Flight		350		350	Estimate	No
Hotel	#Nights	4	189	146	756	Actual	No
Conference Fee	$920				920	Actual	No
Meals	#Breakfast	4	13	13	52	Estimate	No
	#Lunch	4	15	15	60	Estimate	No
	#Dinner	4	23	23	92	Estimate	No
Misc (if any)	Luggage				50	Estimate	No
Misc (if any)	Ground Transport				200	Estimate	No
Total Estimated/Confirmed Costs					2480		

*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
Cost of hotel based on actual rate posted by hotel that conference is held at

Employee	[signature]	2/12/2020 Date	Click here to enter a date.

Rev. 2/12/2020

Please explain how you and the homeless and/or farmworker clients you serve benefit from your attendance:

As a clinical psychologist working at in SMMC system, a large portion of patients I see are impacted by homelessness and housing insecurity. Further, trauma impacts almost all my patients, and the conferences' many trainings regarding trauma-informed health care in the context of homelessness and primary care will be particularly beneficial to my work. I hope to learn multiple tools that can benefit my patients directly (e.g. improving my own trauma-informed care), and my colleagues and the system overall (e.g. methods for increasing access to substance use treatment and MAT).

Approvals:

Program Manager is confirming the business need for the travel and within the program's budget. Financial Services Manager is also reviewing for budget availability.

Program Manager		Date	Click here to enter a date.
Financial Manager		Date	Click here to enter a date.
Division Director (Required for all meals and out-of-County travel)		Date	Click here to enter a date.

After all signatures: Employee keeps original to be submitted with Request for Reimbursement after travel, copy goes to the Supervisor and Accounting.

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	Giovanna Giron						
Date of Request		Org Name	HCH/FH	Org Number	68120	JL Coding, if known	

Event specifics:

Name of the Event	National Health Care for the Homeless Conference	Training Hours		# Training Hours	
Date(s)	May 11-14, 2020	CEUs		# CEUs	
Location	Phoenix, AZ	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			300		300		
Hotel	#Nights	3	$225		675		
Conference Fee			525		525		
Meals	#Breakfast	3	13		39		
	#Lunch	4	15		60		
	#Dinner	4	23		92		
Misc (if any)	Parking/Ground transport				100		
Misc (if any)	Checked luggage				50		
Total Estimated/Confirmed Costs					$1,841		

*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
The hotel rate is based on the discounted conference venue hotel rates

Employee/ Title	Giovanna Giron/ Case Manager	Date	

Please explain how you and the homeless and/or farmworker clients you serve benefit from your attendance:

Giovanna plays a key role in helping homeless clients access substance use disorder (SUD) services via Palm Ave Detox, which is often the entry point for many clients. As the Case Manager liaison for Palm, she is able to motivate, engage and help homeless clients access residential treatment and other programs after they have safely gone through the withdrawal management phase. She works closely with Palm on a daily basis to serve homeless clients with complex needs, and substance use disorder (SUD) issues from admission to discharge. She helped facilitate collaboration and partnership between Palm Ave and homeless providers such as Life Moves and Samaritan House. Giovanna is a Certified Alcohol and Drug Counselor, and brings a trauma-informed and compassionate approach to her clinical and case management work with clients. She is deeply concerned with social justice and health equity issues and is a strong and tactful advocate for homeless clients with marginalized identities. I trust she will gain and improve her knowledge and skills by attending this conference and bring back information, strategies, and tools to advance our efforts in serving this population.

Approvals:

Program Manager is confirming the business need for the travel and within the program's budget. Financial Services Manager is also reviewing for budget availability.

Program Manager		Date	
Financial Manager		Date	
Division Director (Required for all meals and out-of-County travel)		Date	

After all signatures: Employee keeps original to be submitted with Request for Reimbursement after travel, copy goes to the Supervisor and Accounting.

TAB 2

Request to extend April Board meeting

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

DATE: March 12, 2020

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

FROM: Linda Nguyen, Program Coordinator
HCH/FH Program

SUBJECT: REQUEST TO MOVE EXTEND APRIL BOARD MEETING

The program and Board have been working on the Strategic Plan for some time, since the kick-off of the Strategic Plan Retreat (September 18, 2019). There is much work to be conducted on this effort that includes meetings with the Strategic Plan sub-committee (January 28, 2020 and February 26, 2020)
The request is to extend the April 9, 2020 Board meeting for an hour to three hours to ensure we have enough time to discuss the work of the Strategic Plan with the entire Board.

Approval of this item requires a majority vote of the Board members present.

TAB 3

QI Memo

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

DATE: March 12th, 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 February 27th. Below are quality improvement updates:

- **Strategic Plan Clinical Interviews**
  - The committee reviewed the summary of action items from the strategic plan clinical interviews. Below are the items that were flagged for follow-up:
    - FW registration in ED/Inpatient
    - Compression Socks for Homeless
    - Pharmaceutical labeling for low literacy populations
    - Clinical protocols for homeless and farmworker patients
    - Coordinating delivery of Alphascript medications
    - Hygiene resources for homeless patients
- **Self-Administered HPV/Pap Tests**
  - Danielle and Frank had a conference call with HCH Contra Costa's medical director regarding self-administered HPV/Pap Tests. A summary was provided for the QI Committee, which then discussed feasibility of implementing a similar process at SMMC for a specific subset of patients.
    - We will be scheduling a follow-up meeting with the medical director of SMMC and PHPP Mobile/Street & Field Medicine staff.
- **QI/QA Annual Plan**
  - The committee reviewed UDS 2019 data, as well as progress made toward QI/QA Annual Plan 2019
    - Only one of the four clinical quality measures goals were met in 2019
      - Prenatal care in the 1st trimester

        - Specific disparity groups were identified in the clinical quality measures whose goals were not met
    - Six measures were selected for the 2020 annual plan
        - Cervical Cancer Screening, Adult BMI, Depression Screening, Diabetes A1c >9%, Colorectal Cancer Screening, Prenatal Care in the 1st Trimester
        - The committee will review potential actions for each measure and select four out of the six measures to include in the 2020 annual plan
- The committee will continue discussion on other metrics to include in the 2020 annual plan

ATTACHMENT:

- Strategic Plan Clinical interviews summary

Summary/Action Items

1. **Discharging patients:** Finding safe/appropriate places to discharge patients (2AB/3AB); medical respite for patients recovering from surgery needed
2. **Following up with patients with unreliable contact information:** Some surgeries are cancelled due to lack of ability to contact patients; difficulty following up with patients when they've received inpatient and outpatient care. Need to identify ways to contact and follow-up with patients with unreliable communication.
3. **Identifying Farmworkers at registration:** Inpatient cannot identify if patients are farmworkers/dependents of farmworkers because the question isn't asked at registration. Unclear what difficulties this population faces in inpatient.
4. **Compression socks for homeless patients with hypertension**: particularly those that are vehicularly housed
5. **Nutrition and Food Access:** Issues with access to healthy food or kitchen areas to prepare foods. For some patients who are doubling up, they may have space to sleep but not have kitchen privileges.
6. **Resource Guide/Resource Navigation:** ED and clinics do not have access to Social Workers 24/7. Would be helpful to have resource guides/centralized bundle of information, or better resource navigation methods to help providers in clinic connect patients to resources in real time. Criteria list or template, clinic hours, food, hygiene, shelter, etc. Boost ability to address SDOH needs of patients. Additionally: What to do if a patient refuses a resource? What has been tried before?
7. **Pharmacy Issues:** For inpatient, would be helpful to have pharmaceuticals on site. There are some literacy issues for patients who can't read their prescription bottles. Difficulty getting meds when the pharmacy is closed.
8. **Care Plans and Protocols:** Difficulty in executing care plans; would be helpful to build better linkages to mobile clinic where hours and locations are more flexible adjunctive to being assigned to a PCP. Build checklist or protocols for homeless and farmworker patients: screenings, "check 5 things", etc. to maximize care received at each encounter. [Including labs; difficult for patients to come to single appointment, burden on patients to come in for additional labs if not at same time as appointment]
9. **Case Management and Care Navigator Support:** Need more social work support; primary care team may hold back on referrals because they know there's little capacity. Need for more case management support echoed across departments. Some patients need help keeping track of appointments, health benefits enrollment, transportation, etc. Mention of wanting to coordinate better with agencies like LifeMoves.
10. **Advocating for Shelter Clients:** Families experiencing homelessness will sometimes ask providers for letters to allow them to extend their stay in shelter; some patients need medication dispensed multiple times a day in shelter
11. **Access to Care:** Expedite homeless and farmworkers into new patient appointments via New Patient Connection Center. Multiple mentions for more field-based services. Need Open Schedules in Pediatrics/Primary Care Clinics that everyone is empowered to schedule patients into. Need appropriate stratification of patient needs into higher and lower priority groups.

12. **Minimizing duplicative services:** May want to consider building service list across county and community agencies; identify areas for better linkages prior to contracting for new services.
13. **Alphascript**: Alphascript mails HIV medication but this requires an address, if no address then mailed to SMMC pharmacy and re-dispensed. Work with Alphascript to find a better way to get prescriptions to homeless patients
14. **Hygiene:** Some patients enter clinic needing some sort of hygiene support. HCH/FH should consider providing hygiene wipes to clinics as a resource when necessary.
15. **Advocacy for school linkage and retention for youth experiencing homelessness:** Evidence shows link between high school graduation and homelessness; "can prevent homelessness by 400%" [Project Hope Alliance]
16. **Need for Post-Incarceration Care:** Particularly those who are on psychiatric medications
17. **On a system level:** need to better identify especially high-risk/high-need Homeless populations who likely will need to be routed into more specialized/different/expanded services.

What are some of the most pressing health issues for homeless and farmworker patients?

Department	Notes

2AB	• Having good outpatient care and follow-up that they can rely on
	  o Folks coming back a lot even if referred to outpatient care
	  o Could be access, mental health, drug addiction (meth, alcohol, cocaine)
	  o Some refuse to be admitted or leave against medical advice
	  o Finding safe places to discharge
	• Would be helpful to have pharmaceuticals on site
	• Refusal of admission (patient thinks it's unnecessary)
	• Post Follow-up call --> most patients don't have contact information
	• For farmworkers: not identified during registration; identified by asking patients what they do for a living

3AB	• Discharge is the biggest issue
	  o Some need Mental Health Rehab Center
	  o Structured home environment like a board and care
	  o Need more stress management or coping skills
	• Obligated to find out homeless status due to SB1152

ED/ER	• Began screening for homelessness because of SB1152 in beginning of 2019

	• In general, homeless patients have very few acute needs but the challenge is coordinating resources and placing them after. Recently got a social worker but limited to business hours. Some patients are held overnight to see a social worker in the morning. • Will begin looking into immunizations and screenings for local infectious diseases. • Farmworkers are not identified during registration and not easy to identify except when providers ask about social history; hard to refer due to transportation issues.

Adult Primary Care	• Technically have a SW but on medical leave; SW manager is taking referrals and physically at DCC one day a week; however, few warm handoffs because not physically in clinic.
	• Use Interface, no med-psych in Daly City
	    o BHRS--> team of MFTs and social workers (therapists), also connection to drug and rehab referrals
	    o Lack of connection between clinic and BHRS
	    o Interface not as strong as a physical med psych program
	• PC team strapped thin, can make referrals but not able to do more
	• PHQ2/9: if score is greater than 13, use warm handoffs, or if patients don't want that, they refer (the referral and follow up linkage is okay)
	• Some homeless patients vehicularly housed/living in churches
	• Hypertension, "stocking socks: need to elevate feet and keep fluid out of feed, diuretics not a great option if no regular access to toilet
	• Obesity--> no access to healthy food or can't prepare foods
	• Food insecurity screen: refer to Second Harvest Food Bank; some food at Daly City Youth Center once a week
	• "In clinic/homeless: see the patient: come in with acute needs like prescription refill or pain, team tries to follow up on other needs (i.e. EKG needed follow-up but couldn't engage), try to do wraparound services, misalignment of what the need is and lack of ability to follow up. So we are usually only able to focus on acute need, but not many of the underlying problems. We really need real time support or contact person to help. We only have one Social worker in the building for adult peds and she also travels for teen clinic. Seems not enough for the population we serve.
	• Don't know how to offer preventative services, have been trying to do a "check five things" (staff frustration)
	• Don't know what resources are available; i.e. dignity on wheels is down the street but didn't know where exactly or the hours and services available. Want to create a kit with resources,

	develop criteria list or template, clinic hours, food, hygiene, shelter Diana Cervantes services entire clinic as SW but isn't always available. • Most needs are social needs, like pants, wheelchairs, difficulty getting meds with pharmacy is closed Difficulty executing care plans; have about 1-2 high need homeless a week. For Food Insecurity: increase in number of people who prefer not to answer, less patient volume, many homeless don't fit the stereotype of folks who "look" homeless . many work, but have no stable housing. Many live in cars,etc. • Don't see many FW

Pediatrics	• For both Homeless and Farmworker patients, need improved Access to care.
	    o Need immediate access with same day visits ideal, need to remove differences in care based on whether a patient can “do what they are supposed to do.” Also, have more leeway to accommodate patients when they are late for visits.
	• For both Homeless and Farmworker patients, need more Case Management support.
	• From a Pediatric standpoint, expanded Case Management support would help reduce barriers to school access (registering for school is a difficult process, with much documentation needed) and better health system utilization education (how to refill medications and follow through with care plans).
	• Ensuring kids are connected to medical and dental care
	• Trauma and mental health and connection to resources
	• Data quality/accurate identification
	• Assisting with educational needs may not be met at school (ADHD testing, learning disabilities, IEP)
	• Supporting families in shelters-Written letters to those in shelter to stay longer
	• Identifying parent/guardian during visit with kids and verification of guardianship
	    o Homeless youth may be living with someone who is not their legal guardian, in general, peds are healthy and need preventative care and screening and immunizations

OB/GYN	• Unclear who is homeless or farmworker in EPIC and eCW in PNC charts, especially what we send to Stanford. • Of 100 patients delivered a month, about 10 or homeless and 40-50% are at risk of homelessness. • Struggling with doubling up, many are food insecure and living in a single room without kitchen access/privileges. • If single mother, sometimes won't answer marital question because of stigma. • About 20% of north county patients deliver at St Lukes or SF General.

	• In OB, they do well because appointments get scheduled but it's unclear what their homeless/farmworker status is. • In GYN, they struggle to keep patients engaged and use calls for appointment reminders. o One patient they had was living on street and they got them a cellphone; person preferred living on street. • Struggle with cancelling surgeries because they can't contact the patient or the patient doesn't have a place to recover. • For FW, not documented if the patient is a farmworker. • They don't and can't track data and who is lost to care. • Billing wise, it's not a huge incentive to engage struggling patients because they're billed per visit
SMMC Admin	• Both Homeless and Farmworker patients need more field-based outreach and care navigator-level support. • Primary goal for Homeless and Farmworker patients should be linkage to the clinics (Primary Care especially and Specialty if needed). • The Primary Care Clinics should have the resources to deliver all care necessary for these patients. • Should minimize duplication of services across programs. • Farmworker/Farmworker Family Members need better education of the Health System and services available here provided by a trusted partner/agency to better engage them into services (i.e. having an agency like Puente that has trust with the community be able to promote and communicate what services and care the Health System can provide so that patients will buy-in and engage more). On a system level, need to better identify especially high-risk/high-need Homeless populations who likely will need to be routed into more specialized/different/expanded services.

MHPC	• Accessing care and having the ability to follow recommendations
	    o when homeless, "things fall apart"
	    o at mobile clinic, given comprehensive plan but unable to follow through due to homelessness
	• Many homeless or at risk of homelessness
	    o many patients living in board and care or group homes and permanent supportive housing
	    o Large proportion of patients living in group homes (board and care homes) on both our Central and South panels

	o North County, some doubling up (living with family) • From providers: o There's an understanding in the county that if you're homeless, there are more services available to you; but if you're housed and need services, there is less available ▪ Some will become vehicularly housed or lose housing so they can get better support o One client with PTSD, Hypertension and diabetes: when housed, they do really well but there's no support o Another client is bipolar/schizophrenic, they quit taking medicine because they needed to be alert at night in their car in case police came by. Patient can begin to decompensate o Another patient living on the street can't do monitor and strips due to street homelessness o homeless off meds may have higher risk for jail (meds for psych) • Few farmworker patients seen
Edison Clinic	• Many patients with comorbidities and mental health issues • Getting labs done is difficult and some clients aren't used to coming into clinic • Alphascript mails HIV medication but this requires an address, if no address then mailed to SMMC pharmacy and re-dispensed • Literacy is an issue with patients (one patient cannot read), which results in pharma difficulties in reading the bottle and asking pharmacist for prescription • Some patients aren't qualified for WPC but still need support • Need a care coordinator that goes out into the field to the client and keeps track of appointments, transportation, and location • Few farmworker patients seen at Edison

What resources are you aware of that enable you take optimal care of homeless and farmworker patients?

Department	Notes
2AB	• Depends on the stage of treatment: o Case management and resource connection o If they need psychiatric consult, they're on the floor 5 days a week o Pharmacy on site; give patients medicine when they leave
3AB	
ED/ER	• IMAT • Social workers
Adult Primary Care	
Pediatrics	Resource that is of great current benefit as well as needs to be expanded: Nurses (RN/LVN). Nurses able to provider direct services such as immunizations and screenings as well as health education and outreach. One very valuable available resource is currently available Mental Health resources embedded in Pediatrics Clinics. Currently, Psychologists are available in Pediatrics Clinics, which has been very valuable. Need Open Schedules in Pediatrics/Primary Care Clinics that everyone is empowered to schedule patients into. This would improve access to care. Need appropriate stratification of patient needs into higher and lower priority groups. Need improved Transportation resources to not only get patients to and from clinic visits, but to also get them to the pharmacy and other non-medical visits (such as to the CHA office). Need better advocacy for school linkage and retention. Need linkage to the right school situation as well as establishment of Individual Education Plans. Goal would be to get kids enrolled into school and keep them in school. One group that especially needs this are Adolescents new to the country.
OB/GYN	• Pre-to-3 has a SW in the field with a medical side of care through public health; hard to know if they're communicating and if doctors have question or problem, it's hard to tell who the SW is. • Section 8 housing, but patients don't like it and HIP (home sharing program). When patients identify needs, referred to SW (Blanca Lewes) • Bus transportation from Coastside to SMMC (direct line)
SMMC Admin	• Street Medicine was highlighted as an especially valuable service for outreach, care, and linkage to Clinics. • Case Management teams/providers in the Health System need better education on what resources and services are available through Community-Based Organizations and other Community agencies. This especially pertains to Enabling Services and Case Management Services.
MHPC	• Any resources that helps provide housing

	• Mobile clinic has been very helpful because providers can see notes in EHR and patients can drop-in o NP at Mobile will ping MHPC when patients are frequently seen at mobile
Edison Clinic	• When homeless, HIV and other health issues are on the backburner so sent to MHA • Taxi vouchers • Strong SW team • Increased MH services at clinic (2 psychiatrists and one therapist)

What resources or support is needed to better serve homeless or farmworker patients?

Department	Notes
2AB	• Need more placement options (shelter and medical respite) • Mental health arrangements -mental health respite; Serenity House is crisis only
3AB	
ED/ER	• Providers and clinical staff have some information, but the quantity can be information overload. Would like to know more about what's been tried before and other suggestions for when clients refuse certain resources. Expansion of SW hours as many patients seen are outside business hours. More case management and support for patients after they leave the ED (and continued communication) • Binder of resources for afterhours
Adult Primary Care	
Pediatrics	• Need to have better understanding of what resources are available in the system • Didn't know how to support families in need while they were in clinic/office, coordinating better with agencies like LifeMoves • Reaching people where they're at • Making kids and families feel comfortable in a clinic office, looking at growth and development, engaging SW when working with families • Receiving guidance from HCH/FH on issues to be aware of and questions to ask
OB/GYN	• Very few Medi- al covered deliveries; struggle to hire doctors and having to recruit out-of-state. o There's been a change in what OB workforce is willing to do because they're on call from 1-5am. • If County were to remove PNC, no other entity could take patients on for PNC (no incentive from private). • There's no system to reflect sudden changes in housing and unaware of what has been screened already; unclear how recently things have been done
SMMC Admin	
MHPC	• Need a social worker at least 0.25 FTE • Some patients lose Medi-Cal and there isn't a SW to help them reapply for benefits • Need post-incarceration care, especially for those who are on psychiatric medications • Transitions Care Network: peer navigator who has been recently released helps patients navigate resources • Medical Respite

Edison Clinic	• STD Testing in the field, or any services that can be brought to the patient and keeps providers from asking patients to come into clinic • Help with outreach and coordination • Helping patients prioritize their care (when housed, support disappears) • Need hygiene assistance/supplies for some patients

If we had to focus our efforts on improving just one aspect of health-related issues, what would it be?

Department	Notes
2AB	• Follow-up (1-2 weeks) --> struggle to find and contact patients • “We order and don't see what happens. Get feedback from people scheduling”
3AB	Would like to have staff trained in Trauma Informed Care for patients
ED/ER	Not all homeless patients want to be linked to primary care. Many come in with complaints that are exacerbations of their chronic illnesses (like back pain and migraines)
Adult Primary Care	• Address the SDOH needs because the primary care team has little capacity • Food and housing • More Social Work Support: team holds back on referrals because they know there's little capacity • Centralized bundle of information • Get patients in for first visit
Pediatrics	"Lend HCH/FH voice to current improvement event at Fair Oaks Health Center, especially advocating to remove designation of patients being Assigned/Unassigned to Primary Care Clinic and/or Insured/Uninsured. Also, advocate for Homeless and Farmworker patients to be prioritized in the Health System. Evaluate the processes of New Patient Connection Center (NPCC) and how they constitute a barrier to access for Homeless and Farmworker patients. Especially focus on how patients are assigned to a Primary Care Provider, PCP panels sizes, and limiting of PCP assignments based on panel size. " • Would place an emphasis on receiving any possible needed screen/service with every encounter within the system, rather than asking patient to call/schedule/remember/return, etc - shouldn’t matter if the patient touch was for primary care, specialty, provider, nurse, ED, ancillary. • Create a smooth easy coordinated transition between homeless and farm worker children and our county system of care • Raise awareness in the health center and amongst county leaders around pediatric issues in general
OB/GYN	• TB Screening (syphilis/flu) and other communicable diseases • Unclear what the needs are and information so patients know what's offered o FPACT pays for BC and pap smears
SMMC Admin	
MHPC	The van is so essential; the flexibility (hours and locations) may be a more appropriate setting of care adjunctive to being assigned to a PCP

Edison Clinic	• Case workers assigned to homeless or marginally housed to coordinate care (field based) • Work with Alphascript to find a better way to get prescriptions to homeless patients • Phones for patients so they can follow up if there are abnormal lab results • Dispensing issues at shelter: if patient needs medicine multiple times a day, then it must be dispensed multiple times a day • More patients on PrEP • Improved/more housing options

TAB 4

Q4 2019

Contractor's

Report

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo Medical Center
222 W. 39th Avenue
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DATE: March 12, 2020

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

FROM: Sofia Recalde, Management Analyst and Linda Nguyen, Program Coordinator

SUBJECT: Quarter 4 Report (January 1, 2019 through December 31, 2019)

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program had 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 is a summary of HCH/FH Contractor financial performance from January – December 2019:

CONTRACTOR	CONTRACT AMOUNT	AMOUNT SPENT	% EOY 2019	% EOY 2018
Behavioral Health & Recovery Services	$90,000	$51,500	57%	43%
El Centro de Libertad	$82,500	$41,700	51%	47%
LifeMoves	$296,500	$293,185	99%	93%
Public Health - Mobile Van	$507,250	$470,890	93%	95%
Public Health - Street Medicine	$249,750	$249,750	100%	84%
Puente de la Costa Sur	$183,500	$177,000	96%	100%
Ravenswood - Medical	$107,100	$86,904	81%	82%
Ravenswood - Dental	$54,725	$48,755	89%	92%
Ravenswood - Enabling	$97,000	$58,200	60%	73%
Samaritan House - Safe Harbor	$81,000	$76,000	94%	94%
Sonrisas Dental	$131,675	$108,775	83%	87%
StarVista	$180,000	$142,750	79%	NA
TOTAL	**$2,061,000**	**$1,805,409**	**88%**	**88%**

Agency	Outcome Measure	4th- Quarter progress
Behavioral Health & Recovery Services	•At least 100% screened will have a behavioral health screening. •At least 70% will receive individualized care plan.	By 4th quarter: • 100% clients had a behavioral health screening • 100% received individualized care plan
El Centro	• Provide at least 120 screening/assessments to homeless/farmworkers • Provide at least 50 Motivational outreach sessions on AOD/mental health	By 4th quarter: • 42 received a screening/assessments to homeless/farmworkers • 37 Motivational outreach sessions on AOD/mental health were provided
LifeMoves/CHOW (street med)	• 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 4th quarter: • 28% established a medical home • 100% of individuals served for CC services will have documented care plan. • 54 complete submission for health coverage.
Public Health Mobile Van	• 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 4th quarter: • 100% served received a comprehensive health screening for chronic disease and other health conditions. • 22/22 of women survey and expressed interest in Pap test services
Public Health Mobile -Service Connect	• 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 4th quarter: • 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	• 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 4th quarter: • 90% of street homeless/farmworkers seen will have a formal Depression Screen performed • 65% of street homeless/farmworkers seen will be referred to Primary Care • 21 patients provided women's health services-Pap/pelvic exam, Pregnancy test and birth control counseling
Puente de la Costa Sur	•At least 90% served care coordination services will receive individualized care plan. •At least 25 served will be provided transportation and translation services.	By 4th quarter: • 37% farmworkers served cc services received care plan. • 67% were provided transportation and translation services.

RFHC – Primary Health Care	• 100% will receive a comprehensive health screening. •At least 300 will receive a behavioral health screening.	By 4th quarter: • 96% received a comprehensive health screening. • 29 received a behavioral health screening.
RFHC – Dental Care	• 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.	By 4th quarter: • 10% completed their treatment plans. • 92% attended their scheduled treatment plan appointments. • 48% completed their denture treatment plan.
RFHC – Enabling services	• 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.	By 4th quarter: • 38% 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	•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.	By 4th quarter: • 87% received individualized health care case plan • 41% complete their health care plan. • 60% will schedule primary care appointments and attend at least one.
Sonrisas Dental	• At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan.	By 4th quarter: • 48% completed their treatment plans. • 26% 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.
  - Many are dual diagnosed having medical issues along with MH and deemed higher level of care. As result some are "banned" from all County shelters because they are deemed higher level of care. Have advocated on lifting of ban, but not always possible.

- **El Centro** states that there is an increase in screening and navigation because they have expanded efforts to include homeless individuals on the streets as well as adding another shelter for presentations.
  - Having difficulty accessing farmworker population, experiencing resistance from community as there are fears of sharing information with "ICE".

- **LifeMoves** reports developing a process where care coordinators as opposed to management are conducting data anaylsis and empowered to make decisions on providing care and deliverables.
  - Communication issues with Mobile Dental Van.
  - Dealys in connectign with H.S.A. to assist clients regarding Medi-Cal, will try to work with H.S.A to establish a relationship.

- **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. RN working work farmworkers is helping to establish relations with new farms in HMB area.
  - Limited housing options. We need to have an immediate services available for alochol detox when clients are ready to go.
  - Difficulty obtain health records when patients released from prison.

- **Puente** Staff attended outreach training condutcted by our program, found helpful and excited to use methods to provide efficient health courses for community.
  - Bay City Flowers local nursery closed and effected many farmworkers laid off as a result and their staff has helped with helping find new employment etc.
  - There is a 2-3 week wait list for clinic located at Pescadero and staff hope to discuss issue at next South Coast Health Collaborative. In the mean time they are suggesting people to make appointments with HMB clinic.
  -

- **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** hired an endodontist after months of searching to help with root canals that accepts Medi-Cal, reduces need to refer out for service.
  - 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.

- **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** quarterly meetings taking place with Puente staff have helped communications overall in working with the team as well as adding Spanish speaking staff to their team.
  - Sonrisas work is affected for a few reasons: during power outages, when room that is used for clinic is not always available, as well as internal staff issues with maternity leave.
  - Farmworkers are having hard time taking time off for dental appointments other than lunch.

TAB 5

Budget & Finance Report

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

DATE: March 12, 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

Preliminary expenditure numbers for February 2020 show a total expenditure of $369,112, of which $363,522 is claimable against the grant. There may be some additional expenditures for county cost items that had not been posted at the time the organizational account report was run. Contract expenditures include all of those known through and for February as of when this report was produced.

Our projections for the year are very preliminary at this point. Nonetheless, at this point we estimate that base grant expenditures will be $2,774,262. While our current base grant award for 2020 is $2,625,049, we anticipate being able to carryover $132,709 of unexpended 2019 funds based on HRSA's new carryover policy (although there is some risk that it might not happen), which ultimately provides us with a projected over expended balance of **$16,504** for the 2020 Grant Year (GY). The projections do estimate around a 96% - 97% expenditure rate on our contracts, which is higher than has occurred in recent history.

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 02/29/2020

GRANT YEAR 2020

Details for budget estimates	Budgeted [SF-424]	*Feb $$*	To Date (02/29/20)	Projection for final adds	*allocated to SUD-MH or IBHS*	Projected for GY 2021	
EXPENDITURES							
Salaries							
Director, Program Coordinator							
Management Analyst ,Medical Director							
new position, misc. OT, other, etc.							
	601,000	*47,042*	115,348	610,000		631,050	
Benefits							
Director, Program Coordinator							
Management Analyst ,Medical Director							
new position, misc. OT, other, etc.							
	160,000	*12,512*	30,344	160,800		171,990	
Travel							
National Conferences (2500*8)	16,000	*93*	2,512	16,000		25,000	
Regional Conferences (1000*5)	5,000	*5,000*	5,000	5,000		5,000	
Local Travel	1,500			1,500		1,500	
Taxis	1,000	*57*	295	1,000		1,000	
Van & vehicle usage	1,000			1,000		2,000	
	24,500		7,807	24,500		34,500	
Supplies							
Office Supplies, misc.	10,000	*898*	898	10,000		12,000	
Small Funding Requests		*15,000*	43,542	45,000			
	10,000		44,440	55,000		12,000	
Contractual							
2019 Contracts		*20,285*	54,817	54,817			
2019 MOUs			33,145	33,145			
Current 2020 MOUs	822,000	*105,200*	105,200	800,000		872,000	
Current 2020 contracts	1,033,250	*132,141*	108,741	990,000		1,034,000	
ES contracts (SUD-MH & IBHS)	150,000	*23,400*	23,400	142,500	*142,500*	150,000	
---unallocated---/other contracts							
	2,005,250		325,303	2,020,462		2,056,000	
Other							
Consultants/grant writer	30,000			30,000		30,000	
IT/Telecom	10,000	*867*	1,734	10,000		15,000	
New Automation				0		-	
Memberships	2,500			2,500		5,000	
Training	3,000	*1,027*	1,087	3,000		10,000	
Misc	500			500		500	
	46,000		2,821	46,000		60,500	
TOTAL	2,846,750	*363,522*	526,063	2,916,762	*142,500*	2,966,040	
GRANT REVENUE							
Available Base Grant	2,625,049			2,625,049		2,625,049	*2% reduction
Carryover	132,709			132,709		167,000	IBHS
Available Expanded Services Awards **	317,000			317,000			
HCH/FH PROGRAM TOTAL	3,074,758			3,074,758		2,792,049	
BALANCE	**228,008**		**PROJECTED AVAILABLE**	**157,996**		**(173,991)**	
	(88,992)		**BASE GRANT PROJECTED AVAILABLE**	**(16,504)**		based on est. grant of $2,678,621 before reduction	

** includes $150,000 of SUD-MH (allocated) & $167,000 for IBHS not yet allocated)

Total special allocation required $ 138,446

Non-Grant Expenditures						
Salary Overage	12500	*1442*	2,884	12,498		13,750
Health Coverage	57000	*4048*	7,986	47,256		57,000
base grant prep	-					0
food	2500	*100*	200	2,500		1,500
incentives/gift cards	1,000			1,000		1,500
	73,000	*5,590*	11,070	63,254		73,750
TOTAL EXPENDITURES	**2,919,750**	*369,112*	**537,133**	**2,980,016**	**NEXT YEAR**	**3,039,790**
	BUDGETED	*This month*	**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: March 12, 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 February 13, 2020 Co-Applicant Board meeting:

Program submitted our annual Uniform Data System report on February 14, 2020. Our reviewer responded over the March first weekend with a list of 14 questions/problems/issues. Of these, it appears that eight (8) can be addressed through explanation. An additional five (5) required some type of data correction/edit on the report itself. One (1) item is still being investigated. The information is scheduled to be re-submitted by the end of Friday, March 6, 2020.

Program has also been continuing to move forward with supporting the Strategic Planning Effort. A full update on that is elsewhere on today's agenda.

Program supported multiple individuals, along with two (2) staff members, to attend the Western Forum for Migrant and Community Health, an annual training conference sponsored by the Northwest Regional Primary Care Association, held this year in Sacramento February 19-21. There will be future reporting for the Board on the event.

As might be expected, SMC Health and SMMC are very involved in the local response to the COVID-19 situation. Program has remained in contact with leadership on this to facilitate a rapid response for our populations should the situation escalate and have a specific impact on our populations.

As reported last month, the Executive Steering Committee for the Electronic Health Record 2.0 Project was scheduled to consider the recommendation for vendor selection. They did meet and approved the recommendation of the Project Steering Committee. They will now begin the process of contract negotiations.

We continue to work on acquiring the staff necessary to meet our implementation of services requirement of the Integrated Behavioral Health Services (IBHS) supplemental award ($167,000). As it continues to look like we will not be able to hire county staff for the project, we are in discussions with three external partners on providing the necessary staffing. We are required to implement the project by having at least a 0.5 FTE (half-time) on board by April 30, 2020.

<u>Seven Day Update</u>

<u>ATTACHED:</u>

- Program Calendar

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

2020 Calendar (*Revised March 2020*)

EVENT	DATE	NOTES
• **Board Meeting (March 12, 2020 from 9:00 a.m. to 11:00 a.m.)** • Final UDS submission due March 31, 2020 • Conflict of Interest training	March	@San Mateo Health
• **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 • Sliding Fee Scale update	April	
• **Board Meeting (May 7, 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) • Agricultural Worker Health in Clearwater, Florida (May 19-21)	May	@ Dept of Housing- Belmont
• **Board Meeting (June 11, 2020 from 9:00 a.m. to 11:00 a.m.)** • QI Meeting	June	
• **Board Meeting (July 9, 2020 from 9:00 a.m. to 11:00 a.m.)** • Provider Collaborative meeting	July	

BOARD ANNUAL CALENDAR	
Project	**Deadline**
UDS submission- Review	April
SMMC annual audit- approve	April/May
Services/locations (Forms 5A and 5B) -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	Oct-November
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 7

Board Presentation

Strategic Plan

February 26th HCH/FH Strategic Subcommittee Meeting Summary

Attendees: Robert Blake, Scott Gilman, Peter Shih, Anita Booker (phone), Brian Greenberg, Eric DeBode (phone), Suzanne Moore, Victoria Sanchez De Alba (phone), Jim Beaumont, Frank Trinh, Linda Nguyen, Irene Pasma, Danielle Hull

SWOT analysis

STRENGTHS — HCH/FH Program

Homeless
- Broad network of community partners
- Street Medicine Team & Mobile Van
- Nonprofit enabling services to get folks into clinic
- Applies to both populations: Dedicated Board and staff
- FQ reimbursement rates

Farmworker
- Relationship with Puente
- Field Medicine Team
- Growing expertise on the Board
- Reaching out to the farm owners and farm workers in Half Moon Bay

WEAKNESS (needs improvement)

Homeless
- No standard of work between clinic providers and mobile HCH providers
- Lack of health navigators/community health workers
- Not enough consumer input (applies to both populations)
- Applies to both: a lot of time spent on managing contracts
- Data integrity

Farmworker
- Lack of relationships with Half Moon Bay farm owners, farmworkers, and community
- Health coverage of adults (27-65)

OPPORTUNITIES (goals)

Homeless
- Aging shelter population
- More consumer input into program/Board planning and operations
- Nutrition focus
- Decrease wait time to get an appointment
- Improve sliding fee scale (applies to both)
- Vehicularly housed
- Continue collaboration with other programs

Farmworker
- Increasing medical presence at Puente during non Wednesday and Thursdays
- Increase relationship with SMC's Department of Agriculture
- Preventive dental services
- Community health workers
- Ensure public health safety in FW housing, i.e. TB

THREATS (obstacles/barriers)

Homeless
- Federal government
- Funding (both populations)

Farmworker
- Public Charge (fear factor)
- Preventive dental services not covered by ACE
- A lot of growth in program numbers would be in the FW population but that is the ACE population

STRENGTHS — SMMC/BHRS/PHPP/HEALTH

Homeless
- Geographically spread out primary care and BHRS clinics
- Street Medicine Team & Mobile Van
- Broad range of clinical services (both populations)
- Low percentage of unsheltered homeless individuals
- HPSM reimburses for Skilled Nursing Facility

Farmworker
- ACE coverage
- Field Medicine Team

WEAKNESS (needs improvement)

Homeless
- Providers not oriented to provide services to this population
- There are not enough Board & Cares in the County
- Not enough services for SUD (i.e. methamphetamine)
- Difficulty getting appointment/assigned PCP

Farmworker
- Puente clinic staffed by Coastside providers is not reimbursable
- Mobile van does not go to the Coast
- BHRS services limited in Pescadero
- Lack of targeted outreach

OPPORTUNITIES (goals)

Homeless
- Improve clinical outcomes (i.e. increase screenings)
- More collaboration across Health Departments
- Health navigation
- SUD services
- Consider upstream issues and SDOH

Farmworker
- Prenatal care
- Promotores Program

THREATS (obstacles/barriers)

Homeless
- Health system budget cuts (applies to both)
- Losing Board and Cares

Farmworker
- Public Charge ruling

Meeting Discussion

1. Should increasing the number of patients be a focus for the Board? How does this align with SMMC's goals?
   a. The focus should be on quality care and better data collection. See current HCH/FH initiatives on improved data collection below.
   b. *Strategic Subcommittee might recommend an increased focus on this via collaboration efforts.*
2. Is the PHPP Mobile Clinic / Street and Field Medicine a keystone of the HCH/FH program? Is it considered Primary Care?
   a. Yes, this is a keystone component to the HCH/FH program.
   b. *The strategic subcommittee will likely recommend the Board to continue funding this service*.
      i. From an RFP perspective, this means the "pool" of money we would request the community to respond to is closer to $1.25M, though the Board needs to discuss changes to the MOU.
   c. Is it primary care? Mixed answers; should be considered when thinking about the MOU.
3. Should HCH/FH focus on contracting out (i.e. community health worker services) or try to hire within?
   a. The conversation leaned toward contracting out as well as connecting with Whole Person Care better.
   b. *If the strategic subcommittee recommends HCH/FH focus on care coordination services, it would be through contracted services and therefore included in the RFP.*
4. Is there an optics component to ensuring some HCH/FH funds go toward East Palo Alto?
   a. This was not discussed at the Strategic Subcommittee meeting.

Current Initiatives on Data Collection

PSA Training: Currently, HCH/FH staff attends PSA training in person to discuss the importance of asking homeless and farmworker questions at registration. In efforts to improve data quality, HCH/FH staff is now:

1. Working with SMMC's Education Department in conjunction with SMMC's Office of Diversity and Health Equity to develop standardized training modules for LMS.
   a. HCH/FH staff received input from a current PSA to ensure the module resonates with the audience
   b. All PSAs will eventually take the training
   c. Future efforts in updating this training may include conducting focus groups with homeless and farmworker individuals to better understand how they answer these questions when they present to clinic
2. Working with Cerner and other stakeholders to update Registration fields in Invision

Avatar: Currently, for services provided by SMC Health, HCH/FH is only able to report on homeless and farmworker individuals seen at SMMC outpatient clinics and PHPP Mobile Clinic/Street & Field Medicine to HRSA. Services provided to these two populations by BHRS, AAS, etc. are not captured.

1. HCH/FH staff is working with Tamara Muccia and Kim Pijma to identify what changes can be made in Avatar so this data can be collected and reported to HCH/FH.