

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

San Mateo Medical Center|222 W. 39th Avenue (basement) Garden Room, San Mateo
October 13, 2016, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins		9:00 AM
B. CLOSED SESSION			
1. No Closed Session this meeting			
C. PUBLIC COMMENT			9:02 AM
Persons wishing to address items on and off the agenda			
D. CONSENT AGENDA			9:05 AM
1. Meeting minutes from September 8, 2016		TAB 1	
2. Program Calendar		TAB 2	
3. Parking Lot			
E. BOARD ORIENTATION (materials will be available the day of meeting)			9:10 AM
1. Board Orientation on Board training/responsibilities	Jim/Linda		
F. REGULAR AGENDA			
1. Consumer Input	Linda Nguyen	TAB 3	9:11 AM
2. Board Ad Hoc Committee Reports	Committee Members	TAB 4	9:16 AM
<i>i. Health Navigation</i>			
<i>ii. Board Composition</i>			
3. OSV Report and Discussion			9:25 AM
4. HCH/FH Program QI Report	Frank Trinh	TAB 5	9:45 AM
5. HCH/FH Program Director's Report	Jim Beaumont	TAB 6	9:55 AM
6. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7	10:03 AM
7. Request to Approve Budget Change (DSHII)	Jim Beaumont	TAB 8	10:10 AM
<i>i. Action Item- Request to Approve Budget Change-</i>			
8. Request to Approve and Amend Contracts	Jim/Elli	TAB 9	10:15 AM
<i>i. Action Item- Request to Amend Legal Aid contract</i>			
<i>ii. Action Item- Request to Amend RFHC enabling</i>			
<i>iii. Action Item- Request to Amend RFHC primary care</i>			
<i>iv. Action Item- Request to Amend LifeMoves (CHOW)</i>			
<i>v. Action Item- Request to Amend Samaritan House</i>			
9. Conflict of Interest and Disclosure Policy			
<i>i. Action Item- Request to Adopt Conflict of Interest/Disclosure Policy</i>		TAB 10	10:25 AM
10. Request to Approve Credentialing and Privileging	Jim Beaumont	TAB 11	10:35 AM
11. Board Nominations of Chair/Vice Chair	Jim Beaumont		10:43 AM
12. Strategic Plan Update	Jim Beaumont	TAB 12	10:50 AM
OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>i. Next Regular Meeting November 10, 2016; 9:00 A.M. – 11:00 A.M. Coastside Clinic - HMB</i>			
H. ADJOURNMENT	Robert Stebbins		11.00 AM

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

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
September 8, 2016
Fair Oaks clinic- Redwood City**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Brian Greenberg
Paul Tunison, Vice Chair
Molly Wolfes
Julia Wilson
Steve Carey
Tayischa Deldridge
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
Elli Lo, Management Analyst
Linda Nguyen, Program Coordinator
Glenn Levy, County Counsel

Members of the Public

Absent: Kathryn Barrientos, Christian Hansen, Theresa Sheats, Dan Brown

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:01</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from April 26 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Paul <u>SECONDED</u> by, Steve and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Regular Agenda Consumer Input	Staff presented on Surgeon Generals' opioid crisis campaign called "Turn the tide". Conversation on opioids and San Mateo County public health efforts to treat. Brian Greenberg offered to lead a discussion with other substance abuse providers (BHRS, PC, PH-Mobile Van etc.) on substance abuse in homeless population. <i>Please refer to TAB 3 on the Board meeting packet.</i>	Brian to schedule conference call to follow up on efforts.
Transportation Sub-committee reports Steve, Molly, Christian	Continuing to research on taxi voucher program.	
Board orientation Sub-committee reports Brian, Dan, Paul, Bob	Discussion on expectations of committee. To place on agenda for future meeting.	
Regular Agenda QI Committee report	Oral report from Medical Director, Frank Trinh: Report from last QI Committee meeting. There was a discussion on Diabetes report comparing first	

	<p>quarter results to second quarter results. There was an improvement in second quarter results. Some deficiencies were present with homeless population that is not housed, as results are worst. Results also showed that male farmworkers need to be engaged, as they are not seen as much at clinics and for appointments. Will present findings at next SMMC QI Committee meeting. Also need to better educate primary care providers on homeless/farmworker challenges to health. Will follow up on primary care referrals into appointments from care coordination efforts.</p>	
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Director's report:</p> <ul style="list-style-type: none"> • <u>Grant Conditions:</u> On August 23, 2016, we received NOA 15-06 which lifted four (4) grant conditions: Sliding Fee Discount Program, After Hours Coverage, Key Management Staff and Contractual & Affiliation Agreements. As of this writing, six (6) of the ten (10) condition have been lifted. We have submitted responses to the remaining four (4) conditions, which we believe demonstrate our compliance with HRSA program requirements in the respective area. • <u>Proposals:</u> later in the agenda there is a discussion on Daly City Youth Health Center/Jefferson Union High School District and Project WeHOPE's proposals. As with all of our contractors. • On August 15, 2016, we received NOA 15-05 providing for a supplemental award of \$35,556. This award was specifically based on HRSA Quality Improvement metrics as reported through the UDS. • On August 30, 2016, we submitted the Program's Service Area Competition Application for the 2017 Grant Year. Final approval for this application is elsewhere on today's agenda. • On August 25, 2016, we received formal confirmation of our upcoming Operational Site Visit (OSV) for October 4-6, 2016. Program has already initiated preparation planning for the OSV. • There were five (5) responses received to the joint RFI for a Case/Care Management System, we are working with program manager to consider proposals. <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Expenditures to date – through August 31, 2016 – total just under \$1,300,000. Based on expenditures to date, we are projecting total expenditures to be around \$2,015,000 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00. Overall, as we move forward with decisions for this grant year – contracts on today's agenda and the proposal still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. Suggestion to have Board members send staff ideas on how to use the QI award funds.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	

<p>Discussion on Patient/contractors problems</p>	<p>There was a discussion on program staff current and new efforts to document and resolve patients and contractor programs. Past efforts include writing a narrative about problems. New efforts include recording incidences of occurrences with detailed information of when, where and how often problem is occurring.</p>	
<p><i>New Board member</i> Request to Approve- New Board member (Richard Gregory)</p>	<p>Lead of Board orientation summarized discussion and interview new board applicant. Richard Gregory is employed by Apple Tree dental, which recently acquired Sonrsias Dental. Conversation on the limit of Board members to receive income from health sector.</p> <p>Action item: <i>Request to Approve Richard Gregory a new Board member</i></p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	<p>Motion to Approve New board member <u>MOVED</u> by Paul <u>SECONDED</u> by Julia , and APPROVED by all Board members present.</p>
<p>Request to Approve- SAC Final application</p>	<p>Conversation on information submitted in Service Area Competition (SAC) application and if there was a difference from the draft that was presented to Board at last meeting. Final SAC Application was submitted on August 30, 2016.</p> <p>Action item: <i>Request to Approve Final SAC application</i></p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	<p>Motion to Approve Final SAC application <u>MOVED</u> by Paul <u>SECONDED</u> by Julia, and APPROVED by all Board members present.</p>
<p>Contracts Requesting Approval Request to Approve- Project WeHOPE contract Request to Approve- Daly City Youth Health Center contract</p>	<p>Conversation on Project WeHope’s proposal to provide shower and laundry services to homeless individuals at housing projects, cars or street under the Dignity of Wheels project; and provide comprehensive care coordination for homeless individuals. There was a discussion on whether this funding would support current services or an expansion and what kind of funding are they currently receiving from other entities to support this effort.</p> <p>Action item: <i>Request to Approve Project WeHOPE contract</i></p> <p>The proposal essentially called for providing a 3 pronged strategies to address the health needs of homeless youth in Northern San Mateo County communities by: 1) performing a Needs Assessment of the Jefferson Union High School District to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing; 2) To complete a set of protocols for the outreach, referral, care coordination and tracking of potential homeless youth to be served by the program; 3) Provide comprehensive care coordination for homeless youth in Jefferson Union High School District.</p> <p>Action item: <i>Request to Approve Daly City Youth Health Center/ Jefferson Union High School District contract</i></p>	<p>Motion to Approve Project WeHOPE contract <u>MOVED</u> by Molly <u>SECONDED</u> by Steve, Paul Tunison recused himself. and remainder of all Board members present approved.</p> <p>Motion to Approve Daly City Youth Health center/ Jefferson Union High School District contract <u>MOVED</u> by <u>SECONDED</u> by, and APPROVED by all Board members present.</p>

	<i>Please refer to TAB 8 on the Board meeting packet.</i>	
Discussion on Patient Grievance Policy	Discussion on a patient grievance policy. Reviewed SMMC's patient grievance policy and agreed that the program would have to adopt a different policy. Should solicit ideas from Board members. Board members usually do not respond to direct grievances. <i>Please refer to TAB 9 on the Board meeting packet.</i>	.
Request to Approve-Credentialing and Privileging list	The HCH/FH Co-Applicant Board shall review the QIC's determination and take action to affirm SMMC compliance with HRSA requirements. As long as the SMMC Credentialing and Privileging policies, procedures and processes have been determined to be in compliance with HRSA requirements, all credentialing and privileging actions taken by the SMMC BOD shall be added to the HCH/FH Co-Applicant Board's next regular meeting agenda for review and endorsement. Board members reviewed list. Action item: Request to Approve Credentialing and Privileging list <i>Please refer to TAB 10 on the Board meeting packet.</i>	Motion to Approve Credentialing and Privileging <u>MOVED</u> by Tay <u>SECONDED</u> by Paul , And <u>APPROVED</u> by all Board members present.
Board nominations of Chair/Vice Chair	Discussion on need to conduct annual nominations of Board Chair and Vice Chair. Nominations can be made in person at meeting or can be emailed to staff.	Linda- email reminder to board members
Small funding request summary	In accordance with the HCH/FH Program Policy on Small Funding Requests, Program shall provide the Board a summary of the status of the small funding requests from the prior 6-12 months. To date the Program has spent \$39,422 in 2015 and \$2,731 in 2016 on Small Funding Requests. Staff presented a summary of funding request from 2015 and 2016 from LifeMoves and Puente. <i>Please refer to TAB 11 on the Board meeting packet.</i>	
Regular meeting: Strategic Plan Update	Strategic Plan efforts/discussion started in October of 2015 and continued with a Strategic Plan Retreat on March 17, 2016 with the help of consultants Rachel Metz and Pat Fairchild. Strategic Plan efforts/discussion started in October of 2015 and continued with a Strategic Plan Retreat on March 17, 2016 with the help of consultants Rachel Metz and Pat Fairchild. Discussion on new efforts include case management efforts with RFI. <i>Please refer to TAB 12 on the Board meeting packet.</i>	
Adjournment	Time <u>11:05 a. m</u>	Robert Stebbins

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2016 Calendar *(Revised October 2016)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (October 13, 2016 from 9:00 a.m. to 11:00 a.m.) • Nominations for Chair & Vice -Chair • Operational Site Visit October 4-6 (Board involvement required) • Providers Collaborative meeting 	October	@ SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (November 10, 2016 from 9:00 a.m. to 11:00 a.m.) • Elections of Chair & Vice- Chair • QI Committee meeting 	November	@ Coastside Clinic- HMB
<ul style="list-style-type: none"> • Board Meeting (December 8, 2016 from 9:00 a.m. to 11:00 a.m.) • 	December	
<ul style="list-style-type: none"> • Board Meeting (January 12, 2016 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Providers Collaborative meeting 	January	
<ul style="list-style-type: none"> • Board Meeting (February 9, 2016 from 9:00 a.m. to 11:00 a.m.) • Western Forum for Migrant & Community Health, San Francisco 	February	

Conference calendar 2016	
NW Regional Primary Care Assoc.	Oct 15-18 ; Denver, Colorado
Int'l Street Medicine Symposium	October 20-22; Geneva, Switzerland
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA
Nat'l Center for Health in Public Housing	November 15- 15; Chicago, IL
Western Forum for Migrant & Community Health	February 22-24; San Francisco, CA

TAB 3
Consumer
Input

Domestic Violence Awareness Month - DVAM History

Domestic Violence Awareness Month (DVAM) evolved from the "Day of Unity" held in October 1981 and conceived by the National Coalition Against Domestic Violence. The intent was to connect advocates across the nation who were working to end violence against women and their children. The Day of Unity soon became an entire week devoted to a range of activities conducted at the local, state, and national level. The activities conducted were as varied and diverse as the program sponsors but had common themes:

- Mourning those who have died because of domestic violence
- Celebrating those who have survived
- Connecting those who work to end violence

These three themes remain a key focus of DVAM events today. In October 1987, the first Domestic Violence Awareness Month was observed. That same year marks the initiation of the first national domestic violence toll-free hotline. In 1989, the U.S. Congress passed Public Law 101-112 designating October of that year as National Domestic Violence Awareness Month. Such legislation has passed every year since with NCADV providing key leadership in this effort. Each year, the Day of Unity is celebrated the first Monday of Domestic Violence Awareness Month.

—Adapted from the *1996 Domestic Violence Awareness Month Resource Manual* of the National Coalition Against Domestic Violence.

Proclamation of the President of the United States - National Domestic Violence Awareness Month 2016

The physical and emotional scars of domestic violence can cast a long shadow. Too many individuals, regardless of age, ability, sex, sexual orientation, gender identity, circumstance, or race, face the pain and fear of domestic violence. During National Domestic Violence Awareness Month, we shine a light on this violation of the basic human right to be free from violence and abuse, pledge to ensure every victim of domestic violence knows they are not alone, and foster supportive communities that help survivors seek justice and enjoy full and healthy lives...

My Administration is dedicated to ensuring that all people feel safe in all aspects of their lives, which is why I proposed significant funding for responding to domestic violence in my most recent budget proposal. We have also championed legislative action like the Family Violence Prevention and Services Act, and the Affordable Care Act -- which ensures that most health plans cover domestic violence screening and counseling services at no additional cost. And the Violence Against Women Act, which was reauthorized in 2013, has enhanced and expanded protections to Native Americans, immigrants, lesbian, gay, bisexual, and transgender individuals, and victims who reside in public housing...

Read the full [proclamation](#) by President Barack Obama, released on September 30, 2016.

US Senate Resolution 566: Supporting the Goals & Ideals of National Domestic Violence Awareness Month 2016

Whereas domestic violence victim advocates, domestic violence service providers, domestic violence first responders, and other individuals in the United States observe the month of October, 2016, as "National Domestic Violence Awareness Month" in order to increase awareness in the United States about the issue of domestic violence..... [Read the full text of SR 566.](#)

<http://www.nrcdv.org/dvam/DVAM-history>

Domestic Violence and Homelessness

According to multiple studies examining the causes of homelessness, among mothers with children experiencing homelessness, more than 80% had previously experienced domestic violence.

Source: Aratani, Y. (2009). *Homeless Children and Youth, Causes and Consequences*. New York, NY: National Center for Children in Poverty. <http://www.acf.hhs.gov/fysb/resource/dv-homelessness-stats-2016>

TAB 4
Subcommitee
Reports

Ad Hoc Navigation Meeting

8/30/16

Present: Frank Trinh, Tayisha Deldridge , Julia Wilson

Absent: Katheryn Barrientos

Puentes staff: Molly Wolfes, Omar Ortega Community Resource Navigator (CRN), Corina Rodriguez CRN.

Frank Trinh reported on the current countywide work on the Homeless Care Coordination Project a \$40 Million endeavor focusing on eliminating barriers to care and services to the following populations: the homeless, high ER Utilizers, the severely mentally ill, and substance abusers. Frank is an active participant in this process. The Ad Hoc Health Navigation Committee has decided to wait on the outcome of this work to proceed.

However, since the identified populations noted do not include Farmworkers the Committee requested Molly meet with us to explore the current needs of Farmworkers on the Coast in need of Health Navigation services. To help with the discussion she brought Puente's Community Resource Navigators Omar Ortega and Corina Rodriguez. Omar previously worked on assisting with Taxes that require proof of health insurance. Many people were unaware of what health insurance they had or how to utilize it. They identified clients who had insurance that was inadequate and lacked providers. They also identified non-qualifying clients who were ineligible for MediCal, Ace, or Covered California.

Molly and the Community Resource Navigators discussed the various needs for their population to access health care. Farmworkers utilize healthcare in various counties: San Mateo, Santa Cruz, Monterey, and Santa Clara counties and use both public and private health systems. They discussed part of the skill set that was needed to serve Farmworkers: bilingual, healthcare coordination skills, database management skills, manage their own records. Some of the skills could be developed through various trainings.

Next Steps: Molly will return to Puente to discuss with her management if they would be interested in submitting a proposal to HCH/FH and determine what the position would look like. In October the Health Navigation Committee will present what is happening with county level and support Puente's need for Health Navigation services.

Board Composition Committee Nomination to Board

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

1. What is your name and contact information?

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

Hope4OurCommunity

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

Executive Director for Hope 4 Our Community,

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

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

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

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

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

Formerly temporarily homeless.

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

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

YES

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

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

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

TAB 5
QI Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

FROM: Frank Trinh, Medical Director HCH/FH

SUBJECT: QI COMMITTEEE REPORT

The San Mateo County HCH/FH Program Medical Director recently presented a summary of the HCH/FH Program QI Committee Diabetes HgbA1c Outcome Measure results to the San Mateo Medical Center QI Committee on September 27, 2016.

Attached: HCH/FH Program QI Committee Diabetes HgbA1c Outcome Measure results to the San Mateo Medical Center QI Committee



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

**Health Care for the
 Homeless/Farmworker Health
 Program Quality Report**
 Frank Duy D. Trinh, MD
 September 27, 2016

**HCH/FH Diabetes HgbA1c < 8%:
Homeless Demographics**

	2014 – Full Year	2016 – Quarter 1	2016 – Quarter 2
Total # Diabetes mellitus	703	167	268
Total # Homeless	574	108	174
Doubling Up %	42.3	3.7	10.3
Shelter %	18.6	26.9	33.3
Transitional %	9.1	6.5	8.0
Street %	6.8	10.2	10.3
Other %	23.2	52.8	37.9
Homeless Male %	48.1	57.4	58.0
Homeless Female %	51.9	42.6	42.0

**HCH/FH Diabetes HgbA1c < 8%:
Farmworker Demographics**

	2014 – Full Year	2016 – Quarter 1	2016 – Quarter 2
Total # Diabetes mellitus	703	167	268
Total # Farmworker	142	56	96
Migrant %	9.9	17.9	14.6
Seasonal %	90.1	82.1	85.4
Farmworker Male %	38.7	35.7	40.6
Farmworker Female %	61.3	64.3	59.4

TAB 6
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DIRECTOR'S REPORT

Program activity update since the September 08, 2016 Co-Applicant Board meeting:

1. Grant Conditions

Since the last meeting, we have submitted Change Requests for the Credentialing & Privileging grant condition, and the Required and Additional Services grant condition. We have not received any further updates or requests from HRSA on the four (4) grant conditions still outstanding

2. Proposals & Contracts

Elsewhere on today's agenda the Board will find the agenda item requesting approval of amendments to each of the one (1) year contracts previously approved by the Board. These will extend these contracts through 2017 and align them with the other program contracts.

3. UDS

HRSA release the 2016 UDS Manual last week. Program is doing a thorough review of the manual to ensure that we can report compliantly on all of the items.

4. Operational Site Visit

On October 4 through 6, 2016, we hosted a HRSA Operational Site Visit Team. Program prepared extensively for the visit, including preparation/location of requested documents, preparing an opening presentation, and arranging interviews for the site visit team with various individuals, including the SMMC CEO and the Health System Chief. A discussion of the overall site visit is scheduled elsewhere on today's agenda.

5. Seven Day Update



TAB 7
Budget &
Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Expenditures to date – through September 30, 2016 – total just under \$1,500,000. .

Based on expenditures to date, we are projecting total expenditures to be around \$2,020,000 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00. This is a slightly decreased rate of expenditures, based on the slowing of general operational expenditures and as estimated \$190,000 that will not be spent from the current contracts and MOUs.

Overall, as we move forward with decisions for this grant year – contracts on today's agenda and the proposal still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$350,000 in unobligated funding. Based on the expectation of typical growth for Base Grant funding for GY 2017 (and not including any Expanded Services funding), and the continuation of current efforts, including contract being all continued in 2017, we project an unobligated funding balance of around \$115,000 for GY 2017.

Attachment:
GY 2016 Summary Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • **San Mateo Medical Center CEO:** Susan Ehrlich, MD, MPP
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Details for budget estimates	Budget [SF-424]	To Date (09/30/16)	Projection for GY (+~12 wks)	Projected for GY 2017
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	697,262	274,581	365,000	490,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	417,915	115,098	165,000	250,000
<u>Travel</u>				
National Conferences (1500*4)		1,462	5,000	9,000
Regional Conferences (1000*5)		8,871	9,000	7,500
Local Travel		1,137	1,250	1,500
Taxis		1,656	2,000	4,000
Van			1,200	3,000
	16,000	13,126	18,450	25,000
<u>Supplies</u>				
Office Supplies, misc.	7,000	3,987	6,500	10,500
	7,000	3,987	6,500	10,500
<u>Contractual</u>				
Current 2016 contracts	561,425	488,591	670,000	875,000
Current 2016 MOUs	433,300	532,484	653,000	765,000
---unallocated---/other contracts	168,474			
	1,163,199	1,021,075	1,323,000	1,640,000
<u>Other</u>				
Consultants/grant writer		27,215	75,000	
IT/Telcom		5,283	8,000	12,000
New Automation			50,000	
Memberships		2,000	4,000	5,000
Training		1,250	2,500	2,000
Misc (food, etc.)		1,542	2,500	2,500
	72,000	37,290	142,000	21,500
TOTALS - Base Grant	2,373,376	1,465,157	2,019,950	2,437,000
HCH/FH PROGRAM TOTAL	2,373,376	1,465,157	2,019,950	2,437,000
PROJECTED AVAILABLE	BASE GRANT		353,426	113,004
				based on est. grant of \$2,550,004

TAB 8
Request to
Approve Budget
change



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE THE SUBMISSION OF BUDGET DOCUMENTS FOR THE DELIVERY SYSTEM HEALTH INVESTMENT (DSHII) SUPPLEMENTAL FUNDING

Program has received the DSHII supplemental funding award from HRSA for developing the presentation of the homeless and farmworker indicators in eCW for easy and immediate recognition by providers when seeing a patient.

HRSA has requested Program to submit a revised SF 424A, Line Item Budget and Budget Narrative Justification for the award.

This request is for the Board to approve the Program to submit the budget documents per request from HRSA. A majority vote of the Board members present is required to approve the grant application.

ATTACHED:

Revised SF 424A
Budget Line Item
Budget Narrative Justification
Program Budget Added DSHII



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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION		FOR HRSA USE ONLY				
		Grant Number		Application Tracking Number		
Budget Information						
Section A – Budget Summary						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A	\$42,907	\$0	\$42,907
Migrant Health Centers	93.224	N/A	N/A	\$7,841	\$0	\$7,841
Public Housing	93.224	N/A	N/A			
Total <i>will auto-calculate in EHB</i>				\$50,748	\$0	\$50,748
Section B – Budget Categories						
Object Class Categories	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>			
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual		\$50,748	\$0			\$50,748
Construction						
Other						
Total Direct Charges <i>will auto-calculate in EHB</i>		\$50,748	\$0			\$50,748
Indirect Charges						
Total <i>will auto-calculate in EHB</i>		\$50,748	\$0			\$50,748
Section C – Non-Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total <i>will auto-calculate in EHB</i>
Community Health Centers						
Health Care for the Homeless	\$0	\$0	\$0	\$0	\$0	\$0
Migrant Health Centers	\$0	\$0	\$0	\$0	\$0	\$0
Public Housing						
Total <i>will auto-calculate in EHB</i>	\$0	\$0	\$0	\$0	\$0	\$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY	
				Grant Number	Application Tracking Number
Section D – Forecasted Cash Needs (optional)					
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year <i>will auto-calculate in EHB</i>
Federal	\$50,748	\$0	\$0	\$0	\$50,748
Non-Federal	\$0	\$0	\$0	\$0	\$0
Total <i>will auto-calculate in EHB</i>	\$50,748	\$0	\$0	\$0	\$50,748
Section E – Budget Estimates of Federal Funds Needed for Balance of Project					
Grant Program	Future Funding Periods (Years)				
	First	Second	Third	Fourth	
Community Health Centers		N/A	N/A	N/A	
Health Care for the Homeless	\$42,907	N/A	N/A	N/A	
Migrant Health Centers	\$7,841	N/A	N/A	N/A	
Public Housing		N/A	N/A	N/A	
Total <i>will auto-calculate in EHB</i>	\$50,748	N/A	N/A	N/A	
Section F – Other Budget Information					
Direct Charges					
Indirect Charges					
Remarks					

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857

Organization: SAN MATEO, COUNTY OF, SAN MATEO, California
Grant Number: H80CS00051

Budget Line Item – DSHII

Object Class Categories	Federal	Non-Federal	Total
Personnel	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Contractual	\$50,748	\$0	\$50,748
Construction	\$0	\$0	\$0
Other	\$0	\$0	\$0
Total Direct Charges	\$50,748	\$0	\$50,748
Indirect Charges	\$0	\$0	\$0
Total	\$50,748	\$0	\$50,748

DSHII Budget Justification & Narrative

CONTRACTUAL

Federal	Non-Federal	Total
\$50,748	\$0	\$50,748

Both the registration system and the Electronic Health Record are supported by contractors. The funding will be used to specifically add the project efforts to those contracts through detailed contract amendments. The contract amendments will require deliverables including the enhancement of the systems' interface to provide for the data migration to eCW, and for the display enhancements necessary to provide the information's display in appropriate locations of the providers' workflow.

Cost estimates are based on current contract rates and estimated project hours.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
				H80CS00051		
Budget Information						
Section A – Budget Summary						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A	2,039,323	4,520,868	6,560,191
Migrant Health Centers	93.224	N/A	N/A	420,357	952,623	1,372,980
Public Housing	93.224	N/A	N/A			
Total				2,459,680	5,473,491	7,933,171
Section B – Budget Categories						
Object Class Categories	Federal	Non-Federal	Total			
Personnel	697,262	2,734,676	3,371,028			
Fringe Benefits	417,915	1,640,806	2,022,175			
Travel	16,000	0	16,000			
Equipment	0	0	0			
Supplies	7,000	545,800	552,800			
Contractual	1,213,947	0	1,213,947			
Construction	0	0	0			
Other	107,556	552,209	659,765			
Total Direct Charges						
Indirect Charges	0	0	0			
Total	2,459,680	5,473,491	7,933,171			
Section C – Non-Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Community Health Centers						
Health Care for the Homeless					4,520,868	4,520,868
Migrant Health Centers					952,623	952,623
Public Housing						
Total					5,473,491	5,473,491
Section D – Forecasted Cash Needs (optional)						
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year	
Federal	679,648	593,344	593,344	593,344	2,459,680	
Non-Federal	1,368,372	1,368,373	1,368,373	1,368,373	5,473,491	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
				H80CS00051		
Total	2,641,364	1,961,717	1,961,717	1,961,717	7,933,171	
Section E – Budget Estimates of Federal Funds Needed for Balance of Project						
Grant Program	Future Funding Periods (Years)					
	First	Second	Third	Fourth		
Community Health Centers			N/A	N/A		
Health Care for the Homeless	2,039,323	1,966,353	N/A	N/A		
Migrant Health Centers	420,357	407,023	N/A	N/A		
Public Housing			N/A	N/A		
Total	2,459,680	2,373,376	N/A	N/A		
Section F – Other Budget Information						
Direct Charges						
Indirect Charges						
Remarks						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857

TAB 9
Request to Amend
Contracts



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR LEGAL AID SOCIETY OF SAN MATEO COUNTY

Program currently has a one-year contract with Legal Aid Society of San Mateo County (Legal Aid) for Enabling Services for the Farmworkers. The current contract focuses on a 3 pronged strategy to comprehensively address the health needs of farmworkers in San Mateo County rural, coastal communities by: 1) performing a Needs Assessment and an Experience Study to identify the continuing barriers to health care for farmworkers and their families; 2) Provide outreach and education to farmworkers and training and technical assistance to health providers and outreach partners ; 3) Provide referrals, eligibility assistance, legal advice, and representation. Program is looking to extend the partnership with Legal Aid to next year for provider and farmworker outreach and health-related legal services. This request is for the Board to take action to approve the execution of this amendment with Legal Aid.

Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for two (2) year through December 31, 2017. The total value of the contract is \$108,100.

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

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



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LEGAL AID SOCIETY OF SAN MATEO COUNTY

Exhibit A

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESPONSIBILITIES:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Participate in County and community activities that address farmworker issues.

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

Exhibit B

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

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

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

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

County shall pay Contractor \$11,800 total over the term of the agreement for the Farmworker Outreach project. For the first reporting period, County shall pay \$2,000 upon Contractor submission of Farmworker Outreach plan and materials for review and acceptance, and \$4,400 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of plan. For the second reporting period, County shall pay \$1,000 upon Contractor submission of updated Farmworker Outreach plan and materials including information targeting unreached farmworkers for review and acceptance, and \$4,400 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of updated plan.

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

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of farmworker individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED AND EIGHT THOUSAND AND ONE HUNDRED DOLLARS (\$108,100).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR RAVENSWOOD FAMILY HEALTH CENTER

Program currently has a one-year contract with Ravenswood Family Health Center (RFHC) for Enabling Services for the Homeless. The contract focuses on care coordination services, including outreach, assessment and assistance of immediate needs & barriers, care management of health services, health navigation assistance, expedited health center registration and intake procedures, education on system navigation, motivational interventions, transportation, translation, discharge and care/housing transitions coordination. Program is looking to extend the partnership with RFHC to next year for the same care coordination services. This request is for the Board to take action to approve the execution of this amendment with RFHC.

Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for two (2) year through December 31, 2017. The total value of the contract is \$164,000.

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

Attachments:
RFHC Exhibit A & B for Enabling Services Amendment



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EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

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

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

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide enabling health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide a full range of enabling services, centered on care coordination of health care services, to a minimum of **400 unduplicated homeless individuals** for a total of at least **1,200 visits**. RFHC will provide care coordination, including outreach, assessment and assistance of immediate needs & barriers, care management of health services, health navigation assistance, expedited health center registration and intake procedures, education on system navigation, motivational interventions, transportation, translation, discharge and care/housing transitions coordination. At least 50% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The enabling health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

Objective 1: Provide access to enabling services for homeless individuals. RFHC will deliver enabling services for at least 400 homeless individual annually through 1,200 encounters. This includes providing care coordination, health navigation, and community health worker services for homeless people to assist them in utilizing primary, integrated behavioral health, and dental care services, and improving their health status.

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

Objective 2: Provide **screenings** to identify access barriers and inform treatment plans for 70% (280) of the homeless patients served. This includes the use of open-ended interview questions to identify homeless patients' potential barriers to care and treatment plan compliance, and to inform health care providers of relevant barriers.

Outcome Measure 2.A. Of those clients identified with having a health care need, at least 95% will receive on going care coordination services and will create individualized **health care case plans**.

Outcome Measure 2. B. Of those clients receiving ongoing care coordination services,

at least 70% will complete their health care case plan.

Objective 3: Improve the health outcomes of homeless patients diagnosed with **hypertension** through the provision of self-care education, reinforcement of medication instructions, and connecting patients to healthy food assistance programs.

Outcome Measure 3.A. Increase the percentage of homeless patients with most recent blood pressure levels below 140/90 from 76% to 80%

Objective 4: Improve the health status of homeless patients diagnosed with **diabetes** through the provision of self-care education; development of self-care plans tailored for their homeless living situations; and working with patients to attend appointments and lab tests, practice self care, and use and refill medications as directed.

Outcome Measure 4.A. At least 70% of homeless diabetic patients will have hbA1c levels below 9.

Objective 5: Provide access to early **prenatal care** for homeless women through outreach to homeless women of childbearing age, and providing education about the importance and availability of prenatal care regardless of ability to pay and immigration status, expediting appointments for pregnancy tests, and providing warm hand-offs to connect pregnant homeless women to the RFHC Comprehensive Perinatal Services Program.

Outcome Measure 5.A. At least 70% of pregnant homeless patients will have their prenatal care during their first trimester.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

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

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

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly

- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
 - Ongoing difficulties in scheduling routine site visits
 - Complaints or reports that raise concerning issues; etc.,
- the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

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

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

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

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

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

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

Participate in community activities that address homeless issues (i.e., Homeless One Day Count,

Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

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

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

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

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

- A. County shall pay Contractor at a rate of \$205.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 400 individuals, and limited as defined in Exhibit A.
- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED SIXTY-FOUR THOUSAND DOLLARS (\$164,000).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR RAVENSWOOD FAMILY HEALTH CENTER

Program currently has a two-year contract with Ravenswood Family Health Center (RFHC) for Primary Care Services for the Homeless. As Program just finished the HRSA Site Visit last week, one of the comments was regarding HCH/FH's Form 5A, column II formal written contract/agreement for required services. As Program has some services delivered under the primary care contract with RFHC, the Consultant found the contract language to be insufficient because it does not specify all the services listed on Form 5A. As a result, Program is adding the Form 5A language in the contract, referring and specifying that RFHC will deliver services listed on RFHC's Form 5A. This request is for the Board to take action to approve the execution of this amendment with RFHC.

Included with this request is the draft Exhibit A & Exhibit B.

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

Attachments:
RFHC Exhibit A & B for Primary Care Services Amendment



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EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

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

The County of San Mateo Health Care for the Homeless (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide primary health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide primary health care services to a minimum of **600 unduplicated homeless individuals** for a total of at least **1,900 visits**. At least 75% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The primary health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to primary health care services to at least 600 individuals each contract year who qualify as homeless in San Mateo County for a total of 1,900 visits.

Outcome Measure 1.A: At least 75% of the homeless adults served each contract year will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drugs and alcohol, diabetes, obesity, STI, TB and, in those patients who provide consent, HIV. All women will be offered gynecological screenings and referred as age and/or risk appropriate for a mammogram.

Outcome Measure 1.B: At least 250 homeless individuals served within each contract year will receive behavioral health screenings using a behavioral health assessment tool as a guide and will receive continued counseling with the behavioral health professional based on their assessment and identified concerns that the client would like to address.

Outcome Measure 1.C: At least 50 homeless individuals in each contract year who are identified as a high-risk medical patient will be provided with case management services to support continuation of access and services.

OBJECTIVE 2: Homeless female patients between 21 and 64 years of age will have had at least one pap smear test within the past three years.

Outcome 2.A: At least 90% of the homeless female patients between 21 and 64 years of age will be screened for having a pap smear test within the past three (3) years.

Outcome 2.B: 100% of those found to not have a pap smear test within the past three (3) years will be offered the test.

OBJECTIVE 3: Provide ongoing primary health care to homeless individuals diagnosed with hypertension.

Outcome 3.A.: At least 70% of homeless patients with diagnosed hypertension will have most recent blood pressure levels less than 140/90.

OBJECTIVE 4: Provide ongoing primary health care services to homeless individuals diagnosed with either Type I or Type II diabetes.

Outcome 4.A: At least 75% of homeless patients diagnosed with Type I or Type II diabetes will have HbA1c levels less than or equal to 9%.

OBJECTIVE 5: Provide prenatal care to pregnant homeless women.

Outcome 5.A: At least 90% of pregnant homeless women will be assessed upon presentation to RFHC and receive their first medical prenatal visit within one (1) week of presentation for care.

Outcome 5.B: At least 95% of infants delivered to homeless women will have healthy birth weights.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

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

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

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

RFHC must provide services listed under RFHC's HRSA Form 5A Scope of Services.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

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

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

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

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

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

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

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

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

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

On execution of contract, provide a copy of RFHC's Form 5a Scope of Services. Provide written updates within 30 days of any changes of services listed in Form 5A.

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

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

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

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

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

- A. County shall pay Contractor at a rate of \$150.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 600 individuals, and limited as defined in Exhibit A. The rate shall increase by \$10.00 in each subsequent reporting period.
- B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED EIGHTY-SIX THOUSAND DOLLARS (\$186,000).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR LIFEMOVES

Program currently has a one-year contract with LifeMoves for a Community Health Worker (CHOW) to work with the Street Medicine Team (Intensive Care Coordination for 150 unduplicated individuals). The contract focuses on intensive care coordination services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team. Services include transportation to medical appointment, picking up medication, and establish and evaluate adherence to case plan, medical needs assessments and intensive follow-up. Program is looking to extend the partnership with LifeMoves to next year for the same care coordination services. This request is for the Board to take action to approve the execution of this amendment with LifeMoves.

Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for two (2) year through December 31, 2017. The total value of the contract is \$165,120.

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

Attachments:
LifeMoves Exhibit A & B for CHOW Amendment



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Exhibit A

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

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

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with LifeMoves for enabling services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team. LifeMoves will provide care coordination, including transportation to medical appointment, picking up medication, and establish and evaluate adherence to case plan, medical needs assessments and intensive follow-up to at least **160 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during the specified reporting period. **100%** of these individuals (**160**) will meet the BPHC definition as a street homeless individual at the time service is initiated.

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

OBJECTIVE 1: Provide initial assessments and on-going care coordination services to a minimum of **160** homeless individuals each reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **300** on-going care coordination encounters will be provided to these 160 individuals.

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

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

OBJECTIVE 1.1.: Of the 160 homeless individuals served, assist at least **50** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. The determination of a client's status as a new unduplicated homeless individual shall be determined by LifeMoves through use of a standard information gathering protocol, as approved by the HCH/FH Program, which may include self-attestation by the client. A minimum of **150** on-going encounters will be provided to these 50 individuals.

Outcome Measure 1.A: Working with the Street Medicine Team, provide medical needs assessment for 100% (160) of the individuals served.

Outcome Measure 1.B: Of the homeless individuals that do not currently have a medical home, a minimum of 20% (32) will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.C: At least 80% (128) of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

Outcome Measure 1.D 100% of clients that are uninsured will be referred to LifeMoves Health Care for Homeless staff for health insurance enrollment. As warm hand offs increase rate of success, it is highly encouraged that LifeMoves HCH eligibility staff accompany CHOW in field as schedule permits.

RESPONSIBILITIES:

The following are the contracted reporting requirements that LifeMoves must fulfill:

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

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

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

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

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

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

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

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

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

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

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

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

Participate in community activities that address homeless issues (i.e., Homeless, One Day Count, Homeless Project Connect, etc.).

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

Exhibit B

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

County shall pay Contractor at a rate of \$516.00 for each unduplicated homeless individual invoiced per reporting period for delivery of care coordination services, up to the maximum of 160 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated."

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED SIXTY-FIVE THOUSAND ONE HUNDRED TWENTY DOLLARS (\$165,120).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR SAMARITAN HOUSE

Program currently has a one-year contract with Samaritan House for Care Coordination and Intensive Care Coordination Services for the Homeless at their Safe Harbor Shelter. Program is looking to extend the partnership with Samaritan House to next year for the same care coordination services. This request is for the Board to take action to approve the execution of this amendment with Samaritan House.

Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for two (2) year through December 31, 2017. The total value of the contract is \$127,000.

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

Attachments:
Samaritan House Exhibit A & B for Care Coordination Services Amendment



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Samaritan House

EXHIBIT A

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

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

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Samaritan House for a full range of enabling services to homeless individuals, centered on health care coordination and patient education. Samaritan House, through Safe Harbor Shelter, will provide care coordination, health care navigation, patient and community education, transportation, referral services to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and other enabling services as defined by BPHC and as necessary for the client, to at least **175 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

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

OBJECTIVE 1: Provide initial assessments and on-going health care coordination services to a minimum of **175** homeless individuals in order to better access primary care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **300** on-going health care coordination encounters will be provided to these 175 individuals, and each patient shall have a minimum of at least one such encounter.

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

Health care services delivery is provided upon individual's consent.

OBJECTIVE 1.1: Of the 175 homeless individuals served, assist at least **25** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These

individuals will receive intensive and on-going care coordination services as appropriate. A minimum of **75** on-going encounters will be provided to these 25 individuals.

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

Outcome Measure 1.A: All (100%) homeless clients will receive an assessment to identify medical, dental, behavioral health (mental health and AOD services), and other health care needs.

Outcome Measure 1.B: Of those clients identified with having a health care need, at least 95% will receive ongoing care coordination services and will create individualized health care case plans.

Outcome Measure 1.C: Of those clients receiving ongoing care coordination services, at least 70% will complete their health care case plan.

Outcome Measure 1.D: Of the homeless individuals that do not currently have a medical home, a minimum of 60% will establish medical homes, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).

Outcome Measure 1.E: All homeless clients with a health care need will be linked and referred to health care services as identified in their health care case plan. At least 70% of clients with scheduled primary care appointments will attend at least one of these appointments.

OBJECTIVE 2: Provide clients with health education program to increase knowledge of healthy behaviors and increase awareness of available resources in the community. Health education program will include information regarding nutrition, HIV/AIDS and STD/STI testing, tobacco cessation, Well Body program, etc.

Outcome Measure 2.A: At least 70% of clients with an identified health care need will participate in the health education program at Safe Harbor.

Outcome Measure 2.B: A minimum of 85% will improve their knowledge of healthy behaviors as evidenced by pre- and post-test results.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Samaritan House must fulfill:

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

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

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

Site visits will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will work with Contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless.

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

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

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted by the following dates: April 15, July 15 and October 15 of 2016/2017 and January 15, 2017/2018.

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

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

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

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

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

EXHIBIT B

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

County shall pay Contractor at a rate of \$340.00 for each unduplicated homeless individual invoiced for the first contract year, for delivery of enabling services, up to the maximum of 150 per contract year, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$500.00 for each new (client not currently receiving or participating in any health program) unduplicated homeless individual invoiced, per contract year, for delivery of intensive care coordination services, up to the maximum of 25 per contract year, limited as defined in Exhibit A for “unique unduplicated.”

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director.

The term of this Agreement is January 1, 2016 through December 31, 2017. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED TWENTY-SEVEN THOUSAND DOLLARS (\$127,000).

TAB 10
Request to Approve
Conflict of
Interest and
Disclosure
Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: CONFLICT OF INTEREST AND DISCLOSURE POLICY

According to HRSA Program Requirement 19: 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."

The program currently follows San Mateo County Policy on adopting County Conflict of Interest Policy regarding commission and Boards, requiring all Board members to sign a County Conflict of Interest Statement when they become a Board member. During last OSV visit the Governance Consultant advised us that this must be done annually and should include disclosures of any conflicts that Board members have. Program has drafted a policy and form to require Board members to annually confirm and sign Conflict of Interest and Disclosures Statements.

HRSA **Omni Super Circular** guidelines states in regards to Conflict of Interest:

"The Federal awarding agency must establish conflict of interest policies for Federal awards. The non-Federal entity must disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with applicable Federal awarding agency policy."

Draft Health Center Compliance Manual, under Chapter 13: Conflict of Interest (Authority Section 330(a)(1) and 330(k)(3)(D) of the PHS Act; 42 CFR 51.113 and 42 CFR 56.114; and 45 CFR 75.327)

Requirements state:

- The health center must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, or administration of contracts that comply with all applicable federal requirements.
- The health center determines the appropriate methods for board members, agents, and employees to disclose actual or apparent conflicts of interest when implementing federal requirements incorporated as terms and conditions of the federal award.
- The health center determines how to inform its employees, board members, individual contractors and agents about the health center's standards of conduct (for example, bylaws, staff manuals, disclosure forms/statements, employee and board orientations or trainings).
- The health center determines whether to establish additional standards of conduct that are not addressed by federal requirements.
- The health center sets standards for when a financial interest is not substantial or a gift is an unsolicited item of nominal value.

Attached: Conflict of Interest and Disclosure Policy and Form



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SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Board Requirements	Effective Date: 10/13/2016
Subject: Conflict of Interest	Revision Date: 10/13/2016
Title of Policy: HCH/FH Co-Applicant Board Conflict of Interest Policy	Approved by: Co-Applicant Board

1. Rationale or background to policy:

As a policy & decision making body, including taking action on contractual and fiscal issues, it is incumbent on the HCH/FH Co-Applicant Board to have a clear policy and transparent processes for insuring that no conflict of interest occurs.

2. Policy Statement:

The HCH/FH Co-Applicant Board voting members shall abide by all Conflict of Interest requirements as specified in this policy and/or in the Co-Applicant Board Bylaws.

On appointment to the Board, and at least annually thereafter, every voting Board member shall declare any holding of property, position or other interest that might at some time create a conflict of interest with a potential Board action or decision, or might provide the appearance of creating such a conflict of interest. Such declaration shall occur in writing on a form approved by the Co-Applicant Board for such purposes.

3. Procedures:

Within 60 days of appointment to the Co-Applicant Board, and thereafter either within 30 days of the anniversary of the previous submission of the signed Conflict of Interest Form, or on an established Board annual date for submitting the form for all then current Board members, every voting Board member shall complete and submit a signed Conflict of Interest Form.

Approved _____

Board Chair

Program Director

**San Mateo County's Health Care for Homeless/Farmworkers Health Program
Conflict of Interest Disclosure Form**

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the board members have an economic interest in, or acts as a Board member, any outside entity whose financial interests would reasonably appear to be affected. The board member should also disclose any personal, business, or volunteer affiliations (i.e. employment, serving on other Boards, assets) that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from voting on board decisions. *If a Board member moves outside of San Mateo County or changes employment, it must be reported to program staff.*

Date: _____

Name: _____

Employer: _____

City of Residence: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other boards you sit on, if your employer is a current HCH/FH contractor or you are a contract employee with a current HCH/FH contractor, if you have a current or past affiliation (volunteer or paid) with any current HCH/FH contractor:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Within 60 days of appointment to the Co-Applicant Board, and thereafter either within 30 days of the anniversary of the previous submission of the signed Conflict of Interest Form, or on an established Board annual date for submitting the form for all then current Board members, every voting Board member shall complete and submit a signed Conflict of Interest Form.

TAB 11
Request to Approve
Credentialing &
Privileging list
and Updated
Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2015

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 CREDENTIALING AND PRIVILEGING

The HCH/FH Program Credentialing and Privileging Policy was approved at the May 14, 2015 meeting. The policy states that

The HCH/FH Co-Applicant Board shall review the QIC's determination and take action to affirm SMMC compliance with HRSA requirements. As long as the SMMC Credentialing and Privileging policies, procedures and processes have been determined to be in compliance with HRSA requirements, all credentialing and privileging actions taken by the SMMC BOD shall be added to the HCH/FH Co-Applicant Board's next regular meeting agenda for review and endorsement.

The approval of Credentialing and Privileging is a required submission by August 26, 2016 on our 120-day implementation grant condition on Program Requirement # 3 - Staffing.

This request is for the Board to approve the HCH/FH Credentialing and Privileging. Approval of this item requires a majority vote of the Board members present.

We have also drafted a revised policy on Credentialing and Privileging to include further review of licensing and certification report from SMMC Human Resources to verify approval of non-licensed Indecent Provider staff. The sentence addition is underlined and hi-lighted.

Attachments:

October and November SMMC Credentialing and Privileging list
Revised Credentialing and Privileging Policy



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • **San Mateo Medical Center CEO:** Susan Ehrlich, MD, MPP
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Attachment A

San Mateo Medical Center Medical Staff
CREDENTIALS UPDATE

TEMPORARY PRIVILEGES *[not to exceed 120 days]*

*Board Certifications - [Temporary Privileges not to exceed maximum 120 days]

Name	Department	Specialty	Effective Dates**	Justification
CHANDER, Divya	Surgery	Anesthesiology	08/22/2016-11/22/2016	Anesthesia coverage in the operating room
HUANG, Guiqing	Primary Care	Pediatrics	10/05/2016-02/05/2017	Extra help (on-call) coverage
JOSHI, Tripti	Surgery	Dentistry	09/09/2016-01/17/2017	Extra Help Dental Coverage
KLAIR, Jasleen	Surgery	Dentistry	09/16/2016-01/17/2017	Extra Help Dental Coverage
LEON, Armando	Psychiatry	Psychiatry	09/07/2016-01/15/2017	Psychiatry coverage
MAN, Gabriel	Surgery	Anesthesiology	08/26/2016-11/25/2016	Anesthesia coverage in the operating room
QUINTANA, Andrea	Surgery	OB-Gynecology (board eligible)	09/01/2016-12/30/2016	OB-Gynecology coverage
ROHLKE, Faith	Psychiatry	Psychiatry	07/08/2016-11/05/2016	Psychiatry coverage (current Psychiatric resident)
SCHATZ, David	Psychiatry	Psychiatry	09/26/2016-01/24/2017	Psychiatry Coverage
SWEATT, Andrew	Medicine	IM/Pulmonology	09/15/2016-01/13/2017	ICU Coverage
TAM-JOHNSTON, Jennifer	Surgery	Dentistry	09/16/2016-01/17/2017	Extra Help Dental Coverage
TROJNAR, Meghan	Primary Care	Pediatrics	08/15/2016-12/13/2016	Pediatric coverage
ZAIDI, Farah	Psychiatry	Psychiatry	07/08/2016-11/05/2016	Psychiatry coverage (current Psychiatric resident)
ZAMBRICKI, Elizabeth	Surgery	Otolaryngology (board eligible)	09/01/2016-12/30/2016	Otolaryngology coverage
AFFILIATE STAFF	Department	Specialty	Effective Dates**	Justification
CHOPRA, Beth	Primary Care	Pediatric Nurse Practitioner*	06/13/2013-10/11/2016	NP coverage for Fair Oaks/South County
TOMLIN, Matthew	Primary Care	Pediatric Nurse Practitioner	08/29/2016-11/21/2016	Coverage for North County Clinics (SSF, DC, DCY)

NEW APPOINTMENTS
(Medical Staff and Affiliate Staff)

Name	Department	Specialty	Information	Reason
AOKI, ELLEN	Primary Care	Pediatrics*	Medical Doctorate degree from McGill University Faculty of Medicine, Montreal 1991 Pediatric Residency at Univ. of New Mexico 1991-1994 Medical Director Pediatrician at Chapa de Indian Health Program August 2014-present	Supervising Physician for Fair Oaks Pediatrics
BAO, SHANSHAN	Medicine	Radiology-Telemedicine	Medical Doctorate degree from New York Medical College 2009 Internship at University of Pennsylvania Medical Center 2010 Residency at Wake Forest School of Medicine 2014 Fellowship at Stanford University Program 2016	Radiology-Telemedicine
BIGGS, ARTER	Psychiatry	Psychiatry	Medical Doctorate degree from Vanderbilt University School of Medicine 2013 Psychiatry Internship at San Mateo County 2013-2014 Psychiatry Residency at San Mateo County 2015-2018	Psychiatry Coverage
CROZIER, EMILY	Surgery	Otolaryngology*	Medical Doctorate degree from University of Texas Southwestern Medical School 2008 Internship in General Surgery/Otolaryngology University of Texas Southwestern Medical Center 2009 Resident in Otolaryngology-Head and Neck surgery 2013	Otolaryngology coverage
JHURANI, SONIA	Medicine	Internal Medicine	Medical Doctorate degree from Ross University School of Medicine, West Indies 2013 Internal Medicine Internship and Residency at Mercy Hospital and Medical Center 2013-16	Hospitalist coverage
LANGSTON, SHANNON	Psychiatry	Psychiatry	Medical Doctorate degree from Wayne State University School of Medicine 2014 Psychiatry Residency at San Mateo County 2014-present	Psychiatry coverage
PETERSON, JAIME	Primary Care	Pediatrics*	Medical Doctorate degree from UC San Diego School of Medicine 2012 Pediatric Residency at Stanford Lucile Packard Children's Hospital 2012-15 Chief Pediatric Residency at Stanford Lucile Packard 2015-16 Fellowship in Academic General Pediatrics at Stanford Lucile Packard 2016-17	South County Clinic Pediatric Care Coverage-part of Stanford agreement
SOTO, RODOLFO	Medicine	IM/Cardiology*	Medical Doctorate degree from Univ. Santo Tomas 1963 Internship at St. Mary's Hospital 1964-65 Internal Medicine Residency at Bergen Pines County Hospital, Paramus, New Jersey (Affiliated to Columbia Presbyterian, New York and Cornell Univ. Medical School, New York) 1965-1967 Cardiology Residency at Bergen Pines County Hospital, Paramus, New Jersey 1967-1968	Cardiology clinic coverage-Volunteer Physician

			Cardiology Fellowship at Bergen Pines County Hospital, Paramus, New Jersey 1968-1969 Hospital Staff Appointments at St. Mary's Hospital and Medical Center, San Francisco Hospital Staff Appointments at St. Francis Hospital and Medical Center, San Francisco Medical Expert, Medical Board of California 2006-Present	
STAMM, DEMERTRA	Psychiatry	Psychiatry	Medical Doctorate degree from University of North Carolina Chapel Hill School of Medicine 2008 Residency at Univ. of California Davis 2010 Psychiatry Residency at San Mateo County present	Psychiatry coverage
TABAK, CAROL	Surgery	General Surgery	Medical Doctorate degree from Medical College of Wisconsin 1976 Masters of Arts Bioethics at Medical College of Wisconsin 2014 Internship Surgical UC Irvine 1977 Surgery Residency at UC Irvine 1981 Cardio-Thoracic Surgery Residency-Univ. of Pennsylvania 1983	General Surgery (Clinic only) coverage
WELTE, FRANK J.	Medicine	Radiology*-Telemedicine	Medical Doctorate degree from Univ. of Massachusetts, Worcester, MA 2004 General Surgery Internship at SUNY Upstate Medical University Syracuse 2005 Diagnostic Radiology Residency at Baystate Medical Center 2009 Neuroradiology Fellowship at Yale-New Haven Hospital 2010 Associate Staff Radiologist at Virtual Radiologic Professionals, LLC 2014-present Radiologist at Riverbend Medical Group, Massachusetts 2012-present	Radiology-Telemedicine
YOO, CHRISTOPHER	Medicine	Radiology*-Telemedicine	Medical Doctorate degree from Univ. of Michigan 1998 Transitional Radiology Internship at Oakwood Hospital Medical Center 1999 Radiology Residency at Univ. of Pennsylvania 2003 Body Imaging Radiology Fellowship at Univ. of Pennsylvania 2004 Radiologist at California Advanced Imaging Medical Associates, Inc, Novato, CA Hospital Staff Appointments at Seton Medical Center 2004	Radiology-Telemedicine
AFFILIATE STAFF	Department	Specialty	Information	Reason
BAILEY, SARAH	Medicine	Nurse Practitioner in Adult Gerontology	Bachelor of Science in Nursing at SFSU 2007-2009 Masters of Medical Science in Adult Gerontology at UCSF 2013-present	Edison Clinic Nurse Practitioner Coverage
KELAVA, LUCA	Primary Care	Family Nurse Practitioner*	Bachelor of Science in Nursing at Univ. of Pennsylvania 2013 Master of Science in Nursing-Family Nurse Practitioner 2010	Family Nurse Practitioner coverage for SSF Clinic
ROMERO, AMANDA	Primary Care	Pediatric Nurse Practitioner*	Bachelor of Arts in Medical Anthropological Sciences 2009 Master of Science in Nursing-Pediatric Nurse Practitioner 2015	Pediatric Nurse Practitioner
SAUCEDO, BERTHA	Primary Care	Pediatric Nurse Practitioner*	Bachelor of Science in Nursing at Univ. of Texas, El Paso 1970 Master of Science in Nursing-Pediatric Nurse Practitioner 1974	Pediatric Nurse Practitioner

REAPPOINTMENTS (Medical Staff and Affiliate Staff) effective 11/1/2016 (unless otherwise noted)

Name	Department	Specialty	Information	Effective	Expires
ALLEN, BRUCE L.	Surgery	General Surgery	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
BAUMANN, DIRK S.	Surgery	Vascular Surgery	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
BEARE, JOHN P.	Surgery	Vascular Surgery	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
BRODKIN, HENRY	Primary Care	Internal Medicine	Reappoint to the Active Medical Staff	11/1/2016	10/30/2018
CHO, LESLIE	Emergency Medicine	Emergency Medicine	Should have been reported on 09/01/2016 Board Credential Report (Active Staff)	10/01/2016	09/30/2018
FOSTER, PAMELA	Surgery	General Surgery	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
GEE, KENNETH	Psychiatry	Psychiatry	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
HERSK, JULIE	Emergency Medicine	Emergency Medicine	Should have been reported on 11/1/2015 but was on leave of absence until September 2016. Reappoint to the Active Medical Staff	11/1/2016	10/30/2018
LIN, STEPHANIE	Surgery	Vascular Surgery	Reappoint to the Active Medical Staff	11/1/2016	10/30/2018
LIU, YI YI	Primary Care	Family Medicine	Reappoint to the Active Medical Staff	11/1/2016	10/30/2018
MAUER, TOBY A.	Medicine	Dermatology	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
METKUS, ANDREA P.	Surgery	General Surgery	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
ROSENMAN, JOHN	Surgery	Vascular Surgery	Reappoint to the Courtesy Medical Staff	11/1/2016	10/30/2018
WETTER, LOWELL ALBERT	Surgery	General Surgery	Reappoint to the Active Medical Staff	11/1/2016	10/30/2018
WONG, RANDOLPH	Surgery	General Surgery	Reappoint to the Active Medical Staff	11/1/2016	10/30/2018
AFFLIATE STAFF	Department	Specialty	Information	Effective	Expires
UPSHAW, LUCIUS	Surgery	Physician's Assistant	Reappoint to the Affiliate Medical Staff	11/1/2016	10/30/2018

CHANGE IN STATUS/ EXTENSION OF PROVISIONAL PERIOD (Medical Staff and Affiliate Staff)

Name	Department	Specialty	Credential Information	Expiration
ANGELES, HERMENEGILDO G.	Medicine	Internal Medicine	Referring Provider at BLTC	10/01/2017
CRUDO, JEFFREY	Medicine	Internal Medicine	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
DEMOS, PHAWANJIT	Emergency Medicine	Emergency Medicine	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
GRAHAM, JUSTIN	Medicine	Infectious Disease	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
ROMERO, ROWENA	Surgery	Dentistry	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
SCHNEIDER, LOGAN	Medicine	Neurology	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
TONG, ALLEN	Primary Care	Internal Medicine	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
WARREN, CHASE	Psychiatry	Psychiatry	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
WARREN, JAMES	Surgery	Dentistry	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
YANG, GRACE	Primary Care	Pediatrics	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
AFFILIATE STAFF	Department	Specialty	Information	Expiration
KETCHAM, JUDY	Medicine	Nurse Practitioner	Referring Provider at BLTC	10/01/2017
KING, CHRISTOPHER	Medicine	Nurse Practitioner	Extend Provisional Period to facilitate completion of proctoring	10/01/2017
TRAN, THAO	Medicine	Nurse Practitioner	Referring Provider at BLTC	10/01/2017

RESIGNATIONS (Medical Staff and Affiliate Staff)

Name	Department	Specialty	Credential Information	Effective
DEGAMO, TERESITA Y.	Medicine	Medicine	Referring Provider at BLT-Did not seek reappointment.	11/01/2016
HASSAN, FATIMA	Primary Care	Pediatrics	Resigned from staff in good standing	9/09/2016
LESLIE, KIERON S.	Medicine	Dermatology	Did not seek reappointment; resigned from staff in good standing	11/01/2016
RAJ, JANICE	Psychiatry	Psychology	Resigned from staff in good standing	10/01/2016
RAJAGOPALAN, JAISHREE	Primary Care	Internal Medicine	Resigned from staff in good standing	9/14/2016
TOOTHMAN, RICHARD	Medicine	Tele-radiology	Deactivated to read from SMMC	9/26/2016
TULLY, LAURA	Psychiatry	Psychiatry	Resigned from staff in good standing	10/01/2016
WEAVER, CANDICE	Primary Care	Primary Care	Referring Provider at Ravenswood Clinic-No longer at SMMC	10/01/2016
AFFILIATE STAFF	Department	Specialty	Credential Information	Effective
BUSH, CLARISSA	Psychology	Psychology	Resigned from staff in good standing	10/01/2016
ROSSI, JANET	Emergency Medicine	Physician's Assistant	Did not seek reappointment; resigned from staff in good standing	06/05/2016
SMALLWOOD, DEBORAH V.	Primary Care	Physician's Assistant	Did not seek reappointment; resigned from staff in good standing	11/01/2016

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

APPROVE APPROVE w/CHANGES DISAPPROVE: Explain Changes/Reason for Disapproval: _____

Janet Chakrabarti MD

Signed: _____ Date: 10/4/2016

BOARD OF DIRECTORS ACTION

APPROVE APPROVE w/CHANGES DISAPPROVE: Explain Changes/Reason for Disapproval: _____

Signed: _____ Date: _____

Attachment A

San Mateo Medical Center Medical Staff
CREDENTIALS UPDATE

TEMPORARY PRIVILEGES *[not to exceed 120 days]*

*Board Certifications - [Temporary Privileges not to exceed maximum 120 days]

Name	Department	Specialty	Effective Dates**	Justification
CHANDER, Divya	Surgery	Anesthesiology	08/22/2016-11/22/2016	Anesthesia coverage in the operating room
JOSHI, Tripti	Surgery	Dentistry	09/09/2016-01/17/2017	Extra Help Dental Coverage
KLAIR, Jasleen	Surgery	Dentistry	09/16/2016-01/17/2017	Extra Help Dental Coverage
LEON, Armando	Psychiatry	Psychiatry	09/07/2016-01/15/2017	Psychiatry coverage
MAN, Gabriel	Surgery	Anesthesiology	08/26/2016-11/25/2016	Anesthesia coverage in the operating room
QUINTANA, Andrea	Surgery	OB-Gynecology (board eligible)	09/01/2016-12/30/2016	OB-Gynecology coverage
ROHLKE, Faith	Psychiatry	Psychiatry	07/08/2016-11/05/2016	Psychiatry coverage (current Psychiatric resident)
SCHATZ, David	Psychiatry	Psychiatry	09/26/2016-01/24/2017	Psychiatry Coverage
SWEATT, Andrew	Medicine	IM/Pulmonology	09/15/2016-01/13/2017	ICU Coverage
TAM-JOHNSTON, Jennifer	Surgery	Dentistry	09/16/2016-01/17/2017	Extra Help Dental Coverage
TROJNAR, Meghan	Primary Care	Pediatrics	08/15/2016-12/13/2016	Pediatric coverage
ZAIDI, Farah	Psychiatry	Psychiatry	07/08/2016-11/05/2016	Psychiatry coverage (current Psychiatric resident)
ZAMBRICKI, Elizabeth	Surgery	Otolaryngology (board eligible)	09/01/2016-12/30/2016	Otolaryngology coverage
AFFILIATE STAFF	Department	Specialty	Effective Dates**	Justification
CHOPRA, Beth	Primary Care	Pediatric Nurse Practitioner*	06/13/2013-10/11/2016	NP coverage for Fair Oaks/South County
TOMLIN, Matthew	Primary Care	Pediatric Nurse Practitioner	08/29/2016-11/21/2016	Coverage for North County Clinics (SSF, DC, DCY)

NEW APPOINTMENTS

(Medical Staff and Affiliate Staff)

Name	Department	Specialty	Information	Reason
AFFILIATE STAFF	Department	Specialty	Information	Reason

REAPPOINTMENTS (Medical Staff and Affiliate Staff) effective 12/01/2016 (unless otherwise noted)

Name	Department	Specialty	Information	Effective	Expires
FAMOORI, FORROZAN	Medicine	Referring Provider	Reappoint to the Courtesy Medical Staff-BLTC	12/01/2016	11/30/2018
HAUSER, MICHELLE	Primary Care	Family Medicine	Reappoint to the Courtesy Medical Staff (Active staff at Stanford Hospital)	12/01/2016	11/30/2018
JAFFE, MICHAEL	Psychiatry	Psychiatry	Reappoint to the Active Medical Staff	12/01/2016	11/30/2018
VAGTS, MICHAEL	Psychiatry	Psychiatry	Released from proctoring and reappointed to the Active Medical Staff	12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
				12/01/2016	11/30/2018
AFFILIATE STAFF	Department	Specialty	Information	Effective	Expires
O'SHAUGHNESSY, SOPHIE	Primary Care	Family Nurse Practitioner	Reappoint to the Affiliate Medical Staff	12/01/2016	11/30/2018
PFOHL, MARISSA	Primary Care	Family Nurse Practitioner	Reappoint to the Affiliate Medical Staff	12/01/2016	11/30/2018

CHANGE IN STATUS/ EXTENSION OF PROVISIONAL PERIOD (Medical Staff and Affiliate Staff)

Name	Department	Specialty	Credential Information	Expiration
LOU, ANNA	Medicine	Physical Medicine	Extend Provisional Period to facilitate completion of proctoring	11/01/2017
PHAM, TRACY	Primary Care	Pediatrics	Extend Provisional Period to facilitate completion of proctoring	11/01/2017
SWEENEY, KRISTIN	Primary Care	Pediatrics	Extend Provisional Period to facilitate completion of proctoring	11/01/2017
			Extend Provisional Period to facilitate completion of proctoring	11/01/2017
Affiliate Staff	Department	Specialty	Information	Expiration
None at this time				

RESIGNATIONS (Medical Staff and Affiliate Staff)

Name	Department	Specialty	Credential Information	Effective
ADAMS, JESSE	Psychiatry	Psychiatry	Resigned from staff in good standing	10/3/2016
SANGANI, JIHNA S.	Primary Care	Pediatrics	Extra help position ended	10/3/2016
TULLY, LAURA	Psychiatry	Psychiatry	Resigned from staff in good standing	10/03/2016
<u>AFFILIATE STAFF</u>	Department	Specialty	Credential Information	Effective
YOKOTA, RUMI	Primary Care	Family Nurse Practitioner	Did not seek reappointment; resigned from staff in good standing	

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

APPROVE APPROVE w/CHANGES DISAPPROVE: Explain Changes/Reason for Disapproval: _____

Signed: _____ Date: _____

BOARD OF DIRECTORS ACTION

APPROVE APPROVE w/CHANGES DISAPPROVE: Explain Changes/Reason for Disapproval: _____

Signed: _____ Date: _____

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Program Services Staffing	Effective Date: 11/12/2015
Subject: Credentialing & Privileging	Revision Date: 10/13/2016
Title of Policy: HCH/FH Program Credentialing & Privileging Policy & Procedure	Approved by: Co-Applicant Board

1. Rationale or background to policy:

The San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program supports that regular verification of the credentials of health care practitioners and delineation of their privileges are required for increased patient safety, reduction of medical errors and the provision of high quality health care services. As part of the responsibility to provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals, all services provided to HCH/FH patients must be provided by staff who are properly licensed, credentialed and privileged, as appropriate.

2. Policy Statement:

The HCH/FH Co-Applicant Board shall review and approve the credentialing and privileging actions taken by the San Mateo Medical Center (SMMC) Board of Directors (BOD). Further, the Co-Applicant Board shall periodically review the updated licensing and certification report from SMMC Human Resources, to verify and approve the ongoing licensing and certification of non-Licensed Independent Provider staff.

In support of these actions, the HCH/FH Co-Applicant Board shall verify annually, or as needed, that SMMC's Credentialing & Privileging policies and processes are in full compliance with the Health Services and Resources Administration's (HRSA) requirements as referenced in Policy Information Notices (PIN) 2002-22 and 2001-16 and as ever updated by HRSA. Upon review of the SMMC Credentialing and Privileging policies and processes, the HCH/FH Co-Applicant Board shall affirm their compliance with HRSA requirements.

3. Procedures:

The HCH/FH Quality Improvement Committee (QIC) shall review SMMC Credentialing and Privileging policies, procedures and processes annually to determine continuing compliance with HRSA requirements. The QIC will report on their findings and determination at the Co-

Applicant Board's regular January meeting each year. The HCH/FH Co-Applicant Board shall review the QIC's determination and take action to affirm SMMC compliance with HRSA requirements.

Should the HCH/FH Co-Applicant Board find during an annual verification, or at any other time, that the SMMC credentialing & privileging policies, procedures and processes are no longer fully in compliance with HRSA requirements, the HCH/FH Co-Applicant Board shall immediately initiate a resolution process as specified in the Co-Applicant Agreement to remediate the situation.

If the QIC determines that there is any material non-compliance with HRSA requirements, they shall immediately notify the HCH/FH Director, SMMC and the Medical Staff Office of SMMC of their finding and of the timing of their report to the HCH/FH Co-Applicant Board. On concurrence with the determination by the HCH/FH Co-Applicant Board, a resolution process as called for in the Co-Applicant Agreement shall be initiated to address the issue. The HCH/FH QIC shall track the progress on the issue and provide monthly reports to the HCH/FH Co-Applicant Board until the issue is resolved. Once resolved, the HCH/FH Co-Applicant Board will review and endorse the final resolution and the current status of the SMMC Credentialing and Privileging policies, procedures and processes.

As long as the SMMC Credentialing and Privileging policies, procedures and processes have been determined to be in compliance with HRSA requirements, all credentialing and privileging actions taken by the SMMC BOD shall be added to the HCH/FH Co-Applicant Board's next regular meeting agenda for review and approval.

The HCH/FH Co-Applicant Board will verify bi-annually, or as needed, that SMMC and primary care contractors have credentialing and privileging policies and procedures verifying that all licensed and certified healthcare practitioners delivering care for homeless and farm worker patients and families are in full compliance with the Bureau of Primary Health Care Policy Information Notices 2001-16 and 2002-22.

Approved _____

Board Chair

Program Director

TAB 12

**Strategic Plan
Update**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 13, 2016

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

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

SUBJECT: STRATEGIC PLAN REPORT AND UPDATE

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

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

New efforts from last meeting include:

- Conference call with HCHC staff on Respite Care programs and models.
- Conference call with staff and (Brian and Bob) on holding Substance Abuse workshop/conference
- On- going Case management meetings with County staff to pursue cloud based CM software
- Staff part of Disparities Workgroup to identify disparities with patients, led by SMMC executive management (CEO)
- Staff informed all contractors and county partners about small funding request policy

Attached: Strategic Plan status table



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

STRATEGIC PLAN- ACTIONS	Status/Notes
Goal 1: Expand Health Services for Homeless and Farmworkers	
1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	
2. Increase available respite care with wrap-around services for homeless.	Staff is conducting research for Respite Services, with a Request for Information (RFI) announcement to come out soon for hire of consultant(s) to assist in this effort.
3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters. <i>(Strategy that were added at the retreat.)</i>	Collecting data on senior homeless population from shelters as well as current services provided/accessible to population
4. Increase dental services for adult farmworkers.	On-going conversations with Dental Director and Fiscal
Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers	
5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.	Efforts are also ongoing to research the appropriate classification as well as knowledge, skills and abilities needed for Homeless Navigator position.
6. Increase drug and alcohol support for farmworkers.	Board members held conference call on substance abuse workshop/conference to hold with various takeholders on outreach etc.
7. Promote preventive dental care for homeless and farmworkers. <i>(Strategy that were added at the retreat.)</i>	
Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff	
1. Integration and alignment of additional measureable outcomes for homeless and farmworker population with SMMC.	
2. Work with Partners to increase data collection capacity	Program staff has been meeting with Center on Homelessness and meeting with Department of Housing to discuss partnerships, future collaborations and data sharing options. Working with SMMC/Business Intelligence to add homeless/farmworker status to E.H.R., pursuing the Delivery System Health Information (DSHI) supplemental funding for this effort. Staff pursuing efforts for case mgmt software
3. Strengthen collaboration with San Mateo Medical Center	Staff is part of Disparities workgroup that is lead by SMMC management to identify disparities with patients and work on problem statement.
Goal 4: Improve communication about resources for the homeless and farmworkers.	
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.	Program staff has been meeting with Center on Homelessness and Department of Housing to discuss partnerships and future collaborations.
2. Develop easy to use material for homeless and farmworker providers with information about resources available.	Continually updating HCH/FH Services provided table, sent to COH and DOH