HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Special Meeting
San Mateo Medical Center| Classroom 2
August 10, 2017, 9:00 A.M - 11:00 A.M.
AGENDA

A.	**CALL TO ORDER**	Julia Wilson	**9:00 AM**
B.	**CHANGES TO ORDER OF AGENDA**		**9:03 AM**
C.	**Board Chair Nominations/Elections**		**9:07 AM**

D. PUBLIC COMMENT **9:14 AM**

Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

E. CLOSED SESSION **9:15 AM**

1. Closed Session this meeting
   *i. **Action Item- Request to Approve Credentialing/Privileging list***

F.	**CONSENT AGENDA**	Linda Nguyen	**TAB 1 9:20 AM**
1.	Meeting minutes from July 13, 2017		

G. BOARD ORIENTATION

1. No Board Orientation items this meeting**.**

H. BUSINESS AGENDA:

1.	BPR- NCC submission	Jim Beaumont	**TAB 2 9:25 AM**
	*i. **Action Item- Request to Approve BPR report***		
2.	Finalize AIMS	Jim Beaumont	**TAB 3 9:30 AM**
	*i. **Action Item- Request to Approve submission***		
3.	Board Membership Committee	Jim Beaumont	**TAB 4 9:35 AM**
	*i. **Action Item- Request to Approve Board Members***		

I. REPORTING AGENDA:

1.	Consumer Input/ NHCHC report back	Mother Champion/Chris/Sara	**TAB 5 9:45 AM**
2.	Discussion on membership of committees (membership/finance)	Jim Beaumont	**10:00 AM**
3.	Discussion of Board meeting time	Jim Beaumont	**TAB 6 10:05 AM**
4.	Board Ad Hoc Committee Report- Transportation	Steve Carey	**TAB 7 10:10 AM**
5.	UDS submission	Linda/Elli/Jim	**TAB 8 10:15 AM**
6.	Discussion on- Staffing	Jim Beaumont	**TAB 9 10:20 AM**
7.	Discussion of RFP	Jim Beaumont	**TAB 10 10:30 AM**
8.	Discussion on conference travel requests	Linda/Elli	**10:35 AM**
9.	HCH/FH Program QI Report	Frank Trinh	**TAB 11 10:40 AM**
10.	HCH/FH Program Director's Report	Jim Beaumont	**TAB 12 10:45 AM**
11.	HCH/FH Program Budget/Finance Report	Jim Beaumont	**TAB 13 10:50 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.smchealth.org/smmc-hfhfh-board.

12. Contractor's 1st Quarter report — Linda/Elli — **TAB 14 10:55 AM**

BOARD COMMUNICATIONS AND ANNOUNCEMENTS

Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.

OTHER ITEMS

1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)

Next Regular Meeting September 14, 2017; 9:00 A.M. – 11:00 A.M. \|San Mateo Medical Center

H. ADJOURNMENT — Julia Wilson — **11:00 AM**

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TAB 1
Meeting Minutes

Request to Approve (Consent Agenda)

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (July 13, 2017)
Coastside clinic- Half Moon Bay

Co-Applicant Board Members Present	County Staff Present	Members of the Public
Julia Wilson, Vice Chair	Linda Nguyen, Program Coordinator	
Allison Ulrich	Sandra Nierenberg, County Counsel	
Tayischa Deldridge	Elli Lo, Management Analyst	
Kathryn Barrientos		
Steve Carey		
Robert Anderson		
Brian Greenberg		
Jim Beaumont, HCH/FH Program Director (Ex-Officio)		

Absent: Daniel Brown, Christian Hansen, Richard Gregory, Mother Champion

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Julia Wilson called the meeting to order at 9:10 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session **Request to Approve C&P list**	**Action item: *Request to Approve* Credentialing and Privileging List**	Motion to Approve C&P list MOVED by Steve SECONDED by Brian, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Sept 8 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by SECONDED by, and APPROVED by all Board members present.
Business Agenda: **Request to Approve Board Member**	The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws. The Board Composition Committee has interviewed a candidate it wishes to present to the Board. Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB.This request is for the approval of a new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties. Robert Anderson presented on his background and desire to become a member and serve on the Board. He served with San Mateo's Police Department for 32 years (1980-2012) with a variety of assignments including patrol, field training officer, community policing, and Downtown Officer. He worked closely with homeless populations through Field Crisis Intervention team and HOT (homeless outreach team) teams. **Action item: Request to Approve Board member** *Please refer to TAB 2 on the Board meeting packet*	**Request to Approve Board member** MOVED by Tay SECONDED by Allison, and APPROVED by all Board members present.

Request to Approve AIMS application submission	On June 26, 2017, HRSA release a new funding opportunity – Access Increase in Mental Health & Substance Abuse (AIMS). The submission deadline for this award is July 26, 2017. We have attached the HRSA announcement, emails specific to our program, the AIMS Instructions and the AIMS FAQ. There are numerous specific requirements and structural conditions related to the funding. This request is for the Board to approve the submission of a Program response to the funding opportunity, as can best be constructed by Program to meet the opportunity requirements and for timely submission. Program will provide a full update on the actual submission at the August Board meeting. Discussion on working with non-profit outpatient Recovery services to engage and train staff to work with homeless clients. **Action item: Request to Approve AIMS application submission** *Please refer to TAB 3 on the Board meeting packet.*	**Request to Approve AIMS application submission** MOVED by SECONDED by, and APPROVED by all Board members present
Request to create Finance Committee	**Based on the discussion in the last Board meeting on June 8, 2017, the Board determined to establish a Standing Finance Committee providing financial oversight for the Program. The committee is charged with the task of budgeting and financial planning, financial reporting, and the creation and monitoring of internal controls and accountability policies.** Members: Christian, Allison, Robert and Dick **Action item Request to create Finance Committee** *Please refer to TAB 4 on the Board meeting packet.*	**Request to create Finance Committee** MOVED by Brian SECONDED by Steve, and APPROVED by all Board members present
Reporting Agenda: Consumer Input/NHCHC report back	Attendance at this year's National Health Care for the Homeless Conference & Policy Symposium was well attended by Program staff (Linda and Elli), Board members (Kat, Tay and Mother Champion) as well as non-staff from LifeMoves, Project WeHope, Ravenswood Family Health Center (RFHC), and Mobile Van from SMC Public Health, Policy and Planning. Staff reported on following workshops: • Learning Lab: Board Requirements and Beyond: How to Build an HCH Board that Meets Requirements and Exceeds Expectations • Medicaid and Managed Care: A Discussion of Current Events and Likely Changes Impacting HCH Providers and Consumers Board members Kat and Tay reported on following workshops • Joining Strengths: Collaboration between SFFD, SFHOT and Sobering • Collaborations/Health Care for the Homeless Manager *Please refer to TAB 5 on the Board meeting packet.*	

Staffing sub-committee	The Ad Hoc Committee was tasked with reviewing staff's request to add more staff to the program to reflect the increase work and expansion of the program. The report from the committee included a report summarizing a meeting by committee members and discussion with consultants and other programs. "This Ad Hoc Committee met for the purpose of evaluating the request by Jim to increase the staffing of the HCH/FH Program. We reviewed the documents prepared by Jim and his staff: Program Staffing Utilization Report, Staffing Duties, IT Projects, and finally an Excel Report of hours utilized by the Program Coordinator and Management Analyst in various job categories. There was no specific report provided for the Executive Director so that it is unclear which of these categories listed were also performed by him. " There was an ongoing discussion on what is designated as "administrative" costs , what is appropriate amount of such costs and what the program as a whole costs to run to reflect said costs. Consultant- 22% average admin for health centers. It was requested from members for staff to further conduct research on similar programs and their administrative costs and report back at the next August meeting. Request to review other similar models such as Santa Clara and Contra Costa County program, as well as Staffing list, budget, *Please refer to TAB 6 on the Board meeting packet*	Staff research costs of other similar programs and report back costs, place on next agenda for further discussion
Transportation subcommittee report	Table for next meeting	
Discussion on Board nominations/elections	As the Board is aware, Bob Stebbins resigned as Board Chair at the June 8, 2017 Board meeting, creating a vacancy in the position. The Co-Applicant Board Bylaws, Article 13, provides that: Vacancies created during the term of an officer of the Board shall be filled for the remaining portion of the term by special election by the Board at a regular meeting in accordance with this Article Anyone may nominate from the Board membership candidates for Chair and Vice-Chair. Nominations shall be given to the Secretary. A list of nominees for Chair and Vice-Chair shall be presented to the Board in advance of its October or November meeting. A nominee may decline nomination. The Chair and Vice-Chair shall be elected annually by a majority vote of these members present and voting as the first order of business at the October or November meeting of the Board. Based on the above, the special election to fill the vacancy in the Chair position will be held as the first order of business at the August Co-Applicant Board Meeting (scheduled for August 10, 2017). Nominations for the position can be provided to the Secretary of the Board presently, or in writing between now and the August 10th meeting. Nominations can also be made at the August meeting. The elected Chair will immediately assume the position and shall complete the current term of office (through December 31, 2017). Julia Wilson was nominated for Board Chair at the meeting *Please refer to TAB 7 on the Board meeting packet*	Staff will email remaining members not in attendance about nominations/elections. Nominations can also be sent via email.

Regular Agenda QI Committee report	Written report available for view, no oral report was given. *Please refer to TAB 8 on the Board meeting packet*	
Regular Agenda: HCH/FH Program **Directors report**	Written report available for view, no oral report was given. *Please refer to TAB 9 on the Board meeting packet.*	
Regular Agenda: HCH/FH Program *Budget & Financial Report*	Written report available for view, no oral report was given. *Please refer to TAB 10 on the Board meeting packet.*	
UDS submission	Table for next meeting *Please refer to TAB 11 on the Board meeting packet.*	
Contractor's 1st Quarter report.	Table for next meeting *Please refer to TAB 12 on the Board meeting packet.*	
Adjournment	Time __11:05 a.m.___	Julia Wilson

TAB 2

Request to approve BPR report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
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www.sanmateomedicalcenter.org
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DATE: August 10, 2017

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE THE DRAFT BUDGET PERIOD PROGRESS REPORT (BPR) NONCOMPETING CONTINUTATION (NCC) APPLICATION

In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications.

The Budget Period Progress Report (BPR) non-competing continuation provides an update on the progress of Health Center Program award recipients. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or nonresponsive progress report may result in a delay or a lapse in funding.

The HCH/FH program has awarded a three (3) year grant period 1/1/2017 to 12/31/2019. The Board's approval of the grant application is required. The draft BPR NCC application is attached. In general, it is a recapitulation of data to date with original SAC projections for the remainder of the grant period continuing as is. There are no major changes anticipated to be in the final submission.

This request is for the Board to approve the draft of the BPR NCC application reflecting the content and the concept of the final submission due August 18, 2017. A majority vote of the Board members present is required to approve the grant application.

ATTACHED: DRAFT BPR NCC APPLICATION

San Mateo Medical Center
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COUNTY OF SAN MATEO CALIFORNIA

BPR APPLICATION SUBMISSION- DRAFT SUMMARY

The BPR report provides an annual update on the progress of the Health Center Program. Below are a summary of the various categories that the program has to document progress.

Environment and Organizational Capacity

Over the past year, San Mateo Medical Center Health Care for the Homeless/Farmworker Health (HCH/FH) Program (HCH/FH) has experienced a decrease in our Migrant and Seasonal Agricultural workers in 2015 and 2016 due to the fear many patients have over the political climate and not seeking County/Government benefits because they fear the perception of "public charge". Our homeless street population has also increased from 2015 and 2016. The increase in the street homeless population is due to our new Street/Field Medicine program where providers meet street homeless on the streets and in encampments, reaching clients that will not attend a typical brick and mortar clinic.

Street Medicine:
2016 – served 165 unduplicated homeless & farmworker individuals
2017 Jan to June – served 91 unduplicated homeless & farmworker individuals
165+91 = 256

2016
Total patients - 6696
Uninsured - 2063
Medi-Cal – 4001
Private Insu – 195

Patient Capacity and Supplemental Awards

Unduplicated Patients	2014 Patient Number	2015 Patient Number	2016 Patient Number	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Projected Number of Patients
Total Unduplicated Patients	7707	6556	6696	-13.12%	2.14%	76.09%	8800
Special Populations	**2014 Patient Number**	**2015 Patient Number**	**2016 Patient Number**	**% Change 2014-2016 Trend**	**% Change 2015-2016 Trend**	**% Progress toward Goal**	**Projected Number of Patients**
Total Migratory and Seasonal Agricultural Worker Patients	2265	1947	1497	-33.91%	-23.11%	Data not available	0
Total People Experiencing Homelessness Patients	5596	4714	5257	-6.06%	11.52%	89.10%	5900

Supplemental Awards

Discuss progress made in implementing recent supplemental Health Center Program awards. For each of the following, as applicable, provide current data in the Numeric Progress toward Goal column. In the Supplemental Award Narrative column, describe:

- *Progress toward goals;*
- *Key contributing and restricting factors impacting progress toward goals; and*
- *Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.*

One-Time Funding Awards

FY 2016 Quality Improvement Assistance
San Mateo Received $ 35,556
The Quality Improvement Assistance funding will be utilized to:

Trained staff, staff at contracted services on

- SOGI
- farmworkers health via Western Forum Migrant & Community Health 2017
- homeless health via 2017 National Health Care for the Homeless Conference & Policy Symposium

FY 2016 Delivery System Health Information Investment
San Mateo Received $__50,748__
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.

As the proposed project was a new IT effort, the ramp-up of the project required additional time and coordination with IT department and external vendor. Program is working diligently with IT department in implementing this effort into the new Health Information Exchange (HIE).

Clinical Performance Measures

Referencing the % Change 2014-2016 Trend, % Change 2015-2016, and % Progress Toward Goal columns:

- *Discuss the trends in clinical/financial performance measures.*
- *Maintenance or improvement in performance is expected; decreasing trends or limited progress towards the projected goals must be explained.*

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Access to prenatal care in 1st trimester	83.2300	89.4300	64.9600	-21.95%	-27.36%	81.20%	80.00%
Low birth weight	11.2100	8.0000	4.4000	-60.75%	-45.00%	88.00%	5.00%
Performance Measure	**2014 Measures**	**2015 Measures**	**2016 Measures**	**% Change 2014-2016 Trend**	**% Change 2015-2016 Trend**	**% Progress toward Goal**	**Measure Goals**
Oral Health (Sealants)	Data not available	22.86%	50.0000	Data not available	118.75%	76.92%	65.00%
Weight Assessment and Counseling for Children and Adolescents	80.0000	74.2900	57.1700	-28.54%	-23.04%	67.26%	85.00%
Adult Weight Screening and Follow-Up	44.29%	50%	28.5700	-35.48%	-42.86%	38.09%	75.00%
Tobacco Use Screening and Cessation Intervention	77.14%	92.02%	85.9600	11.44%	-6.58%	89.54%	96.00%
Colorectal Cancer Screening	34.29%	48.61%	48.3600	41.06%	0.50%	80.60%	60.00%
Cervical Cancer Screening	57.14%	64.29%	60.0000	5.00%	-6.67%	85.71%	70.00%
Childhood Immunization Status (CIS)	88.57%	85.71%	80.0000	-9.68%	-6.67%	88.89%	90.00%
Performance Measure	**2014 Measures**	**2015 Measures**	**2016 Measures**	**% Change 2014-2016 Trend**	**% Change 2015-2016 Trend**	**% Progress toward Goal**	**Measure Goals**

Asthma: Use of Appropriate Medications:	100%	100%	98.5700	-1.43	-1.43	98.57%	100.00%
Coronary Artery Disease (CAD): Lipid Therapy	90.0000	80.4000	74.4700	-17.26%	-7.38%	77.57%	96.00%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	98.5700	88.8400	83.6500	-15.14%	-5.84%	87.14%	96.00%
Hypertension: Controlling High Blood Pressure	64.29%	61.43%	53.3900	-16.95%	-13.08%	66.74%	80.00%
Diabetes: Hemoglobin A1c Poor Control	51.43%	30.89%	34.9200	-32.11%	13.05%	139.6 8%	25.00%
HIV Linkage to Care	100.0000	80.0000	0	Data not available	Data not available	Data not available	100.00%
Depression Screening and Follow Up	8.57%	27.14%	37.1400	333.33%	36.84%	57.14%	65.00%

Financial Measures

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Total Cost Per Patient (Costs)	1,524.2831	1,972.9005	2,309.0672	51.49%	17.04%	102.23%	2258.77: 1 Ratio
Medical Cost Per Medical Visit (Costs)	357.0947	395.2886	526.8022	47.52%	33.27%	133.27%	395.29: 1 Ratio
Health Center Program Grant Cost Per Patient (Grant Costs)	240.0615	280.8710	299.2711	24.66%	6.55%	93.07%	321.57: 1 Ratio

Additional Measures

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
(Farmworker immunizations) Percentage of farm worker patients ages 13 to 64 with one or more medical visits during the measurement year with documented, current tetanus, diphtheria, acellular pertussis (Tdap) immunizations.	No Data – Baseline is 2015 (2015 NCC/ BPR)	40.85%	44.54%	Data not available	9.06%	Data not available	70.00%
(Voluntary family planning.) Percentage of female farm worker patients ages 13 to 50 with one or more medical visits during the measurement year with documented family planning education and counseling.	34.64% (2015 NCC/ BPR)	6%	23.73%	-31.50%	-2.15%	Data not available	60.00%

TAB 3

Request to approve application submission

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: August 10, 2017

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE THE FINAL GRANT SUBMISSION OF APPLICATION FOR FY 2017 ACCESS INCREASES IN MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (AIMS) SUPPLEMENTAL FUNDING OPPORTUNITY

At the July 2017 Board meeting, the Board has approved the Program to submit a supplemental funding application for the Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding Opportunity.

This funding will enable existing Health Center Program award recipients to expand mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. The expansion will be focused on investments in personnel, health information technology (IT), and training to support the integration of mental health and substance abuse services into primary care.

On July 26, 2017, Program successfully submitted the supplemental funding application for $150,000.

The on-going funding proposal outlines the plan to contract a Community Health Worker/Case Manager (CHW/CM) to identify and evaluate patients in need of mental health and substance abuse counseling services related to Opioid Use Disorder (OUD). The CHW/CM will provide health education, care coordination, and patient engagement for shelter and/or street homeless, and farmworkers and their family members. HCH/FH will continue to assess the proper course for selecting either a county partner (through an MOU) or a community partner (through an RFP & contract) so that the expanded services can begin within 120 days of funding.

The one-time funding proposal outlines the plan to develop a web page and patient education materials, conduct a needs assessment, conduct trainings and educational resources on screening for mental health and substance use disorders, e.g., OUD, making informed prescribing decisions, supporting patient-provider shared decision making on pain management and treatment options, and/or maximizing the success of MAT, including engagement in Internet-based mentoring and provider education and support.

This request is for the Board to approve the final grant application submission document. A majority vote of the Board members present is required to approve the grant application.

ATTACHED: FINAL AIMS APPLICATION

San Mateo Medical Center
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COUNTY OF SAN MATEO CALIFORNIA

HRSA Health Center Program

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **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 [auto-calculated in EHB]
Community Health Centers	93.224	N/A	N/A			
Health Care for the Homeless	93.224	N/A	N/A	**$126,825**	**$0**	**$126,875**
Migrant Health Centers	93.224	N/A	N/A	**$23,175**	**$0**	**$23,175**
Public Housing	93.224	N/A	N/A			
Total [auto-calculated in EHB]				**$150,000**	**$0**	**$150,000**

Section C – Non-Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total [auto-calculated in EHB]
Community Health Centers						
Health Care for the Homeless	**$126,825**					
Migrant Health Centers	**$23,175**					
Public Housing						
Total [auto-calculated in EHB]	**$150,000**	**$0**	**$0**	**$0**		

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Federal Budget Information Table		

You must propose to increase direct hire staff and/or contractors to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Funding must be requested equally for mental health and substance abuse service expansion (i.e., the same amount in the identified rows below).

If desired, you may also request one-time funding to leverage health information technology (IT) and/or training to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care.

Federal Budget Information

Use of Funds	Federal Funds Requested
Ongoing Service Expansion Funding for Increasing Access	
Mental Health Service Expansion Personnel (Required)	$37,500
Substance Abuse Service Expansion Personnel (Required)	$37,500
One-Time Funding to Support Expanded Services	
Health IT and/or Training Investments	$75,000
TOTAL	$150,000

One-Time Funding Focus Areas

If one-time funding is requested for health IT and/or training to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care, indicate which of the following focus areas the one-time funding will address. Select all that apply. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative.

Focus Areas	Select All That Apply
Medication-Assisted Treatment	X
Telehealth	
Prescription Drug Monitoring Program	
Clinical Decision Support	
Electronic Health Record Interoperability	
Quality Improvement	
Cybersecurity	
Other Training (describe in the Response section of the Project Narrative)	X
Other Health IT (describe in the Response section of the Project Narrative)	X

HRSA Health Center Program

Scope of Services

Review the currently approved Form 5A: Services Provided for your organization by clicking this link: Current Approved Form 5A [accessible in EHB].

Indicate below whether a Scope Adjustment or Change in Scope request will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time).

Access the technical assistance materials on the Scope of Project resource website for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).

Note the following before selecting "yes" or "no" below:

- AIMS funding may support the expansion of existing services in scope as well as new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.
- You must separately submit a Scope Adjustment or Change in Scope request to HRSA to add new services to your scope of project or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II. You may not modify your approved Form 5A through this application.
- You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- AIMS funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. AIMS funded services are limited to: Mental Health, HCH Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education.
- All services supported by AIMS funding, including those to be added to or changed on Form 5A, must be implemented within 120 days of award.

[_] Yes, I have reviewed my Form 5A and have determined that my proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.
[X] No, I have reviewed my Form 5A and determined that my proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A through a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.

HRSA Health Center Program

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Federal Object Class Categories Form**	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Total Proposed Budget	Amount
Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	$150,000
Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	$0
Total	

Budget Categories			
Object Class Category	**Federal**	**Non-Federal**	**Total**
a. Personnel	$75,000	$0	$75,000
b. Fringe Benefits	$0	$0	$0
c. Travel	$0	$0	$0
d. Equipment	$0	$0	$0
e. Supplies	$0	$0	$0
f. Contractual	$75,000	$0	$75,000
g. Construction	N/A	N/A	N/A
h. Other	$0	$0	$0
i. **Total Direct Charges (sum of a-h)**	$150,000	$0	$150,000
j. Indirect Charges	$0	$0	$0
k. **Total Budget Specified in Section A - Budget Summary (sum of i-j)**	$150,000	$0	$150,000

HRSA Health Center Program

SAN MATEO HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH
BUDGET NARRATIVE DRAFT, SEPTEMBER 1, 2017 – AUGUST 31, 2018

Budget Line Item	Federal	Non-Federal	AIMS ONGOING	AIMS ONE TIME
PERSONNEL –				
Psychiatrists				
Licensed Clinical Psychologists				
Licensed Clinical Social Workers				
Other Mental Health Staff – _____				
Other Licensed Mental Health Providers				
Substance Abuse Providers				
Case Managers – _____				
Patient/Community Education Specialists (Health Educators)				
Community Health Workers	**$75,000**	**$0**	**$75,000**	**$0**
TOTAL PERSONNEL	**$75,000**	**$0**	**$75,000**	**$0**
FRINGE BENEFITS –				
FICA; Health Insurance, Unemployment Insurance, Workers Compensation, and Disability	**$0**	**$0**	**$0**	**$0**
TOTAL FRINGE BENEFITS	**$0**	**$0**	**$0**	**$0**
TRAVEL –				
TOTAL TRAVEL	**$0**	**$0**	**$0**	**$0**
EQUIPMENT				
	$0	**$0**	**$0**	**$0**
TOTAL EQUIPMENT	**$0**	**$0**	**$0**	**$0**
SUPPLIES –				
TOTAL SUPPLIES	**$0**	**$0**	**$0**	**$0**

HRSA Health Center Program

Budget Line Item	Federal	Non-Federal	AIMS ONGOING	AIMS ONE TIME
CONTRACTUAL –				
Development of web page re opioid use, substance abuse, mental health services, availability of care, emphasis on services available to Homeless and Farmworker population	**$15,000**	**$0**	**$0**	**$15,000**
Consultant to perform needs assessment of county use and abuse of opioids, level of MAT and Naloxone access and usage	**$30,000**	**$0**	**$0**	**$30,000**
Development of patient educational materials on opioid use, MAT, Naloxone use	**$5,000**	**$0**	**$0**	**$5,000**
Opioid Training for County Medical and Behavioral Health Staff, approx. 200 participants	**$18,500**	**$0**	**$0**	**$18,500**
Opioid Training for field staff & managers, re increasing awareness of OUD, evaluation and identification of potential OUD patients, resources available, approx. 12-18 participants	**$6,500**	**$0**	**$0**	**$6,500**
TOTAL CONTRACTUAL	**$75,000**	**$0**	**$0**	**$75,000**
OTHER –				
TOTAL OTHER	**$0**	**$0**	**$0**	**$0**
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses)	**$150,000**	**$0**	**$75,000**	**$75,000**
INDIRECT CHARGES – *Include approved indirect cost rate if applicable*			**$0**	**$0**
0% indirect rate	**$0**	**$0**	**$0**	**$0**
TOTALS – (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	**$150,000**	**$0**	**$75,000**	**$75,000**

TOTAL PROJECT BUDGET: $150,000

HRSA Health Center Program

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Staffing Impact Form**	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

You must propose to use AIMS ongoing funding to expand and/or add new direct hire staff and/or contractors who will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, from the list below.

Allocate direct hire staff and contractor full-time equivalents (FTEs) by position. An individual's FTE should not be duplicated across positions. For example, a Licensed Clinical Social Worker serving as a part-time mental health provider and a part-time substance abuse provider should be recorded as Licensed Clinical Social Worker 0.3 FTE and Substance Abuse Provider 0.3 FTE. Do not exceed 1.0 FTE for any individual.

Applicants proposing to increase contractors should explain in the Budget Narrative attachment how the contracted FTE estimate was developed and include details regarding the contractual arrangement.

Include personnel on this form that will be supported with the total AIMS funding (federal and non-federal, if any) listed on the Federal Object Class Categories form. Refer to the 2016 UDS manual for position descriptions as needed.

Position	New Direct Hire Staff FTEs Proposed	New Contractor FTEs Proposed
Psychiatrists		
Licensed Clinical Psychologists		
Licensed Clinical Social Workers		
Other Mental Health Staff		
· Please Specify: *[enter text here]*		
Other Licensed Mental Health Providers		
· Please Specify: *[enter text here]*		
Substance Abuse Providers		
Case Managers		
Patient/Community Education Specialists (Health Educators)		
Community Health Workers		**1.00**
TOTAL		**1.00**

HRSA Health Center Program

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Patient Impact Form**	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

You must propose to increase the number of patients who will newly access mental health services and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse as a result of AIMS funding by December 31, 2018. The patient projection must break down existing patients that will access these services for the first time as a result of this funding separately from the projection for new patients. See the 2016 UDS manual for the definition of patient. An example patient projection is provided in the AIMS Instructions.

NOTE: A projection of new patients is not required if the proposed project will focus on making expanded mental health and substance abuse services newly available for existing health center patients who have not accessed these services through the health center in the past, and a projection for existing patients is provided below.

If new patients are projected, enter the population type breakdown for the new unduplicated patients only in the Patients by Population Type section.

Existing Patient Impact

1. **Unduplicated Total (Existing Patients): Enter the number of existing patients who will newly access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).**

   Attribute the total projected existing patients to EITHER mental health OR substance abuse in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).

   100

2. **Patients by Service Type (Existing Patients): Enter the number of existing patients who will access each service in calendar year 2018 in the table below.**

   Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual who will newly access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
80	80

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Patient Impact Form**	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

New Patient Impact

3. Unduplicated Total (New Patients): Enter the number of new patients (new to the health center) who will access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding.

Attribute the total projected new patients to EITHER mental health OR substance abuse in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this projection by December 31, 2018 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the SAC technical assistance website for patient target resources.

0

4. Patients by Service Type (New Patients): Enter the number of new patients (new to the health center) who will access each service in calendar year 2018 in the table below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual new to the health center as a result of this funding who will access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
0	0

Continued on the next page

HRSA Health Center Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Patient Impact Form**	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

New Patients by Population Type

Enter the total number of new unduplicated patients by Health Center Program sub-program. The total must equal the number of new unduplicated patients entered in response to Question 3 above, if any. The information entered in the table below will be used to populate future Budget Period Progress Reports.

Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	**0**
· **General Underserved Community**	**0**
· **Migratory and Seasonal Agricultural Workers**	**0**
· **People Experiencing Homelessness**	**0**
· **Public Housing Residents**	**0**
Total NEW Patients by Population Type	**0**

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Project Narrative Form**	FOR HRSA USE ONLY	
	Grant Number	**Application Tracking Number**

Need

1. Describe the need to expand or begin providing mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Maximum 2,500 characters with spaces (approximately 3/4 of a page) *2064 characters*

UDS data shows the HCH/FH Program served 6,556 patients in 2015, including 72% homeless (4,720) and 30% farmworkers (1,967). Over half (52.2%) were Latino, 74% were a racial/ethnic minority, and 40.6% were best served in another language, primarily Spanish. Each population has unique characteristics and needs, but both homeless and farmworkers struggle to survive economically in an area with among the highest housing and other living costs in the US. According to 2017 California County Health Rankings (Robert Wood Johnson Foundation), San Mateo County ranks 2nd among California counties for health outcomes and health factors, and 6th for quality of life, illustrating the huge disparity between Silicon Valley wealth co-existing with the economically, culturally and psychologically isolated populations concentrated in pockets of poverty.

According to the 2015 San Mateo County Homeless Census and Survey, there were 1,772 homeless people in San Mateo County in the one-night count, predominantly single men with at least one disability. Among the 775 unsheltered homeless, the most commonly cited disabilities were alcohol or drug problems (26%) and mental illness (24%). Among the sheltered homeless, the levels of disability were 34% with chronic substance use and 22% with mental illness. Of those who indicated they had a mental illness, only 38% reported they were receiving mental health services, and almost none were enrolled in recovery services. This is indicative of the level of need among these populations who typically do not access services unless they are readily available to them.

HCH/FH operates an integrated system of care that includes behavioral health, outreach, substance abuse services, MSFW-specific health services, and enabling services, including mobile vans, field teams on the streets, and health centers in low-income communities. It contracts with other social service agencies to provide the broadest possible array of services, including transportation, care coordination, and health coverage enrollment.

HRSA Health Center Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Project Narrative Form**	FOR HRSA USE ONLY	
	Grant Number	**Application Tracking Number**

Response

1. Describe the proposed direct hire staff and/or contractor(s) to be supported with AIMS funding, including how they will meet the identified needs through the use of evidence-based strategies.

Maximum 2,500 characters with spaces (approximately 3/4 of a page) *2470 characters*

AIMS funding will be used by the Homeless/Farmworker Health (HCH/FH) Program to contract for the equivalent of 1.0 FTE Community Health Worker/Case Manager (CHW/CM) to identify and evaluate patients in need of mental health and substance abuse counseling services related to OUD. The CHW/CM will provide health education, care coordination, and patient engagement for shelter and/or street homeless, and farmworkers and their family members. HCH/FH will release an RFP for this contract in the Fall and will select a proposal so that expanded services can begin within 120 days of funding.

The CHW/CM will provide services at shelters, homeless camps, on the streets, farmworker camps, and wherever the target population is known to congregate. HCH/FH operates a successful outreach and backpack medicine program, along with two mobile vans, so this position will expand upon these services. The CHW/CM will provide enhanced education for patients and their families to support patient engagement in their care and self-management that includes medical conditions that often co-occur with mental health and substance use disorders. This includes referrals to available treatment with follow-up and support, direct provision of awareness information (health education, etc.); direct provision of supportive services and/or referral to other supportive services for prevention; and information on other resources of benefit. This funding will allow 100 existing clinic patients to newly access Mental Health and Substance Abuse services through referral and case management for OUD. It will also increase prevention and awareness of OUD.

Patients will be screened and identified by the CHW/CM during face to face visits in the field. Using evaluation tools, the CHW/CM will determine whether the patient needs further screening, prevention, intervention, or referral and treatment, and will attempt to make those connections for the patient. HCH/FH is a part of the San Mateo County Health System and has behavioral health providers at clinic locations plus outreach services to which the patient can be referred to care. The CHW/CM will be trained in OUD as well as substance abuse and mental health awareness.

The CHW/CM will utilize evidence-based practices in assessing and assisting patients with OUD, including Motivational Interviewing. MI is an evidence-based practice which helps people make positive behavioral changes to improve health outcomes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Project Narrative Form**	FOR HRSA USE ONLY	
	Grant Number	**Application Tracking Number**

2. Provide a timeline that lists the implementation steps and expected outcomes of the proposed mental health and substance abuse service expansion activities. The timeline must show that expanded access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, will be implemented within 120 days of award.

Maximum 2,500 characters with spaces (approximately 3/4 of a page) **2485 characters**

Expand Behavioral Health/Substance Abuse Treatment Staff:
Release RFP for specific AIM services with requirement for hiring by December 15, 2017 – Completion: August 2017 with September 30, 2017 deadline for proposals.
Contract for Community Health Worker/Case Manager – Completion: November 30, 2017
Contractor onboards new staff by December 15, 2017 with Services initiated December 15, 2017.
This meets the following objectives:

- Recruit qualified personnel to support a strong and sustainable opioid treatment and outreach program.
- Provide integrated case management services to patients with co-occurring mental health and substance use disorders to support treatment, including coordination with specialty providers, if applicable.

Training: Contract for: Training of field staff and management on OUD (by May 31, 2018); Provider training for medical and behavioral health providers in management and treatment of OUD (by May 31, 2018). In addition, contract for the development of a patient education packet on MAT, use of Naloxone, and opioid awareness and treatment (by February 28, 2018). This meets the following Objectives:

- Provide evidence-based training and educational to staff on screening for mental health and substance use disorders, making informed prescribing decisions, supporting patient-provider shared decision making on pain management and treatment options, and/or maximizing the success of MAT.
- Provide training and educational resources to personnel, patients, families, and communities on trauma-informed care, suicide prevention, and opioid abuse.
- Empower patients with mental health and substance use disorders to make informed decisions about their care, including pain management alternatives, treatment options, and recovery through peer counselling, patient education, or other evidence-based strategies.

Awareness: Contract for development of a web page with information on opioid use/abuse and resources available in the community, with emphasis on services for the homeless and farmworker populations (by June 30, 2018). A needs assessment will be performed by July 31, 2018 to determine the level of use and abuse of opioids in the county, and the level of MAT and Naloxone access and usage so that future outreach can focus on the needs identified. This meets the following Objectives:

- Enhance community education and awareness of opioid use and abuse and empower patients with information on resources and referral opportunities.

3. If one-time funding is requested for health IT and/or training investments, describe how that funding will be utilized to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse and address the need for integration with primary care. Include a timeline that demonstrates all one-time funding will be expended within 12 months of award.
Maximum 2,500 characters with spaces (approximately 3/4 of a page) 1927 characters HCH/FH is requesting the following one-time funding to support the expansion of mental health and substance abuse services to increase treatment, awareness and prevention of OUD. **Complete One-Time Funding Purchases and Activities:** **Contractual services:** Consultant to develop web page regarding opioid awareness, substance abuse, mental health services, availability of care, with emphasis on services available to Homeless and Farmworker populations – Completion: June 30, 2018 Consultant to perform needs assessment of county use and abuse of opioids, level of MAT and Nalaxone access and usage, to increase level of understanding of need for overdose prevention which could be used to develop outreach activities and identify what is needed. Primary focus on holes and farmworker populations. Completion: July 31, 2018 Consultant to develop patient educational materials on opioid use, MAT, Naloxone use. Completion: February 28, 2018 Consultant for Opioid Training for County Medical and Behavioral Health staff - Evidence-based training and educational resources to health professionals on screening for mental health and substance use disorders, e.g., OUD, making informed prescribing decisions, supporting patient-provider shared decision making on pain management and treatment options, and/or maximizing the success of MAT, including engagement in Internet-based mentoring and provider education and support. Completion: May 31, 2018. Consultant for Opioid Training for field staff and managers - Provide training and educational resources to field personnel and managers, to increase awareness of mental health/substance abuse/OUD, for improved evaluation, better connections to treatment, improved supportive services, etc. Training will improve the skill set among field staff in evaluation and identification of potential patients with OUD and better tools to access available resources. Completion: May 31, 2018.

OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **Equipment List Form (as applicable)**	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

HRSA Health Center Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

If one-time funding is requested in the Equipment line item on the Federal Object Class Categories form, list the costs for equipment items below. Equipment costs entered here should be consistent with those provided in the Budget Narrative attachment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000. Equipment that does not meet the $5,000 threshold should be considered Supplies and would not be entered on this form.

Type	Description	Unit Price	Quantity	Total Price
[_] Clinical [_] Non Clinical	N/A			
[_] Clinical [_] Non Clinical				
[_] Clinical [_] Non Clinical				
[_] Clinical [_] Non Clinical				
[_] Clinical [_] Non Clinical				
		TOTAL		$0

TAB 4

Request to approve Board members

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: August 10, 2017

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

FROM: Board Membership/Recruitment Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR ROBERT ANDERSON AND DWIGHT WILSON

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

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

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

The Board Composition Committee nominates Gary Campanille and Dwight Wilson for seats on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

Gary Campanille works as an Executive Assistant at Terravia and formerly homeless and a patient of SMMC. He has attended company board meetings for over a year, and is somewhat familiar with board governance. These meetings are convened quarterly.

Dwight Wilson is the CEO of Mission Hospice & Home Care, as well as a Registered Nurse for 40 years. He has served on a variety of Boards including Coastside Children's Programs and Cabrillo Unified School District. He has also managed the Long Term Care program for the Veteran Administration Medical Center in Palo Alto. He currently serves on the Boards of Montara Water and Sewer District, Rotary, and Coastside Tennis Association.

ATTACHMENT:

- GARY CAMPANILLE APPLICATION
- DWIGHT WILSON APPLICATION

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

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, residence address and contact information (phone and email)?

   Gary Campanile

   36 N Claremont Street, Apt. 3 San Mateo, CA 94401

   650-921-8651; Gary.Campanile@gmail.com

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

   Executive Assistant- TerraVia Holdings, Inc.
   225 Gateway Blvd. South San Francisco, CA 94080

3. What experience and/or skills do you have that would make you an effective member of the Board? (Skills & experiences that will be of benefit to the Board.)

   I was homeless for total 1-1/2 years. I lived the experience of being able to use the county programs. I would bring an insight as well as a special hands on knowledge that would not have been brought to the table. My experience working the Board members over the years at work, I understand how things run.

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

   To give back, what was given me, that helped me get back to where I am today. To help better serve the homeless and to help make the county program the best it can be. Since I have lived being homeless, I have a lot to offer as a board member.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? (Not a requirement)

   I was homeless about 1-1/2 years total.

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

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

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

· No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.
(45 CFR Part 74.42 and 42 CFR Part 51c.304b)

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, residence address and contact information (phone and email)?
   Dwight Wilson, 886 Buena Vista St., Moss Beach, CA 94038. Mailing address is POB 728, Moss Beach, CA 94038. Contact information is 650-743-7997 and my email address is dwight45@aol.com.

2. What is your place of employment and title, if applicable?
   Mission Hospice & Home Care, CEO. I am also a registered nurse of 40 years.

3. What experience and/or skills do you have that would make you an effective member of the Board? (Skills & experiences that will be of benefit to the Board.)
   I have been on a variety of boards including Coastside Children's Programs and Cabrillo Unified School District fo 12 years. As a school board member I had to work on many issues related to our Latino immigrant population. I was the President of our local soccer organization that ran the coastside soccer program during the summer. In my current position as work with a very effective board of directors of our non-profit agency. Finally I managed the Long Term Care program for the Veteran Administration Medical Center in Palo Alto for 30 years. I am currently on the board of the Montara Water & Sewer District (current President), Rotary, and Coastside Tennis Association.

4. Why do you wish to be a Board member?
   Julia Wilson (my spouse) has been serving on this board and will be leaving this Fall. I have lived on the Coastside for close to 40 years and like Julia have been interested in the homeless challenges in our area. She has been encouraging to join the board when she leaves and with my background I should be able to contribute to mission of this board.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? (Not a requirement)
   No

1670 #303.

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

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

~~746~~ 743-7997

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

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

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

Board Member Skill Set Matrix

The matrix below has been established by Co-Applicant Board Policy as a toll and guidance in the identification, recruitment, nomination and selection of Co-Applicant Board members. It is not a requirement nor does it form a prerequisite for a potential board member. It is intended to assist in identifying the areas of expertise that would be of benefit to the Board.

Board Profile/Matrix		
Board skill set	**Current**	**Need**
Farmworker Consumer		
Homeless Consumer		
Fiscal/Finance	✓	
Legal Affairs	✓	
Business	✓	
Health (medical/dental)*	✓	
Managed Care	✓	
Social Services	✓	
Human Resources & Labor Relations	✓	
Government	✓	
Public Relations	✓	
Marketing	✓	
Social Media	✓	
Community Affairs	✓	
Law Enforcement		

* HRSA requirements limits to 50% of the non-consumer board members that can receive more than 10% of their annual income from the Health Care Industry to

TAB 5
Consumer Input NHCHC report back

Chris King- Mobile Van

Workshop
Caring for the Homeless Patient with Mental Illness: General Treatment and the use of Integrated Team Approaches to Client-Centered Care

Speakers

- Rose Garcia, MA, Clinical Case Manager, Venice Family Clinic
- Carrie Kowalski, Physician Assistant, Venice Family Clinic
- Christian Neal, MD, Community Psychiatry Track, Virginia Tech Carilion School of Medicine, Carilion Clinic
- Kathryn Johnson, DO, Psychiatry Resident, Virginia Tech School of Medicine, Carilion Clinic

Key points, Connection to my work on street medicine, and Technical knowledge gained

This was a workshop with two separate presentations about providing care to homless patients with mental illness.

The first two presenters were from a street-based team in Venice, California and their presentation was a case based discussion about how they initiated long acting, anti-psychotic injectable medications to patients with schizophrenia in the field. This intervention ultimately allowed the patients featured in the cases to make significant progress in their lives and ultimately, they moved from the streets into housing. This connects directly to my own work on street medicine. When we first conceived the idea of doing street psychiatry here in San Mateo County, I envisioned a program where modeled after street medicine, where we would routinely initiate treatment in the field, i.e. anti-depressants, anti-anxiety agents, and anti-psychotics to patients who might benefit. We have on occasion come across patients who are so gravely affected by conditions like schizophrenia, that they will never make it into the clinic setting until they get some level of relief from their psychotic symptoms. After attending this workshop, I learned that it is important for our own psychiatry program to move forward with these kinds of interventions and absolutely necessary for the patients who need it.

The second two presenters were from a brick and mortar psychiatric clinic that provides care to patients experiencing homelessness and mental illness in Virginia. Their presentation focused on psychiatric medications with a thorough review of anti-depressants, mood stabilizers, and anti-psychotics. They provided treatment pearls for each class of medications. This connects directly to my own work on street medicine, especially now, as we are without psychiatric providers at the moment, and there may be times when I need to prescribe some of these medications to my patients with depression, bipolar disorder, or schizophrenia. For example, with depression, I learned that it is OK and probably going to be necessary at times to increase the dose on anti-depressants to achieve clinical benefit. They shared with us that the standard dose of sertraline 50mg daily will likely not provide much benefit. I also learned that you need at least 4 weeks at a maximum recommended dose of an anti-depressant to consider an adequate trial. I learned that mirtazapine is useful for comorbid insomnia, poor appetite and in trauma-related disorders. Duloxetine is useful for patients with chronic pain and depression.

Sarah Elizabeth Bailey, NP

San Mateo County Street Medicine

Written Summary

2017 National Health Care for the Homeless Conference & Policy Symposium in Washington, D.C.

June 20th -23rd 2017

Speakers of interest:

Updates on Addiction Medicine, Barry Zevin, MD, (SF, CA) - extensive knowledge and experience practicing addiction medicine within homeless communities. This workshop expanding my understanding of medication assisted treatment for opiates, alcohol, tobacco, and methamphetamine.

Pre-conference Wound Care Workshop, Pat Buckley, PA-C, (Portland OR). Wound care strategies and updates for practice within HCH settings. Specific tools and formulations of materials were highlighted which I plan to try to obtain and implement within our program.

Caring for the Homeless Patient with Mental Illness, Clinicians from Venice Clinic, Santa Monica- Session on caring for homeless patients with mental illness very informative and relevant to our program. The team discussed their experience providing street psychiatric care, including providing medication in the field.

Most importantly, our presentation provided us with the opportunity to share our experience with clinicians and other professionals striving to provide similar street based services. We had a very rich discussion and made many professional contacts.

TAB 6
Board meeting time

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
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DATE: August 10, 2017

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DISCUSSION OF CO-APPLICANT BOARD MEETING SCHEDULE

Over the past number of months, the Board has experienced significant impacts from members' resignations and the struggle to identify and bring onboard new Board members. As has been noted in the past, one of the ongoing barriers for many who might consider participating in the Board is the actual Board meeting schedule. On numerous occasions Program staff have been advised of known interest that is thwarted by the Thursday daytime meeting schedule.

Previous surveying indicated that an early evening time (beginning sometime between 5:30 and 6:30 PM) on a Tuesday or Wednesday (preferably toward the middle of the month) was the favored scheduling time.

Program is presenting this to the Board today for continued discussion in support of eliminating as many barriers as possible for the individuals who may consider service as a Board member.

TAB 7
Transportation

Sub-committee report

Non-Medical Transportation (NMT) FAQs

#	Question	Response
1.	What is Non-Medical Transportation (NMT)?	a. NMT provides rides for members to go to outpatient health care services such as doctor's appointments, behavioral health services, physical therapy, clinical labs, pharmacies, etc.
2.	When is this benefit effective?	a. The benefit is currently effective for **CareAdvantage** members and **children that have Medi-Cal coverage.** b. **Medi-Cal adults** will be eligible for the benefit on **July 1, 2017.**
3.	What rides are not covered by Non-Medical Transportation?	a. Non-Medical Transportation does not cover: 1. Rides to Dental Services (this may change as of 10/1/2017). 2. Rides for sick, injured where Emergency transportation (9-1-1) or non-emergency medical transportation (gurney transportation from one acute care hospital to another, transportation to and from a long term care facility, etc.) is more appropriate. 3. Rides to non-health care services such as a restaurants, hair salons, gyms, retail shopping, visiting friends, etc. 4. Rides that require specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance. b. Members requiring a higher-level of transportation should discuss the need for non-emergency medical transportation services (e.g., NEMT ambulance services, litter van services, wheelchair van services, etc.) with his/her health care provider. The health care provider must submit a prescription for NEMT services and NEMT services must be approved by HPSM Health Services.
4.	Does HPSM use a specific vendor to provide these rides?	a. Yes, HPSM contracts with **American Logistics Company (ALC)** for the Non-Medical Transportation benefit. **b. All rides must be pre-arranged through ALC.** c. Rides **will not be covered** by HPSM if the ride was not arranged through ALC.
5.	How does a member arrange a ride?	a. Members should use this benefit only if they have no other means of transportation to outpatient health care-related services. b. Members should call American Logistics Company (ALC) at least **two (2) business days (Monday through Friday)** before the ride is needed. Members should call ALC as soon as possible if it is a last-minute appointment (these rides may not be accommodated if the member requires door-to-door service). 1. **Medi-Cal** members should call: **1-844-856-4389.** 2. **CareAdvantage** members should call: **1-877-356-1080.** c. The member should tell the ALC call center: 1. His/her HPSM ID number 2. the date and time that the ride is needed 3. the address where the member is going

#	Question	Response
		4. if a roundtrip ride is needed (the member will have to call ALC when the appointment is completed and the member is ready for the return ride; depending on the mode of transportation required, the member may have to wait up to one hour for the return trip) d. The ALC call center will ask the member questions to determine the appropriateness of the ride and the type of ride that will be provided 1. ALC will confirm that the ride is being requested for a health-related purpose. a. Rides that are not for health-related purpose will be denied. 2. ALC will ask the member to confirm that the member doesn't have another means of transportation. 3. ALC will ask if the member needs door-to-door or curb-to-curb service and if the member has a way to communicate with the driver.
6.	What type of transportation is available?	ALC will screen each ride request to determine the type of ride that the member needs: a. **Curb-to-curb**: The member doesn't need assistance from the driver to get in and/or out of the vehicle and/or assistance in getting into a building. 1. ALC will schedule these rides through Lyft, **if** the member has access to a phone that can receive messages from a Lyft driver (these messages are to alert the member about the vehicle and location of the driver). 2. The Lyft driver will communicate directly with the member to provide information about the vehicle and location of the driver. b. **Door-to-door**: The member needs assistance from the driver to get in and/or out of the vehicle and/or assistance getting into a building or the member requires a special vehicle such as a wheelchair van. Door-to-door will also be used for members that do not need assistance from the driver but do not have a phone that can receive a driver's messages. 1. These rides will be scheduled with a regular ALC driver. 2. ALC driver vehicles are usually identified by an HPSM placard. c. Rides that do not meet NMT criteria will be referred to NEMT.
7.	How does a member arrange a return ride after an appointment?	a. The member should call ALC when he/she is ready for the return ride: 1. **Medi-Cal** members should call: **1-844-856-4389.** 2. **CareAdvantage** members should call: **1-877-356-1080.** b. The call should be made after the appointment so that the member is ready for pick-up. c. The member should tell ALC where the member will wait for the driver.
8.	How much does the ride cost?	Members are not charged for the rides approved and provided through ALC.
9.	Is there a limit to the number of rides that a member can take in a	a. Medi-Cal: There is no ride limit. b. CareAdvantage: There is a limit of 30 one-way rides (15 round-trip rides) per year; however, once the

#	Question	Response
	year (January through December)?	30 one-way ride limit is reached, additional rides will be covered through Medi-Cal.
10.	What is the service area covered by the rides?	a. Rides are provided to health-related services in San Mateo, San Francisco and Santa Clara Counties. b. Rides to health-related services outside of these counties require prior authorization through HPSM; ALC will submit the authorization request to HPSM.
11.	Who does the member call if there are any issues with the ride that ALC arranged?	a. Members should call ALC if there are any issues with the ride (e.g., the driver is late, doesn't show up, etc.): 1. **Medi-Cal** members should call: **1-844-856-4389.** 2. **CareAdvantage** members should call: **1-877-356-1080.** b. If the member wants to file a complaint about ALC services (e.g., the driver was rude, driving unsafely, etc.), the member should call HPSM: 1. **Medi-Cal** members should call HPSM Member Services: **1-800-750-4776** 2. **CareAdvantage** members should call HPSM CareAdvantage: **1-888-880-0606**
12.	Who can accompany a member?	a. A caregiver/parent may accompany the member. b. If the member is a child, a second adult may accompany the child in the vehicle. c. The member should tell ALC at the time that the ride is arranged so that an appropriately-sized vehicle will be arranged.
13.	Does a parent/caregiver have to provide child restraint, e.g., a car seat?	Yes, the parent/caregiver must provide child restraint. The ALC driver/Lyft will not provide child restraints.
14.	Will the member have to share a vehicle with another member?	Yes, members may have to share a vehicle with another HPSM member going to the same destination.
15.	Can a member use another vendor for these rides?	a. No, HPSM only contracts with ALC to provide rides. b. Rides arranged through other vendors will not be covered.
16.	Can members arrange a standing order for a ride?	No, members must pre-arrange each ride with ALC.
17.	Where can members get picked up for the outgoing ride?	a. The pick-up location is not restricted to a member's home. Members can request to be picked up at school, work, or another location within San Mateo County. b. The out-going destination must be to a health-related location (e.g., doctor's office, clinic, hospital, etc.)
18.	What should the member do if the ride needs to be cancelled?	a. The member must call ALC to cancel the ride, preferably at least two hours prior to the scheduled pick-up time (HPSM will be charged if a ride is cancelled less than two hours prior to the scheduled pick-up time) 1. **Medi-Cal** members should call: **1-844-856-4389.**

#	Question	Response
		2. **CareAdvantage** members should call: **1-877-356-1080.** b. ALC charges HPSM for all no show rides so it is very important that members call ALC if a ride is not needed.
19.	Should members be encouraged to use transportation options?	a. State funding for the NMT benefit is limited. b. The ALC call center will ask members to confirm that they do not have other transportation options. c. Members that have other means of transportation may prefer to continue to use these options.
20.	Will HPSM and/or ALC monitor a member's ride usage?	a. Yes, HPSM and ALC will monitor ride usage to ensure that rides are used for health-related purposes. b. Monitoring may include but not be limited to a review of claims to confirm that a member received health care services on the date of the ride. c. A member's continued use of the ride benefit may be terminated if non-health related rides are identified.
21.	Wait times/Expectations	a. ALC is committed to providing on-time service for all rides; however, ALC has no control of traffic conditions that impact the ALC drivers' ability to pick-up a member on time. b. Members should call ALC for their return ride after they have finished their appointment and are ready for pick-up: 1. For non-Lyft rides, members are usually picked up within an hour of calling for the return ride; members should call ALC if the wait has been over an hour. 2. If the member is concerned about a potentially long wait for the return ride, the member should consider alternative transportation for the return trip.

TAB 8

UDS submission

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
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DATE: August 10, 2017

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

FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst

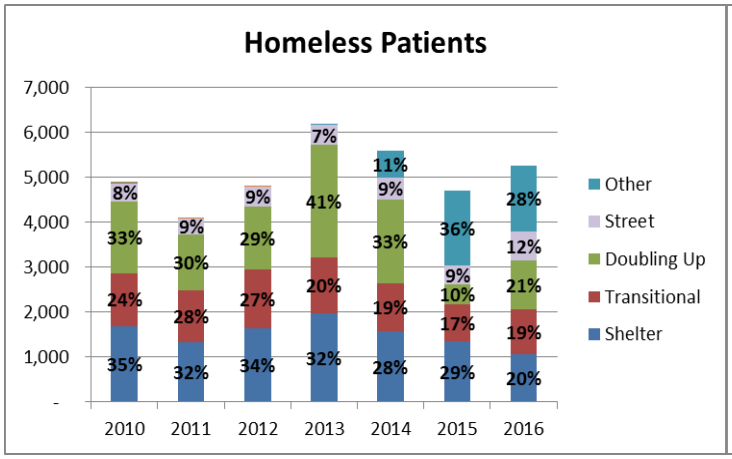
SUBJECT: UDS SUBMISSION

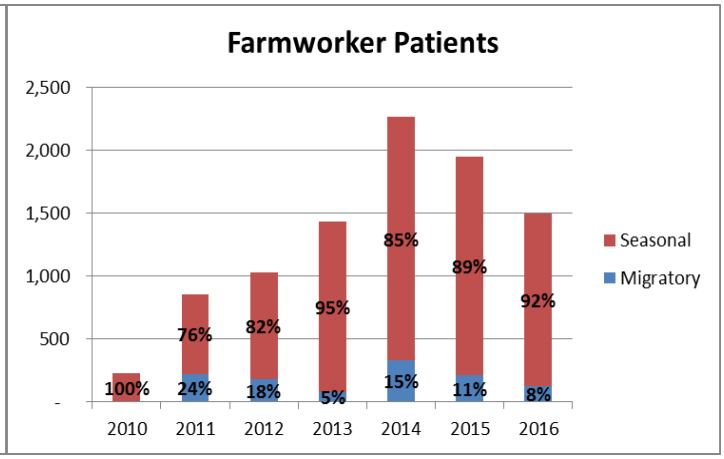
Program staff submitted the final UDS report on March 13, 2017. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on seven years of UDS reporting (2010-2016).

The shelter and transitional homeless population has decreased over the years, while the Street homeless count and Other homeless population has increased. The street count increase may be due to the efforts of the new Street Medicine program that started in January 2016. The doubling up population saw a large spike in 2013, due to a significant increase in the senior clinic (Ron Robinson). Staff has been working to resolve this data over the years as well as trying to conduct more training to SMMC registration staff.

The farmworker population saw a plateau in 2014 with a steady decrease in following reporting years. This may be due to California's seasonal drought, with loss of employment as well as the challenging political climate.

The results from most of the clinical outcome measures have decreased due to the changes in some of the criteria as well as the start of using universal reports. 2015 was the first year program staff was able to obtain universal reports for some UDS clinical measures by working with our Business Intelligence staff, prior to this program staff had conducted 70 chart reviews for all clinical measures. The use of universal reports can bring about challenges in the accuracy of the results, because validating all the results may be difficult. 2016 UDS measurement year saw a significant change in reporting requirements for clinical outcome measures. In attempt to reduce reporting burden, clinical measures were revised to align with CMS clinical quality measures; because of this visit count criteria went from two to one visit to be counted in the reporting year (denominator), which decreased our clinical measure results.





ATTACHED:

- Trend chart for 7 years (2010-2016)
- Staff, Cost and Revenue 2016
- UDS FINAL REPORT

San Mateo Medical Center
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COUNTY OF SAN MATEO CALIFORNIA

UDS Data	2010	2011	2012	2013	2014	2015	2016
UNDUP PTS	5,110	4,897	5,779	7,516	7,707	6,556	**6,696**
• Homeless	4,883	4,109	4,803	6,171	5,596	4,714	**5,257**
• MSFW	227	837	1,031	1,435	2,265	1,947	**1,497**
VISITS	20,002	20,854	28,400	39,628	41,361	37,915	**39,616**
AGE RANGE							
• 0-19 YRS	17%	21%	24%	23%	27%	26%	**26%**
• 20-64 YRS	79%	76%	72%	67%	62%	63%	**70%**
• Over 65 YRS	4%	3%	4%	10%	11%	11%	**4%**
SEX							
• Male	58%	55%	52%	51%	52%	52%	**50%**
• Female	42%	45%	48%	49%	48%	48%	**50%**

Homeless Status

	2010	2011	2012	2013	2014	2015	**2016**
Shelter	35%	32%	34%	32%	28%	29%	**20%**
Transitional	24%	28%	27%	20%	19%	17%	**19%**
Doubling Up	33%	30%	29%	41%	33%	10%	**21%**
Street	8%	9%	9%	7%	9%	9%	**12%**
Other	0%	0%	0%	0%	11%	36%	**28%**
Unknown	0%	1%	0%	0%	0%	0%	**0%**

Farmworker Status

	2010	2011	2012	2013	2014	2015	**2016**
Migratory	0%	24%	18%	5%	15%	11%	**8%**
Seasonal	100%	76%	82%	95%	85%	89%	**92%**

UDS Outcome Measures (HCH/FH Program SAC Goals)	2010	2011	2012	2013	2014	2015	2016
• Childhood IZs Completed by Age 2-3 (90%)	82%	72%	74%	87%	88%	86%	**80%**
• Pap Test in Last 3 Years (70%)	64%	60%	86%	67%	57%	64%	**60%**
• Child & Adolescent BMI & Counseling (85%)	N/A	70%	47%	83%	80%	74%	***57%**
• Adult BMI & Follow-up Plan (75%)	N/A	59%	31%	66%	44%	50%	**29%**
• Tobacco Use Queried (96%)	N/A	74%	80%	96%	77%	* 92%	***86%**
• Tobacco Cessation Offered (96%)	N/A	97%	90%	90%			
• Treatment for Persistent Asthma (100%)	N/A	83%	88%	100%	100%	100%	**99%**
• Lipid Therapy in CAD Patients (96%)	N/A	N/A	96%	96%	90%	*80%	***74%**
• Aspirin Therapy in IVD Patients (96%)	N/A	N/A	99%	96%	98%	*89%	***84%**
• Colorectal Screening Performed (60%)	N/A	N/A	40%	54%	34%	*49%	***48%**
• Babies with Normal Birth Weight (95%) (all babies delivered)	93%	96%	87%	94%	99%	92%	**97%**
• Hypertension Controlled <140/90 (80%)	59%	66%	60%	80%	64%	61%	***53%**
• Diabetes Controlled <9 HgbA1C (75%)	61%	73%	71%	74%	49%	*69%	***54%**
• First Trimester Prenatal Care (80%)	61%	73%	71%	75%	84%	89%	**65%**

**universal reports were conducted- 2015 as first year; 2016 visit criteria changed- from 2 to 1 visits (denominator)*

UDS Outcome Measures	HCH/FH Program 2016 (SAC goal)	330-Progs CA 2015	Healthy People 2020 Goals
• Childhood Immunizations Complete by Age 2-3	80% (90% goal)	78.1%	80%
• Pap Test in Last 3 Years	60% (70% goal)	57.3.6%	93%
• Child & Adolescent BMI & Counseling	*62% (85% goal)	56%	57.7 (BMI)/15.2% for all patients
• Adult BMI & Follow-up Plan	29% (75% goal)	62.6%	53.6% (BMI)/31.8% (obese adults)
• Tobacco Use Queried	*86% (96% goal)	82.1%	69%
• Treatment for Persistent Asthma	99% (100% goal)	82.7%	Diff measures
• Lipid Therapy in CAD Patients	*74% (96% goal)	75.1%	Diff measures
• Aspirin Therapy in Ischemic Heart Disease Patients	*84% (96% goal)	78.1%	Diff measures
• Colorectal Screening Performed	48% (60% goal)	41.2%	Diff measures
• Babies with Normal Birth Weight (all babies)	97% (95% goal)	93.7%	92%
• Hypertension Controlled (<140/90)	*53% (80% goal)	64.6%	61%
• Diabetes Controlled (<9 HgbA1c)	*54% (75% goal)	55.3.%	85%
• First Trimester Prenatal Care	65% (80% goal)	77%	78%

**universal reports were conducted- 2015 as first year*

San Mateo County Health Care for Homeless / Farmworker's Health Program
Staffing, Cost & Revenue
Source: 2016 UDS

Staff/Visit/Patients

	FTE	Clinic Visits	Patients
Medical	16.80	23,978	5,770
Dental	1.10	3,499	1,001
Mental Health	2.80	1,845	349
Other Professional: Podiatry	0.10	289	150
Vision	0.20	649	471
Pharmacy	5.80		
Enabling Services	0.40	9,356	4,898
Facility & Non-Clinical Support			
Management & Support Staff	3.25		
Patient Support Staff	11.40		
Total	**41.85**	**39,616**	**12,639**

Financial Cost

Financial Cost	Accrued Cost
Medical	$ 7,075,261
Dental	$ 386,072
Mental Health	$ 899,086
Pharmacy + Pharmaceuticals	$ 772,959
Other Professional: Podiatry	$ 33,207
Vision	$ 38,473
Total Clinical	$ 9,205,058
Case Management	$ 543,854
Total Enabling	$ 543,854
Facility & Non-Clinical Support	$ 5,712,602
Total	**$ 15,461,514**

Revenue

Revenue	Amount collected
Patient Revenue	
Medicaid	$ 3,560,736
Medicare	$ 837,313
Other Public Non-Managed Care	$ 163,330
Private	$ 5,483
Self-Pay	$ 33,651
Total Patient Revenue	$ 4,600,513
Federal Grant	
HRSA 330 - Farmworker	$ 422,439
HRSA 330 - Homeless	$ 1,581,480
Total Federal Grant	$ 2,003,919
Non-Federal Grant	
Local (ACE)	$ 8,857,082
Total Non-Federal Grant	$ 8,857,082
Total Revenue	**$ 15,461,514**

COUNTY OF SAN MATEO
HEALTH SYSTEM

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DATE: August 10, 2017

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: STAFFING DISCUSSION INFORMATION

Program has attempted to research other agencies for comparables in light of the staffing discussions that have taken place. Enclosed with this memo are some documents relating to the following agencies:

Santa Clara County Health Care for the Homeless Program

San Mateo County First 5 Program

SCC HCH's grant and total program budget are similar to SMC HCH/FH; however, SCC HCH directly provides the majority of clinical services for the homeless in SCC. We continue to research for additional information, but the information we currently have is provided on the attached spreadsheet.

In general, it shows that SCC HCH has more proportional total FTE and more Management & Non-Clinical Support. These staff are predominately medical/clinical type staff, but that is to be expected since they manage numerous clinics and clinical services (without providing direct clinical services themselves). Also attached is an org chart for the SCC HCH Program. Missing from the org chart is the actual HCH Project Director, who is in the Ambulatory Care Management Office.

In general, based on the information derived from the SCC HCH data, and the overall data from the SMC HCH/FH Program UDS Report, the HCH/FH Program, the SMC HCH/FH Program would not look out of place with as many as 2 additional management & support staff, or spending 36.9% of the grant on non-clinical services ($941,000).

First 5 SMC is an interesting comparison point in that it is also an agency that contracts for its program efforts without actual direct delivery of services by staff. Based on their data, they have an average of less than 3 contractors per non-administrative staff, compared to over 7 contractors per non-administrative staff for SMC HCH/FH. While they expend approximately 25% of their dedicated funding on staff and operations (about 75% on contracts), their contracts average 2.5 to 3 times the size of HCH/FH contracts. In general, the manpower necessary to administrate and manage contracts is driven by the number of contracts, not the dollar value of the contracts.

Based on a simple comparison of these two agencies, SMC HCH/FH should only have about 3 or 4 contractors, or it should have around 2 additional staff to support contract oversight.

San Mateo Medical Center
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COUNTY OF SAN MATEO CALIFORNIA

Note that First 5 SMC also has a full-time Planning position dedicated to supporting the implementation of its Strategic Plan.

We have attached a couple of documents relating to the First 5 SMC Program.

Attachments:
Staffing Comparisons Spreadsheet
SCC HCH Program Org Chart
First 5 Financial Statement Funding Pages
First 5 Audit Comment and Budgeted Positions
First 5 FY 16-17 Budget

First 5 San Mateo County (1950B)

First 5 San Mateo County promotes positive outcomes for young children and their families through strategic investments, community leadership, and effective partnerships.

First 5 Fund (Information Only)

FY 2016-17 Budget Unit Summary

	Actual 2014-15	Actual 2015-16	Preliminary 2016-17	Revised 2016-17	Adopted 2016-17	Change 2016-17
SOURCES						
Use of Money and Property	71,263	166,034	94,047	94,047	94,047	—
Intergovernmental Revenues	7,222,117	5,722,477	5,551,054	5,551,054	5,821,000	269,946
Interfund Revenue	563	—	—	—	—	—
Miscellaneous Revenue	563,041	289,261	0	0	—	—
Total Revenue	7,856,984	6,177,772	5,645,101	5,645,101	5,915,047	269,946
Fund Balance	19,792,060	15,760,600	13,641,432	13,641,432	13,862,754	221,322
TOTAL SOURCES	27,649,044	21,938,373	19,286,533	19,286,533	19,777,801	491,268
REQUIREMENTS						
Salaries and Benefits	967,687	1,155,751	1,295,562	1,295,562	1,310,789	15,227
Services and Supplies	199,299	107,058	152,060	152,060	145,400	(6,660)
Other Charges	9,157,746	6,812,809	7,458,184	7,458,184	7,757,150	298,966
Net Appropriations	10,324,732	8,075,619	8,905,806	8,905,806	9,213,339	307,533
Non-General Fund Reserves	17,324,312	13,862,754	10,380,727	10,380,727	10,564,462	183,735
TOTAL REQUIREMENTS	27,649,044	21,938,373	19,286,533	19,286,533	19,777,801	491,268
AUTHORIZED POSITIONS						
Salary Resolution	8.0	8.0	8.0	8.0	8.0	—
Funded FTE	7.5	7.5	7.5	7.5	7.5	—

NOTE 8 - OTHER POSTEMPLOYMENT BENEFITS (OPEB) (concluded)

Contribution requirements for the members and the County are established and may be amended through negotiations between the County and the bargaining units. First 5 participates in the County's Retiree Health Plan on a cost-sharing basis, and contributed $40,678 for the fiscal year ended June 30, 2016. The following table shows the components of annual OPEB costs, the amounts contributed to the plan, and changes in First 5's net OPEB assets:

Annual required contribution	$ 40,678
Annual OPEB cost	$ (40,922)
Contribution made	40,678
Decrease in net OPEB asset	(244)
Net OPEB asset – beginning of year	166,309
Net OPEB asset – end of year	$ 166,065

First 5's annual OPEB cost (AOC), the percentage of AOC contributed to the plan, and the net OPEB asset for the past three years are as follows:

Fiscal Year Ended	Annual OPEB Cost	Percentage of AOC Contributed	Net OPEB Asset
6/30/14	$ 38,541	102%	$ 166,076
6/30/15	34,940	101%	166,309
6/30/16	40,922	99%	166,065

Additional information relating to the County's Retiree Health Plan and required OPEB disclosures can be obtained from the County's publicly available Comprehensive Annual Financial Report that may be obtained by writing to County of San Mateo Controller's Office, 555 County Center, 4th Floor, Redwood City, California 94063.

NOTE 9 - FUND BALANCE

As prescribed by GASB Statement No. 54, governmental funds report fund balance in classifications based primarily on the extent to which First 5 is bound to honor constraints on the specific purposes for which amounts in the funds can be spent. First 5's fund balances were comprised of the following:

Restricted Fund Balance - includes amounts that can be spent only for specific purposes stipulated by external resources providers, constitutionally or through enabling legislation. Restrictions may effectively be changed or lifted only with the consent of the resource provider.

Committed Fund Balance - includes amounts that can only be used for specific purposes determined by a formal action of First 5's highest level decision-making authority, the First 5 Commission. Commitments may be changed or lifted only by First 5 taking the same formal action that originally imposed the constraint.

NOTE 9 - FUND BALANCE (concluded)

Assigned Fund Balance - comprises amounts intended to be used by First 5 for specific purposes that are neither restricted nor committed. Intent is expressed by (1) First 5's Commission or (2) a body (for example: a budget or finance committee) or official to which First 5's Commission has delegated the authority to assign amounts to be used for specific purposes.

In circumstances when an expenditure is made for a purpose for which amounts are available in multiple fund balance classifications, fund balance is depleted in the order of restricted, committed and assigned.

At fiscal year-end, fund balance reported on the Statement of Revenues, Expenditures and Changes in Fund Balance includes:

Committed		
Contracts and amendments to executed contracts:		
Grantees	$	12,336,554
Others		825,332
Assigned		2,769,337
Total fund balance	$	15,931,223

NOTE 10 - REVENUES

Tobacco Tax and Other Funding
First 5 receives a proportionate share of Proposition 10 money from First 5 California (formerly California Children and Families Commission) based on the number of live births in the county in comparison to the number of live births statewide. Proposition 10 money received by First 5 also includes Surplus Money Investment Fund allocations, the Impact Grant and Child Signature Program allocations by First 5 California.

The Surplus Money Investment Fund allocations represent distributions of interest accrued on statewide Proposition 10 money.

Tobacco tax and other revenues are comprised of:

Proposition 10:		
Monthly allocations	$	6,094,699
Surplus Money Investment Fund		2,900
Child Signature Program		198,900
Impact Grant		20,075
Total	$	6,316,574

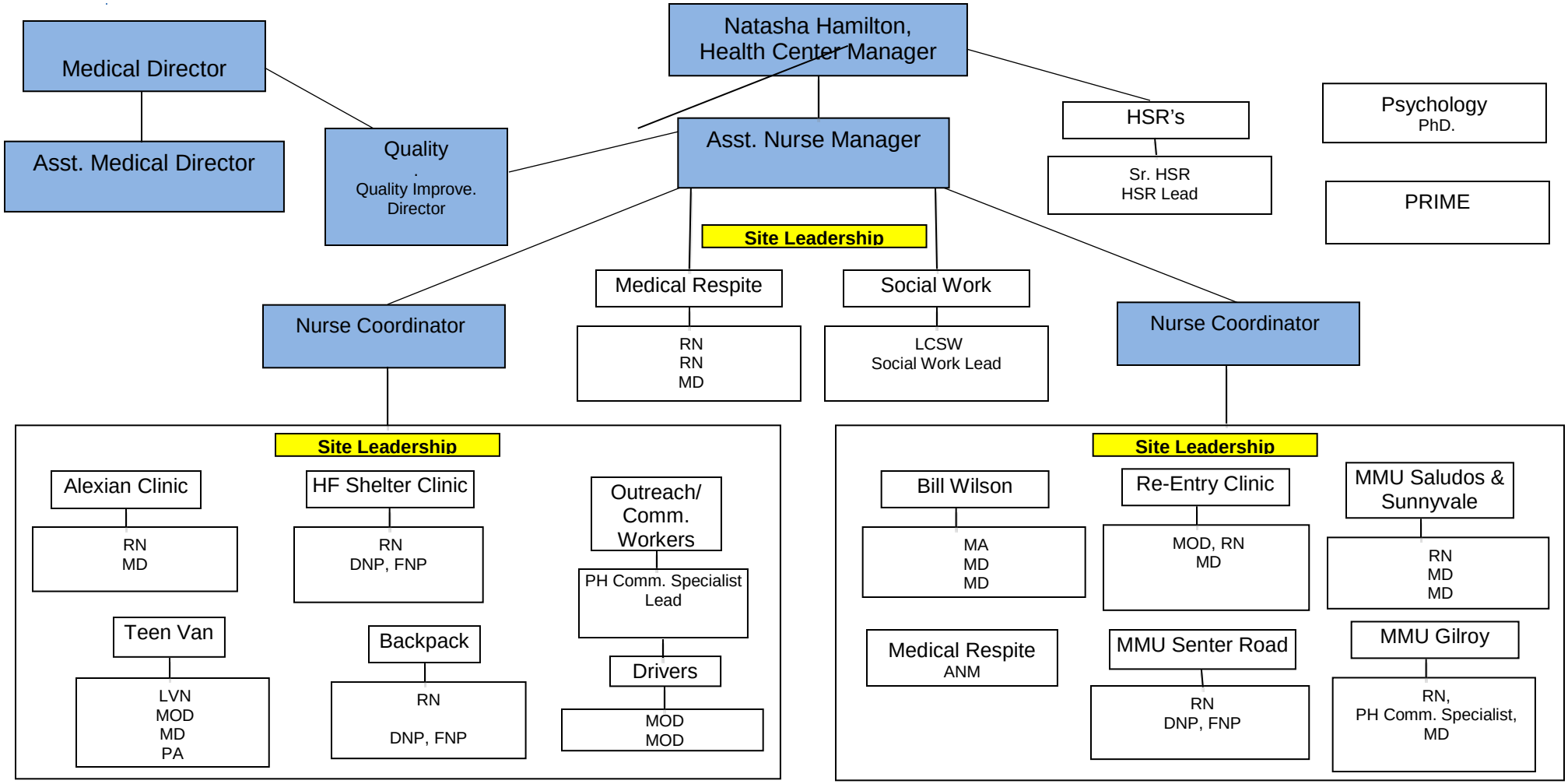
Other Grants
Other grants are comprised of:

Race to the Top Grant	$	269,002
Wellness Grant		794
Total	$	269,796

Valley Homeless Healthcare Program

Org. Chart/Site Leadership January, 2017

Goal: To move clinic system to a Network of Homeless Clinics and to increase local site leadership



The site leadership team is responsible for:

- Strong working relationship within the team
- Communicating with the VHHP leadership team
- Facilitating meetings including creating agendas, and keeping minutes
- Initiating change process using the PDSA change model
- Input for staff evaluations
- Monitoring clinic efficiency and flow

SMC HCH/FH Program	First Five SMC		
$15,461,514	$8,075,619		Total Program Budget
6,995	10,344	[14507]	clients/patients
3.25	8	[7.55]	staffing
15	16	[13 G; 3 C]	services grants/contracts
9	14		unique contractors
$ 1,669,635	$ 6,023,705		grant/contract amount
$ 111,309	$ 376,482		avg per contract
$ 185,515	$ 430,265		avg per unique contractor
4.6	2.0		contracts per staff
2.8	1.8		unique contractors per staff
2	3		apparent admin staff
12	3.2		contracts per non admin staff
7.2	**2.8**		unique contractors per non admin

San Mateo County Health Care for Homeless / Farmworker's Health Program
Staffing, Cost & Revenue
Source: 2016 UDS Unique Patients 6696

Staff/Visit/Patients

	FTE	Clinic Visits	Patients	
Medical	16.8	23,978	5,770	
Dental	1.1	3,499	1,001	
Mental Health	2.8	1,845	349	
Other Professional: Podiatry	0.1	289	150	
Vision	0.2	649	471	
Pharmacy	5.8			
Enabling Services	0.4	9,356	4,898	
Facility & Non-Clinical Support				
Management & Support	**3.25**			pts per 2060
Patient Support Staff	11.4			
Total	**41.85**	**39,616**	**12,639**	
patients per FTE	160			

Financial Cost

Financial Cost	Accrued Cost	
Medical	$7,075,261	
Dental	$386,072	
Mental Health	$899,086	
Pharmacy + Pharmaceutica	$772,959	
Other Professional: Podiatr	$33,207	
Vision	$38,473	
Total Clinical	**$9,205,058**	59.5%
Case Management	$543,854	
Total Enabling	**$543,854**	
Facility & Non-Clinical Suppor	**$5,712,602**	36.9%
Total	**$15,461,514**	

Revenue

Revenue	Amount collected		
Patient Revenue			
Medicaid	$3,560,736		
Medicare	$837,313		
Other Public Non-Manag	$163,330		
Private	$5,483		
Self-Pay	$33,651		
Total Patient Revenue	**$4,600,513**		
Federal Grant			
HRSA 330 - Farmworker	$422,439		
HRSA 330 - Homeless	$1,581,480		
Total Federal Grant	**$2,003,919**	13.0%	GY 2015 $ 2,165,303 14.0%
Non-Federal Grant			
Local (ACE)	$8,857,082		
Total Non-Federal Grant	**$8,857,082**		
Total Revenue	**$15,461,514**		GY 2015 $ 15,304,161

Santa Clara County HCH Program
Jan. 2017
Ubique Patients 8914

FTE	Visits	Patients	
24		7603	
0		1809	
11		1604	
10		811	
7			pts per 1273
12			
64			
139			

GY 2015 $ 15,304,161

First 5 operating budget for FY15-16 totaled $8.8 million. The budget closeout revealed an estimated savings of $1.3 million, which is the excess of approved budgeted expenditures compared to actual expenditures. A key factor accounting for the $1.3 million positive budget variance was contributions to local projects which were attributed to under spending in grantee's contracts.

Budget Unit	Job Code	Job Profle	Associated Job Profile (if Series)	Minimum (Bi-Weekly)	Maximum (Bi-Weekly)	Position Count
1800B - TOTAL						**131**
1950B First 5 San Mateo County						
	B131	Administrative Assistant I - Unc		$1,953.60	$2,441.60	1
	B016	Administrative Secretary III - Unc		$2,200.00	$2,748.80	1
	B247	Executive Director, First Five Of San Mateo County - Unc		$4,702.40	$5,878.40	1
	B225	First 5 Program and Planning Director - Unc		$3,684.80	$4,607.20	1
	B160S	First 5 Program Specialist Series	*First 5 Program Specialist II - Unc* *First 5 Program Specialist I - Unc*	See Salary Table	See Salary Table	3
	B219S	Management Analyst - Unc Series	*Associate Management Analyst - Unc* *Management Analyst - Unc*	See Salary Table	See Salary Table	1
1950B - TOTAL						**8**

TAB 10
RFP
discussion

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: August 10, 2017

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

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

SUBJECT: REQUEST FOR PROPOSAL (RFP) 2017

The HCH/FH Program conducts a Request for Proposal to solicit health services for our homeless and farmworker populations every 2-3 years as required by County Policy.

The program intends to release an RFP in late August for services and wants to get input/feedback from Board members before the release as well as inquire with members that may be interested on serving on a committee to evaluate services for: Primary Care, Dental Services, Mental Health/Substance Abuse Services, Enabling Services, etc.

In 2015, staff attempted to streamline the RFP process by simplifying the document to increase responses from the community. Staff is considering emphasizing specific eligible services for providers to respond to such as:

- Nutrition/Food Security
- Farmworker Dental
- Transportation
- Expansion of Street Medicine
- Mental Health/Substance Abuse Services
- Recuperative (Respite) Services Coordination

In addition, staff is planning on providing additional clarification/elaboration on items such as care coordination/case management services (particularly intensive care coordination services), and in providing revised/improved budget documents.

Approximate RFP timeline:

- Release RFP - end of August
- Evaluate proposals- September/October
- Contract negotiations – October/November
- Contracts to HCH/FH Board for approval – November/December
- Contracts to County BOS for approval- December

Attached:

- Revised budget documents

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

DRAFT 8.3.2017

HCH/FH Activities Only

YEAR 1

Budget Table 1: Revenue/Other Funding for HCH/FH Activities

Source	Amount
Patient Revenue	
Whole Person Care	
Other Funding *(please identify):*	
Other Funding *(please identify):*	
Other Funding *(please identify):*	
Other Funding *(please identify):*	
Total	$ -

Budget Table 2: Personnel

Position	Salary	Fringe Benefits	HCH/FH FTE	Requested HCH/FH Costs	Agency In-Kind (≥10% Match)	Revenue/Other Funding (from Table 1)	Total Project Cost
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
TOTAL PERSONNEL				$ -	$ -	$ -	$ -

Budget Table 3: Non-Personnel

Non-Personnel	Requested HCH/FH Costs	Agency In-Kind (≥10% Match)	Revenue/Other Funding (from Table 1)	Total Project Cost
Travel				
Client Travel	$ -	$ -	$ -	$ -
Public Transportation				
Taxi				
Other				
Staff Travel				
Other Travel				
Total Travel	$ -	$ -	$ -	$ -
Equipment				
(Please identify)				
Total Equipment	$ -	$ -	$ -	$ -
Supplies:				
Medical				
Dental				
Laboratory				
Radiology				
Pharmacy				
Hygiene/Health Maintenance				
Printed Materials				
Office				
Other				
Total Supplies	$ -	$ -	$ -	$ -
Contractual				
Subcontractor *(Please identify)*				
Laboratory				
Radiology				
Pharmacy				
Total Contractual	$ -	$ -	$ -	$ -

Staff Training				
National Health Care for the Homeless Conference & Policy Symposium				
Western Forum for Migrant & Community Health				
Other				
Total Staff Training	$ -	$ -	$ -	$ -
Communications				
Telephone				
Postage				
Internet				
Other				
Total Communications	$ -	$ -	$ -	$ -
Insurance				
(Please identify)				
Total Insurance	$ -	$ -	$ -	$ -
Facility				
Rent				
Utilities				
Maintenance				
Total Facility	$ -	$ -	$ -	$ -
Other Expenses (detail)				
TOTAL NON-PERSONNEL	$ -	$ -	$ -	$ -

Budget Table 4: Total Budget

	Requested HCH/FH Costs	**Agency In-Kind (≥10% Match)**	**Revenue/Other Funding (from Table 1)**	**Total Project Cost**
Personnel	$ -	$ -	$ -	$ -
Non-Personnel	$ -	$ -	$ -	$ -
Indirect Costs *(Max 10% Allow under HCH/FH Costs)*				$ -
TOTAL	**$ -**	**$ -**		**$ -**

TAB 11
QI Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: August 10, 2017

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT AND DISCUSSION

The San Mateo County HCH/FH Program QI Committee met on July 27, 2017.

The Outcome Measures for the 2017-2018 QI Plan were finalized and will be:

1. Cervical Cancer Screening
2. Diabetes HgbA1c < 8%
3. Hypertension
4. Adult Weight Assessment
5. Child Weight Assessment
6. Depression Screening utilizing PHQ-9
7. Tracking referrals to Primary Care from Enabling Services Agencies (LifeMoves, Puente de la Costa Sur, Safe Harbor Shelter/Samaritan House)

The draft 2017-2018 QI Plan will be reviewed at the September 2017 QI Committee meeting, and will be brought to the HCH/FH Co-Applicant Board for approval at the October 2017 Co-Applicant Board meeting.

TAB 12
Director's Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: August 10, 2017

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the July 13, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

   Program staff have continued to move forward with the planned efforts to achieve compliance with the HRSA Program Requirements. The updated status report is attached.

2. AIMS Funding Opportunity

   Program submitted the application for the AIMS funding opportunity ($150,000) on 07/26/17. A full report, discussion and Board Action on this is elsewhere on today's agenda.

3. Noncompeting Continuation (NCC)/Business Period Renewal (BPR)

   The submission deadline for the NCC/BPR is August 18, 2017. Program has begun the effort, working with our grant writing contractor (WIPFLi), to complete the documents for submission. There is additional reporting and discussion, along with a Board Action item for this elsewhere on today's agenda.

4. Automation

   System demos later in August have begun being scheduled for systems selected from the RFP responses. We will be working with some of our community partners to enable them to participate in this process as best possible. The selection of a proposed system is planned for fall.

5. RFP

   Program is reviewing our 2015 RFP for potential modifications with planned release for late August. There is a discussion item elsewhere on today's agenda for this item.

6. Seven Day Update

ATTACHED:

- Program Calendar
- Grant Condition Status Spreadsheet

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

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

2017 Calendar (*Revised August 2017*)

EVENT	DATE	NOTES
· Board Meeting (August 10, 2017 from 9:00 a.m. to 11:00 a.m.) · BRD due August 18th · RFP announcement · Renew Board members membership (4) · Board Chair Election	August	@San Mateo Medical Center
· Board Meeting (September 14, 2017 from 9:00 a.m. to 11:00 a.m.) · QI Committee meeting · Board training · National Conf. on health & domestic violence SF (Sept 26-27)	September	@San Mateo Medical Center
· Board Meeting (October 12, 2017 from 9:00 a.m. to 11:00 a.m.) · Annual conflict of statement signed by Board members · International Street Medicine Symposium, Pennsylvania (Oct 19-21) · Provider Collaborative Meeting	October	@San Mateo Medical Center
· Board Meeting (November 9, 2017 from 9:00 a.m. to 11:00 a.m.) · Board Chair/Vice Chair Nominations/Elections · QI Committee meeting	November	@San Mateo Medical Center
· Board Meeting (December 14, 2017 from 9:00 a.m. to 11:00 a.m.) · Contracts go before BOS for 2018 · Board training	December	@San Mateo Medical Center

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

ALL PLANS APPROVED BY HRSA. SUBMISSION DEADLINEFOR ALL ITEMS IS 11/07/17.

Condition	Site Visit Findings	Action Steps	Status/notes
#3 Staffing (Credentialing and Privileging Policies, Procedures and Documentation)			**Plan completed for submission to HRSA.**
	The credentialing and privileging policy and procedure must be revised and board approved to state or include: That all LIPs will have primary source verification of education and training. A process by which OLPCs will be credentialed and privileged in accordance with HRSA PINs 2002 -22 and 2001-16.	With Priscilla; HCH/FH - to amend & reference the SMMC C&P Policy and board approval.	Linda- working with medical staff, counsel and policy (Ellen) to change SMMC policy language. Language change is on the MEC agenda for their June 13th meeting. **Completed & ready to go.**
	SMCHC must submit the board approved revised Credentialing and Privileging policy and procedure. Revised sections pertaining to the credentialing and privileging of OLCP must be highlighted.	Policy revised in October 2016	**Completed & ready to go.**
	SMCHC must submit documentation that OLCP staff has been properly credentialed and privileged.	Check in with HR, Jim to check with Angela to identify who to work with; review current HR policies on OLIPs, get report(s)	**Met with SMMC HR. They agreed to provide a monthly report on the OLCPs statuses. Planned to begin including for Board approval with the July 2017 meeting.** **Checked with HR on 08/01 re: status.**
#6 Hospital Admitting Privileges & Continuum of Care			**Plan completed for submission to HRSA.**
	SMCHS must revise the agreements/arrangements with the hospitals providing pediatric and labor and delivery services to ensure that they clearly detail how patients will be referred for care, how the health center will communicate with the non-health center providers, how discharge planning will be managed, and how patient tracking will be performed.	MM - Obtain current contracts for medical services with external entities, places we refer; OB - Stanford? Sam & Norris - does HPSM have formal agreement with external entities for specialty services?	Elli emailed MM 4/10/2017 Working with HPSM, counsel and materials mangaement to review and place apporpriate contract for amendment. **Counsel reviwing the availability of HPSM contracts for review.** **Forwarded additional information to Counsel on 08/01**
#2 Required or Additional Services			**Plan completed for submission to HRSA.**
	• Develop and approve a tracking policy and procedure detailing how it orders and tracks labs, X-rays, and specialty referrals.	Check in with Dr. Alviles - smmc does not have adequate p&p, if they have created something since oct?	**Checked in w/ Ambulatory 08/01 re: status for policies.**
	• Have a formal written arrangement for the nurse triage services for the after-hours emergency services.	Linda - check-in with Sam and Norris on status on agreement	Sam will follow up with HPSM. Contact County counsel for agreement ? **DRAFT Nurse Triage agreement completed.** **Checked in with Sam 08/01 re: status of agreement.**
	• Obtain formal agreements/arrangements for transportation and translation services.	Jonathan - translation services contract - County - Taxi contracts **All HCH/FH Care Coordination contratcs have language for the provision of transportation & translation servcies.**	2 taxi contracts (expire 6/30/2017) saved at: G:\Budget\Taxi vouchers\Taxi Contract; Translation contracts obtained. **HCH/FH contracts in-hand.** **Completed & ready to go.**
#12 Financial Management and Control Policies			**Plan completed for submission to HRSA.**

Condition	Site Visit Findings	Action Steps	Status/notes
	1. SMCHS and the co-applicant must establish a set of program financial reports of the entire Homeless/Farmworker Program on a monthly basis. This report is to include month and year to date reporting of the income and expenses of the program. The report is to be distributed to the programs management and provided to the co-applicant board to promote better controls and oversight of the programs operations.	**Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary.**	Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors. **Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A & 9D).** **Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.**
	2. Draw down of federal funds must be supported by documents that show that the funds drawn down are consistent with the approved funding by category. Updates to request and approvals of changes to the grant funding categories must be available in the program or easily accessible from the fiscal department supporting their grant activities.		See above.
	3. Financial reports of the program that include program income must be generated on a monthly basis as a part of the regular reporting of the program to ensure that the program is aware of the program income generated to assist them in managing the program. A mechanism must be established to retain information on the program income to ensure that any program income not used is still required to be available for use only to the Homeless/Farmworker Program for which it was generated or caused to be generated because of SMCHS receiving program income resulting from billing and collections using the FQH PPS rate made available to SMCHS as a result of the Homeless/Farmworker Program receiving the HRSA grant.		See above. **Met with Counsel to discuss issue of enhanced FQHC reimbursement for Non-homeless/farmworker patients. Meeting set with Dabe McGrew and Steve Rousso to discuss questions relating to FQHC enhanced reimbursements.**
	4. The program director must receive adequate fiscal reports to manage the operations of the Homeless/Farmworker Program and review reports for accuracy to promote the accurate reporting and management supervisory controls.		See above.
	5. The co-applicant board must receive adequate fiscal reports on a monthly basis to include but not be limited to a HCH/FW Program report of federal and non-federal revenues and expenses for the month and year to date compared to budget that includes program income.		See above.
	6. The grantee must establish in the general ledger separate G/L accounts to capture the activities of the homeless program. The program director or other program staff must have access to or be able to request timely reports that reflect the proper recording of these program expenditures to be in compliance with PIN 2013-01 Budgeting and Accounting Requirements.		See above.
#13 Billing and Collections Policies and Procedures			**Plan completed for submission to HRSA.**
	1. SMCHS must operationalize the billing and collections policies they provided for our review. . Additionally, the organization must update the sliding fee policy related to billing under #9 to reflect that the Billing and collections policies are in place and functional.	Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary.	**Working on scheduling meetings.**
	2. Establish a process in which the accounts receivable aging balances of the homeless program can be monitored and analyzed to promote maximizing collections. This should include establishing a consistent method of obtaining A/R reports of the program and a process in which to review these reports with the SMCHS finance department staff.		
#14 Budget			**Plan completed for submission to HRSA.**

Condition	Site Visit Findings	Action Steps	Status/notes
	1. Establish a program report that compares actual results to budget for the month and year to date. This report is to include variance explanations that along with the report are provided to the board on a monthly basis for its review in assisting in fulfilling its fiduciary responsibility.	**This condition is being worked with the Financial Management and Control Policies condition (#12)**	Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors. **Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A & 9D).** **Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.**
	2. Establish program reports that include program income including the major funding sources from which can be compared to the budgeted program income on a month and year to date basis.		See above.
	3. Establish a written procedure or method of monitoring the grant expenditures and formally communicate with the Project Officer early to ensure that the opportunities to address the possible unused funds can be made early to determine how the funds may effectively used and approved by HRSA if required.		See above.
#15 Program Data Reporting Capacity			**Plan completed for submission to HRSA.**
	1. Although the organization has fiscal and clinical systems they must make appropriate changes to the reporting features to appropriately generate reports at the program level so that the data can be used as an effective tool for decision-making.	**HCH/FH has an expected set of routine reports. Meet with BI/IT to review and re-affirm.**	Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors. **Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A & 9D).** **Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.**
	2. Support data must be readily available for the UDS report to support what has been reported. Program management must work with the SMCHS to have access to the needed data to support the program	**Meet with BI/IT to ensure routine production of UDS-centered reports on at leats a quarterly basis thoughout the year.**	Met with Srivatsa (BI) to review scheduling of production of quarterly UDS reports. **Q1 & Q2 reports delivered.** **Completed & ready to go.**
	3. The program must generate reports periodically that captures one or more of the financial measures for reporting and analysis to management and the board to promote management decision-making.	**Meet with BI/IT to develop a report focused on a Financial Performance Measure.**	**Working on scheduling meetings.**

TAB 13
Budget &
Finance Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: August 10, 2017

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Expenditures to date – through July 31, 2017 – currently reported as $ 1,247,727.

Based on the current rate of expenditures, the program will end the year with over $450,000 in unexpended funds. This is primarily being driven by underspending on our contracts & MOUs. Our current spend rate across all of our contracts and MOUs projects to just over 80% at the end of the year. This totals over $300,000 in unexpended funds. We are also tracking to underspend in staff costs (salaries & benefits) at around $170,000, pending any staffing additions.

Other expenditure categories are either on track or have the expectation of being utilized later in the year.

As is fairly normal, as we move through the year, there are fewer “new” unduplicated patients to be invoiced on the contracts. While a couple of contracts look like they will fully invoice their contracted amounts, most agreements will not, with a few projected to only expend around 2/3 of the contract amount.

As we have been reporting the past few months, with the slow-down in contract/MOU expenditures, current projections would leave us with an estimated $458,000 in unexpended grant funds. This is similar to the previous two years, and we should be looking to cut the projection at least in half through additional (responsible) expenditures.

Attachment:

- GY 2017 Summary Report

GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (07/31/17)	Projection for GY (+~22 wks)	Projected for GY 2018
Salaries				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	490,000	218,921	402,000	490,000
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	250,000	91,071	165,000	250,000
Travel				
National Conferences (1500*4)		4,632	22,354	9,000
Regional Conferences (1000*5)		3,520	3,000	7,000
Local Travel		926	1,000	2,000
Taxis		2,672	2,200	4,000
Van		411	800	3,000
	25,000	12,161	29,354	25,000
Supplies				
Office Supplies, misc.	10,500	1,089	8,000	10,500
Small Funding Requests				
	10,500	1,089	8,000	10,500
Contractual				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	425,374	670,000	898,004
Current 2017 MOUs	811,850	441,050	705,000	800,000
---unallocated---/other contracts	63,369			
	1,733,004	920,696	1,429,272	1,698,004
Other				
Consultants/grant writer	20,000		40,000	60,000
IT/Telcom		2,131	8,000	8,000
New Automation			0	-
Memberships			4,000	4,000
Training		800	3,250	2,000
Misc (food, etc.)		858	2,500	2,500
	41,500	3,789	57,750	76,500
TOTALS - Base Grant	2,550,004	1,247,727	2,091,376	2,550,004
HCH/FH PROGRAM TOTAL	2,550,004	1,247,727	2,091,376	2,550,004
PROJECTED AVAILABLE	BASE GRANT		458,628	0

based on est. grant of $2,550,004

TAB 14

Contractors report 1st Quarter

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
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DATE: August 10, 2017

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

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: Quarter 1 Report (January 1, 2017 through March 31, 2017)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2017 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance for the first quarter:

HCH/FH Performance *01/01/2017 – 03/31/2017*	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	66	22%	900	321	36%
Legal Aid Society of San Mateo County	20	0	0%	30	0	0%
LifeMoves (care coord)	550	138	25%	1500	265	18%
LifeMoves (eligibility)	50	12	24%			
LifeMoves (O/E)	40	10	25%			
LifeMoves (Street Medicine)	160	30	19%	300	90	30%
Project WeHope	230	21	9%	300	21	7%
Public Health Mobile Van	1300	370	28%	2500	576	23%
Public Health- Expanded Services	272	84	31%	544	100	18%
Public Health- Street Medicine	125	51	41%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	39	26%	530	117	22%
Puente (O/E)	180	68	38%			
Ravenswood (Primary Care)	600	299	50%	1900	582	31%
Ravenswood (Dental)	200	120	60%	600	238	40%
Ravenswood (Care Coordination)	400	171	43%	1200	395	33%
Samaritan House	175	84	48%	300	131	44%
Apple Tree Dental	115	8	7%	345	10	3%
Total HCH/FH Contracts	4,867	1,571	32%	10,949	2,846	26%

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

HCH/FH Performance *01/01/2017 – 12/31/2017*	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svs	Care Coordination	$325/patient	300	66	$ 21,450	$97,500	22%
Legal Aid Society of San Mateo County	Provider Outreach	$ 2,100	NA		$ 1,000	$42,500	7%
	Farmworker Outreach	$ 6,900	NA		$ 2,000		
	Legal Services	$1,675/patient	20	0	$ -		
LifeMoves (care coord & eligibility)	Care Coordination	$265/patient	500	130	$ 34,450	$179,150	31%
	Intensive Care Coordination	$525/patient	50	8	$ 4,200		
	SSI/SSDI Eligibility Assistance	$320/patient	50	12	$ 16,000		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	$110/patient	40	10	$ 1,100		
LifeMoves (Street Medicine)	Intensive Care Coordination	$516/patient	160	30	$ 15,480	$82,560	19%
Project WeHope	Care Coordination	$230/patient	230	21	$ 4,830	$52,900	9%
Public Health Mobile Van	Primary Care Services	$225/patient	1300	370	$ 83,250	$312,000	27%
Public Health- Expanded Services	Primary Care Services to formerly incarcerated & homeless	$675/patient	272	84	$ 56,700	$183,600	31%
Public Health-Street/Field Medicine	Primary Care Services	$1,750/patient	125	51	$ 89,250	$218,750	41%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	$360/patient	100	38	$ 12,920	$118,050	57%
	Intensive Care Coordination	$525/patient	50	1	$ 500		
Puente (O/E)	Health Coverage Eligibility Assistance	$310/patient	180	68	$ 54,000		
Ravenswood (Primary Care)	Primary Care Services	$160/patient	600	299	$ 47,840	$96,000	50%
Ravenswood (Dental)	Dental Services	$260/patient	200	120	$ 31,200	$52,000	60%
Ravenswood (Care Coordination)	Care Coordination	$205/patient	400	171	$ 35,055	$82,000	43%
Samaritan House	Care Coordination	$340/patient	150	78	$ 26,520	$63,500	46%
	Intensive Care Coordination	$500/patient	25	6	$ 3,000		
Apple Tree Dental	Dental Services	$775/patient	115	8	$ 6,200	$89,125	7%
Total HCH/FH Contracts			4,867	1,571	$ 546,945	$1,669,635	33%

Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); First Quarter (Jan 2017 through March 2017)

Agency	Outcome Measure	1st Quarter Progress
Apple Tree Dental	• At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan.	During the first quarter: • 10% completed their treatment plans. • 0 completed their denture treatment plan.
Behavioral Health & Recovery Services	•At least 75% (225) screened will have a behavioral health screening. •At least 55% (165) will receive care coordination services.	During the first quarter: • 66 clients (100%) had a behavioral health screening • 63 received care coordination services
Legal Aid	•Outreach to at least 50 Farmworkers and Providers •Host 8 outreach and education events targeting farmworkers	During the first quarter: •Outreach to at least 10 Farmworkers and Providers •Host 1 outreach and education events targeting farmworkers
LifeMoves	• Minimum of 50% (250) will establish a medical home. • At least 30% (150) of homeless individuals served have chronic health conditions.	During the first quarter: • 6% established a medical home • 71% of individuals served have a chronic health condition.
LifeMoves-CHOW/Street Medicine	• 20% served will establish medical home, that don't currently have one • 80% of clients with a scheduled primary care appointment will attend at least 1 appointment	During the first quarter: • 4.3% served will establish medical home, that don't currently have one • 23% of clients with a scheduled primary care appointment will attend at least 1 appointment
Public Health Mobile Van	•At least 20% of patient encounters will be related to a chronic disease.	During the first quarter: • 74 individuals with a chronic health condition • 115 of patient encounters will be related to a chronic disease.
PH- Mobile Van-Expanded Services	At least 75% (166) of individuals will receive comprehensive health screening. At least 75% of clients with mental health and/or AOD issues will be referred to BHRS	During the first quarter: • 84 of individuals will receive comprehensive health screening. • 100% of clients with mental health and/or AOD issues will be referred to BHRS

PH- Mobile Van-Street/Field Medicine	• At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care	During the first quarter: • 75% of street homeless/farmworkers seen will have a formal Depression Screen performed •19 of street homeless/farmworkers seen will be referred to Primary Care
Puente de la Costa Sur	•At least 85 farmworkers served will receive care coordination services. •At least 25 served will be provided transportation and translation services. •At least 70% (105) will participate in at least 1 health education class/ workshop.	During the first quarter: •38 farmworkers received care coordination services. •0 were provided transportation and translation services. • 0 participated in at least 1 health education class/ workshop.
RFHC – Primary Health Care	•At least 60% will receive a comprehensive health screening. •At least 250 (50%) will receive a behavioral health screening.	During the first quarter: • 100% received a comprehensive health screening. • 39 received a behavioral health screening.
RFHC – Dental Care	• At least 30% (39) will complete their treatment plans. • At least 85% will attend their scheduled treatment plan appointments. • At least 40% will complete their denture treatment plan.	During the first quarter: • 8% completed their treatment plans. • 77% attended their scheduled treatment plan appointments. • 50% completed their denture treatment plan.
RFHC – Enabling services	• At least 95% will receive care coordination services and will create health care case plans • 80% of patients with hypertension will have blood pressure levels below 140/90	During the first quarter: • At least 27% will receive care coordination services and will create health care case plans • 50% of patients with hypertension will have blood pressure levels below 140/90
Samaritan House- Safe Harbor	•All 100% (175) will receive a healthcare assessment. •At least 70% will complete their health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one.	During the first quarter: • 84 receive a healthcare assessment. • 26 complete their health care plan. • 24% (20) will schedule primary care appointments and attend at least one.

[1] Medical home -defined as a minimum of (2) attended primary care appointments;
[2] Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes & emerging trends:

- **Apple Tree Dental** states able to provide new patients with a treatment plan
  - No shows can be difficult to deal with due to work schedules; means another patient cannot be seen.
  - Late start this year due to new staff at Puente and location changing.

- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
  - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.

- **Legal Aid** provided training to Puente staff to continue the relationship for referrals.
  - Lost momentum with new staff at Puente, transportation remains a barrier for patients.

- According to **LifeMoves** reports lots of success in keeping clients engaged and connected to medical services with relationship with Street Medicine Team and WPC. Transportation is also better with revisions to taxi voucher policy to refer patients outside of SMMC.
  - Obtaining PC appointments through New Patient services line and Dental van has long wait times.

- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
  - Challenge of getting clients to go get labs done at SMMC and patient no-shows for appointments.
  - Lack of a medical nurse/case management for service coordination.

- **Puente** states that One E App data base is helpful for real time enrollment of ACE.
  - Renewal notifications/communication for ACE and Medi-Cal is confusing, miscommunication with HCU.

- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments and start of Street/Shelter medicine program on Wednesdays has been successful. Opening of pharmacy on site has helped with clients not needing to pick up at various pharmacies. .
  - Patients not wanting to change cover from other counties. The lack of affordable housing for clients is an on-going issue. Trend of seeing young patients in their 20s that can't afford housing.

- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Health education on encouraging client to eat fresh food and not processed sugary products, lack of lunch food options in EPA- want a lunch program.

- **Ravenswood Enabling services**- great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Struggles with transportation, access to shelter and food.

- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients, as well as relationships with LifeMoves, Street Medicine and WPC.
  - Long wait for dental clinic, primary care access.