

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

Co-Applicant Board Special Meeting

Coastside Clinic| 225 South Cabrillo Highway Half Moon Bay

July 13, 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		9:05 AM
C. PUBLIC COMMENT		9:10 AM
<p>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.</p>		
D. CLOSED SESSION		9:15 AM
<p>1. Closed Session this meeting</p> <p><i>i. Action Item- Request to Approve Credentialing/Privileging list</i></p>		
E. CONSENT AGENDA	Linda Nguyen	TAB 1 9:20 AM
<p>1. Meeting minutes from June 8, 2017</p> <p><i>i. Action item- Request to Approve Meeting minutes</i></p>		
F. BOARD ORIENTATION		
<p>1. No Board Orientation items this meeting.</p>		
G. BUSINESS AGENDA:		
<p>1. Board Membership Committee</p> <p><i>i. Action Item- Request to Approve Board Member</i></p>		
	Brian Greenberg	TAB 2 9:25 AM
<p>2. Expanded Services AIMS</p> <p><i>i. Action Item- Request to Approve application submission</i></p>		
	Jim Beaumont	TAB 3 9:30 AM
<p>3. Board Committees</p> <p><i>i. Action Item- Request to create Finance Committee</i></p>		
	Jim Beaumont	TAB 4 9:40 AM
H. REPORTING AGENDA:		
<p>1. Consumer Input/ NHCHC report back</p>		
	Linda/Elli/Tay/Kat	TAB 5 9:45 AM
<p>2. Board Ad Hoc Committee Report- Staffing</p>		
	Julia Wilson	TAB 6 10:05 AM
<p>3. Board Ad Hoc Committee Report- Transportation</p>		
	Steve Carey	10:10 AM
<p>4. Discussion on Board Nominations/Elections</p>		
	Jim Beaumont	TAB 7 10:15 AM
<p>5. HCH/FH Program QI Report</p>		
	Frank Trinh	TAB 8 10:20 AM
<p>6. HCH/FH Program Director's Report</p>		
	Jim Beaumont	TAB 9 10:30 AM
<p>7. HCH/FH Program Budget/Finance Report</p>		
	Jim Beaumont	TAB 10 10:35 AM
<p>8. UDS submission</p>		
	Jim Beaumont	TAB 11 10:40 AM
<p>9. Contractor's 1st Quarter report</p>		
	Linda/Elli	TAB 12 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>.

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 August 10, 2017; 9:00 A.M. – 11:00 A.M. |San Mateo Medical Center

H. ADJOURNMENT

Julia Wilson

11:00 AM

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

TAB 1
Meeting Minutes

Request to Approve
(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (June 8, 2017 at SMMC)**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Mother Champion
Tayischa Deldridge
Kathryn Barrientos
Steve Carey
Richard Gregory
Christian Hansen
Brian Greenberg
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel
Elli Lo, Management Analyst

Members of the Public

Absent: Daniel Brown, Julia Wilson

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:08</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session Request to Approve C&P list	Discussion on C&P report. Director made statement on Director Evaluation to members. Action item: <i>Request to Approve Credentialing and Privileging List</i>	Motion to Approve C&P list <u>MOVED</u> by Bob <u>SECONDED</u> by Tay, 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 <u>MOVED</u> by Steve <u>SECONDED</u> by Tay, and APPROVED by all Board members present.
Business Agenda: Request to Approve forms 5A and 5B	<i>Discussion about Program Services and sites via Form 5A and 5B</i> <i>Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. This responsibility is also represented by HRSA Program Requirements #2 – Required and Additional Services, and Requirement #16 – Scope of Project</i> Action item: Request to Approve forms 5A and 5B <i>Please refer to TAB 2 on the Board meeting packet</i>	Request to Approve forms 5A and 5B <u>MOVED</u> by Brian <u>SECONDED</u> by Steve, and APPROVED by all Board members present.

<p>Request to Approve SMMC Audit</p>	<p>Program received notification from the San Mateo County Controller's Office of the issuance of the 2016 Single Audit Report. Per the Controller's Office, the report contained two (2) Financial Statement findings. The County has issued a Corrective Action Plan in addressing the findings. As part of a government entity, an HCH/FH Program is included as a part of San Mateo County's overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board's Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit. Discussion on findings, which were only IT related.</p> <p>Action item: Request to Approve SMMC Audit</p> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p>Request to Approve SMMC Audit <u>MOVED</u> by Brian <u>SECONDED</u> by Christian, and APPROVED by all Board members present</p>
<p>Request to Dissolve Patient Health Navigation Committee</p> <p>Request to Extend Term of Ad Hoc Transportation Committee</p>	<p>The Patient Navigator/Health Navigation Committee was established in March 2015. Based on the board committee discussion in the last Board meeting on May 18, 2017, the Board has determined the Patient Navigator/Health Navigation Committee has accomplished the exploring the specific subject and decided to dissolve the Patient Navigator/Health Navigation Sub-committee.</p> <p>Action item: Request to Dissolve Health Navigation Committee</p> <p>In March, 2015, the Board approved the formation of an ad hoc committee on Transportation. The committee was charged with the task of exploring the need for medical transportation and methods of financing. Based on the Board discussion in the last Board meeting on May 18, 2017, the Board determined to re-affirm and extend the Ad Hoc Transportation Committee for 6 months through December 31, 2017. This request is for the Board to re-affirm and extend the Ad Hoc Transportation Committee for 6 months through December 31, 2017. Approval of this action requires a majority vote of the Board members present</p> <p>Action item: Request to Extend Term of Ad Hoc Transportation Committee</p> <p>Additional discussion on forming of a finance standing committee, with the possibility of assistance from consultants</p> <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	<p>Request to Dissolve Health Navigation Committee <u>MOVED</u> by Steve <u>SECONDED</u> by Kat, and APPROVED by all Board members present</p> <p>Request to Extend Term of Ad Hoc Transportation Committee <u>MOVED</u> by Tay <u>SECONDED</u> by Christian, and APPROVED by all Board members present</p> <p>Agendize for next meeting creating finance committee</p>
<p>Request to Approve grant conditions plans</p>	<p>Current Program grant conditions require the submission to HRSA of action plans to address coming into compliance with the respective requirements. While it appears that Board approval of the plans is not a requirement of HRSA, the Co-Applicant Agreement or the Board's Bylaws, Program is bring the plans to the Board for their review and acknowledge or approve as the Board sees fit. Attached are the six (6) plans to address the seven (7) grant conditions. The grant conditions for Financial Management Control and for Budgeting have been combined into a single plan as they are expected to be derived from the same data sets and underlying processes.</p> <p>Action item: Request to Approve grant conditions plans</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	<p>Request to Approve grant conditions plans <u>MOVED</u> by Dick <u>SECONDED</u> by Steve, and APPROVED by all Board members present</p>

<p>Request to Approve Board Member</p>	<p>Brian (lead of sub-committee) made a statement about the new Board member applicant and her expertise and credentials, which included work in legal field, with veterans and housing services.</p> <p>Action item Request to Approve Board Member</p>	<p>Request to Approve Board Member <u>MOVED</u> by Dick <u>SECONDED</u> by Tay, and APPROVED by all Board members present</p>
<p>Reporting Agenda: Consumer Input</p>	<p>Discussion on latest 2017 One Day Homeless Count conducted by Center on Homelessness. The number of overall homeless people in San Mateo County has dropped since 2015 Count, but the change in methodology may have also affected the results. Results also reflect our UDS count 2016, indicating that SMC remains unaffordable to many, resulting in many residents leaving the County. Discussion on convening a group to discuss housing options.</p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Regular Agenda QI Committee report /QI award discussion</p> <p>Nurse Manager?</p>	<p>Medical Director's report:</p> <ul style="list-style-type: none"> • The Enabling Services Outcome Measure of tracking Primary Care referrals from Enabling Services contracting agencies will also continue as part of the 2017-2018 QI Plan. The QI Committee is finalizing the details of this outcome measure, with the goal of expanding the number of referrals tracked. • The QI Committee discussed possible Dental Outcome Measures. Currently, Dr. Dick Gregory is working with a consortium of Dental providers to determine possible Dental Quality Measures and building data collection infrastructure to measure them. Given the early stage of development for this potential Outcome Measure, the QI Committee will revisit Dental Outcome Measures for the 2018-2019 QI Plan. • The QI Committee also reviewed the Patient Satisfaction Survey Report, and will be finalizing it at the next QI Committee meeting. The report will be brought to the Co-Applicant Board after finalization. <p>Discussion on ways to use the QI award funding included conferences and board training.</p> <p>Discussion on Nurse manager position included the need for centralizing referrals for all clients (homeless and farmworkers). WPC will hire a nurse to triage for referrals soon.</p> <p><i>Please refer to TAB 7 on the Board meeting packet</i></p>	<p>Staff will compile a summary of expenses and present at next meeting.</p>

Staffing sub-committee	<p>TABLE FOR NEXT MEETING</p> <p><i>Please refer to TAB 8 on the Board meeting packet</i></p>	
Regular Agenda: HCH/FH Program Directors report	<p>There was no oral report, but the written report was available for review.</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i>	<p>There was no oral report, but the written report was available for review.</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
UDS submission	<p>TABLE FOR NEXT MEETING</p> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p>	
Small funding request report	<p>In accordance with the HCH/FH Program Policy on Small Funding Requests, Program shall provide the Board a summary of the status of the small funding requests from the prior 6-12 months. In 2016, the Program spent \$54,663 on Small Funding Requests. Staff provided documents submitted on small funding requests approvals.</p> <p>Discussion on funding items that were not handed out shortly after purchase and the need for organizations to accurately project the need for the future.</p> <p><i>Please refer to TAB 12 on the Board meeting packet.</i></p>	
Adjournment	<p>Robert Stebbins gave an oral statement on his decision to step down as Board chair and member of the Board to pursue other professional ventures.</p> <p>Time <u>11:00 A.M.</u></p>	Robert Stebbins

TAB 2

**Request to
approve Board
member**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 13, 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

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 was interviewed by members of the committee. 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.

The Board Composition Committee nominates Robert Anderson for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT:

- ROBERT ANDERSON APPLICATION



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

1) What is your name and contact information?

Robert Anderson; 650 344-7874; rra28@yahoo.com

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

Retired San Mateo Police Officer; currently Board President Downtown San Mateo Association

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

I have had longtime experience dealing with our local homeless population throughout my 32 year career as a police officer. I started the Homeless Outreach Team in San Mateo and case managed 28 homeless clients in Downtown San Mateo. I also case managed mental health homeless clients through the Field Crisis Intervention Program. I assisted with property/tenant management issues at the Vendome Apartments for six years. I believe that my experiences with case managing homeless clients and organizing the Homeless Outreach Team would make me an effective member of the board.

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

I am interested in becoming a board member because I recognize how important the mission is for health care for the homeless. I saw first hand how health care issues affect our homeless population. I hope to contribute my experiences to being an effective board member.

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

I have not been homeless and I am not a farm worker.

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

I live in the City of San Mateo.

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

I understand and will abide by the conflict of interest policy.

TAB 3

**Request to
approve
application
submission**

DATE: July 13, 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 BOARD TO TAKE APPROVE THE SUBMISSION OF A FUNDING REQUEST IN RESPONSE TO THE HRSA AIMS FUNDING OPPORTUNITY

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.

It is noted that this opportunity falls completely in line with elements of the Board-approved Strategic Plan.

With a focus on mental health and substance abuse treatment services, we potentially run into a known issue in accessing data concerning behavioral health issues of the homeless and farmworkers, specifically, that delivered by BHRIS. In numerous discussions including BHRIS staff, we have worked at outline various possible service efforts where we will be able to meet the requirements of the funding award. However, as of the release of the meeting agenda, we do not have a complete, specific service effort identified for submission.

The likely scenarios involve working through contract/MOU agencies to provide additional case management/outreach/support services to increase the access to mental health and substance abuse treatment.

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.

This action requires a majority vote of the Board members present.

ATTACHMENTS:

- HRSA AIMS Announcement
- HCH/FH Program email from HRSA on the AIMS Funding Opportunity
- AIMS Instructions
- AIMS FAQs

From: Health Resources and Services Administration <hrsa@public.govdelivery.com>
Sent: Monday, June 26, 2017 12:57 PM
To: Jim Beaumont
Subject: BPHC Bulletin: HRSA Funding Available to Support Mental Health and Substance Abuse Service Expansion



HRSA Announces Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding (HRSA-17-118)

Today, the Health Resources and Services Administration (HRSA) released the FY 2017 AIMS supplemental funding instructions. 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.

Each eligible health center can request up to \$150,000 in AIMS funding.

- \$37,500 for mental health service expansion personnel
- \$37,500 for substance abuse service expansion personnel, focusing on the treatment, prevention, and awareness of opioid abuse
- \$75,000 for one-time health IT and/or training investments that will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, along with their integration into primary care

Application instructions are available on the [AIMS technical assistance website](#). The Project Director, Authorizing Official, and Business Official for each eligible health center will receive an email from HRSA with instructions for preparing the AIMS application. HRSA will also hold a technical assistance webinar for applicants:

Thursday, June 29, 12:30-1:30 p.m. EDT
[View the webcast the day of the session](#)
Call-in number: 888-790-3091; Passcode: 6930788

Applications are due in HRSA's Electronic Handbook (EHB) by 5 p.m. EDT on July 26. The EHB application module may be accessed beginning June 30. Health centers are encouraged to use the sample forms and other resources on the [AIMS technical assistance website](#) to begin developing their proposals in advance of working in the EHB application module.

Visit the [AIMS technical assistance website](#) for information on participating in the webinar and to review the 17-page instructions document, sample application forms, and other resources. Contact bphcsupplement@hrsa.gov with questions.

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Health Resources and Services Administration
5600 Fishers Lane Rockville, MD 20857



This email was sent to jbeaumont@smcgov.org using GovDelivery Communications Cloud on behalf of: HRSA · 5600 Fishers Lane · Rockville, MD 20857 · comments@hrsa.gov



Jim Beaumont

From: HRSA GEMS <oitgems@hrsa.gov>
Sent: Monday, June 26, 2017 12:59 PM
To: Jim Beaumont
Subject: Apply for \$150,000 to Support Mental Health and Substance Abuse Service Expansion

The Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity makes \$150,000 available to each eligible Health Center Program award recipient to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

AIMS application instructions are available on the [AIMS technical assistance website](#).

Follow these steps to prepare your application:

1. Review the FY 2017 AIMS application instructions and other resources available on the [AIMS technical assistance website](#).
 - The instructions include detailed information and examples of allowed uses of AIMS funding.
 - Use the sample forms to begin preparing your application immediately.
2. Join the Applicant Technical Assistance Webinar on Thursday, June 29 at 12:30 PM ET.
 - Access the webinar login information on the [AIMS technical assistance website](#)
3. Beginning June 30, access the AIMS application in HRSA's Electronic Handbooks (EHB) by following the instructions included in the email received on that date.
4. Submit your AIMS application in EHB by 5:00 PM ET on July 26.

Summary of Funding

SAN MATEO, COUNTY OF (grant number H80CS00051) may request up to **\$150,000 in total AIMS funding**. This amount includes:

- Up to \$75,000 in **ongoing** funding for personnel to expand mental health services (up to \$37,500) and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (up to \$37,500), and
- Up to \$75,000 in **one-time** funding for health information technology and/or training investments that will 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.

You must request ongoing mental health and substance abuse service expansion funding equally in both service expansion areas (i.e., \$37,500 for mental health service expansion and \$37,500 for substance abuse service expansion). The AIMS instructions provide additional funding details.

Plan to enter your health center's total AIMS funding request amount according to your current H80 grant sub-program funding proportions on the SF-424A Budget Information Form. The amounts below are based on a total request of \$150,000 for your organization:

CHC Amount: \$0
HCH Amount: \$126,825
MHC Amount: \$23,175
PHPC Amount: \$0

ASSISTANCE NEEDED	RESOURCE/CONTACT
Application preparation resources	Instructions, sample forms, FAQs, and more AIMS technical assistance website
Application questions	AIMS technical assistance team bphcsupplement@hrsa.gov
Budget or other fiscal questions	Mona Thompson, Grants Management Specialist mthompson@hrsa.gov
Electronic submission issues	BPHC Helpline 1-877-974-BPHC (2742) Web Request Form

Note: This is a system generated message. Please do not respond to this email

**Fiscal Year 2017 Access Increases in Mental Health
and Substance Abuse Services (AIMS) Supplemental Funding**

**HRSA-17-118
CFDA #: 93.257**

Application Guidance Available Date: June 26, 2017
EHB Application Access Date: June 30, 2017
Application Due Date: July 26, 2017

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Purpose

This announcement details the fiscal year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity for existing Health Center Program award recipients (hereafter referred to as health centers).^{1,2} The purpose of AIMS funding is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Health centers will enhance these services by increasing personnel. They will also leverage health information technology (IT) and provide 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. The Health Center Program funding opportunity is authorized by Section 330 of the Public Health Service Act (42 U.S.C. 254b, as amended).

Background

Mental health and substance use disorders have life-long, costly effects on patients, their families, and communities. Despite being treatable, and in some cases preventable, an alarming gap remains between the services available and the number of patients receiving needed services. In 2015, the same year that the United States experienced the highest number of overdose deaths in its history, only 1.1 percent of health center visits were for substance abuse services and 7.5 percent for mental health services.^{3,4} The high rate of comorbid mental health and substance use disorders requires a comprehensive, integrated treatment approach with concurrent diagnosis and treatment.⁵ Health centers will use AIMS funding to increase access to critical mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. The resultant service expansion will build upon the nearly 2 million patients treated for depression and other mood disorders, more than 225,000 diagnosed with alcohol related disorders, and nearly 400,000 diagnosed with other substance related disorders in 2015.⁶

Through the combination of one-time and ongoing funding, health centers will address their priority integrated care needs through investments in mental health and substance abuse services personnel, health IT, and training. AIMS supports the HHS Strategy for Fighting the Opioid Crisis by improving access to substance abuse treatment and

¹ See [Eligibility](#) section for additional details.

² For the purposes of this funding opportunity announcement, the term “health center” means organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended (Health Center Program award recipients).

³ Secretary Thomas Price’s remarks at the National Rx Drug Abuse and Heroin Summit on April 19, 2017 are available at <https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html>.

⁴ 2015 Uniform Data System National Report is available at [https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=.](https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=)

⁵ For more information about comorbid mental health and substance abuse disorders, see <https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf>.

⁶ 2015 Uniform Data System National Report is available at [https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=.](https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=)

recovery services, with a focus on treatment, prevention, and awareness of opioid abuse.⁷

Summary of Funding

The Health Resources and Services Administration (HRSA) will award approximately \$195 million in AIMS funding to eligible health centers. Funding is available as follows:

- \$100 million in **ongoing** supplements of up to \$75,000 to each health center, of which:
 - \$50 million will support expansion of services related to mental health (up to \$37,500 for each health center); and
 - \$50 million will support expansion of substance abuse services focusing on the treatment, prevention, and/or awareness of opioid abuse (up to \$37,500 for each health center).
- \$95 million in **one-time** supplements of up to \$75,000 to each health center for health IT and/or training investments that will 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.

Depending on the number of approvable applications, HRSA may adjust award amounts consistent with available funds. Cost sharing or matching is not required. AIMS funding must be requested consistent with and, if approved, will be made available to each award recipient in the same sub-program funding proportions as the existing Health Center Program operational (H80) grant funding.⁸

AIMS funding will be made available as a supplement to your health center's existing H80 grant. You may need to request to carry over a portion of these funds to use them in your upcoming budget period.

AIMS **ongoing funding (up to \$75,000)** to support the expansion of mental health services (up to \$37,500), and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (up to \$37,500) is expected to become part of H80 grant awards (roll into base funding) in the future. However, future support is dependent on the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

By contrast, AIMS **one-time funding (up to \$75,000)** for health IT and/or training investments may only be proposed for 12 months (September 1, 2017 through August 31, 2018). Activities initiated with AIMS one-time funding will not receive future AIMS funding support.

⁷ Secretary Thomas Price's remarks at the National Rx Drug Abuse and Heroin Summit on April 19, 2017 are available at <https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html>.

⁸ Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

Application Announcement, Deadline, and Award Notice

HRSA will send an email to each eligible health center through HRSA Electronic Handbooks (EHB). This email will provide the health center's maximum funding request amount in the current sub-program funding proportions (i.e., CHC, MHC, HCH, PHPC) along with details on how to access the application module in EHB. Applications are due in the EHB by **5 PM ET on July 26, 2017**. You may access the EHB application module beginning June 30, 2017. You are encouraged to start preparing your application materials immediately by using the sample forms available on the [AIMS technical assistance website](#) and the instructions provided in this document. HRSA anticipates that awards will be made in September 2017.

Eligibility

Organizations receiving Health Center Program operational (H80) grant funding at the time of this funding opportunity release are eligible to apply for AIMS funding.

Project Requirements

Proposals must describe how your health center will achieve the [AIMS purpose](#) according to the following Funding Request Rules and Required Activities. Expanded services must be made available to all individuals in the health center's service area and maximize collaborations with existing mental health and substance abuse providers in the community, including opioid abuse treatment centers, where appropriate.

Funding Request Rules

- You must request mental health and substance abuse service expansion ongoing funding equally in both service expansion areas (i.e., \$37,500 for mental health service expansion and \$37,500 for substance abuse service expansion).
- You must propose to use the ongoing funding to add new direct hire staff and/or contractor(s) and/or expand the hours of existing direct hire staff and/or contractor(s) who will support mental health service expansion, and substance abuse service expansion focusing on the treatment, prevention, and awareness of opioid abuse.
- You must request mental health and substance abuse service expansion ongoing funding to request one-time funding.
- You may request mental health and substance abuse service expansion ongoing funding without requesting one-time funding.
- AIMS funding must supplement and not supplant other resources (federal, state, local, or private).

Required Activities

- Expand direct hire staff and/or contractor(s) who will support mental health service expansion, and substance abuse service expansion focusing on the treatment, prevention, and awareness of opioid abuse, within 120 days of award.
 - The [Staffing Impact Form](#) must demonstrate an increase in full time equivalents (FTEs).
 - Expanded and/or new direct hire staff and contractors must be in one or more of the following personnel positions: psychiatrist, licensed clinical

psychologist, licensed clinical social worker, other mental health staff, other licensed mental health provider, substance abuse provider, case manager, patient/community education specialist (health educator),⁹ and/or community health worker.¹⁰

- Provide access to expanded mental health services, and expanded substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, directly or through contracts or agreements for which the health center pays within 120 days of award.
 - AIMS funding may expand existing services in scope as well as support new mental health and substance abuse services that are not currently in your scope of project if they align with the [AIMS purpose](#).
 - AIMS funded services must be listed in Column I and/or II on [Form 5A: Services Provided](#) and are limited to: Mental Health, Health Care for the Homeless (HCH) Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education (related to mental health and substance abuse services).
 - An approved Scope Adjustment or Change in Scope request¹¹ must be obtained prior to the implementation of new and/or expanded services if AIMS funding will:
 - Add new services, including psychiatry, to your [Form 5A: Services Provided](#); and/or
 - Move one or more services currently provided only in Form 5A Column III to Column I and/or Column II.
- Increase the number of mental health patients and/or substance abuse patients as a result of AIMS funding by December 31, 2018. The [Patient Impact Form](#) must demonstrate an increase in the number of existing patients and/or new patients accessing mental health services, and/or substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Examples of AIMS Funding Uses

The following examples of eligible activities are not exhaustive. Applicants may propose other activities that align with the AIMS purpose.

Examples of Activities for Mental Health and Substance Abuse Personnel Supported with Ongoing Funding

- Diagnose and treat mental health disorders.
- Diagnose and treat substance use disorders focusing on the treatment, prevention, and awareness of opioid abuse.
- Use an integrated approach to diagnosing and treating co-occurring mental health and substance use disorders.

⁹ Patient/community education specialists must have expertise in mental health and/or substance use disorders.

¹⁰ For more information about personnel definitions, see <https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf>.

¹¹ For more information about scope of project requirements, Form 5A, and the Change in Scope request process, see the <https://bphc.hrsa.gov/programrequirements/scope.html>.

- Use evidence-based tools and other standards of care (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)).
- Provide case management services to patients with mental health disorders to support treatment, including coordination with specialty providers that will provide care via referral agreement for severe/complex cases, if applicable.
- Provide case management services to patients with substance use disorders to support treatment, including coordination with specialty providers that will provide care via referral agreement for severe/complex cases, if applicable.
- Provide integrated case management services to patients with co-occurring mental health and substance use disorders to support treatment, including coordination with specialty providers that will provide care via referral agreement for severe/complex cases, if applicable.
- Expand evidence-based mental health and substance abuse prevention and education programs for patients, families, communities, and personnel to increase awareness of, patient access to, and patient retention in mental health and substance use disorder treatment programs.
- As part of a comprehensive approach to reducing risk for people struggling with opioid abuse, increase awareness of the appropriate use of naloxone to reverse opioid overdose through patient, family, community, and personnel training.
- 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.
- Enhance education for patients, families, communities, and personnel to support patient engagement and self-management that includes medical conditions that often co-occur with mental health and substance use disorders (e.g., diabetes mellitus, heart failure, hepatitis, HIV/AIDS, hypertension, obesity).
- Collaborate with existing community resources to address environmental factors that impact the onset or recurrence of substance use disorders, with a focus on opioid use disorders.

Examples of One-Time Funding Uses

- Facilitate referrals at point of care to increase access to and patient engagement in mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.
- Increase access to medication-assisted treatment (MAT) by supporting substance abuse and primary care providers, including non-physician providers (e.g., nurse practitioners, physician assistants), in obtaining appropriate Drug Addiction Treatment Act of 2000 (DATA) waivers.

- Increase the use of telehealth^{12,13} to support access to and delivery of mental health and substance use disorder treatment services across sites in scope, including purchasing equipment (e.g., webcams, videoconferencing equipment, speakers).¹⁴
- Enhance documentation and sharing of electronic health record (EHR) information to support telehealth patient visits.
- Improve interoperability of mental health/substance abuse and primary health care EHR systems.
- Enhance EHR interoperability and health information exchange with clinical and public health partners.
- Improve integration of prescription drug monitoring program data into EHR and quality improvement activities.
- Integrate clinical decision support tools into EHR¹⁵ (e.g., chronic pain management and prescribing guidelines; condition-specific order sets; evidence-based screening tools; SBIRT).
- Enhance operational and clinical workflows to support the use of health IT that improves the effectiveness of mental health and substance abuse services and increases patient engagement and self-management.
- Enhance performance reports to facilitate the use of data to evaluate clinical quality, identify areas for innovation and clinical quality improvement, and better manage population health.
- Strengthen participation in cybersecurity information sharing and analysis systems to protect patients' mental health and substance use disorder clinical information.¹⁶
- Provide evidence-based training and educational resources to health professionals 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, including engagement in Internet-based mentoring and provider education and support (e.g., Project ECHO).
- Provide training and educational resources to personnel, patients, families, and communities on trauma-informed care, suicide prevention, and opioid abuse, including the use of live and virtual self-management resources.¹⁷

¹² Telehealth supports patient assessment, treatment, medication management, and continuity of care, as well as patient and provider education and collaboration. For more information, see <http://store.samhsa.gov/shin/content/SMA16-4989/SMA16-4989.pdf>.

¹³ Health center services using telehealth technology must be in the health center's approved scope of project, and provided by health center providers to health center patients.

¹⁴ For more information, see <https://effectivehealthcare.ahrq.gov/ehc/products/636/2350/opioid-use-disorder-report-161123.pdf>.

¹⁵ For more information, see <https://www.healthit.gov/policy-researchers-implementers/clinical-decision-support-cds>.

¹⁶ For more information, see <https://www.healthit.gov/providers-professionals/cybersecurity-shared-responsibility>.

¹⁷ For more information, see <http://psych.ucsf.edu/news/empowering-addiction-treatment-patients-engage-health-management-may-improve-overall-health-and>.

- Enhance cybersecurity training for providers and personnel to ensure the robust and consistent security of patient’s mental health and substance use disorder clinical information.

Ineligible Costs

All proposed budget items must directly support the purpose of AIMS, as demonstrated in the [Budget Narrative attachment](#) and in the Response section of the [Project Narrative Form](#). AIMS ongoing funding can only be used to increase direct hire staff and/or contractor(s) who will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (i.e., personnel, fringe, and/or contractual costs). Additionally, the following uses of AIMS funding are not permitted:

- Purchase or upgrade of an EHR that is not ONC-certified.¹⁸
- Fixed equipment costs, such as permanent signage or heating, ventilation, and air conditioning (HVAC) units.
- Construction or minor alterations and renovation.¹⁹
- Facility, land, or vehicle purchases.

Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

Projected Impact

The impact of AIMS funding will be determined, in part, by the number of mental health and substance abuse services direct hire staff and/or contractor(s) added and the number of patients accessing mental health and/or substance abuse services for the first time. See Appendix A for instructions on completing the related forms in EHB. Sample forms are available on the [AIMS technical assistance website](#).

Resources for Applicants

To identify high impact and cost effective uses for AIMS funding, you are encouraged to leverage HRSA strategic partners for assistance. This includes your Primary Care Association (PCA) and Health Center Controlled Network (HCCN), along with applicable National Training and Technical Assistance Cooperative Agreements (NCAs).²⁰ Your state and/or local health department(s) are additional resources.

¹⁸ To confirm the Office of the National Coordinator for Health Information Technology (ONC)-certification, see <https://chpl.healthit.gov/#>.

¹⁹ Costs for installation of equipment that are considered alteration or renovation, such as those that require wiring or plumbing, are not allowable (e.g., installation of a fiber optics line).

²⁰ For the list of current Primary Care Associations and their States/regions, see <http://bphc.hrsa.gov/qualityimprovement/supportnetworks/ncapca/associations.html>. For the list of current National Training and Technical Assistance Cooperative Agreements and their areas of focus, see <http://bphc.hrsa.gov/qualityimprovement/supportnetworks/ncapca/natlagreement.html>. For more information on Health Center Controlled Networks, see <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/hccn.html>.

Application Requirements

Proposals must respond to the AIMS purpose and fulfill the Project Requirements. See [Appendix A: Application Instructions](#) for a detailed description of how to complete each application component. Refer to [Appendix B: Budget Narrative Instructions](#) for detailed Budget Narrative instructions.

Application Reviews

HRSA will conduct internal reviews for completeness, eligibility, and ineligible costs. HRSA reserves the right to request budget modifications and/or narrative revisions if an application is not fully responsive to the AIMS instructions or if ineligible activities are proposed.

Prior to award, HRSA will assess the status of all Health Center Program award recipients applying for AIMS funding. You are not eligible to receive AIMS funding if you have any of the following on your Health Center Program grant at the time of award:

- 5 or more 60-day Health Center Program Requirement progressive action conditions;
- 1 or more 30-day Health Center Program Requirement progressive action conditions;
- 1 or more Health Center Program Requirement progressive action conditions in default status (i.e., that were not adequately addressed in the 30-day phase of progressive action).

Reporting and Additional Requirements

You must implement expanded mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, within 120 days of award. This includes the onboarding of new personnel required to support this expansion. You must demonstrate projected increases in existing and new patients by December 31, 2018, as documented through the 2018 [Uniform Data System \(UDS\)](#) report. Additional information related to this funding to be collected in UDS includes:

- Number of mental health services and substance abuse services FTEs (as listed on the AIMS Staffing Impact Form).
- Number of patients receiving mental health services and substance abuse services, including the number of visits for each service type.
- Number of patients receiving SBIRT.
- Number of physicians, on-site or with whom the health center has contracts, who have obtained a DATA waiver to treat opioid use disorder with medications specifically approved by the Food and Drug Administration for that indication.
- Number of patients who received MAT for opioid use disorder from a physician with a DATA waiver working on behalf of the health center.

Award recipients will also report narrative progress toward achieving the expected outcomes outlined in the AIMS application in future [Budget Period Progress Report \(BPR\) Non-Competing Continuation \(NCC\)](#) submissions.

The Health Center Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#). Award recipients must comply with applicable requirements of all other federal laws, executive orders, regulations, and policies governing the Health Center Program.

Every organization is required to have a valid [Dun and Bradstreet Universal Numbering System \(DUNS\) number](#), also known as the Unique Entity Identifier, and to maintain an active [System for Award Management \(SAM\)](#) registration at all times. HRSA may not make an award to you until you have complied with all applicable DUNS and SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that you are not qualified to receive an award.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

You certify, by submission of this proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321). Where you are unable to attest to any of the statements in this certification, you must attach an explanation.

Agency Contacts

For assistance with completing the AIMS application, contact the appropriate resource below.

Electronic submission issues:	Technical assistance resources:
BPHC Helpline 1-877-974-BPHC (2742) (select option 3) Send email through Web Request Form	AIMS technical assistance website Provides sample forms, responses to frequently asked questions, and other resources
Program related questions:	Budget or other fiscal issues:
AIMS technical assistance team Submit inquiries about this funding opportunity to bphcsupplement@hrsa.gov	Mona D. Thompson Office of Federal Assistance Management Division of Grants Management Operations mthompson@hrsa.gov

Appendix A: Application Instructions

AIMS applications will be completed and submitted in EHB. Below are instructions for each application component. Additional resources are available on the [AIMS technical assistance website](#), including sample forms and attachments (for planning purposes only).

SF-424 Basic Information and Budget Forms

Enter the required information on SF-424 Part 1 and Part 2. Fields that are not marked as required may be left blank. AIMS funding must be requested by and will be provided to award recipients in the same sub-program funding proportions as their existing H80 grant funding.²¹ Enter the federal and non-federal costs for the 12-month period starting 9/1/2017 through 8/31/2018 for each currently funded sub-program, as applicable, in Section A of the SF-424 Budget Information form. HRSA will provide each eligible health center the maximum funding request values, based on a total request of \$150,000, by their sub-program funding proportions.

Project Description/Abstract (upload as attachment)

A project description/abstract is not required, however, an attachment must be provided. Upload a blank document to this field.

Budget Narrative (upload as attachment)

Complete a 12-month Budget Narrative for 9/1/2017 through 8/31/2018 that describes costs for all proposed activities. Clearly detail the federal and non-federal costs (including program income, if any) for each line item within each object class category of the Federal Object Class Categories form and explain how each cost contributes to meeting the AIMS purpose. See [Appendix B](#) for additional instructions.

Federal Budget Information Table Form

Federal Budget Information

- **Ongoing Service Expansion Funding for Increasing Access:** Enter costs for direct hire staff and/or contractor(s) that will expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, **up to \$75,000 (up to \$37,500 for each service)**. Service expansion funding must be requested equally for mental health and substance abuse services (i.e., a request of \$37,500 for mental health service expansion requires a request of \$37,500 for substance abuse service expansion).
- **One-Time Funding to Support Expanded Services:** You may also request one-time funding to leverage health IT and/or training to support the expansion of mental health services, and substance abuse services focusing on the treatment,

²¹ Sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

prevention, and awareness of opioid abuse, and their integration into primary care, **up to \$75,000**.

One-Time Funding Focus Areas

If one-time funding is requested, indicate which focus area(s) the one-time funding will address: Medication-Assisted Treatment, Telehealth, Prescription Drug Monitoring Programs, Clinical Decision Support, EHR Interoperability, Quality Improvement, Cybersecurity, Other Training, and/or Other Health IT. 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 Form. If one-time funding is not requested, leave this section blank.

Scope of Services

In EHB, use the link in this section of the form to access a read-only copy of your currently approved Form 5A: Services Provided. Determine whether a Scope Adjustment or Change in Scope will be necessary using technical assistance materials on the [Scope of Project resource website](#) by expanding “Services” under the Resources header.

Indicate if a Scope Adjustment or Change in Scope 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). Since modifications to your Form 5A cannot occur through the AIMS application, describe the proposed changes and provide a timeline for submitting a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.

Federal Object Class Categories Form

Enter federal and non-federal expenses by object class category (e.g., personnel, equipment, supplies) for all proposed activities for the 12-month period starting 9/1/2017 through 8/31/2018. This should include both ongoing and one-time funding as requested (up to \$150,000 total).

Staffing Impact Form

Enter expanded and/or new direct hire staff and/or contractor(s) FTEs to be supported by AIMS funding that will expand mental health and substance abuse services, whether fully or in part. Funding for the following personnel is allowed: psychiatrist, licensed clinical psychologist, licensed clinical social worker, other mental health staff, other licensed mental health provider, substance abuse provider, case manager, patient/community education specialist, and/or community health worker. Refer to the [2016 UDS Manual](#) for position descriptions, as needed. Do not include personnel already supported entirely by other funding sources (e.g., current Health Center Program funding awarded through an FY 2017 BPR or Service Area Competition (SAC) award).

An individual's FTE should not be duplicated across positions. For example, an individual serving as a part-time mental health provider and a part-time substance abuse services provider should have the appropriate FTE listed in each respective category (e.g., 0.3 FTE mental health provider and 0.3 FTE substance abuse services provider). Do not exceed 1.0 FTE for any individual. Applicants proposing to increase contractors should provide clarifying details in the Budget Narrative attachment to explain how the contracted FTE estimate was developed and include details regarding the contractual arrangement.

Patient Impact Form

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. See the [2016 UDS Manual](#) for the definition of patient.

You will provide separate patient projections for existing patients and new patients.

- Existing patients are current health center patients who will newly access mental health and/or substance abuse services as a result of AIMS funding.
- New patients are individuals not currently being seen by the health center who will access mental health and/or substance abuse services as a result of AIMS funding.

You will project patients by 1) Unduplicated Total and 2) Service Type.

- To calculate Unduplicated Totals for existing and new patients (questions 1 and 3, respectively), count each projected patient only once, even if some patients are expected to access both mental health services and substance abuse services.
- To calculate Patients by Service Type for existing and new patients (questions 2 and 4, respectively), count patients according to the services you expect them to access (mental health services and/or substance abuse services). If a patient will access both services, they would be counted once for mental health and once for substance abuse for these questions only.
- See the table below for how the following example for existing patient projections should be entered into the Patient Impact Form.²²

Example: As a result of AIMS funding, a health center projects that of existing patients, 100 will access mental health (MH) services only, 100 will access substance abuse (SA) services only, and 50 will access both mental health and substance abuse services by December 31, 2018. The health center would complete the Patient Impact Form as follows.

²² The same process will be used to calculate new patient projections.

Example Patient Impact Projections

1. Unduplicated Total (Existing Patients): 250 (calculated as 100 MH-only + 100 SA-only + 50 that will access both services)	
2. Patients by Service Type (Existing Patients):	
Mental Health Services	Substance Abuse Services
150 (calculated as 100 MH-only + 50 that will access both services)	150 (calculated as 100 SA-only + 50 that will access both services)

Patient projections made through the AIMS application should not duplicate other patient targets (e.g., SAC projections, New Access Point projections). Projections for New Unduplicated patients will be added to your H80 grant’s 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 SAC. See the [SAC technical assistance website](#) for patient target resources.

Notes:

- An increase in patients new to the health center is not required if the proposed project will focus on making mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, available for current health center patients who have not accessed these services through the health center in the past.
- If new patients are projected, complete the Patients by Population Type section. The information entered in this section will be used to populate future Budget Period Progress Reports.

Project Narrative Form

Need (maximum 2,500 characters, which includes spaces)

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.

Response (maximum 2,500 characters, which includes spaces, each)

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.
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.
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 that all one-time funding will be expended within 12 months of award. If one-time funding for health IT and/or training is not requested, enter "N/A".

Equipment List Form (as applicable)

If one-time funding is requested in the Equipment line item on the Federal Object Class Categories form, list the costs for equipment items on the Equipment List Form. Federal 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 the Equipment List Form. See additional details in [Appendix B](#).

Appendix B: Instructions for Completing the Budget Narrative

You must provide a 12-month Budget Narrative that explains the amounts requested for each line item in the Federal Object Class Categories Form. The Budget Narrative must contain sufficient detail to enable HRSA to determine if costs are allowed²³ and must outline federal and non-federal (if any) costs for each line item. It is important to ensure that the Budget Narrative contains detailed calculations explaining how each line-item expense is derived (e.g., cost per unit). AIMS funding may not be used to support costs incurred prior to award or to supplant existing funding sources.

The Budget Narrative should describe how each cost will support the proposed project supported by AIMS ongoing and one-time funding. Include the following for the 12-month period starting 9/1/2017 through 8/31/2018:

Cost Category	Budget Presentation Description
Personnel	List each direct hire staff member who will be supported by mental health and substance abuse service expansion ongoing funding. Include the name (if possible), position title, FTE, and annual salary. Review the salary limit information provided below to develop the required Personnel Justification Table.
Fringe Benefits	List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement) for the proposed direct hire staff. The fringe benefits should be directly proportional to the portion of personnel costs allocated for the AIMS project.
Travel	The travel budget should reflect expenses associated with travel for consultants, direct hire staff, and/or contractors to attend trainings. List travel costs according to local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and individuals traveling.
Equipment	List equipment costs consistent with those provided in the Equipment List Form. 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.
Supplies	List the items necessary for implementing the proposed project. Equipment that does not meet the \$5,000 threshold listed above should be included here.

²³ Refer to the cost principles embedded in 45 CFR Part 75, see <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75> for details on allowable costs.

Cost Category	Budget Presentation Description
Contractual	Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.
Other	Include all costs that do not fit into any other category and provide an explanation of each cost.

Salary Limitation Requirements

The Consolidated Appropriations Act, 2016 Division H, § 202, (P.L. 114-113), states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement. Note that these or other salary limitations may apply in FY 2017, as required by law.

The information included in Personnel Justification Table, example below, must be provided for all direct hire staff and contractors proposed to be supported by AIMS funding. Direct hire staff and contractors supported entirely with non-federal funds do not require this level of information.

Example Personnel Justification Table for Proposed Personnel

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Psychiatrist	10%	\$200,000	\$187,000	\$18,700
R. Doe	Licensed Clinical Social Worker	100%	\$47,550	No adjustment needed	\$47,550
D. Jones	Case Manager	25%	\$35,000	No adjustment needed	\$8,750
	TOTAL		\$282,550		\$75,000



Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

HRSA-17-118

Frequently Asked Questions

Below are common questions and corresponding answers for the Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity for existing Health Center Program award recipients (hereafter referred to as health centers). New items will be added as needed. The AIMS technical assistance website will announce when updates are made:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement>.

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General Information

1. What is the purpose of the FY 2017 AIMS supplemental funding opportunity?

The AIMS purpose is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Health centers will enhance these services by increasing personnel. They will also leverage health information technology (IT) and provide 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.

2. When can I start my application and when is it due?

The application period opened on June 26 with the release of the AIMS instructions and application resources, available on the AIMS technical assistance website at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement>. AIMS applications will be completed and submitted in HRSA's Electronic Handbooks (EHB). The EHB application module may be accessed beginning June 30. Applications are due in EHB by

5:00 P.M. ET on July 26. There is no Grants.gov submission requirement. You are encouraged to start preparing your application materials immediately.

3. How much AIMS funding is available to support each eligible health center in FY 2017?

Health centers may request up to \$75,000 in AIMS **ongoing funding** to support the expansion of mental health services (up to \$37,500), and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (up to \$37,500). Ongoing funding is expected to become part of the continuing H80 grant awards (roll into base funding).

Health centers may request up to \$75,000 in AIMS **one-time funding** for health IT and/or training investments that will 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. HRSA may adjust award amounts consistent with available funds.

4. How will I know my health center's sub-program funding proportions and where will I enter this information in the application?

The emails sent on June 26 provide the total maximum federal funding amount that each eligible health center may request (\$150,000) divided by its current H80 grant sub-program funding proportions (i.e., CHC, MHC, HCH, and PHPC).¹ You will enter your health center's federal budget request amount, according to the sub-program proportions, on the SF-424 Budget Information Form Section A - Budget Summary.

5. What should I do if the sub-program proportions provided in the EHB email are not correct?

If the email provides an inaccurate funding distribution across sub-programs, contact the AIMS technical assistance team at bphcsupplement@hrsa.gov. The EHB User Guide for Applicants (available on the [AIMS technical assistance website](#)) includes instructions for adjusting the sub-programs listed on the SF-424 Budget Information Form.

Eligibility

6. What types of organizations are eligible to apply for FY 2017 AIMS funding?

Organizations receiving Health Center Program operational (H80) grant funding at the time of this funding opportunity release are eligible to apply for AIMS funding. If you think that your health center should be eligible but the individuals listed as the Project Director, Authorizing Official, and Business Official in your EHB H80 grant folder did not receive an email through EHB announcing the AIMS funding opportunity on June 26, contact the [AIMS technical assistance team](#).

¹ CHC= community health center; MHC= migrant health center; HCH= health care for the homeless; PHPC= public health primary care

7. The AIMS instructions state that HRSA will not award AIMS funding to health centers that exceed specified condition thresholds. Does this include all conditions, including scope verification conditions?

HRSA will only consider progressive action conditions related to Health Center Program Requirements when determining if health centers are able to receive AIMS funding (i.e., scope verification and construction or alteration-related conditions will not be included). Direct questions regarding the current status of conditions on your H80 grant award to your Project Officer.

8. Is the AIMS application subject to review by State Executive Order 12372?

Yes. AIMS awards are subject to the provisions of Executive Order 12372, as noted in the Reporting and Additional Instructions section of the AIMS instructions. If your health center is in a state that has a Single Point of Contact (SPOC), contact the SPOC to alert them that you will be submitting an application. The list of SPOCs is available at http://www.whitehouse.gov/omb/grants_spoec. If there is no SPOC, then you may contact your Primary Care Office (PCO) for guidance. See <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html> for the list of PCOs.

9. Can subrecipients/subcontractors apply for AIMS funding?

No. Only organizations directly receiving H80 grant funding from HRSA at the time of the AIMS funding opportunity release are eligible to apply. If a site that is operated by a subrecipient/subcontractor is included in an eligible health center's approved scope of project (i.e., on Form 5B: Service Sites), the health center may request AIMS funding to support activities at that site.

Application Requirements

10. Do I have to expand mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse through direct hire staff (i.e., Form 5A Column I)?

No. AIMS funded services must be listed in Column I (direct provision) and/or Column II (through contract or formal written agreement) on Form 5A: Services Provided and are limited to: Mental Health, Health Care for the Homeless (HCH) Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education (related to mental health services and substance abuse services). You may propose additional services in Column III (provided by referral) to support AIMS funded services.

11. Can I make changes to my approved scope of project (Form 5A: Services Provided) through the AIMS application?

No. You must separately submit a Scope Adjustment or Change in Scope request (as appropriate) to HRSA to add new services or to move services between Form 5A columns. Your request must be approved prior to implementing the new service(s), which must occur within 120 days of award. 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 (e.g., staying within Form 5A Column I).

For guidance in determining whether a Scope Adjustment or Change in Scope will be necessary, access the technical assistance materials on the [Scope of Project](#) website (click on the “Services” header in the Resources section to access the Form 5A information).

12. Can I propose activities at a site that I plan to bring into scope at a later date?

No. Proposed activities must be implemented at sites (including mobile vans) in a health center’s approved scope of project. However, if a new site is added to scope in the future, AIMS funding may, at that time, be used to support approved AIMS activities at that location.

13. Can I propose to provide expanded services only to existing patients?

Yes. Your proposed project may focus on making mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse available to current health center patients who have not accessed these services through the health center in the past. On the Patient Impact Form, enter the number of current patients that will newly receive these services for the existing patient fields: Unduplicated Total (Question 1) and Patients by Service Type (Question 2). You will then enter zeros for all new patient-related fields: Unduplicated Total (Question 3), Patients by Service Type (Question 4), and the New Patients by Population Type table at the end of the form.

14. How do I calculate Unduplicated Total and Patients by Service Type?

Consider existing and new patient projections separately. For each, project the number of patients who, as a result of AIMS funding, will access a) mental health services only (MH), b) substance abuse services only (SA), and c) both mental health services and substance abuse services (BOTH). The following example demonstrates how to enter this information into the Patient Impact Form for either new or existing patients.

You project: 100 MH, 100 SA, and 50 BOTH

- **Unduplicated Patients** = 100 MH + 100 SA + 50 BOTH = **250**
- **Projections by Service Type:**
 - **MH** = 100 MH + 50 BOTH = **150**
 - **SA** = 100 SA + 50 BOTH = **150**

15. Will patient projections be added to my H80 patient target?

Yes. The projection for Unduplicated Total new patients (entered in response to Question 3 on the Patient Impact Form) will be added to your H80 grant’s 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). Patient target

resources are available at

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/index.html>.

16. Can I propose to expand substance abuse services by adding a health educator who will increase awareness of opioid abuse?

Yes. Describe in the Response section of the Project Narrative Form how AIMS funding will expand substance abuse services through opioid abuse prevention and awareness, as opposed to treatment, activities. If proposed AIMS-funded activities will not increase the number of patients receiving substance abuse treatment, then you will enter zero for your substance abuse services patient projections on the Patient Impact Form.

17. Can I use AIMS funding to increase the salaries of our existing providers?

No. AIMS funding must be used to expand mental health services and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse by hiring new or increasing the hours of existing personnel. AIMS funding may not supplant existing resources.

18. Can I use AIMS funding for recruitment bonuses to improve our success in securing qualified providers for this project?

Recruitment bonuses may be part of a salary package supported by AIMS ongoing funding, if consistent with the health center's standard practice.

19. Can I use AIMS funding to cover recruitment agency fees?

Yes. Costs or fees associated with an outside recruitment agency to hire providers to support the AIMS funded project are allowed.

20. Can I hire a new staff member prior to award?

Yes. AIMS applications must demonstrate that AIMS funding will result in an increase in full time employees and the number of patients accessing mental health services and substance abuse services within 120 days of award. Plans to increase direct hire staff and/or contractors should be implemented based on need and available resources, taking into consideration that the application submitted to HRSA is a request, not an approved plan, for the activities proposed. AIMS funding may not be used to support costs incurred prior to award.

Budget Presentation

21. Are applicants required to include non-federal funding in the AIMS application budget presentation?

You are required to include total budget information, which may include non-federal funding (e.g., program income) if such funds will be leveraged to complete the proposed project. Total budget information must be included in the SF-424 Budget Information Form, the Federal Object Class Categories Form, and the Budget Narrative.

22. Are installation costs allowed?

AIMS one-time funding may be used to purchase and install health IT that will support the expanded mental health services, and substance abuse services focusing on the treatment,

prevention, and awareness of opioid abuse (e.g., consultant costs for installing new software or kiosks). However, costs for installation of equipment that are considered alteration or renovation, such as those that require wiring or plumbing, are not allowed (e.g., installation of a fiber optics line).

23. Are there any formatting guidelines for the Budget Narrative attachment? Can I submit a Microsoft Excel document?

Use 1.0 line spacing and an easily readable font, such as Times New Roman, Arial, Courier, or CG Times. The font should be no less than a 10-point font. Limit Excel documents to one spreadsheet only (i.e., one tab in the workbook) and to make sure that the print area is set to the information that must appear in the submission.

Award Information and Reporting Requirements

24. When will AIMS funding be awarded?

HRSA anticipates announcing the awards in September 2017.

25. By when must the expanded mental health services and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse be implemented?

Access to expanded mental health services and expanded substance abuse services directly or through contracts or agreements for which the health center pays must be implemented within 120 days of award.

26. By when must expanded and/or new direct hire staff and/or contractors as stated on the Staffing Impact Form be in place?

Expanded or new direct hire staff and/or contractors who will support mental health service expansion, and substance abuse service expansion focusing on the treatment, prevention, and awareness of opioid abuse must be in place within 120 days of award.

27. By when must the patient projections stated on the Patient Impact Form be attained and how will I report on progress?

Patient projections must be met by December 31, 2018 as documented in your 2018 Uniform Data System (UDS) report. Progress toward attaining patient projections will be reported in future Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submissions.

28. Can I carry over unobligated AIMS funding into my next H80 budget period?

Yes. AIMS awards will include the requested 12-months of funding (September 1, 2017 through August 31, 2018), which spans two H80 grant budget periods (FY 2017 and FY 2018). To use AIMS funding in the FY 2018 budget period, you must submit a Prior Approval Request to carry over unobligated funds within 90 days of your H80 grant's FY 2017 budget period end date. Consult your Grants Management Specialist with questions.

29. Are there unique reporting requirements for activities supported by AIMS funding?

- No. Progress will be demonstrated through UDS reports and BPR NCC submissions.

Technical Assistance and Contact Information

30. What technical assistance is available to help me develop my AIMS application?

Technical assistance materials, including sample application forms and the EHB User Guide for Applicants, are available at the [AIMS technical assistance website](#). Use the sample forms to begin preparing your application prior to when the EHB application module opens on June 30.

31. Who should I contact with questions concerning the AIMS application requirements and process?

Contact the AIMS technical assistance team at bphcsupplement@hrsa.gov.

32. Who should I contact if I have specific questions about allowable costs, the budget, or the Budget Narrative?

Contact Mona D. Thompson, Grants Management Specialist, at mthompson@hrsa.gov.

33. If I encounter technical difficulties when trying to submit my application in EHB, who should I contact?

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding federal holidays) at 1-877-974-2742 or submit a Web request at <http://www.hrsa.gov/about/contact/bphc.aspx>.

TAB 4

**Request to
create
Finance
Committe**

DATE: July 13, 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 ESTABLISH A STANDING COMMITTEE ON FINANCE

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. Responsibilities included, but not limited to:

- Develop an annual operating budget with staff.
- Approve the budget within the finance committee.
- Monitor adherence to the budget.
- Set long-range financial goals along with funding strategies to achieve them.
- Develop multi-year operating budgets that integrate strategic plan objectives and initiatives.
- Present all financial goals and proposals to the board of directors for approval.

The committee shall have a minimum of three (3) and no more than four (4) members from among the voting membership of the Board. If not designated in the Board's action on this request, the committee shall designate a committee chair to lead the committee's activities. The committee would be charged with the task of financial oversight of the Program. The committee may, at its discretion, return partial or separate reports on the topics under its review. All reports will be written and provided to the HCH/FH staff at least 10 days prior to the meeting at which the report will be presented. The committee's report should provide succinct analysis of the issue and may present specific recommendations for Board action. Members of the committee may also prepare a minority report if there are differing views on the final report and the recommendations to be given to the Board. Program staff will assist the committee in logistical arrangements. The Board may give further instruction to the committee as the Board chooses.

This request is for the Board to establish the Standing Finance Committee and appointment of Committee Members. Approval of this action requires a majority vote of the Board members present.

TAB 5
Consumer
Input
NHCHC report
back

DATE: July 13, 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: 2017 National Health Care for the Homeless Conference & Policy Symposium attendance in Washington D.C.

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.

On Thursday, June 22nd, Linda, Elli and other seventeen (17) California representatives of County health department-based Health Care for the Homeless health centers in California – Contra Costa, San Mateo, Alameda, Santa Clara, Santa Barbara, Solano, Sacramento, Santa Cruz, Ventura – met with the Office of Senator Kamala Harris. We discussed specifically the importance and value of Public Entity (Health Department) –based health center and Health Care for Homeless programs.

In an effort to formalize the sharing of Conference knowledge, staff, Board members and non-staff that were approved for conference will share their experience during this meeting and August/September.

Some of the workshops attended by Linda and Elli:

- *Pre-Conference: Medical Respite Care: Accessing Health & A Pathway Home*
- *When Medicaid And Housing Data Meet: Some Things Are Just Better Together*
- *Federal Panel Update*
- *How data systems can impact your health center*
- **Medicaid and Managed Care: A Discussion of Current Events and Likely Changes Impacting HCH Providers and Consumers**
- *The HRSA Operational Site Visit – Recent Updates and “Hot” Issues*
- ***Learning Lab: Board Requirements and Beyond: How to Build an HCH Board that Meets Requirements and Exceeds Expectations***
- *Engaging Local Emergency Departments in Coordinated Entry-*
- *San Mateo County Street and Field Medicine: A Private/Public Partnership Reaching Vulnerable populations in our Community*
- *Chronic Disease Management : Undocumented and Homeless –How to make it work*
- *Health Care for the Homeless Outreach: A strategic approach*

Attached- report back on conference by Board Member Kat Barrientos and Tayischa Deldridge, Staff Linda Nguyen and Elli Lo



**National health care for homeless conference
Linda Nguyen report**

Learning Lab: Board Requirements and Beyond: How to Build an HCH Board that Meets Requirements and Exceeds Expectations

Who were the speakers of interest, their backgrounds & expertise?

- David Modersbach, Alameda County health care for homeless program
- Vincent Keane, President & CEO, Unity Health Care Inc.
- Amy Sparks, Director of Homeless and Behavioral Health Services- Alabama Regional Medical Services
- Jennifer Metzler, Exec Director, Albuquerque Health care for homeless, Inc.

What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

- Various differences in public versus private entities in complying to the program requirements.
- The importance on the composition of your board, reflecting the needs of the community and the patients you serve.
- Values that guide decision making of the Board.
- Challenges in recruiting Board members, especially consumers.
- Creating and maintaining active Community Advisory Board
- Peer mentoring to support Board members, important of Board evaluations.
- Responsibilities of Board versus staff, setting policies versus creating procedures.

How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

- One of my main tasks is not only managing our contractors, but also supporting our Board members to ensure that they are equipped appropriately to govern the program.
- Recruiting Board members and training current ones is an ongoing issue.

What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

- Make sure that there is quarterly Board training, include training materials (By Laws, Co-Applicant Agreement, Brown Act, List of Programs, background on program, conflict of interest, travel policy), relevant policies in binder for all Board members.
- Maybe creating a tent card with names/positions.
- Creating an annual Board evaluation and networking with other programs for TA and best practices.

<https://www.nhchc.org/wp-content/uploads/2017/06/building-a-board-that-meets-requirements-and-more-final.pdf>

2017 National Health Care for the Homeless Conference & Policy Symposium
Write up by Elli Lo

Medicaid and Managed Care: A Discussion of Current Events and Likely Changes Impacting HCH Providers and Consumers

a. Who were the speakers of interest, their backgrounds & expertise?

Barbara DiPietro, PhD, Senior Director of Policy, National Health Care for the Homeless Council
Jenny Ismert, MPA, Vice President, Policy, UnitedHealthcare Community & State

b. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

- Current status – high level of uncertainty at federal & state level
- Changes in health care and housing policy will have direct implications for states and HCH projects
- Medicaid per capita cap would shift costs from Federal to States; Federal cuts = states problems
- State provisions to look for more frequent re-determinations of eligibility, higher levels of documentations, time limits on benefits etc

c. How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

- Aware of potential changes and significant impacts to all low-income populations as new administration and Congress debate alternatives to the Affordable Care Act
- Learned about current status of Medicaid and the changes being proposed at the federal & state level
- Better understanding of the current role of managed care and how that role be altered in response to any federal or state changes

d. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

- The American Health Care Act & Medicaid
 - Repeat Medicaid expansion
 - Move to block grants/per capita caps
 - Repeal/waive essential health benefits
 - End retroactive coverage & limit presumptive eligibility
 - Create option for work requirement
 - Require stronger documentation prior to enrollment & re-determination every 6 months
- *"The expansion of Medicaid through the Affordable Care Act (ACA) to non-disabled, working age adults without dependent children was a clear departure from the core, historical mission of the program."* Tom Price, HHS Secretary
7 Seema Verma, CMS Administrator, Letter to Governors, March 17, 2017
<https://www.hhs.gov/about/news/2017/03/14/secretary-price-and-cms-administrator-verma-take-first-joint-action.html>

Powerpoint: <https://www.nhchc.org/wp-content/uploads/2017/06/managed-care-workshop-slides-final.pdf>



Attendee & Board Member:

Kathryn Barrientos Healthcare
Case Manager

Samaritan House / Safe Harbor

Workshops attended:

- Pre Conference- Medical Respite Care Accessing Health & a Pathway Home.
- Engaging Local Emergency departments in Coordinating Care
- Building Inter-professional Teams.
- Who's Hungry? A discussion on improving food access:
- Dead People Don't Recover:
- Medical Respite from Conceptualization to Realization:
- Healthy Release:
- San Mateo County Street and Field Medicine: A Private/Public Partnership reaching Vulnerable Populations
- Consumer Advisory Boards: Creating Effective Internal and Organizational Structures.
- **Joining Strengths: Collaboration between SFFD, SFHOT and Sobering**
- Denver collaborates to reach "High Utilizers" through Social Impact Bond Initiative

Joining Strengths: Collaboration between SFFD, SFHOT and Sobering

The highlight of the classes I believe:

It covered all the above respite collaboration of services and agencies

Joining Strengths: Collaboration between SFFD, SF HOT, and Sobering

This was most likely one of my favorite of the discussions aside from our outreach team. They had three different entities that worked together to help as best they can some of the chronically homeless in the City. The SF Fire Dept Chief – EM6 is definitely a model for our own county to look into, in my own opinion of course but it was impressive the team work as well as the Respite Center in SF that cares for the ones that get lost and need to be found. Their respite center in SF also staffed with full medical team as needed. Impressive all of it is a great example of the city and non-profits getting in and helping the same cause the speakers were both very knowledgeable and great. This is easily applicable to working with our own HOTT teams.

. As always its educational and almost revitalizing to attend all conferences for the education and the infusion of hope that your county is not the only county working to end homelessness.

All wonderful things & tremendous amount of work that has been done.

TAB 6
Staffing Sub-
committee
report

Ad Hoc Program Staffing Committee

3/29/17

Present: Kathryn Barrientos, Brian Greenberg, Dick Gregory, Sandra Nierenberg, Julia Wilson

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. It was also felt that some of the work performed by the current staff could be delegated to an administrative assistant freeing staff to do other duties.

Since it was difficult to determine whether the request to increase another program position was appropriate we decided to look at the administrative costs this position would incur. By the group's calculation the current increase would lead to an overall administrative cost of 32.5% up from 22.5%. The group felt that taking money away from contract services should not be done. The overall consensus was that an administrative cost of 25% would be an appropriate amount.

To confirm that this is a good ballpark figure we did some research. Dick Gregory called a local Bay Area Program () and found that 20-25% was a good administrative cost range.

Plan: Julia Wilson will call Pat Fairchild to determine what other Homeless/Farmworker Programs spend for administrative services. Brian Greenberg will check in with Santa Clara County's Homeless Program. If confirmed that the proposed percentage is a viable range then Brian Greenberg will construct a letter notifying Jim of the committee's decision and proceed to notify the whole Co-Applicant Board for further discussion.

E-mail sent to Jim with CC's to Ad Hoc Program Staffing Committee

4/10/17

Jim:
The Ad Hoc Staffing Committee of the Co-Applicant Board met regarding your request to increased staffing.

Our recommendation is that a maximum of 25% of the award be expended on managing the business of your office. While we regret that we cannot recommend a higher figure, based on a quick review of other programs, we believe this to be reasonable.

The Ad Hoc Staffing Committee, like the rest of the board, is grateful for all the work of you and your staff. We look forward to further discussions regarding this matter.

Regards,
Brian Greenberg
Brian Greenberg, Ph.D.
VP, Programs & Services
main (650) 685-5880 ext. 116
email bgreenberg@lifemoves.org

4/6/17

To: Brian Greenberg, Kathryn Barrientos, Dick Gregory, Sandra Nierenberg

From: Julia Wilson

Pat Fairchild of HRSA and I discussed our current issue of setting up a percentage limit on the budget for Administrative Services. She agreed this would be an appropriate way to direct staff in their endeavor to increase staffing and that 20%-25% is within range of most programs.

However, Pat stated we are an unusual model since most programs provide direct service and can more clearly delineate direct and indirect costs. Our integration with San Mateo County Medical Clinics to provide clinical services and contracting various community agencies for enabling and case management services challenges us to differentiate Program Management such as oversight of contracts, policy development, etc., from Administrative services. These are Operational services and cannot be lumped into Administrative services.

She also pointed out that since we are reliant upon county and not our own staff to provide essential information, such as financial data, patient data, etc., we must take into account that the amount of time the staff has to track down and ensure follow through has to be included in the equation. There is a lot of time spent within the demands of the Health System.

And as we discussed in our last Ad Hoc meeting, Pat also mentioned that there was a need for an administrative assistant at probably a 50-75% FTE level to do General Administrative work such as board packet preparation, setting up, note taking, etc., with support by Linda to ensure substance is appropriate.

The last point Pat made was that the primary role of our program is to ensure that the contracted services are doing what we expect, i.e., providing the highest level of care to our vulnerable populations. Do we have the appropriate programmatic staff that are able to evaluate whether we are reaching the people we need to reach and reaching our set goals?

4.6.17

Added notes to discussion with Pat Fairchild not in first document:

1. Jim could do more grant writing to increase program budget
2. Not eligible for 501c3 grants but others are available.
3. There is concern that Jim's ability to work with county may be slow due to interpersonal problems.
4. Cost of a programmatic person with clinical and ability to evaluate health services and communicate programmatically to clinical staff would serve to increase commitment to service to Homeless and Farmworker populations.
5. Need ability to go talk to mobile clinic staff or other staff about how to serve Homeless or Farmworkers in a way that ensures optimal care.
6. Feels we need 1 FTE programmatic clinical staff. Feels we lack this.
7. 25% of \$2.5 million equals \$625,000. Cost of nurse with benefits is about \$200,000.
8. Crux of getting good services is to have the right players and good interactions.

DATE: March 9, 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 STAFFING UTILIZATION REPORT

Based on a review of actual staff effort, we have determined that the routine staff effort required to maintain general program operations is over 1,800 hours for the Program Coordinator position and almost 1,900 hours for the Management Analyst position. This is substantially problematic in that the typical actual available hours for a full-time staff person is in the area of 1,720 hours (max) per year.

And the above does NOT include any time for SAC, OSV, RFP * proposal review, Needs Assessment & Patient Satisfaction Survey, all of which add a total of 580 (PC) to 685 (MA) estimated hours per year (in which they would all occur).

That means we have a routine shortfall of a little less than a quarter-time staff, assuming no non-routine activities need to occur. For a year like 2016, it would indicate we were short almost one (1) full-time staff position,

And none of this includes substantial efforts to develop a website, improve training for SMMC staff around homeless and farmworker identification, do any clinic visits, provide extensive provider/partner training & TA in the field, developing new community partners, developing a disaster recovery plan, increasing the volume and quality of financial reporting, or any other project that might move the program forward or improve the health status of our populations.

Attachment:

- Narrative of duties
- Staffing Hours Spreadsheet
- IT projects

Staffing Duties

Contract Oversight

The number of contracts has drastically increased from five (5) agreements with four (4) agencies in 2013 to now fifteen (15) agreements with at least ten (10) agencies. This growth in agreements has a direct and significant impact on additional oversight to manage and monitor the contracted services. This includes not just verifying that the invoices are correct for payment, but ensuring that the specified services are being delivered to the benefit of our target populations as intended and provided administrative and programmatic technical assistance when and as necessary to our partners.

Monitoring contract duties include validating monthly data, reconciling data discrepancy with contractor, verifying that the invoices are correct for payment, reviewing quarterly reports, troubleshooting through problems and barriers identified on quarterly reports, providing technical assistance etc. For each contract, program spends about 40 hours per year, 3.33 hours per month, total up to 600 hours for all contracts per year.

Site Visit for Each Contract

Each executed contract requires a site visit. Site visit duties includes reviewing forms, compiling & preparing data for site visit review, coordinating with agency, conduct site visit, follow up TA if needed, compiling evaluation & report. Program Staff spend about ten (10) hours per contract. The number of contracts has drastically increased from five (5) agreements with four (4) agencies in 2013 to now fifteen (15) agreements with at least ten (10) agencies. This growth in agreements increase additional hours needed for Site Visit oversight.

Budget + Program Expense Oversight

Program staff reviews and oversees other expenses such as small funding request, taxi vouchers, operation expenses such as printer, supplies, equipment etc. Duties include reviewing and negotiating funding requests, validating expenses against budget, follow up on taxi voucher discrepancies or unauthorized rides, working with County finance staff in processing invoices etc. These duties add up to 200 hours annually.

Other Program Meetings

Program hosts monthly QI and quarterly Provider Collaborative meetings. Program also meets with various Medical Center Staff for troubleshooting, gathering relevant information and resources from other departments. For QI meetings, prep work includes working with Business Intelligence team on gathering and fine-tuning data, analyzing data, compiling various reports, researching for data criteria and resources etc. For Provider Collaborative meetings, prep work includes compiling data, researching and bringing new information/resources, working with Medical Center staff for common barriers that the contractors bring up, providing technical assistance, scheduling external trainings etc. With the growth of contractors and partners, Program Staff spend about 122 hours annually for other program meetings.

Board Support (meetings and training)

Monthly Board meetings take several hours (400 annually) as well as providing any board orientation/training. Staff must prepare at least a week in advance for Board materials that include drafting any policies and memos, working with sub-committees and contractors to draft contracts/reports, as well as researching relevant topics such as consumer topics and board training. Logistics of Board meetings include preparing board packets, reserving rooms, order catering, ensuring adequate attendance, as well as any A/V equipment that is necessary.

Board orientation/training is also an on-going effort that includes orientation for new Board members and on-going training to Board members. Staff updates and researches Board orientation documents, meets with new Board members and provides on-going Board training throughout the year

UDS (Uniform Data System annual report)

Every year staff works closely with our IT (Business Intelligence) department to execute the annual report Uniform Data System (UDS) to HRSA. The effort to produce the annual UDS report takes hundreds (600 annually) of hours to complete as it is currently a very manual process. Every year HRSA makes changes on required information to be collected for our UDS report, and may range from minor to major efforts. On-going meetings with IT department are required to ensure that the right data is collected for not only demographic information on our patients but also many medical outcome measures that are also required for the overall quality improvement effort. Staff combines and unduplicates all (thousands) patients of SMMC and all contractors as well as validates visits of each category. Verifying many clinical outcome measure reports through conducting numerous chart reviews is also required to ensure accurate reporting. Even as staff works with IT to produce universal reports for some outcome measures, some must be conducted manually with a chart sample of 70 conducted by chart reviews of E.H.R.s . There is an initial submission in February and final submission end of March that includes verifying any discrepancies and justifying so with written explanations.

Other Misc Duties and Special Projects

- Staff Meetings
- Conferences & External Trainings (NHCHC and Migrant Forum)
- External Meetings & Workgroups (COC, Oral Health Coalition, Disparities Workgroup)
- Strategic Plan efforts (Development, Report and Implementation)
- Needs Assessment/Patient Satisfaction Survey
- RFP Proposal Announcement / Reviewing Process
- Service Area Competition
- Operational Site Visit
- General Trainings, webinar, literature reviews
- IT/Case Management Software Project
- PSA Training
- Grant Conditions

Common Efforts	ANNUAL HOURS		Projects	Full-Time Position	hours
	Prog Coord	M.A.			
Site visits	120	75	PSA training	2080	
			Website creation/updates		
general trainings, webinars, literature reviews	40	60	Visit Clinics	-80	county scheduled holidays
			Provider Contractor TA in field	-100	vacation
IT/Case mgmt software project	104	65	Outreach/program materials	-40	sick leave
			Work with community partners		
grant conditions	208	208	Disaster/recovery plan for h/fw	-200	county issue time
			Program promotion		
small funding request	104	104		-52	Supervision time
staff meetings	104	104			
				1608	actual available hours
Board packet	144	48			
Board support	120	102			
UDS (training, prep, completion, etc.)	300	300			
Conferences & external trainings	40	48			
Other program meetings (Provider Collaborative, QI, etc.)	76	46			
External Meetings & Workgroups (Continuum of Care, Oral Health Coalition, Center on Homelessness, Disparities Workgroups, Health Coverage Coalition, etc.	112	48			
Strategic Plan implementation, etc.	250	250			
	1722	1458			
Position Specific					
Reviews of Invoices, data, vouchers, etc. + TA		272			
contract work		75			
Budget development, review, etc		208			
Quarterly reports, service issues + TA	208				
	208	555			
Periodic & As Needed					
SAC	200	200			
OSV	180	180			
Needs Assessment or Patient Satisfaction	40	40			
RFP/Proposal announcement	120	225			
Strategic Plan development	100	100			
	640	745			

IT Projects

Health Information Exchange (HIE) June 2017

Project to collect health information from various sources, initially within the Health System Network, and subsequently across the county; this project is a lynchpin for the ability to provide clinical providers with “alerts” or other notification that the patient is homeless or a farmworker.

Mobile Health Coach Replacement Later 2017

Public Health Policy & Planning are adding an additional mobile clinic to their fleet; needs to be seamlessly connected to typical systems used in the clinical setting.

One-e-App Alternatives Summer 2017

Health Coverage Unit is looking to replace One-e-App, the current ACE eligibility system (with information referral to MediCal for those eligible); this eligibility determination is a key within the HCH/FH Sliding Fee Scale Policy

EMPI – Electronic Master Patient Index Early 2017

Master Index for all Health System clients/patients

Care/Case Management Solution Summer 2017

Project to identify a potential Case Management System for use by multiple Health System programs, including HCH/FH; could be critical to development of a HCH/FH program database and ability to do longitudinal analysis and other sophisticated patient/client reporting

EHR 2.0 Assessment Late 2018

Kick-off scheduled for 02/01/17; initial phase is for planning & information gathering, leading to an RFP.

In addition, there are numerous other IT projects & efforts that may tangentially touch our patients, incorporate our patients as part of a much larger group, or have some impact on operations. These include:

- Specialty Care Augmented Referral & Tracking
- Behavioral Health Data for Chronic Disease Care
- Electronic Document Management (EDM) Solution & Integration
- PRIME Program Implementation/Enterprise Data Warehouse & Dashboards
- Soarian Financial

Plus some projects that are, as yet, unscheduled:

- Geographic Information System (GIS) Integration

And we may develop additional projects for QI or based on potential new offerings from HRSA.

Additionally, we will be involved in the effort(s) to establish the collection of required SOGI data.

TAB 7
Discussion on
Board
Nominations/
Elections

DATE: July 13, 2017

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

FROM: Jim Beaumont, Program Director

SUBJECT: ELECTION TO FILL VACANCY IN BOARD CHAIR POSITION

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:

Section C - Vacancies

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.

And:

Section A - Nomination & Election

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).

The regular nomination and election of all Board officer positions, including the Chair, for the 2018 term, will take place as prescribed in October or November of 2017.

TAB 8
QI Report

DATE: July 13, 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 ON QI AWARD USAGE

The San Mateo County HCH/FH Program QI Committee met on May 25, 2017.

The meeting focused on editing the 2017 San Mateo County HCH/FH Program Needs Assessment Survey, which was finalized.

The Patient Satisfaction Survey Report was also finalized and is ready for review by the HCH/FH Program Co-Applicant Board.

The next QI Committee meeting will be at the end of July 2017

TAB 9
Director's
Report

DATE: July 13, 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 June 08, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

Compliance plans for all seven (7) grant conditions have been submitted to HRSA. Once approved, HRSA will issue a new Notice of Award which will start the 120-day period for completion of the efforts to achieve compliance.

Program has continue to move forward with the efforts to come into compliance, recently meeting with SMMC fiscal staff on the Financial Reporting & Data conditions (4).

2. AIMS Funding Opportunity

On June 26, 2017, HRSA issued a new funding opportunity – Access Increase in Mental Health & Substance Abuse (AIMS). The intent of the funding is to increase mental health and substance abuse (opioid focused) treatment services. This is a typical HRSA service expansion opportunity that typically occurs this time of year. The opportunity is clearly intended to be approved for all 330 programs – HRSA has provided the initial available funding amount for every 330 program. Ours is \$150,000, split between ongoing (\$75,000) and one-time (\$75,000) funding. The deadline for submission is July 26, 2017.

There is further discussion of this item elsewhere on today's agenda.

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

Also on June 26, 2017, HRSA announced the schedule for current grantees to submit their annual NCC/BPR. Grantees with multi-year awards (like our three year award) still are required to submit a NCC/BPR each year during the award. These submissions are very much like a Service Area Competition (SAC) submission, just slightly briefer in nature, and they report on progress to date. Our submission deadline is August 16, 2017. As with our SAC Application, we will again be supported through our contract with WIPFLi. We anticipate bringing the proposed submission to the Board for review at the scheduled August 10th meeting.

4. Automation

The Care/Case Management RFP Workgroup reviewed the 14 accepted submissions, and six (6) systems are being invited to do demonstrations later in July.

The delay in the County's full implementation of the Health Information Exchange raised concerns on the completion of our DISHII funding effort to have providers informed of the homeless and/or farmworker status of a patient at the time of the encounter. We are working with Health IT to establish sufficient functionality to have this completed on time.

5. Operations

The HCH/FH biannual Needs Assessment Survey is now in the field. Three contractor site visits were completed in June and two more are scheduled during July. With a target release date of late August, Program is beginning work on the RFP for HCH/FH services for 2018 and beyond.

6. Seven Day Update

ATTACHED:

- Program Calendar

Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2017 Calendar (Revised July 2017)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (July 13, 2017 from 9:00 a.m. to 11:00 a.m.) QI Committee meeting Site Visits with contractors 	July	@Coastside Clinic
<ul style="list-style-type: none"> 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) 	August	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (September 14, 2017 from 9:00 a.m. to 11:00 a.m.) QI Committee meeting National Conf. on health & domestic violence SF (Sept 26-27) 	September	@San Mateo Medical Center
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Board Meeting (November 9, 2017 from 9:00 a.m. to 11:00 a.m.) QI Committee meeting 	November	@San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (December 14, 2017 from 9:00 a.m. to 11:00 a.m.) Contracts go before BOS for 2018 	December	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Deadline</u>
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
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 10
Budget &
Finance Report

DATE: July 13, 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 June 30, 2017 – currently reported as \$ 1,038,254.

As more months of contractor invoices have come in for the 2017 year, it appears now that we will underspend the contracts/MOUs by about 15% (~\$300,000). This includes ~\$60,000 that was never allocated. Actual contracts project to be underspent by ~10% (~\$155,000). We are also tracking to underspend in Salaries & Benefits (~\$173,000), pending any additions to staff. Other expenditure categories are either on track or have the expectation of being utilized later in the year.

Most of the caveats from previous monthly reports still apply. However, we have now reached half-way through the year and some of the expenditure rates (such as contracts & MOUs) should now be stabilized. However, what has occurred is looking like our contracts will be expended at a 90-95% rate for the year.

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
- QI Award budget

GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (06/30/17)	Projection for GY (+~26 wks)	Projected for GY 2018
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>490,000</u>	<u>191,429</u>	<u>402,000</u>	<u>490,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>250,000</u>	<u>78,488</u>	<u>165,000</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)		2,304	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
	<u>25,000</u>	<u>9,833</u>	<u>29,354</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,089	8,000	10,500
Small Funding Requests				
	<u>10,500</u>	<u>1,089</u>	<u>8,000</u>	<u>10,500</u>
<u>Contractual</u>				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	335,454	670,000	898,004
Current 2017 MOUs	811,850	363,900	705,000	800,000
---unallocated---/other contracts	63,369			
	<u>1,733,004</u>	<u>753,626</u>	<u>1,429,272</u>	<u>1,698,004</u>
<u>Other</u>				
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
	<u>41,500</u>	<u>3,789</u>	<u>57,750</u>	<u>76,500</u>
TOTALS - Base Grant	<u>2,550,004</u>	<u>1,038,254</u>	<u>2,091,376</u>	<u>2,550,004</u>
HCH/FH PROGRAM TOTAL	<u>2,550,004</u>	<u>1,038,254</u>	<u>2,091,376</u>	<u>2,550,004</u>
PROJECTED AVAILABLE BASE GRANT			458,628	0
				based on est. grant of \$2,550,004

Last Updated: 6/30/2017 (Elli)

QI Award

9/1/2016-8/31/2017

\$35,556

Training

Date of Ok to pay	Conference/Training	Agency	Description	Amount Spent
3/27/2017	Western Forum Migrant & Community Health 2017	Puente	Registration for 4 Promotoers, 2 Managers	\$ 600.00
3/15/2017	Western Forum Migrant & Community Health 2017	Ravenswood	Registration for 4	\$ 400.00
3/9/2017	Western Forum Migrant & Community Health 2017	LifeMoves	Registration for 5	\$ 1,500.00
March 2017	Western Forum Migrant & Community Health 2017	Staff	Registration for 2 + Local travel	\$ 611.36
4/5/2017	LGBT Training		SOGI Training	\$ 800.00
5/22/2017	LGBT Training		SOGI Training	\$ 800.00
6/27/2017	NHCHC	Staff	Registration + Travel for 2	\$ 5,478.44
6/27/2017	NHCHC	Board Member - Mothe	Airfare + Hotel + Registration	\$ 2,157.78
6/30/2017	NHCHC	Board Member - Kat	Per Diem	\$ 1,584.96

Subtotal - Actual Spent \$ **13,932.54** **Leftover YTD** \$ **21,623.46**

Pending

Date of Ok to pay	Conference/Training	Agency	Description	Budgeted
6/30/2017	NHCHC	Board Member - Kat	Per Diem	\$ 150.00
6/22/2017	NHCHC	Board Member - Mothe	food, local transport	\$ 342.22
6/22/2017	NHCHC	Board Member - Tay		\$ 1,380.00
6/22/2017	NHCHC	LifeMoves	5 people	\$ 3,440.00
6/22/2017	NHCHC	RFHC	Kassandra Dunn	\$ 780.00
6/22/2017	NHCHC	Project WeHope	2 people	\$ 2,864.00
6/22/2017	NHCHC	Mobile Van	2 people	\$ 3,640.00
October 2017	Street Medicine Symposium		Projection - 1 person	\$ 1,800.00

Subtotal - Budgeted \$ **14,396.22** **Spent + Budgeted YTD** \$ **7,227.24**

TAB 11

UDS submission

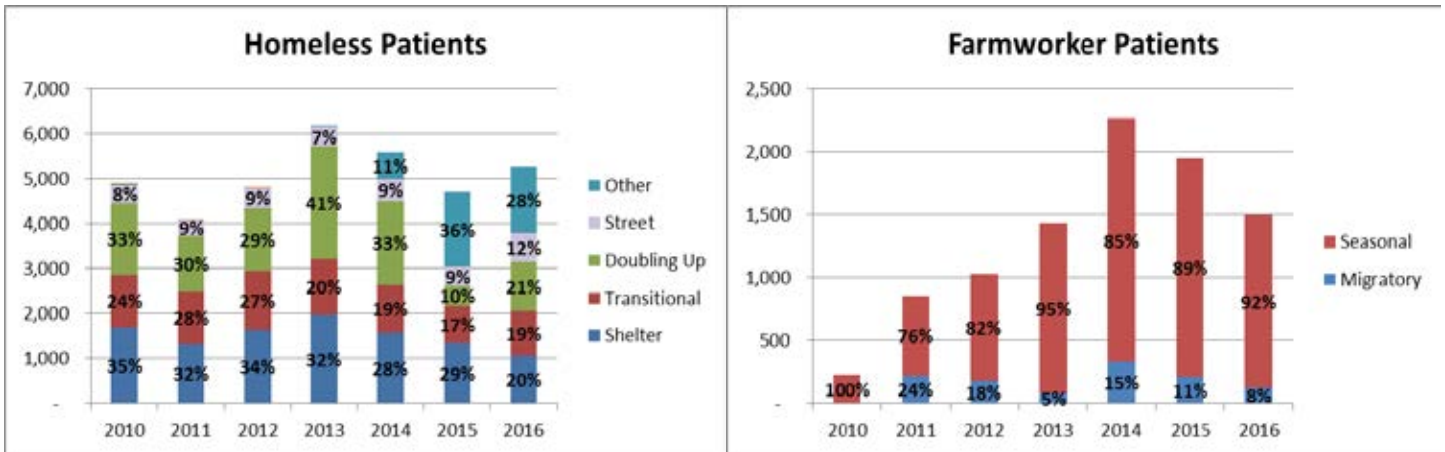
DATE: July 13, 2017
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst
SUBJECT: UDS SUBMISSION

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)
- UDS FINAL REPORT



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%	*62%
• 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*

TAB 12

**Contractors
report 1st
Quarter**

DATE: July 13, 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 <i>01/01/2017 – 03/31/2017</i>	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%



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 Svcs	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	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	During the first quarter: <ul style="list-style-type: none"> • 10% completed their treatment plans. • 0 completed their denture treatment plan.
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> • At least 75% (225) screened will have a behavioral health screening. • At least 55% (165) will receive care coordination services. 	During the first quarter: <ul style="list-style-type: none"> • 66 clients (100%) had a behavioral health screening • 63 received care coordination services
Legal Aid	<ul style="list-style-type: none"> • Outreach to at least 50 Farmworkers and Providers • Host 8 outreach and education events targeting farmworkers 	During the first quarter: <ul style="list-style-type: none"> • Outreach to at least 10 Farmworkers and Providers • Host 1 outreach and education events targeting farmworkers
LifeMoves	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 6% established a medical home • 71% of individuals served have a chronic health condition.
LifeMoves-CHOW/Street Medicine	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • At least 20% of patient encounters will be related to a chronic disease. 	During the first quarter: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 84 of individuals will receive comprehensive health screening. • 100% of clients with mental health and/or AOD issues will be referred to BHRS

<p>PH- Mobile Van- Street/Field Medicine</p>	<ul style="list-style-type: none"> • 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 	<p>During the first quarter:</p> <ul style="list-style-type: none"> • 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
<p>Puente de la Costa Sur</p>	<ul style="list-style-type: none"> • 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. 	<p>During the first quarter:</p> <ul style="list-style-type: none"> • 38 farmworkers received care coordination services. • 0 were provided transportation and translation services. • 0 participated in at least 1 health education class/ workshop.
<p>RFHC – Primary Health Care</p>	<ul style="list-style-type: none"> • At least 60% will receive a comprehensive health screening. • At least 250 (50%) will receive a behavioral health screening. 	<p>During the first quarter:</p> <ul style="list-style-type: none"> • 100% received a comprehensive health screening. • 39 received a behavioral health screening.
<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> • 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. 	<p>During the first quarter:</p> <ul style="list-style-type: none"> • 8% completed their treatment plans. • 77% attended their scheduled treatment plan appointments. • 50% completed their denture treatment plan.
<p>RFHC – Enabling services</p>	<ul style="list-style-type: none"> • 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 	<p>During the first quarter:</p> <ul style="list-style-type: none"> • 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
<p>Samaritan House- Safe Harbor</p>	<ul style="list-style-type: none"> • 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. 	<p>During the first quarter:</p> <ul style="list-style-type: none"> • 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.