

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

San Mateo Medical Center | 222 W. 39th Ave. basement floor (Garden room) San Mateo
March 9, 2017, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins		9:00 AM
B. PUBLIC COMMENT Persons wishing to address items on and off the agenda			9:05 AM
C. CONSENT AGENDA	Linda Nguyen		9:10 AM
1. Meeting minutes from February 9, 2017		TAB 1	
2. Program Calendar		TAB 2	
D. BOARD ORIENTATION			
1. No Board Orientation items this meeting.			
E. CLOSED SESSION			9:15 AM
1. Credentialing and Privileging list			
2. Executive Director Performance Review			
F. REGULAR AGENDA			
1. Consumer Input/Western Migrant Conference report	Julia Wilson	TAB 3	10:15 AM
2. HCH/FH Program QI Report	Frank Trinh	TAB 4	10:20 AM
3. HCH/FH Program Director's Report	Jim Beaumont	TAB 5	10:24 AM
4. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 6	10:26 AM
5. Sliding Fee Scale			
<i>i. Request to Approve Revised Sliding Fee Scale</i>	Jim Beaumont	TAB 7	10:28 AM
6. Request to Approve NHCHC request for travel	Jim/Linda	TAB 8	10:31 AM
<i>i. Board Members</i>			
<i>ii. Non-Board Members</i>			
7. Request to Form Ad Hoc Staffing Review Committee	Robert Stebbins	TAB 9	10:44 AM
8. Contractors report for 4 th quarter	Linda/Elli	TAB 10	10:48 AM
9. Financial consultant update	Robert Stebbins		10:56 AM
OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>i. Next Regular Meeting April 13, 2017; 9:00 A.M. – 11:00 A.M. SMMC San Mateo</i>			
H. ADJOURNMENT	Robert Stebbins		11:00 AM

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

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (Feb 9, 2017)
San Mateo Medical Center**

Co-Applicant Board Members Present

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

County Staff Present

Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel
Elli Lo, Management Analyst
Frank Trinh, Medical Director

Members of the Public

Absent: Theresa Sheats

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:06</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	LifeMoves has lunch fundraiser coming up in Palo Alto on 3/30/17. Samartian House- started a new Respite Program at Safe Harbor shelter in partnership with Sutter Health for 5 medical respite beds.	
Closed session Request to Approve C&P list	 Action item: <i>Request to Approve Credentialing and Privileging List</i>	Motion to Approve C&P list <u>MOVED</u> by Dan <u>SECONDED</u> by Tay, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Jan12 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 Kat, and APPROVED by all Board members present.
Regular Agenda Consumer Input	Article on racial gap found in Cervical cancer deaths: <ul style="list-style-type: none"> • The racial disparity had been noted in earlier studies, but it had been thought to have narrowed because cervical cancer death rates for black women were declining. But this study said that the gap was far greater than believed. • Although the study did not explore reasons for the racial disparity, some doctors said it could reflect unequal access to screening, ability to pursue early-warning test results, and insurance coverage • But given the rigor of the guidelines and screenings, Dr. Rositch said, why do American women not only still get cervical cancer but die from it? And with such pronounced racial and age divides? • Dr. Otis W. Brawley, the chief medical officer for the American Cancer Society, said that the 	

	<p>new study pointed to inequity of access and good treatment.</p> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	
<p>Regular Agenda QI Committee report</p>	<p>Report by Medical Director:</p> <ul style="list-style-type: none"> • The most recent San Mateo County HCH/FH Program QI Committee meeting was in January 2017. The main focus of the meeting was review and discussion of the results of the HCH/FH Program Patient Satisfaction Survey Report. The Patient Satisfaction Survey Report was drafted by John Snow, Inc (JSI). The QI Committee will finalize review of the report at the next QI Committee meeting in March. Once the report is finalized, it will be brought to the Co-Applicant Board for review in April. • The most salient results from the Patient Satisfaction Survey were reported to the San Mateo Medical Center QI Committee at the end of January. The presentation slides are included here with this report. • The HCH/FH Program QI Committee is also determining the elements for the 2017-2018 QI Plan. Discussion regarding this will continue at the next QI Committee meeting in March. <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p><u>OSV</u>- We have not received any recent updates on the status of our OSV Report (and any resulting grant conditions).</p> <p><u>Proposals/contracts</u>- Program has completed development of the 2017 contracts/amendments with Project WeHope and Apple Tree Dental. We continue to consider CORA's revised proposal and continue to work with DCYHC to finalize agreement.</p> <p><u>Automation database</u>- Program has identified six (6) IT projects that have the potential for significant impact on the HCH/FH Program, in addition to the Case/Care Manager System project. In addition, there are five (5) additional projects that may also be of interest or have some benefits for the program.</p> <p><u>Board composition/recruitment</u>- In support of the Board in this effort, Program is developing a Board capabilities matrix (attached). In the matrix we are attempting to identify all of the various areas of expertise that may be of benefit to the Board. Our hope is that upon finalization of the matrix it will serve the Board Recruitment Committee in their efforts by helping identify specific areas of expertise to be pursued for potential Board membership.</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program Budget & Financial Report</p>	<p>Report by Program Director:</p> <ul style="list-style-type: none"> • Expenditures to date – through January 31, 2017 – currently reported as \$ 76,935. • This represents what has been recorded in the county fiscal systems as of February 2, 2017. Month-end processing, which will add some (probably) small amounts to the total, will not complete until around February 10, 2017. • Given the minimal data for GY2017 to date, there is no meaningful projection for actual year-end expenditures. <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	

<p>Transpotation:</p> <p>Request to Approve taxi voucher policy</p>	<p>Ensuring patient access to needed health and social services is an important aspect of the mission of the HCH/FH program. This taxi voucher policy revision is intended to streamline the decision process for ensuring transportation, and investing the person or persons caring for the patient with the responsibility for making the decision about the need for voucher-supported taxi transportation.</p> <p>There was also discussion on:</p> <ul style="list-style-type: none"> • Transportation and the HRSA definition. • If program is responsible for supporting other programs by providing transportation <p>Action item: Request to Approve taxi voucher policy</p> <p><i>Please refer to TAB 7 on the Board meeting packet</i></p>	<p>Motion to Approve Taxi voucher policy</p> <p><u>MOVED</u> by Dan <u>SECONDED</u> by Julia, and APPROVED by all Board members present.</p>
<p>Contract Amendments</p> <p>Request to Amend Project WeHOPE contract</p> <p>Request to Approve Apple Tree contract</p>	<p>On the completion of the 2016 contract, Program met with Project WeHOPE in discussing the development of care coordination activities in 2017. Program offered an agreement with recommended funding at \$52,900 for the delivery of care coordination services to homeless clients on the Dignity on Wheels project.</p> <p>Action item: Request to Amend Project We HOPE</p> <p>On the completion of the 2016 contract, Program received a proposal from Apple Tree Dental for continuing onsite dental services to farmworkers and their family members in Pescadero in collaboration with Puente de la Costa Sur. After discussion and negotiation, Program offered an agreement with recommended funding at \$89,125 for the delivery of preventive and restorative dental services, referrals for patients requiring more specialized care and dental care coordination such as scheduling, transportation, and translation services as needed.</p> <p>Action item: Request to Approve Apple Tree contract</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	<p>Motion to Project WeHOPE contract</p> <p><u>MOVED</u> by Tay <u>SECONDED</u> by Christian, and APPROVED by all Board members present.</p> <p>Motion to approve Apple Tree contract</p> <p><u>MOVED</u> by Christian <u>SECONDED</u> by Julia, -Richard Gregory Recused himself. and APPROVED by all Board members present.</p>
<p>Discussion on NHCHC requests</p>	<p>Discussion of travel policy for non-Board/staff members and if we should publicize the policy to others that might be interested.</p> <ul style="list-style-type: none"> • Staff will send an announcement to partners who might be interested in submitting requests to fund their travel to the NHCHC conference. • Will review all requests (Board and non-Board) for NHCHC conference at March meeting and decide upon funding approval. <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	<p>Staff to send out announcement to partners on the opportunity to fund requests for NHCHC.</p>

Request to Approve funds for CDA dental event (transit)	Discussion on CDA event and if organizers are organizing transportation for the event. Action item: <i>Request to Approve transit funding for CDA event (5,000)</i> <i>Please refer to TAB 10 on the Board meeting packet.</i>	Motion to approve funding for CDA event <u>MOVED</u> by Julia <u>SECONDED</u> by Christian, and APPROVED by all Board members present.
Puente speaker	None	
Staffing Plan Discussion	TABLE TILL NEXT MEETING	
Contractors report - 4 th quarter	TABLE TILL NEXT MEETING	
Discussion on financial consultant	TABLE TILL NEXT MEETIN	
Shelter operations report/discussion	TABLE TILL NEXT MEETING	
Regular meeting: Strategic Plan Update	TABLE TILL NEXT MEETIN	
Adjournment	Time <u> 11:00 a.m. _____</u>	Robert Stebbins

TAB 2
Program Calendar
(Consent Agenda)

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (April 13, 2017 from 9:00 a.m. to 11:00 a.m.) • CDA event April 22-23 • Providers Collaborative meeting • LGBTQ training for SOGI data • Site Visits with contractors 	April	@San Mateo Medical Center
<ul style="list-style-type: none"> • Board Meeting (May 11, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Site Visits with contractors 	May	tbd
<ul style="list-style-type: none"> • Board Meeting (June 8, 2017 from 9:00 a.m. to 11:00 a.m.) • National Health Care for Homeless Conference, DC (June 21-24th) • Site Visits with contractors 	June	@San Mateo Medical Center
<ul style="list-style-type: none"> • Board Meeting (July 13, 2017 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Providers Collaborative meeting • Site Visits with contractors 	July	@San Mateo Medical Center
<ul style="list-style-type: none"> • Board Meeting (August 10, 2017 from 9:00 a.m. to 11:00 a.m.) • RFP announcement • Site Visits with contractors 	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 	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 • Providers Collaborative meeting • International Street Medicine Symposium, Pennsylvania (Oct 19-21) 	October	@San Mateo Medical Center

Conference calendar 2017	
Nat'l Health care for the homeless Conf.	June 21-24; Washington D.C.
International Street Medicine Symposium	October 19-21; Allentown , Pennsylvania

TAB 3
Consumer
Input

Poverty: 10 Cities With the Most Homeless People / *By Megan Elliott*

<http://www.cheatsheet.com/culture/cities-with-the-most-homeless-people.html/?a=viewall>

America may be the land of 2,600squarefoot starter homes with massive walk-in closets, but many people living in the United States will go to sleep tonight without a roof over their heads. Although the total homeless population has fallen almost 14% since 2010, there are still close to 550,000 people in the U.S. who don't have a fixed abode, according to estimates from the U.S. Department of Housing and Urban Development.

Unsurprisingly, larger metros, such as New York and Los Angeles, had bigger populations of homeless people than smaller cities, but homelessness is a problem in towns of all sizes. In Honolulu, with a population of less than 400,000, there were nearly 5,000 homeless. Orange County, California; Nassau and Suffolk Counties on New York's Long Island; and Monterey, California, all had homeless populations above 3,000. In Wyoming, the state with the smallest population, there are 857 homeless men and women.

Counting the homeless

Those figures are alarming enough, but the number of people who are actually homeless might be even higher. HUD's estimates of the homeless population come from annual point-in-time counts conducted in cities nationwide in January. During those counts, volunteers survey the number of homeless people living in emergency shelter or transitional housing (the sheltered homeless), as well as on the street, under bridges, in their cars, or in other places not typically used as residences (the unsheltered homeless). People who lack permanent housing of their own but are staying with friends and family aren't counted, nor are people who are living in hotels or motels. Specifically, homeless women children, and young people might be undercounted.

Nonetheless, HUD's point in time counts still provide the clearest overall snapshot of homelessness in the United States. And though those numbers indicate the homeless population has been on the decline for the past five years, thousands of people in cities across the U.S. — including about 120,000 children — still lack permanent, stable housing.

In 2016, these 10 U.S. cities had the largest homeless populations

10. Philadelphia

Total homeless: 6,112

A 26% poverty rate, low wages, high housing costs, and a lack of affordable transportation all contribute to the problem of homelessness in Philadelphia, according to Project Home, a local nonprofit group. An opiate addiction crisis is also causing the homeless population in the city to grow, Philly.com reported.

9. Las Vegas

Total homeless: 6,208 (includes Clark County)

The number of homeless in Las Vegas dropped by over 1,000 from 2015 to 2016. But the city still has a large number of homeless youth and unsheltered homeless, according to HUD. Half of the homeless in the city were suffering from mental illness, according to the Nevada Homeless Alliance. Many others were victims of domestic violence.

8. Boston

Total homeless: 6,240

In Boston, 3,755 of the 6,240 homeless people are part of families with children. In Massachusetts overall, the number of homeless families has more than doubled in the past nine years, according to the Boston Globe. Relatively few people in Boston are sleeping out of doors because Massachusetts is one of the few places in the U.S. where most homeless have a legal right to shelter. (New York and Washington, D.C., are the others.)

7. San Jose and Santa Clara, California

Total homeless: 6,524 (includes San Jose and Santa Clara City and County)

San Jose might be at the heart of wealthy Silicon Valley, but it's also home to one of the largest homeless populations in the U.S. Some of the homeless KQED said they worked full-time jobs but still couldn't afford to rent in one of the most expensive cities in the country.

Inadequate shelter space mean a significant number of homeless in San Jose and the surrounding area live on the streets or in their cars, including 88% of the city's 885 homeless young people. Sixty-four percent of homeless veterans in the city also lacked shelter, the largest percentage in the country.

6. San Francisco

Total homeless: 6,996

HUD estimates there are just under 7,000 homeless in San Francisco, but the real number might be much higher. Local authorities and nonprofit groups estimate the real homeless population is somewhere between 10,000 and 12,000. The city has only 1,300 shelter beds, which means many homeless end up sleeping on the street, in tent encampments, and other spots around the city.

5. District of Columbia

Total homeless: 8,350

The number of homeless in Washington, D.C., grew by 34% between 2009 and 2016, an analysis of HUD by the U.S. Conference of Mayors found. The city has 124 homeless for every 100,000 residents. The high cost of living in the nation's capital is to blame, local experts told the New York Times. Some low-wage workers, especially single mothers with children, simply can't find stable, affordable housing.

4. San Diego

Total homeless: 8,669 (includes San Diego City and San Diego County)

Like many cities on this list, a lack of affordable housing is a key component of the homelessness crisis in San Diego. Even people who get housing vouchers are often unable to use them because of low vacancy rates and high rents, KPBS reported. Plus, redevelopment downtown has caused cheap, single-room occupancy units to vanish, pushing people onto the street. San Diego also has the second-largest population of homeless veterans in the country, at 1,156 people.

3. Seattle

Total homeless: 10,730 (includes all of King County)

Rising rents and cuts to government programs are partly to blame for Seattle's large homeless population. The city has struggled to figure out what to do about the number of people living on the streets and in encampments. One innovative solution involved building tiny houses to serve as temporary housing for the homeless, though only a few dozen units have actually been constructed. The city's mayor, Ed Murray, has also said he plans to pursue a property-tax levy that would provide millions of dollars to help combat homelessness.

2. Los Angeles

Total homeless: 43,854 (includes both Los Angeles City and Los Angeles County)

Los Angeles has more chronically homeless, homeless veterans, and homeless young people than any other city in the country. Seventy-five percent of all homeless people in Los Angeles are living on the streets, in their cars, or in other makeshift situations, the second-highest rate of in the country.

The sky-high cost of housing in the city is largely to blame for the homelessness crisis, the Los Angeles Times reported. But some relief is in sight. In November 2016, voters approved a bond measure that would cover the cost of building 10,000 permanent homes for the homeless in the next 10 years.

1. New York

Total homeless: 73,523

Thirteen percent of all homeless people in the United States live in New York City. The city has a large number of homeless, but only about 4% of them live on the street, according to HUD. Homeless people in New York are legally entitled to shelter, but because of a lack of shelter space, the city has been spending millions of dollars every year to house the homeless in hotels, the New York Times reported.

DATE: March 9, 2017

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

FROM: Elli Lo, Management Analyst

SUBJECT: 2017 Western Forum for Migrant and Community Health attendance in San Francisco

Attendance at this year's Western Forum for Migrant and Community Health was well attended by Program staff (Linda and Elli), Board members (Julia and Tay) as well as non-staff from Puente and LifeMoves.

In an effort to formalize the sharing of Conference knowledge, Julia will share her experience during this meeting. Staff, other Board members and non-staff that were approved for conference will present at the Board's next regular meeting in April. Written reports from all attendees will be included in next month's packet.

Workshops attended by Julia:

- Agricultural Worker Health 101 - An Introduction to Agricultural Worker Health
- Championing Your Community: Engaging in Advocacy to Address Social Determinants of Health and Further the Health Center Movement
- Organizing for Health Access & Change in a new America
- Immigration Policy 101 and What's To Come
- Protecting Healthcare and Immigrants with Value Based Messaging
- Clinical Coordination for Patients on the Move: Lessons and Barriers in Establishing Continuity of Care
- Documenting Health Center Interventions to Address Patients' Social Determinants of Health Barriers
- New Protections to Prevent Pesticide Exposure
- Supporting Health and Reducing Costs: Addressing Social Determinants of Health in Medicaid Managed Care

TAB 4
QI Report

DATE: March 9, 2017

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

FROM: Frank Trinh, HCH/FH Medical Director

SUBJECT: QI COMMITTEE REPORT

There are no HCH/FH Program QI updates at this time. The next QI Committee meeting will be on March 30, 2017. Further updates will be reported at the April HCH/FH Co-Applicant Board meeting.

TAB 5
Director's
Report

DATE: March 09, 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 activity update since the February 09, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

Program has received no new information from HRSA on our OSV Final Report nor any possible grant conditions.

2. Proposals & Contracts

Program is continuing to work with Daly City Youth Health Center/Jefferson Union High School District to finalize an agreement for services in 2017.

3. UDS

The Uniform Data System (UDS) Report was submitted to HRSA on February 15th. We received our initial reviewer response on February 26th with 11 items noted (1 solely a FYI) for update/correction by March 6th. Program is on track to complete the necessary actions and submit by the deadline. We hope there will be no further items identified by the reviewer. All final corrects and/or updates must be completed and submitted by March 31st. Once a final report is submitted and accepted by HRSA, we will provide the Board with a copy of the report.

Of note at this time, based on the data submitted, our overall count of patients/clients increased from 6,556 in 2015 to 6,696 for 2016, an increase of just over 2%. However, this was not spread equally across our two target populations. Our homeless count increased by more than 11.5% to 5,257, but our farmworker count decreased by over 23% to 1,497. There are likely many items that ultimately effected this decrease, however, we are hearing that it was not uncommon in farmworker programs and seems

to be at least partially attributable to the discussion of immigration during the 2016 election campaigns.

As noted at last month's meeting, we did see a substantial decrease in the number of shelter homeless reported. We did end up with additional shelter homeless to report when we included our contractor data along with the SMMC data, with the final tally showing a 21% decrease. However, this also means that those additional reported individuals were not seen within the clinic system during the year. Program will be reviewing the data in an effort to determine the cause of the decrease and to support an evaluation of eventual outcomes of contracting for Care Coordination services.

On the other hand, we did report a 57.6% increase in street homeless, which may be reflecting substantial positive outcomes from our street homeless efforts. However a number of these individuals also do not appear to have ended up with actual medical visits in the clinic system.

Program will looking over this items, and numerous other ones over the coming months in an efforts to provide the Board with better insights into the program services.

4. Board Composition & Recruitment

As the Board may be aware, Theresa Sheats will be leaving the Board following this meeting. This will reduce the number of Board members to ten (10). As a reminder, the HRSA Requirement for the Board is a minimum of nine (9).

Program is hoping to work more directly with the Board's Membership & Recruitment Committee in support of efforts to identify and recruit new Board members that will improve our consumer representation for our target populations and provide an increasing range of skills on the Board.

At the last Board meeting, we provided the Board with a draft capabilities and skills matrix that we believe represents area of expertise that would benefit the Board. We plan to bring a final version of this matrix back to the Board at the April meeting for Board approval as a guiding document for Board membership recruitment.

5. Seven Day Update

TAB 6
Budget &
Finance Report

DATE: March 09, 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 February 28, 2017 – currently reported as \$ 183,466.

This represents what has been recorded in the county fiscal systems as of March 2, 2017. Month-end processing, which will add some (probably) small amounts to the total, will not be complete until around March 10, 2017.

Also note that contractual/MOU payments during January were for the performance in December – the last month of GY2016. Reflected here are also only two (2) invoices for January 2017 paid during February. Because progressively fewer and fewer patients/clients qualify as unduplicated as we go deeper into the contract year, contract/MOU payments for December are not likely to be representative of a true prorated amount.

Given the minimal data for GY2017 to date, there is no meaningful projection for actual year-end expenditures.

Attachment:
GY 2017 Summary Report

GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (02/28/17)	Projection for GY (+~44 wks)	Projected for GY 2018
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	490,000	62,870	380,000	490,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	250,000	25,912	171,639	250,000
<u>Travel</u>				
National Conferences (1500*4)			15,000	9,000
Regional Conferences (1000*5)			5,000	7,000
Local Travel		110	1,200	2,000
Taxis		85	2,600	4,000
Van			1,200	3,000
	25,000	195	25,000	25,000
<u>Supplies</u>				
Office Supplies, misc.	10,500	472	9,500	10,500
Small Funding Requests				
	10,500	472	9,500	10,500
<u>Contractual</u>				
2016 Contracts		34,172		
2016 MOUs		20,100		
Current 2017 contracts	941,154	39,160	894,000	953,004
Current 2017 MOUs	811,850		730,665	800,000
---unallocated---/other contracts				
	1,753,004	93,432	1,624,665	1,753,004
<u>Other</u>				
Consultants/grant writer			80,000	5,000
IT/Telcom		426	8,000	8,000
New Automation			0	-
Memberships			4,000	4,000
Training			3,250	2,000
Misc (food, etc.)		159	2,500	2,500
	21,500	585	97,750	21,500
TOTALS - Base Grant	2,550,004	183,466	2,308,554	2,550,004
HCH/FH PROGRAM TOTAL	2,550,004	183,466	2,308,554	2,550,004
PROJECTED AVAILABLE	BASE GRANT		241,450	0
				based on est. grant of \$2,550,004

TAB 7
Request to
Sliding Fee
Scale
Schedule

DATE: March 9, 2017

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

FROM: Jim Beaumont, Program Director HCH/FH Program

SUBJECT: REQUEST TO APPROVE REVISIONS TO THE SLIDING FEE DISCOUNT SCHEDULE

One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014 and was later updated on June 9, 2016 based off of OSV report recommendations.

According to the Program's Sliding Fee Discount Program Policy "The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level", the revisions to the Sliding Fee Scale Schedule are based on the updates to the 2017 (FPL) guidelines.

This Action Request is for the Co-Applicant Board to approve revisions to its approved Sliding Fee Discount Program Policy Schedule to make adjustments for the new FPL for 2017 and in order to come into compliance with HRSA Program Requirements.

A majority vote of the members present is necessary and sufficient to approve the request.

Attachments:

- Revised 2017 SFDP Schedule
- HCH/FH Program SFDP Policy



San Mateo County
Health Care for the Homeless/Farmworker Health (HCH/FH) Program
 (HRSA 330 Program/FQHC)

Sliding Fee/Discount Schedule

Effective January 24, 2017

Monthly Income Thresholds by Family Size for Sliding Fee/Discount Policy Coverage for Service Charges

Poverty Level ⁺	0 - 100%	101% - 138%	139% - 170%	171% - 200%	>200%
Family Size					
1	\$1,005	\$1,387	\$1,709	\$2,010	\$2,011
2	\$1,353	\$1,868	\$2,301	\$2,707	\$2,708
3	\$1,702	\$2,348	\$2,893	\$3,403	\$3,404
4	\$2,050	\$2,829	\$3,485	\$4,100	\$4,101
5	\$2,398	\$3,310	\$4,077	\$4,797	\$4,798
6	\$2,747	\$3,790	\$4,669	\$5,493	\$5,494
7	\$3,095	\$4,271	\$5,262	\$6,190	\$6,191
8	\$3,443	\$4,752	\$5,854	\$6,887	\$6,888
For each additional person, add	\$348	\$481	\$592	\$697	\$698
Patient Cost ==>	No Charge	98% Discount	95% Discount	80% Discount	No Sliding Fee Discount ⁺⁺

⁺ Based on 2017 HHS Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>)

⁺⁺ Reduced payments may be available through other state/local funded discount programs.

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Fiscal	Effective Date: October 20, 2014
Subject: Sliding Fee Discount Program (SFDP)	Revised Date: June 09, 2016
Title of Policy: Sliding Fee Discount Policy	Approved by: Co-Applicant Board

1. Rationale or background to policy:

To reduce financial barriers to care in an organized manner and maximize the use of HCH/FH Program’s 330 Federal Grant Funding. This Policy is meant to assure that no patient will be denied healthcare services due to an individual’s inability to pay for such services. It is also meant to assure that any fees or payments required by the center for such services will be reduced or waived to enable the health center to fulfill the assurance.

2. Policy Statement:

The HCH/FH Program maintains a standard procedure for qualifying patients for a reduction in fees for services rendered at sites where HCH/FH patients receive care. In general, a sliding fee scale discount is available to a patient with income at or below 200% of the Federal Poverty Guidelines (FPG), which take into account the household size. The sliding fee scale discounts apply to all HCH/FH medical and specialty services (within the HRSA approved Scope of Service) provided to eligible patients. Patients with insurance coverage who otherwise qualify may participate in the SFDP.

This policy and the Sliding Fee Scale and resultant Discounts (Sliding Fee Discount Scale – SFDS) shall be reviewed and approved by the Co-Applicant Board at a minimum of every three (3) years to insure that it is not a barrier to care. The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level (FPL) data, with an effective date of no later than April 1 of the year.

For purposes of this policy, the Co-Applicant Board establishes these definitions:

Income. Income shall be defined as the total sum of money that is currently typically becomes available, or is projected to typically become available, to the family on a monthly basis for use in their support and livelihood. Irregular income may be assessed on an annual basis and pro-rated as monthly.

Household. Household shall be defined as those individuals who share a common

residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group.

At no time will a patient be denied services because of an inability to pay.

All partner programs outside of the San Mateo County Health System with whom the HCH/FH Program has agreements for services must have a Co-Applicant Board approved Sliding Fee Discount Program if they ever change patients/clients for services rendered under the agreement.

3. Procedures:

1. Sites where HCH/FH patients receive services will ask patients who call for an appointment, arrive for an appointment, or drop in for services if they have health insurance. If so, the insurance information is documented in the Electronic Health Record (EHR) system at the time of registration and the insurance card is copied and filed in the patient's health record. Prior to receiving services, the staff member will also inform these patients that they have the option of applying for a sliding fee scale discount on co-payments, deductibles, coinsurance, or any other patient responsible charge, with the staff of the onsite eligibility unit.
2. If the patient does not have insurance, the scheduler or front desk staff will advise the patient that they may be eligible for discounts under the SFDP, and health coverage programs. In order to qualify, the patient must make application with staff of the eligibility unit, and be willing to share **Household Size and Income** (in the case of Homeless and Farmworker patients income may be adjusted as is reasonable). If the patient agrees to begin the qualification process, the patient is directed to the eligibility unit where a staff member assures that the patient gets the information necessary to complete application for any coverage programs they may be eligible for and choose to apply for, and to determine eligibility for the SFDP. The eligibility unit staff person assigned to these duties will do recertification of existing Sliding Fee Scale Discount patients.
3. Application is made for the SFDP through completion of the SFDP Application Form. The Sliding Fee Scale Discount Application form is complete when the following has been achieved:
 - a. The form has been filled out in its entirety, signed, and dated by the applicant.
 - b. Income has been documented as appropriate. This may include:
 - Recent Federal IRS 1040 tax return form,

- Two current pay stubs or
- Unemployment stub or
- Letter from employer on company letterhead - If no letter head is available, a notarized letter will be accepted or
- Award or benefit letter or

If patient has none of the above, they must provide a signed self-declaration of their income.

Note: A patient is eligible for sliding fee scale discounts even if their residency status is unknown or they are disqualified from government benefits.

4. The patient is eligible for a sliding fee discount when:
 - a. The Sliding Fee Scale Discount Application form is complete AND
 - b. All documentation is received by the eligibility unit staff member assigned to these duties AND
 - c. The income criteria are met. The proof of income must be attached to the application and placed in the patient's eligibility record.

Using the attached sliding fee scale, the appropriate eligibility unit staff person determines the specific amount of discount for which the patient is eligible. All eligibility and EHR systems will be updated with the information.

The HCH/FH Program has prepared the sliding fee discount schedule (SFDS), so that the amounts owed for covered services by eligible patients are adjusted based on the patient's ability to pay.

The SFDS includes the following elements:

- Applicability to all individuals and families with annual incomes at or below 200 percent of the Federal Poverty Guidelines (FPG);
- Full discount for individuals and families with annual incomes at or below 100 percent of the FPG;
- Adjustment of fees (partial sliding fee discount) based on family size and income for individuals and families with incomes above 100 and at or below 200 percent of the FPG; and
- No sliding fee discounts through the HCH/FH Sliding Fee Discount Program for individuals and families with annual incomes above 200 percent of the FPG. These patients may be eligible for other state or locally funded discount programs. The eligibility unit staff will assist these patients in identifying and applying for all such programs.

5. The patient's account is updated in the EHR according to health center procedures.
6. The discount is applied to medical and specialty services provided at HCH/FH sites according to the following:
 - a. The discount cannot be applied to any service unless the form is complete, and the patient meets the above criteria.
 - b. The discount also applies to prescriptions filled by a HCH/FH contracted pharmacy under 340B on or after the patient's eligibility has been confirmed.
7. If a patient is in the process of applying for another coverage program such as MediCal or Medicare, s/he will be offered temporary sliding fee scale discounts based on their household income and size, but only if all other documentation is complete.
8. Patients who are denied other coverage, or have yet to apply for other coverage, will be evaluated by the eligibility unit staff and offered assistance in applying for other programs available through private and public sectors. If the patient is deemed eligible for services and does not apply within 30 days, they will be charged full price until the appropriate applications are completed and submitted.
9. Collection of outstanding amounts will be handled in accordance with the HCH/FH Collection Policy, currently being developed.
10. The Sliding Fee Scale Discount Application form must be completed with updated household income and size documentation every year or sooner if financial circumstances change.
11. No patient will be denied healthcare services due to an individual's inability to pay for such services. See policy on Waiver of Fees, currently being developed, for further information.

Approved _____

Board Chair

Program Director

TAB 8
Request to
Approve
NHCHC travel
requests

DATE: March 9, 2017

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

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

SUBJECT: BOARD MEMBER TRAVEL REQUESTS FOR NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE – REQUEST FOR APPROVAL

The HCH/FH Program (Program) Co-Applicant Board (Board) approved (January 9, 2014) a policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business.

The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014) and according to the policy:

To address this situation, and to try and provide appropriate fairness to all of the members of the Board, the Board established the policy for the determination of which Board members travel (or portion thereof) will be reimbursed by the Program. This policy addresses the potential benefits that may accrue to the Board and/or Program by the travel, benefits that may be accrued to others who might also be able to support said travel, the number of events that may be of interest, the number of Board members who may be interested in attending said events, available funding in the Program budget for all potential events, and other issues as determined as relevant by the Board.

The following is the Program policy for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:

- For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.

So far the program has received requests from 2 Board members for the upcoming National Health Care for the Homeless Conference in Washington D.C. (June 21-23); Tayischa Deldridge and Kathryn Barrientos

ATTACHED:

- Summary table of requests
- Funding requests from Tayischa Deldridge
- Funding requests from Kathryn Barrientos

Summary of Board Member Travel Request for NHCHC 2017

Name	Position/Role	Request (ex: registration)	Request amount	Org Contribution
Tayischa Deldridge	Board Member	Registration (\$780), Airfare (\$600)	\$ 1,380	Hotel (\$1,339.20), Ground Travel (\$100) = \$1,439
Kat Barrientos	Board Member	Flight (\$676.53), Hotel (\$1,211.20)	\$ 1,887.73	Registration (\$720)

Ravenswood Family Health Center (RFHC)

Conference Registration Budget Request

Name of Conference	2017 National Health Care for the Homeless Conference and Policy Symposium					
Requested Days of Attendance	Wednesday June 21- Saturday June 24, 2017					
Location of Conference	Washington, DC					
RFHC Staff Name	Position/role	benefit of attendance	Request	Request amount	RFHC Contribution	Notes
Tayischa Deldridge	Community Collaborations/Health Care for the Homeless Manager	Enhance knowledge and skills around delivering health care to the homeless, build networks and share knowledge with colleagues	4 days Conference Registration	\$ 780.00	\$ -	This price is the non-member rate. It includes Pre-Conference Institute (\$125, June 21), Main Conference (\$580, June 22-23), Learning Lab (\$60, June 24), and administrative Fee (\$15).
			Airfare	\$ 600.00	\$ -	Round trip airfare plus fees and taxes, San Francisco Intl (SFO) to Ronald Reagan Washington National Airport (DCA), departs June 20th, Returns June 24th.
			4 days hotel room booking	\$ -	\$ 1,339.20	Grand Hyatt Washington (hotel indicated on conference website) daily double occupancy rate: \$279, plus 20% taxes and fees. Attendees will need stay overnight on Tuesday June 20th, in order to attend Wednesday June 21 conference program, which starts at 8:30am
			Ground Travel		\$ 100.00	Transportion between airport and hotel
Subtotal for Tayischa				\$ 1,380.00	\$ 1,439.20	

Elli Lo

From: Kathryn Barrientos <kathryn@samaritanhousesanmateo.org>
Sent: Tuesday, February 28, 2017 10:44 AM
To: Linda Nguyen
Cc: Robert Stebbins(rdstebbins@gmail.com); Laura Bent; Elli Lo; Jim Beaumont
Subject: RE: NHCHC request to attend and subcommittee reports by Wed 3/1

Kat Barrientos
Healthcare Case Manager
Samaritan House / Safe Harbor Shelter
295 North Access Road
South San Francisco, CA 94080
Direct: 650-351-5036 Fax 650-589-6745
Email: Kathryn@samaritanhousesanmateo.org
www.samaritanhousesanmateo.org

Click [here](#) to help a family in need right now!



From: Linda Nguyen [mailto:LiNguyen@smcgov.org]
Sent: Tuesday, February 28, 2017 8:00 AM
To: Kathryn Barrientos
Cc: Robert Stebbins(rdstebbins@gmail.com); Laura Bent; Elli Lo; Jim Beaumont
Subject: RE: NHCHC request to attend and subcommittee reports by Wed 3/1

HERE IS THE SEPERATED BREAKDOWN.

Thanks Kat for starting this, it would be helpful if you can separate each item as so if possible.

Name	request (ex: registration)	Request amount	org contribution
Kat	Flight	676.53	
Kat	hotel	1211.20	
Kat	registration		720

Thanks,
Linda

DATE: March 9, 2017

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

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

SUBJECT: NON-BOARD MEMBER TRAVEL REQUESTS FOR NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE – REQUEST FOR APPROVAL

The HCH/FH Co-Applicant Board approved a Non-Staff/Board Travel Policy (March 10, 2016) to provide a framework for Board decision-making when such travel requests from non-Board members are presented and the policy states, “For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.”

During last month’s (February 9, 2017) HCH/FH Co-Applicant Board meeting staff was advised to notify all partners of the opportunity to request funding to travel to the upcoming National Health Care for the Homeless Conference (NHCHC) in Washington, D.C. (June 21-23, 2017) to allow all those interested to submit a request to be considered who are unaware of the Program’s policy on Travel for non-staff/Board members.

Thus far we have received request from 3 organizations for Non- Board travel requests from the following organizations for the upcoming NHCHC Conference:

- LifeMoves (5 staff)
- Ravenswood (1 staff)
- Project WeHOPE (2 staff)

Attached:

- Summary table of requests
- Requests document from LifeMoves
- Request documents from Ravenswood
- Requests document from Project WeHOPE

Summary of Non-Board & Non-Staff Travel Request for NHCHC 2017

Agency	Name	Position/Role	request (ex: registration)	Request amount	Org Contribution
LifeMoves	Chloe Molla	HCH CHOW	Registration (\$250), Airfare (\$140), food/ transportation (\$100)	\$ 490	Hotel (\$540), remaining airfare (\$160)= \$700
LifeMoves	Dashika Woodridge	Homeless Outreach Case Manager	Registration (\$250), Airfare (\$140), food/ transportation (\$100)	\$ 490	Hotel (\$540), remaining airfare (\$160)= \$700
LifeMoves	Lorena Bellamy	HCH Care Coordinator	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$ 820	Hotel (\$540), remaining airfare (\$160)= \$700
LifeMoves	Michelle Evans	Benefits Specialist	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$ 820	Hotel (\$540), remaining airfare (\$160)= \$700
LifeMoves	Paige Retter	HCH Program Manager	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$ 820	Hotel (\$540), remaining airfare (\$160)= \$700
Ravenswood Family Health Center	Kassundra KD. Dunn	Health Care for the Homeless Outreach Worker	Registration includes Pre-Conference Institute, Main Conference and Learning Lab (\$780)	\$ 780	Hotel (\$1,339.20), Airfare (\$600), Ground Travel (\$100) = \$2,039
Project WeHope	Paul Bains	President	Registration (\$595), Hotel (\$837)	\$ 1,432	Airfare (\$550), Airport Transport (\$50), Meals (\$50) = \$650
Project WeHope	Alicia Garcia	Associate Director	Registration (\$595), Hotel (\$837)	\$ 1,432	Learning Lab (\$60), Airfare (\$550), Airport Transport (\$50), Meals (\$50) = \$710

Name	position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution
Chloe Molla	HCH CHOW	See below	Registration (\$250), Airfare (\$140), food/ transportation (\$100)	\$490	Hotel (\$540), remaining airfare (\$160)= \$700
Dashika Woodridge	Homeless Outreach Case Manager	See below	Registration (\$250), Airfare (\$140), food/ transportation (\$100)	\$490	Hotel (\$540), remaining airfare (\$160)= \$700
Lorena Bellamy	HCH Care Coordinator	See below	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$820	Hotel (\$540), remaining airfare (\$160)= \$700
Michelle Evans	Benefits Specialist	See below	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$820	Hotel (\$540), remaining airfare (\$160)= \$700
Paige Retter	HCH Program Manager	See below	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$820	Hotel (\$540), remaining airfare (\$160)= \$700

Total requesting: \$3,440
Total contributing: \$3,500

Please note that Chloe, Dashika and Paige will be presenting on the Street and Field Medicine Team at the conference. A portion of Chloe and Dashika’s registration will be waived by the Counsel because they are presenting. As presenters, we are given three fee waivers and those will go to Chloe, Dashika and Chris King.

All of these team members are delivering direct health care coordination, health benefits eligibility and wraparound services to individuals and families experiencing homelessness. By attending this conference, the team will be able to gain insight to other similar programs to learn what is working well and, in turn, they will be able to bring that knowledge back to better serve our clients. Along with this, they will be able to network with professionals providing health care services and this will give them a chance to develop partnerships with other agencies.

If this request is accepted, we agree to submit a written report or attend a Board meeting to speak about what was learned and gained from the experience.



Health Care for the Homeless/ Farmworker Health Program

San Mateo Medical Center-
SAN MATEO COUNTY
222 W. 39th Ave.
San Mateo CA, 94403

January 30th, 2017

Dear Members of the Board:

I plan to attend the 2017 National Health Care for the Homeless Conference and Policy Symposium, taking place from June 21 to June 24, 2017, at Washington, DC. I would like to request board approval for sponsoring Kassundra Dunn to attend as well. We will be there for the Pre-Conference Institute (June 21), the main conference (June 22-23), and the Saturday Learning Lab (June 24). Kassundra recently joined Ravenswood Family Health Center as the Health Care for the Homeless Outreach Worker, and she is working closely with me. We believe this conference will provide us with intensive training, knowledge sharing, and network building, which will be extremely beneficial to our work in the homeless community.

Sincerely,

A handwritten signature in black ink, appearing to read "Tayischa D. Deldridge Pembleton", written over a horizontal line.

Tayischa D. Deldridge Pembleton
Community Collaborations/Health Care for the Homeless Manager
Center for Health Promotion
Ravenswood Family Health Center
1807 Bay Rd
East Palo Alto, CA 94303
Phone: 650-330-7426
Fax: 650-485-2094

Ravenswood Family Health Center (RFHC)

Conference Registration Budget Request

Name of Conference	2017 National Health Care for the Homeless Conference and Policy Symposium					
Requested Days of Attendance	Wednesday June 21- Saturday June 24, 2017					
Location of Conference	Washington, DC					
RHFC Staff Name	Position/role	benefit of attendance	Request	Request amount	RFHC Contribution	Notes
Tayischa Deldridge	Community Collaborations/Health Care for the Homeless Manager	Enhance knowledge and skills around delivering health care to the homeless, build networks and share knowledge with colleagues	4 days Conference Registration	\$ 780.00	\$ -	This price is the non-member rate. It includes Pre-Conference Institute (\$125, June 21), Main Conference (\$580, June 22-23), Learning Lab (\$60, June 24), and administrative Fee (\$15).
			Airfare	\$ 600.00	\$ -	Round trip airfare plus fees and taxes, San Francisco Intl (SFO) to Ronald Reagan Washington National Airport (DCA), departs June 20th, Returns June 24th.
			4 days hotel room booking	\$ -	\$ 1,339.20	Grand Hyatt Washington (hotel indicated on conference website) daily double occupancy rate: \$279, plus 20% taxes and fees. Attendees will need stay overnight on Tuesday June 20th, in order to attend Wednesday June 21 conference program, which starts at 8:30am
			Ground Travel		\$ 100.00	Transportion between airport and hotel
			Subtotal for Tayischa			\$ 1,380.00
Kassundra KD. Dunn	Health Care for the Homeless Outreach Worker	Same as above	4 days Conference Registration	\$ 780.00	\$ -	same as above
			4 days hotel room booking	\$ -	\$ 1,339.20	
			Ground Travel	\$ -	\$ 100.00	
			Airfare	\$ -	\$ 600.00	
			subtotal for Kassundra			
Total			\$ 2,160.00	\$ 3,478.40		

Name	Position/role	Benefit of attendance	Request	Request Amount	Org. Contr.
Paul Bains	President	Gain information on how to meet the medical needs of the homeless clients that we service in a more efficient way.	Registration and hotel	\$1432 \$595 - Conference fee \$837 - hotel (\$279 per night for 3 nights)	\$650 \$550 - airfare \$50 - airport transport \$50 - meals not covered by conference
Alicia Garcia	Associate Director	Gain information on how to meet the medical needs of the homeless clients that we service in a more efficient way. Attend the seminar “Fostering Trauma Informed Leadership Skills for Consumers” so that I can provide additional training to our staff	Registration and hotel	\$1432 \$595 - Conference fee \$837 - hotel (\$279 per night for 3 nights)	\$710 \$60 - Learning Lab \$550 - airfare \$50 - airport transport \$50 - meals not covered by conference

TAB 9
Request to Form
Ad Hoc Staffing
Review
Committee

DATE: March 9, 2017

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

FROM: Robert Stebbins, Board Chair

SUBJECT: REQUEST FOR BOARD TO TAKE ACTION TO APPROVE FORMATION OF AD HOC COMMITTEE ON PROGRAM STAFFING

The Program Office has asked the Board to consider adding a new staff member(s) to meet current and anticipated program workload.

The Board Chair is recommending the formation of an Ad Hoc Board Committee on Program Staffing to review the request and relevant information, and to provide a staffing recommendation to the Board for its consideration.

The Committee will have a minimum of three (3) and no more than five (5) members from among the voting membership of the Board and will be led by a chairperson. The Committee is charged with evaluating the current and projected program workload and other information relevant to the Committee charge. Upon conclusion of its deliberations, the Committee will provide a written report containing a succinct analysis of the Committee's conclusions and recommendations for the Board to review. The Committee may, at its discretion, return separate or minority reports if there are views counter to the committee's majority. All reports will be provided to the HCH/FH staff at least 10 days prior to the meeting at which the full report will be presented. Program staff will assist the Committee in logistical arrangements. The Board may give further instruction to the Committee as the Board chooses. The Committee will formally be disbanded on September 30, 2017, unless otherwise extended by action of the Board.

A majority vote of the Board members present will establish the Committee as described above, or as otherwise amended by the Board. Board members shall indicate their interest in serving on the Committee. Should there be more interest among the Board membership than there are available positions on the Committee, the Board Chair shall select the Committee membership from among the Board members expressing interest.

TAB 10

**Contractors
4th quarter
report**

DATE: March 9, 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 4 Report (October 1, 2016 through December 31, 2016)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with eight community-based providers, plus two County-based programs for the 2016 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 fourth quarter:

HCH/FH Performance 01/01/2016 – 12/31/2016	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual YTD Visits	% YTD
Behavioral Health & Recovery Svcs	300	187	62%	900	1273	141%
Legal Aid Society of San Mateo County*	20	9	45%	30	17	57%
LifeMoves (care coord & eligibility)	600	590	98%	1500	1,281	85%
LifeMoves (O/E)	40	34	85%			
LifeMoves (Street Medicine)*	160	64	40%	300	241	80%
Project WeHope**	NA	NA	NA	1200	525	44%
Public Health Mobile Van	1300	1,123	86%	2500	1,877	75%
Public Health- Expanded Services***	626	603	96%	782	729	93%
Public Health- Street Medicine	125	165	132%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	129	86%	530	784	148%
Puente (O/E)	180	188	104%			
Ravenswood (Primary Care)	600	680	113%	1900	2,016	106%
Ravenswood (Dental)	200	265	133%	600	749	125%
Ravenswood (Care Coordination)	400	469	117%	1200	954	80%
Samaritan House	175	215	123%	300	398	133%
Apple Tree Dental***	50	52	104%	150	175	117%
Total HCH/FH Contracts	4,926	4,773	97%	11,892	11,019	93%

* Contract executed in June 2016

** Contract executed in September 2016

*** Two year contract, target # & progress # are for 2 years



HCH/FH Performance 01/01/2016 – 12/31/2016	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Contracted Amount	Spent % YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$300/patient	300	187	\$ 56,100	\$90,000	62%
Daly City Youth Health Center**	Needs Assessment	\$ 30,000	NA		\$ 30,000	\$35,000	100%
	Referral Tracking Protocols	\$ 5,000	NA		\$ 5,000		
Legal Aid Society of San Mateo County*	Needs Assessment	\$ 8,000	NA		\$ 2,500	\$67,100	48%
	Experience Study	\$ 10,000	NA		\$ 2,000		
	Provider Outreach	\$ 8,700	NA		\$ 6,000		
	Farmworker Outreach	\$ 6,400	NA		\$ 6,400		
	Legal Services	\$1,675/patient	20	9	\$ 15,075		
LifeMoves (care coord & eligibility)	Care Coordination	\$250/patient	500	485	\$ 121,250	\$169,000	94%
	Intensive Care Coordination	\$500/patient	50	38	\$ 19,000		
	SSI/SSDI Eligibility Assistance	\$300/patient	50	67	\$ 15,000		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	\$100/patient	40	34	\$ 3,400		
LifeMoves (Street Medicine)*	Intensive Care Coordination	\$516/patient	160	64	\$ 33,024	\$82,560	40%
Project WeHope**	Shower Services	\$20/visit	800 visits	388 visits	\$ 7,760	\$21,400	48%
	Laundry Services	\$18/visit	300 visits	137 visits	\$ 2,466		
Public Health Mobile Van	Primary Care Services	\$210/patient	1300	1,123	\$ 235,830	\$277,500	85%
Public Health-Expanded Services***	New formerly incarcerated	\$350/patient	420	470	\$ 147,000	\$357,000	57%
	New patient with chronic/complex issue	\$750/patient	120	47	\$ 35,250		
	Established patient with chronic/complex issue	\$250/patient	480	86	\$ 21,500		
Public Health-Street Medicine	Intensive Care Coordination	\$1,750/patient	125	165	\$ 218,750	\$218,750	100%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$340/patient	100	99	\$ 33,660	\$111,300	92%
	Intensive Care Coordination	\$500/patient	50	30	\$ 15,000		
Puente (O/E)	Health Coverage Eligibility Assistance	\$300/patient	180	188	\$ 56,400		
Ravenswood (Primary Care)	Primary Care Services	\$150/patient	600	680	\$ 90,000	\$90,000	100%
Ravenswood (Dental)	Dental Services	\$250/patient	200	265	\$ 50,000	\$50,000	100%
Ravenswood (Care Coordination)	Care Coordination	\$205/patient	400	469	\$ 82,000	\$82,000	100%
Samaritan House	Care Coordination	\$340/patient	150	202	\$ 51,000	\$63,500	91%
	Intensive Care Coordination	\$500/patient	25	13	\$ 6,500		
Apple Tree Dental***	Dental Services	\$625/patient	50	52	\$ 31,250	\$31,250	100%
Total HCH/FH Contracts			5,320	4,773	\$1,396,715	\$1,746,360	80%

* Contract executed in June 2016

** Contract executed in September 2016

*** Two year contract, target # & progress # are for 2 years

Health Care for the Homeless/Farmworker Health Program

Selected Outcome Measure Review (Contracts); Fourth Quarter (Oct 2016 through Dec 2016)

Agency	Outcome Measure	Q -Progress
Apple Tree Dental (formerly Sonrisas)	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	Year to date: <ul style="list-style-type: none"> •37% completed their treatment plans. • 20% 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. 	Year to date: <ul style="list-style-type: none"> • 187 (83 %) had a behavioral health screening • 187 (113%) received care coordination services
Daly City Youth health Center	<ul style="list-style-type: none"> •Complete a Needs Assessment to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing. •To complete a set of protocols for the outreach, referral, care coordination and tracking. 	Completed a Needs Assessment and a set of protocols for outreach, referral, care coordination and tracking.
Legal Aid	<ul style="list-style-type: none"> •Outreach to at least 50 Farmworkers and Providers •Host 8 outreach and education events targeting farmworkers 	Year to date: <ul style="list-style-type: none"> • Conducted outreach to 300 farmworkers • Hosted 8 outreach events
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. 	Year to date: <ul style="list-style-type: none"> • 46 % (259) established a medical home • 46 % 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 	Year to date: <ul style="list-style-type: none"> • 33 (52 %) served established medical home • 27(42%) attended at least 1 primary care appointment
Public Health Mobile Van	<ul style="list-style-type: none"> •At least 20% (250) of patient encounters will be related to a chronic disease. At least 75% of clients: <ul style="list-style-type: none"> • seen at foot clinic will be referred to Mobile Clinic for a medical visit • contacted at Service Connect will be seen at Mobile Clinic for medical visit 	Year to date: <ul style="list-style-type: none"> •74 % (185) of encounters were related to chronic health. • 75 % seen foot patients referred to PH Mobile Clinic for medical visit • 100% contacted at Service Connect will be seen at Mobile Clinic for medical visit
PH- Mobile Van- Expanded Services	<ul style="list-style-type: none"> • At least 75% (470) of individuals will receive comprehensive health screening. • Provide intensive primary care services to minimum of 100 residents with chronic health issues. 	Year to date: <ul style="list-style-type: none"> • 211 patients received a comprehensive health screening • 94 patients with chronic health issues

PH- Mobile Van-Street/Field Medicine	<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 	Year to date: <ul style="list-style-type: none"> • 53% patients received Depression screening • 60 % patients referred to Primary Care
Project WeHOPE	<ul style="list-style-type: none"> • Provide a minimum of 800 showers to homeless individuals in San Mateo County. • Provide a minimum of 300 laundry loads to homeless individuals in San Mateo County. 	Year to date: <ul style="list-style-type: none"> • Provided 388 showers • Provided 78 loads of laundry
Puente de la Costa Sur	<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. 	Year to date: <ul style="list-style-type: none"> • 129 received care coordination services • 45 client was provided transportation and translation services. • 1 % (10) participated in Health education workshop.
RFHC – Primary Health Care	<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. 	Year to date: <ul style="list-style-type: none"> •99% (676) received comprehensive health screening. • 85 received behavioral health screening.
RFHC – Dental Care	<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. 	Year to date: <ul style="list-style-type: none"> • 11 % completed dental treatment plan. • 83 % attended their scheduled treatment plan • 27 % completed denture treatment plan.
RFHC – Enabling services	<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 	Year to date: : <ul style="list-style-type: none"> • 68 (20%) patients receive care coordination with health care case plans • 54% (70) with hypertension have reading below 140/90
Samaritan House-Safe Harbor	<ul style="list-style-type: none"> •All 100% (175) will receive a healthcare assessment. •At least 95% (166) will receive ongoing care coordination & create health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one. 	Year to date: <ul style="list-style-type: none"> • 202 received a healthcare assessment. • 215 received care coordination services. • 63% (133) attended at least one primary care appointment.

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 (formerly Sonrisas)** states most patients seem happy with services provided.
 - No shows can be difficult to deal with due to work schedules, means another patient cannot be seen.
- **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** continues to connect with many farmworkers in Pescadero area, visiting farms and attending outreach events to foster trusting relationships with the help of Puente staff.
 - Need for more dental services for farmworkers along the coast
- According to **LifeMoves** working closely with Street Medicine Team to enroll clients in benefits and working closely with St. Vincent de Paul and Pacifica Resource Center to reach clients.
 - Transportation for those referred to specialty and outside of SMMC as well as Dental van long wait times at Dental Van and health Coverage unit for medical coverage.
- Project WeHOPE hands out a comprehensive County resource guide for homeless adults, which has been valuable for clients
 - There are concerns about the amount of laundry they are allowed to wash. They are also working on better follow-up procedures because of lack of contact info etc.
- **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 and tracking with clients continues to be an issue.
- **Puente** states that screening clients for health insurance during their Holiday Gift Cards event was a success.
 - Clients are not receiving notice of renewals in a timely manner and incorrectly billed for ACE enrollment fee.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments. At least four appointment slots are reserved for homeless patients each week.
 - Patients not wanting to change cover from other counties and lack of proper documentation for coverage. The lack of affordable housing for clients is an on-going issue.
- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
 - Communication barrier to book/confirm appointments and provide reminders to patients as well as some patients experiencing mental health conditions can be challenging when providing services.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
 - Limited shelter hours, access to food, lack of affordable housing and transportation as barrier to care.
- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients, as well as relationships with LifeMoves and Street Medicine
 - Long wait for dental clinic, primary care access and transportation
 - Client follow-through because of transportation or exiting from program.