

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

Vendome | 415 2nd Ave. San Mateo
August 9, 2018, 8:30 A.M - 11:00 A.M.

AGENDA

A.	CALL TO ORDER	Brian Greenberg	9:00 AM
B.	CHANGES TO ORDER OF AGENDA		9:05 AM
C.	PUBLIC COMMENT		9:07 AM
	<small>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.</small>		
D.	CLOSED SESSION		9:10 AM
	1. Closed Session this meeting		
	<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>		
	<i>ii. Program Director evaluation</i>		
E.	MEETING MINUTES	Linda Nguyen	TAB 1 9:30 AM
	1. Meeting minutes from July 12, 2018 BOARD		
F.	ORIENTATION/CONSUMER INPUT		
	<i>i.</i> Presentation on service needs	Police Officers	9:32 AM
G.	<u>BUSINESS AGENDA:</u>		
	Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.		
	1. NCC-BPR	Jim Beaumont	TAB 2 9:45 AM
	<i>i. Action Item- Request to approve preliminary submission of NCC-BPR.</i>		
	2. Credentialing and Privileging Policy	Jim Beaumont	TAB 3 9:55 AM
	<i>i. Action Item- Request to modify C&P Policy</i>		
H.	<u>REPORTING AGENDA:</u>		
	1. Discussion of AIMS proposal from El Centro	Jim Beaumont	TAB 4 10:00 AM
	2. Board sub-committee reports	Linda/Jim	TAB 5 10:10 AM
	<i>i. Discussion on meeting time change/attendance</i>		
	<i>ii. Discussion on members interested in serving on a sub-committee</i>		
	3. Discussion on OSV	Jim Beaumont	TAB 6 10:20 AM
	4. HCH/FH Program QI Report	Frank Trinh	TAB 7 10:30 AM
	5. HCH/FH Program Director's Report	Jim Beaumont	TAB 8 10:35 AM
	6. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 9 10:45 AM
	7. Contractors report- First quarter report	Elli/Jim/Linda	TAB 10 10:50 AM
	BOARD COMMUNICATIONS AND ANNOUNCEMENTS		
	<small>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.</small>		
	OTHER ITEMS		
	1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
	<i>Next Regular Meeting Sept 13, 2018; 9:00 A.M. – 11:00 A.M. Fair Oaks Clinic- Redwood City</i>		
H.	ADJOURNMENT	Brian Greenberg	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.smchealth.org/smmc-hfhfh-board>.

TAB 1
Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (July 12, 2018)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg
Dwight Wilson
Kathryn Barrientos
Robert Anderson- Vice Chair
Steven Kraft
Gary Campanile
Tayischa Deldridge
Steve Carey
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

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

Members of the Public

Stacy- LifeMoves
Steven- LifeMoves

Absent: Mother Champion. Adonica Shaw, Christian Hansen

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>8:35</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 Program Director evaluation, draft proposal, presentation at August meeting Action item: <i>Request to Approve Credentialing and Privileging List</i>	Motion to Approve C&P list <u>MOVED</u> by Kat <u>SECONDED</u> by Steve K. , and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from June 14, 2018) were approved. Please refer to TAB 1	Consent Agenda was <u>MOVED</u> by Robert <u>SECONDED</u> by Tay, and APPROVED by all Board members present.
Board orientation/Evaluation Lifemoves presentation	Discussion on next meeting invites to speak about Unmet needs of homeless. Discussion about inviting police department staff that works on HOT. Next meeting will be held at Vendome (PSH) in San Mateo. Discussion on Board self-evaluation analysis conducted by consultant as well as preparing for the upcoming site visit. Presentation on Unmet needs of unsheltered homeless population that Lifemoves Staff serve: <ul style="list-style-type: none"> · 80% of clients have an addiction disorder. · Transportation for medications, changing wounds daily and safe place to clean are things that staff observes is in high need for unsheltered homeless. · Many patients can't afford a SNIFF facility · Average age of clients is 50+ · 60-70% of unsheltered homeless population does want a shelter bed. · Street medicine team and van is helpful but still hard to get some medications through them. 	

	<ul style="list-style-type: none"> Getting appointments, transportation and Mental health needs are highly in demand. 	
Funding opportunity- Action item- Request to approve application to submit funding	<p>HRSA) announced a service expansion funding opportunity on June 15, 2018. Titled “Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)”, it is focused on increasing substance abuse and mental health services using evidence based strategies in an integrated care environment. It is available to all health center grantees on a prescribed basis. We have available \$100,000 in ongoing funding, \$150,000 in one-time funding, plus \$20,250 in potential Medication Assisted Treatment (MAT) funding. It requires a minimum of one full-time equivalent addition (either staff or by contract), and has a submission deadline of July 16, 2018.</p> <p>The HCH/FH Program provided information on this funding opportunity to multiple internal and external partners. We received 2 proposals from LifeMoves and StarVista. It is the staff’s belief that the StarVista proposal provides the best chance of approval and successful implementation. Staff has provided a copy of both proposals for the Board to consider and discuss. There was a discussion on both proposals with support for both proposals. Board members could not come to a consensus on which proposal to select and have decided to approve applying for the grant with language from StarVista’s proposal and discuss and decide which contractor to go with at a later time.</p> <p>Documents provided at meeting are attached to meeting minutes.</p> <p>Action item: Request to approve application to submit funding <i>Please refer to TAB 2 on the Board meeting packet</i></p>	<p>Request to approve application to submit funding <u>MOVED</u> by Dwight <u>SECONDED</u> by Steve C., and APPROVED by all Board members present Brian Greenberg recused himself</p>
Ravenswood contract – Action item- Request to Amend contract	<p>Program currently has two (2) contracts with Ravenswood Family Health Center (RFHC) for Primary Care and Dental Services for the Homeless in East Palo Alto.</p> <p>The proposed administrative amendment clarifies that RFHC (1) agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care (BPHC) requirements and (2) agrees to provide evidence that demonstrate compliance with the statutory and regulatory requirements of the Health Center Program. This change was recommended by our mock site visit consultant, who has reviewed the clinical service contracts and provided suggestions.</p> <p>Action item: Request to Amend contract <i>Please refer to TAB 3 on the Board meeting packet</i></p>	<p>Request to Approve Change of Scope <u>MOVED</u> by Steve K. <u>SECONDED</u> by Kat, and APPROVED by all Board members present Tay recused herself</p>
Sonrisas contract - Action item- Request to Amend contract	<p>Program currently has a contract with Sonrisas Dental Health Inc. (Sonrisas) for Dental Services for the Farmworkers and their family in Pescadero.</p> <p>The proposed administrative amendment clarifies that Sonrisas agrees to provide evidence that its Credentialing and Privileging policies and procedures are in accordance to Bureau of Primary Health Care (BPHC) requirements. This change was recommended by our mock site visit consultant, who has reviewed the clinical service contracts and provided suggestions.</p> <p>Action item: Request to Amend contract</p>	<p>Request to Amend contract <u>MOVED</u> by Steve K. <u>SECONDED</u> by Steve C., and APPROVED by all Board members present</p>

	<i>Please refer to TAB 4 on the Board meeting packet</i>	
Forms 5A, 5B, 5C Action item- Request to Amend Forms	<p>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.</p> <p>Based on discussions with consultants and HRSA TA representatives, we are proposing a modification to Form 5A and FORM 5C. Based on the upcoming change of address for the Daly City Youth Health Center, we are proposing a modification to Form 5B.</p> <p>On Form 5A, we are recommending the removal of all indicators under Service Delivery Methods in Column III. Formal Written Referral Arrangement (Health Center DOES NOT Pay). All of the items currently checked in Column III under Required Services are provided under Columns I & II. They have been marked in Column III since at least 2009 and there is no certainty that there still is such a written agreement. Since they are otherwise provided for in Columns I & II, there is no need to check them in Column III and try and find and track on an ongoing basis any such arrangements.</p> <p>After discussion with various consultants, we have determined that the Street Medicine Program should be called out specifically on Form 5C, as it is not routinely delivered at a fixed site (which location would then appear on Form 5B).</p> <p>Daly City Youth Health Center is moving to a new, larger address in Daly City, a few blocks from its current site. Appropriate documents have been filed with HRSA for the change in address on Form 5B. We are requesting the Board’s approval of the change of address.</p> <p>Action item: Request to Amend <i>Please refer to TAB 5 on the Board meeting packet</i></p>	Request to Amend forms <u>MOVED</u> by Tay <u>SECONDED</u> by Steve C. , and APPROVED by all Board members present
Reporting Agenda: Consumer Input NHCHC Report back	<p>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 and Tay) as well as Denise Chun, social worker from San Mateo Medical Center. Staff Linda and Elli discussed the workshops of interest: Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens, Milieu Mastery at Medical Respite—Strategies to Maximize Patient Success.</p> <p>Discussion on Diabetes management, including medication storage. Discussion on ultra sound mobile device to use in the field to diagnose medical problems. Discussion on Respite care for homeless patients.</p> <p><i>Please refer to TAB 6 on the Board meeting packet</i></p>	
Board recruitment report Discussion on change of time	TABLE TILL NEXT MEETING <i>Please refer to TAB 7 on the Board meeting packet</i>	Add Board attendance to next month’s agenda

Regular Agenda: HCH/FH Program QI Report	There are no new updates from the San Mateo County HCH/FH Program QI Committee at this time. The next QI Committee meeting will be in August 2018. <i>Please refer to TAB 8 on the Board meeting packet</i>	
Regular Agenda: HCH/FH Program Directors report	<p>We are in the process of bringing our new staff onboard. As reported at the last Board meeting, Danielle Hull was offered and accepted the Clinical Services Coordinator position and she started on Monday of this week. Irene Seliverstov, our new Planning & Implementation Coordinator will be starting around the beginning of August.</p> <p>As everyone should be aware, our Operational Site Visit will be Tuesday through Thursday, July 24-26. We will have had our pre-visit conference call with the site visit team on Tuesday, July 10th, and will update the Board as part of this report.</p> <p>As anticipated, HRSA released a service expansion funding opportunity on June 15th. This year's opportunity is designated as Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH). It is focused on increasing substance abuse and mental health services using evidence-based strategies in an integrated care environment. We have access to a potential award of \$270,250 composed of \$100,000 in ongoing funding, \$20,250 in potential Medication Assisted Treatment (MAT) funding, and \$150,000 in one-time funding. Deadline for submission is Monday, July 16th.</p> <p>On June 24th we were notified that our NCC/BPR Progress Report was available for completion and submission. This process equates to a renewal of our grant application for the coming year (2019). The effort required is analogous to doing the grant application and it has a submission deadline of August 17th.</p> <p>The Case Management/Care Coordination System has moved closer to reality. We have been informed that the elevated vendor and the project management staff have agreed on the contract language. It now goes to Health IT leadership for approval, to County Counsel for review and approval, and then to the Board of Supervisors for final contract approval.</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>Preliminary grant expenditures through June 30, 2018, total an estimated \$1,202,091. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges. At present, we project to expend 95% of our total grant, with unexpended funds projected to be around \$170,975.</p> <p>Much of this is from the delays in the AIMS effort. This does provide for the possibility of some additional adds for new efforts, adds to contracts, etc., as we get into mid-year.</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
Contractors report- first quarter report	<p><i>TABLE</i></p> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p>	
Adjournment	Time <u> 11AM </u>	Brian Greenberg

Approved _____

Board Chair

Date

DATE: July 12, 2018

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO PROVIDE PRELIMINARY APPROVAL OF THE HCH/FH PROGRAM APPLICATION FOR EXPANDING ACCESS TO QUALITY SUBSTANCE USE DISORDER AND MENTAL HEALTH SERVICES (SUD-MH) FUNDING OPPORTUNITY

The Health Services & Resources Administration (HRSA) announced a service expansion funding opportunity on June 15, 2018. Titled "Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)", it is focused on increasing substance abuse and mental health services using evidence based strategies in an integrated care environment. It is available to all health center grantees on a prescribed basis. We have available \$100,000 in ongoing funding, \$150,000 in one-time funding, plus \$20,250 in potential Medication Assisted Treatment (MAT) funding. It requires a minimum of one full-time equivalent addition (either staff or by contract), and has a submission deadline of July 16, 2018.

The HCH/FH Program provided information on this funding opportunity to multiple internal and external partners. Based on staff assessment of the information provided, we are recommending submitting a funding request for this opportunity that is aligned with – and will likely generate an eventual contract for and with – services as proposed by StarVista. A summary of that proposal is attached.

It is the staff's belief that the StarVista proposal provides the best chance of approval and successful implementation. They have substance abuse and mental health service components in place to which they can add the requisite additional staff; they have a presence on the Coast that will provide the foothold for services to include the farmworker population; they have a youth component that includes homeless youth (which we currently do not specifically address); they operate the San Mateo County Pride Center with services for the LGBTQ+ population (which we currently do not specifically address), and they would broaden our partnerships reach of community based programs.

As the Board is required to approve the program's grant applications, we are bringing this supplemental grant request to the Board for its approval. Recognizing the difficulty presented by the funding opportunity's very quick submission deadline and the time required by staff and our grant writing consultants, we are presenting the Board with a request for preliminary approval for the program to move forward with the submission as herein outlined. The actual final submission will be brought to the Board for its final approval at the next Board meeting.

This request is for the Board to approve the submission for this supplemental funding opportunity as outlined above. Approval of this item requires a majority vote of the Board members present.

Attachments:

- Summary of StarVista Proposed Services



StarVista: Healthcare for the Homeless Health Program

StarVista is proposing two programs to the Healthcare for the Homeless/Farmworker Health Program: (1) outreach and engagement (including engagement to MAT) and (2) expansion of outreach and mental health and substance abuse services. Both programs provide the following program enhancements:

- Intake/assessment
- Gather demographic information
- Present possible services
- Warm handoffs to collaborators (e.g., Palm Avenue Detox, Life Moves, Samaritan House, Project Ninety)
- Uber/Lyft/taxi them to substance abuse/mental health services
- Training on evidence-based practices proven to address mental health and substance use issues for about 300 StarVista staff, interns and trainees serving 41,000 San Mateo County residents annually
- Leverage StarVista's services
- Expand and focus StarVista's services to include homeless persons as needed

In addition to the above, each program provides additional new services and new depth of services as follows.

Outreach and engagement (including engagement to MAT) that leverages existing StarVista AOD services primarily provided through First Chance's Sobering Station, which is a 24-hour program that serves as an alternative to jail for persons arrested for driving under the influence or public intoxication. Referrals for this program are through law enforcement. The current mandate and resources for First Chance are directed toward helping clients get sober after an incident of substance/alcohol use. In 2017, First Chance added a Medicated-Assisted Treatment (MAT) connections service that transports clients to San Mateo General Hospital when they need MAT services. In addition to receiving transportation to MAT services, clients receive counseling and/or case management needed to help them make the transition to these services. The challenge is the gap in services between First Chance's "sobering station" function and the MAT connection services. Expanding outreach and engagement fills that gap, making it possible to engage and then provide a warm hand-off for clients to mental health and substance abuse services. The plan would be to allow the clients an opportunity to "sober up" and then meet with the client over a hot lunch at First Chance or in the community to discuss next steps for connecting with needed services.

The goal of the outreach and engagement will be to contribute to stabilizing clients who are dependent on substances so they are ready to enter treatment programs in the County. As such, in addition to the above complement of services, this program will also provide:

- StarVista transportation to MAT
- Brief therapeutic services of 1-3 sessions

This program is expected to provide 75 clients with brief therapeutic services, 15 clients with access to MAT and conduct assessments on 150 clients.

Expansion of outreach and mental health and substance abuse services at StarVista’s Daybreak and Your House South programs that serve runaway and homeless youth (RHY) who are seeking to reunify with their parents and youth aging out of the foster care system. StarVista’s Daybreak program provides transitional housing and independent living skills training for homeless youth aged 16-21. Residents participate in a structured twelve-month program where they are required to attend school, work, and save a portion of their paychecks. Teens are connected to medical and mental health services, and learn how to shop, cook, manage their money, find and maintain a job, and locate housing. The Your House South program provides a “time-out” for both the youth and the family – and an opportunity to work on the family’s situation – when conflicts escalate to the point where a young person is ready to run away from home, or the parents are afraid of what they might do next. Services include overnight shelter, conflict resolution meetings with youth and their families, short-term residential program with the goal of family reunification and long-term residential care for foster youth.

The expansion of services fills an important gap in mental health and substance abuse services at these two programs. The expansion will be undertaken by the addition of a staff person who will not only increase the outreach and direct services, but also allow for more extensive assessment of RHY needs related to substance abuse, mental health and enabling services. In addition to the above complement of services, this program will also provide:

- Uber/Lyft/taxi them to integrated (e.g., medical and MH/SA) and enabling (e.g., health education, case management) services
- Therapeutic services as needed (up to 686 sessions per year, as clinically indicated)

This program is expected to provide 25 clients with therapeutic services and conduct assessments on 75 clients.

We recognize billing will occur on a capitated rate per client. In crafting such a rate in tandem with the County, we are seeking the ability to capture our anticipated costs relative to the attached budget.

Expanded Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)

	Outreach and engagement	Expansion of outreach and MH/ SUD services for RHY	Total
Case Manager/Counselor 1.0 FTE	\$52,000	\$52,000	\$104,000
This position will conduct assessments, create treatment plans, provide treatment and coordinate all services for clients. \$25/hour, 40 hours/week, 52 weeks/year.			
Supervision	\$10,400	\$10,400	\$20,800
\$50 per hour, 2 hours per week, 52 weeks per year			
Subtotal	\$62,400	\$62,400	\$124,800
Payroll Taxes and Benefits @ 27%	\$79,248	\$79,248	\$158,496
Employer paid taxes and benefits for employees.			
Staff Training	\$6,000	\$6,000	\$12,000
Various training opportunities to keep clinical staff current and teach evidence-based practices..			
Mileage	\$2,725	\$2,725	\$5,450
100 miles per week @ \$0.543 per mile, 50 weeks per year.			
Program Supplies	\$500	\$500	\$1,000
The program is expected to use about \$500 per year in supplies, which include therapeutic games, books and other consumables for clients.			
Telephone Expense	\$600	\$600	\$1,200
Cell Phones x \$50/month x 12 months = \$600			
iPads	\$900	\$900	\$1,800
iPad Cell Service	\$600	\$600	\$1,200
iPad service x \$50/month x 12 months = \$600			
Taxi Vouchers	\$1,000	\$1,000	\$2,000
About 5-6 clients per week will be able to make use of taxi/lyft/uber vouchers per week.			
Total	\$153,973	\$153,973	\$307,946

LifeMoves
Proposal for HRSA Funding through
San Mateo County Health Care for the Homeless/Farmworker Health Program
July 2, 2018

Proposal for Screening and Referral for SUD-MH Treatment (Enabling Services). LifeMoves submits this proposal to the San Mateo County Health Care for Homeless/Farm Worker Health Program for consideration for funding from the Health Resources and Services Administration (HRSA) under its “FY2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Supplemental Funding” program. With funding from this program, LifeMoves proposes to serve approximately of 500 homeless individuals each year (both sheltered and unsheltered) in an intensive and large-scale program that would provide screening for both mental health and substance use disorders, with subsequent referral for MH and/or SUD treatment for those needing services. This program will result in a direct increase in the number of patients receiving SUD and/or mental health services.

MAT Funding. In addition, LifeMoves requests supplemental funding for Medication Assisted Treatment (MAT), and proposes to collaborate both with (1) the Integrated Medication Assisted Treatment (IMAT) Program within Behavioral Health and Recovery Services of San Mateo County, and (2) HealthRIGHT 360, with respect to these funds. We have conferred with these agencies about this arrangement, and we expect letters of collaboration to be forthcoming from them shortly.

Support for Hiring of Social Worker to Oversee SUD-MH Screening and Referral Program. With this funding, LifeMoves would substantially expand its social work training program in the fall of 2018. We would hire approximately eight interns who are in Master’s programs for social work at local universities, and these interns would screen every homeless adult and child in LifeMoves shelters in San Mateo County. The initial training and supervision of these interns would be done by Eve Stoller, LCSW, who is the LifeMoves Director of Social Work Services. While the initial recruiting and training of interns is being conducted, LifeMoves would also begin recruiting for a full-time employee, who would constitute the one additional and dedicated person required to be funded under the terms of the SUD-MH program.

Responsibilities of the New Hire. The person to be hired with funding from this program will report to the Director of Social Work Services, and will preferably have a Master’s in Social Work (MSW), and be a Licensed Clinical Social Worker (LCWS). Upon hire, this person (referred to as the “MSW Manager”) would take over responsibility for training and supervising the interns who will be doing the screening. The MSW Manager would also supervise other aspects of the scope of work to be performed under this project. In addition, the MSW Manager will consult with and provide clinical support services to approximately 12 LifeMoves Case Managers who are delivering direct services to the LifeMoves clients (both sheltered and unsheltered homeless individuals) struggling with mental health and substance use-related symptoms. Under the guidance of the MSW Manager, both Case Managers and the MSW

student-interns will conduct the assessment measures and will provide appropriate referrals for individuals needing mental health and/or substance use treatment.

We note that the application materials expressly provide that the one-time funding may be used to support training, and our program would accomplish this. (See HRSA PowerPoint of June 22, 2018, page 10). In addition, the MSW Manager would be coordinating teams working on co-occurring SUD and mental health conditions, as expressly contemplated for funding under the program (see page 14 of the HRSA PowerPoint).

The New MH-SUD Screening. Under this proposal, LifeMoves proposes to initiate a new, broad-based protocol under which all individuals entering our shelters in San Mateo County (both children and adults) would be screened for mental health and substance use disorders. In addition, screening would be conducted for unsheltered homeless individuals, where possible.

The screening we propose to use will consist of the American Psychiatric Association's (APA) "Online Assessment Measures," which are validated instruments with demonstrated reliability across populations. The APA's policy statement indicates that it is committed to evidence-based practices. <http://www.apa.org/practice/guidelines/evidence-based-statement.aspx>. The APA's screening tools are available for review here: <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>. It is our understanding that use of these tools is a best-practice, and that they are an efficient and cost-effective method of screening for both mental health and substance use disorders in a range of populations. Moreover, HRSA lists "Screening, Brief Interventions, and Referral to Treatment" as an evidence-based strategy in its own materials (see HRSA materials labeled "HRSA-18-118, CFDA #93.527," page 13).

Separate screening tools are used for adults, as well as children at various ages. Utilizing these screening tools, LifeMoves will be able to refer homeless individuals to services uniquely tailored to their needs.

Under the APA screening tools, there are both "Level 1" and "Level 2" "Cross-Cutting Symptom Measures." For individuals whose Level 1 screening results indicate that further review is necessary or appropriate, they would then be screened under one or more of the Level 2 measures. The Level 2 screenings are more specific with respect to certain disorders, and cover both mental health (depression, anxiety, mania, etc.) and substance use disorders. The Level 2 Substance Use screening asks both about prescription drug use (painkillers like Vicodin, stimulants and sedatives), as well as other types of drug use (marijuana, LSD, heroin, etc.).

Development of Referral Protocol. Under this new program, when the results of the Level 2 screenings indicate that referral for services and treatment is warranted for a homeless individual, LifeMoves will develop a protocol for how the referral will take place. In all cases, the protocol will include a "warm hand-off" to eligible and qualified providers in the County. This protocol will be developed with input from our County partners and collaborators, including the BHRS IMAT team and HealthRIGHT 360.

Additional Screening and Referral Protocol for Seriously Mentally Ill Individuals. For a certain percentage of the homeless population at LifeMoves (both sheltered and unsheltered), their behavior, vocalizations and thought patterns make it clear – even without formal screening – that they are suffering from serious mental illness (SMI). The SMI symptoms may also be co-occurring with SUD. For these individuals, under this project, LifeMoves proposes to explore the possible use of additional or alternative screening tools, in consultation with BHRS and other experts. In addition, LifeMoves proposes to develop a separate protocol designed to best guide these individuals to the appropriate treatment resource or facility.

Need for MAT Funding to Cover Insurance Gap Periods. Since the inception of the Affordable Care Act, most homeless individuals in San Mateo County have been successfully enrolled in Medi-Cal. Where an individual’s Medi-Cal (or other insurance plan) enrollment is current and in effect, MAT services are available immediately. However, for those individuals who are either not yet enrolled in Medi-Cal (or other available coverage), or for whom coverage may not yet be active at the time they present themselves for treatment, we understand that it is not possible to provide immediate MAT services due to lack of funding. This is a serious gap in funding availability, and it is a potentially lost opportunity to get that individual into treatment at a time they are otherwise ready. Under this proposal, our collaborators propose to use the available MAT funding to be able to provide immediate medication assisted treatment to those individuals for whom Medi-Cal or other insurance applications are not yet effective, are being processed, or are pending. This funding would ensure that no individuals are turned away from MAT services due to lack of immediately available insurance coverage. This will provide for more a more seamless services delivery network for this difficult-to-engage population.

LifeMoves data indicate that over 80% of single homeless adults and almost 25% of family heads of household have at least one substance use-related disorder. Much research indicates that the most effective intervention for persons with chronic substance use disorders are MAT in combination with counseling. In spite of this, very few unsheltered or sheltered homeless individuals receive MAT services. The program and protocols to be developed by LifeMoves with the HRSA funding will enable chronic alcohol and narcotic users to secure MAT while insurance applications and eligibility are being processed (after which time health care coverage will fund the ongoing treatment). Receiving evidence-based recovery services is critical to linking homeless persons with primary care and to their securing stable housing.

With respect to opioid use in particular, San Mateo County has a robust medication assisted treatment model. The Integrated Medication Assisted Treatment (IMAT) program focuses on individuals diagnosed with both chronic alcoholism, as well as opioid use disorders. We anticipate that most individuals accessing the MAT services under this grant will receive Vivitrol/Naltrexone for opiate dependence.

Details of the way that the MAT funding would flow from LifeMoves to HealthRIGHT 360 and/or BHRS will be determined through an MOU to be signed by the parties at or prior to commencement of the contract.

Year 1 Program Expansion; Year 2 Program Sustainability. With the funding being requested under the HRSA program, LifeMoves expects to expand its Social Work program substantially (from one supervisor and approximately five interns, to two full-time supervisors and 13 or more interns) in the first year. Also in the first year, LifeMoves will broaden the scope of the Social Work program to specifically include the indicated screenings and referrals for MH-SUD.

In the second year, LifeMoves anticipates being able to capture Mental Health Medi-Cal (MHMC) funding for the MH-SUD case management and other enabling services that will be performed by the LifeMoves Director of Social Work Services, the MSW Manager to be hired, the Case Managers and Student Interns. In this way, LifeMoves expects that so long as funding continues to be available for the additional full-time MSW Manager, Medi-Cal billing will serve as a new revenue stream that will support the additional fees and expenses related to the screening and enabling services implemented at LifeMoves during Year 1.

As Case Management is a billable service under MH MC, the new MSW Manager will also be training LifeMoves Case Managers, as well as developing a program so that MSW students can provide MH MC funded services in Year Two of the project. In this way, the staff will support comprehensive service delivery and care coordination to facilitate the engagement with addiction treatment services, including MAT, among other evidence-based best practices.

Workforce Expansion, and Professional Development and Training. The proposal here directly aligns with several of the key activities intended to be funded by the HRSA program. For example, on page 12 of the HRSA program materials labeled: HRSA-18-118, CFDA #93.527, there is an “Appendix A” that gives examples of permitted SUD-MH funding uses. The LifeMoves proposal directly satisfies the first and second bullets under “Workforce Expansion,” which state that projects should:

- Hire behavioral health and enabling service providers that can deliver or support SUC and/or mental health services, including those prepared to engage in clinical teams addressing co-occurring SUD and mental health conditions, and
- Hire SUD and/or enabling service providers to support the comprehensive service delivery and care coordination necessary to provide additional treatment services, including MAT.

Our intention is to hire an MSW Manager, and this person will provide enabling services, as well as training to others (both Case Managers and student interns) with respect to SUD-MH issues.

The LifeMoves proposal also directly aligns with several of the bullets under the “Professional Development and Training” heading on that same page, as follows:

- Support the preparation of licensed and pre-license professionals and allied health students to provide SUD and/or mental health services through such activities as recruiting; developing, implementing, and evaluating experiential training; coordinating

student and post-graduate rotations, residencies and/or fellowships; and building academic partnerships.

- Provide training on evidence-based screening and treatment for co-occurring substance use . . . and mental health and physical conditions that co-occur with SUD, such as depression, anxiety, traumatic stress, intimate partner violence, HIV/AIDS, and viral hepatitis.

Our MSW training program will provide all of these services and benefits, not only to LifeMoves clients and the MSW interns, but also to the larger community by virtue of having an annual cohort of MSW interns rotating through this program every year, each of whom will have become familiar with the SUD and MH issues that so often serve as high barriers to homeless individuals and families accessing primary health care, as well as regaining stable housing and long-term self-sufficiency.

Clinical Workflow and Practice Transformation. The LifeMoves proposal meets the goal of the HRSA program with respect to strengthening “partnerships to better leverage other SUD and mental health-related community resources and support more effective and efficient referrals between clinical partners, including certified community behavioral health clinics . . . and other community-based organizations.” (See page 13 of HRSA materials cited above). It does this by forming a close and collaborative working relationship between and among LifeMoves, the BHRS IMAT Program, and HealthRIGHT 360.

Outreach, Partnerships and Community Integration. The LifeMoves proposal meets the goal of the HRSA program with respect to strengthening “partnerships that align and leverage community engagement and data-driven quality improvements to improve behavioral health outcomes by supporting community-based behavioral health outreach and awareness activities, peer support, and enabling services to improve awareness of and facilitate access to SUD and mental health services.” (See page 14 of HRSA materials cited above). It does this by instituting mental health and SUD screening at all of our homeless shelters in San Mateo County, and with respect to unsheltered homeless clients where possible.

No Supplanting of Existing Services. The screening and referral services proposed to be provided with this HRSA funding would be new services, and a supplement to existing services. The funding sought here will not supplant other resources.

Proposed Timeline: Assuming a September 1, 2018 award date, the following timeline will be implemented:

Date	Event/Task
August 1, 2018	Intent to award notification received by LifeMoves from HCH/FW Program
August 1, 2018	Contract negotiations commence
August 20, 2018	Contract signed by LifeMoves and HCH/FW Program
August 20, 2018	Final MOU signed between LifeMoves and HealthRIGHT 360 (and possibly BHRS) regarding IMAT services
September 1, 2018	Contract term commences
September 30, 2018	Eight MSW students recruited and on-boarded
December 1, 2018	Full time MSW Manager recruited and on-boarded (well before deadline of April 30, 2019)
January 15, 2019	Uninsured and/or coverage-pending individuals begin receiving MAT (well before deadline of December 31, 2019)
February 1, 2019 to December 30, 2019	LifeMoves develops and implements plan for MH MC billing in order to achieve Year 2 sustainability
December 31, 2019	Achieve projected patient goals/increase

Telehealth: This proposal does not contain any proposals related to providing telehealth services, as all individuals to be served will be homeless.

Number of Persons to be Served, and Services to be Provided. Under this proposal, LifeMoves expects to screen approximately 500 unduplicated homeless individuals (adults and children) in San Mateo County.

- Of the 500 screened under the APA's Level 1 Measures, we estimate that approximately 250 will be indicated for Level 2 screening, and will agree to undergo such screening.
- We estimate that the 250 individuals who agree to undergo Level 2 screening will each need to be screened for an average of three segments of the Level 2 screenings (for a total of 750 Level 2 screenings performed)
- We estimate that approximately 90 individuals (a subset of the 500 individuals above) will be screened for a serious mental illness (with or without a co-occurring SUD) and referred for treatment.
- Of those provided Level 2 screening, 75 will be referred for mental health treatment, and 45 will be referred for substance use disorder treatment.

Revenue Capture Methodology. LifeMoves proposes to capture the revenue associated with the funding sought for this project by providing the following services for the indicated fees:

Task	Fee	# Served	Total Fee
Level 1 APA Assessment Test	\$150	500 (unduplicated)	\$75,000
Level 2 APA Assessment Tests	\$125	750 (duplicated)	\$93,750
SMI Screening and Referral	\$350	90	\$31,500
Referral and Linkage to Services			
- Mental Health	\$350	75	\$26,250
- Substance Use Disorder	\$350	45	\$15,750
Transportation	\$40	200	\$8,000
Total			\$250,250

Budget. See attached for proposed Budget for Year 1 and Year 2.

LifeMoves Budget for HCH/HRSA Funding

	Year 1		Year 2	
	Federal	Non-Federal	Federal	Non-Federal
0.5 FTE Director, Social Work Services	47,500	-	40,000	8,925
1.0 FTE MSW Manager (new position)	65,000	-	60,000	6,950
a. Personnel (total personnel salary)	\$ 112,500	\$ -	\$ 100,000	\$ 15,875
b. Fringe Benefits	41,625	-	-	42,874
c. Travel	8,000	-	-	8,000
d. Equipment	-	-	-	-
e. Supplies (laptops)	2,000	-	-	2,000
f. Contractual	-	-	-	-
g. Construction	-	-	-	-
h. Other (stipends for 8 MSW Interns)	24,000	-	-	24,000
i. Total Direct Charges (sum of a-h)	\$ 188,125	\$ -	\$ 100,000	\$ 92,749
j. IT/Insurance/Indirect Labor Allocation	33,863	-	-	34,695
j. Administrative expenses	28,219	-	-	28,912
j. Indirect Charges	\$ 62,081	\$ -	\$ -	\$ 63,607
k. Total Budget Specified in Section A - Budget Summary (sum of i-j)	\$ 250,206	\$ -	\$ 100,000	\$ 156,356

LifeMoves Budget for HCH/HRSA Funding

	Year 1		Year 2		
	Federal	Non-Federal	LifeMoves Full Cost for New FTE (1.0)	Federal (HRSA allocation)	Non-Federal Allocation
0.5 FTE Director, Social Work Services	47,500	-	-	-	-
1.0 FTE MSW Manager (new position)	65,000	-	68,250	52,631	15,619
a. Personnel (total personnel salary)	\$ 112,500	\$ -	\$ 68,250	\$ 52,631	\$ 15,619
b. Fringe Benefits	41,625	-	25,253	19,473	5,779
c. Travel	8,000	-	4,000	3,085	915
d. Equipment	-	-	-	-	-
e. Supplies (6-8 laptops & peripherals)	2,000	-	-	-	1,000
f. Contractual	-	-	-	-	-
g. Construction	-	-	-	-	-
h. Other (stipends for 8 MSW Interns)	24,000	-	-	-	24,000
i. Total Direct Charges (sum of a-h)	\$ 188,125	\$ -	\$ 97,503	\$ 75,189	\$ 47,313
j. IT/Insurance/Indirect Labor Allocation	33,863	-	17,550	13,534	4,016
j. Administrative expenses	28,219	-	14,625	11,278	3,347
j. Indirect Charges	\$ 62,081	\$ -	\$ 32,176	\$ 24,811	\$ 7,363
k. Total Budget Specified in Section A - Budget Summary (sum of i+j)	\$ 250,206	\$ -	\$ 129,678	\$ 100,000	\$ 29,678

TAB 2

**Request to
approve
preliminary
submission
of NCC-BPR**

DATE: August 09, 2018

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO PROVIDE PRELIMINARY APPROVAL OF THE HCH/FH PROGRAM NON-COMPETING CONTINUATION/BUDGET PERIOD PROGRESS REPORT (NCC/BPR)

While a successful Service Area Competition (SAC) award provides for a designated grant period (usually for three (3) years), each year during the period HRSA requires the submission of a Non-Competing Continuation/Budget Period Progress Report (NCC/BPR). Our deadline for submission of our annual NCC/BPR is August 17th.

Program has been working with our grant-writing vendor (Wipfli) in preparing the necessary document for submission. Today we are presenting DRAFT versions of these documents for the Board's review and preliminary approval. The actual final submission will be brought to the Board for its final approval at the next Board meeting.

This request is for the Board to approve the submission for these documents for our NCC/BPR. Approval of this item requires a majority vote of the Board members present.

Attachments:

- *Presented at the meeting*

TAB 3

**Request to
modify C&P
Policy**

DATE: August 09, 2018

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO APPROVE CHANGES TO THE HCH/FH PROGRAM CREDENTIALLING & PRIVILEGING POLICY

Under HRSA Program Requirements, the HCH/FH Co-Applicant Board is responsible to ensure that all program services are delivered by licensed and credentialed staff, as appropriate, and that staff has been provided privileges as appropriate. The requirements for doing so were recently changed with the issuance of HRSA's Health Center Compliance Manual.

While the underlying responsibilities have not changed, demonstration of the appropriate oversight by the Co-Applicant Board has changed. The Board is no longer required to review and approve Credentialing and Privileging Reports as part of its routine business. The Board has the authority to determine how Credentialing & Privileging actions are reviewed.

Based on this change, Program is recommending a change to the HCH/FH Credentialing & Privileging Policy. The requirement for Board review of credentialing and privileging actions has been removed. Those portions of the policy that required the Board to review and approve, through report from the QI Committee, the policies and procedures of San Mateo Medical Center, its Medical Staff Office and Human Resources Department, are maintained in the amended policy.

Attached is the updated policy in current, draft redline and clean draft versions.

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

Attachments:

- Current HCH/FH Credentialing & Privileging Policy and Procedure
- DRAFT redline of the updated HCH/FH Credentialing & Privileging Policy and Procedure
- DRAFT clean copy of the updated HCH/FH Credentialing & Privileging Policy and Procedure



SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

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

1. Rationale or background to policy:

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

2. Policy Statement:

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

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

3. Procedures:

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

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

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

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

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

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

Approved _____

Board Chair

Program Director

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Program Services -Staffing	Effective Date: 11/12/2015
Subject: Credentialing & Privileging	Revision Date: 08/09/18 10/13/2016
Title of Policy: HCH/FH Program Credentialing & Privileging Policy & Procedure	Approved by: Co-Applicant Board

1. Rationale or background to policy:

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

2. Policy Statement:

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

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

3. Procedures:

The HCH/FH Quality Improvement Committee (QIC) shall review SMMC Credentialing and Privileging policies, procedures and processes annually to determine continuing compliance

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

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

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

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

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

Approved _____

Board Chair

Program Director

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Program Services Staffing	Effective Date: 11/12/2015
Subject: Credentialing & Privileging	Revision Date: 08/09/18
Title of Policy: HCH/FH Program Credentialing & Privileging Policy & Procedure	Approved by: Co-Applicant Board

1. Rationale or background to policy:

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

2. Policy Statement:

In support of these concepts, the HCH/FH Co-Applicant Board shall verify annually, or as needed, that SMMC's Credentialing & Privileging policies and processes are in full compliance with the Health Services and Resources Administration's (HRSA) requirements as referenced in its Health Center Program Compliance Manual and as ever updated by HRSA. Upon review of the SMMC Credentialing and Privileging policies and processes, the HCH/FH Co-Applicant Board shall affirm their compliance with HRSA requirements.

3. Procedures:

The HCH/FH Quality Improvement Committee (QIC) shall review SMMC Credentialing and Privileging policies, procedures and processes annually to determine continuing compliance with HRSA requirements. The QIC will report on their findings and determination at the Co-Applicant Board's regular January meeting each year. The HCH/FH Co-Applicant Board shall review the QIC's determination and take action to affirm SMMC compliance with HRSA requirements.

Should the HCH/FH Co-Applicant Board find during an annual verification, or at any other time, that the SMMC credentialing & privileging policies, procedures and processes are no longer

fully in compliance with HRSA requirements, the HCH/FH Co-Applicant Board shall immediately initiate a resolution process as specified in the Co-Applicant Agreement to remediate the situation.

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

The HCH/FH Co-Applicant Board will verify bi-annually, or as needed, that all Program primary care contractors have credentialing and privileging policies and procedures verifying that all licensed and certified healthcare practitioners delivering care for homeless and farm worker patients and families are in full compliance with the HRSA Health Center Compliance Manual.

Approved _____

Board Chair

Program Director

TAB 4
Discussion of
AIMS
proposal from
El Centro

El Centro Proposal Summary (for AIMS funding)

		Homeless	Farmworker
Target population and location		Sheltered homeless, expand to 3 additional homeless shelters	Coastside (Montara to Pescadero corridor)
Objective	Activities	Homeless	Farmworker
Outreach	Motivational Outreach about AOD/mental health resources	30-60 minutes motivational presentations 15 individuals/week, 3 homeless shelters	45 minutes bilingual motivational visit Farms, schools, community fairs, public meetings, professional associations 3 times a month 3 individuals every two weeks
Assessment	Screenings for entry to Outpatient Treatment program	ASAM Screening criteria 2-3 individuals/week	1 individual each visit
Navigation	Client navigation & recommendations accessing AOD, mental health, other support services	3 individuals	Bilingual navigation assistance is provided
Education	Pilot Prevention Education Program	Total 40 modules (1 hour modularized program lasts 10 weeks) at 2 homeless shelters	

Salaries & Benefits are for a total of 1.4 FTE, with 1.25 of that in Direct Service provision.

**El Centro de Libertad
Homeless & Farmworker Program
July 1, 2018 June 30, 2019**

EXPENSES

Staff Compensation	
Salaries & Benefits	86,262
Total Staff Compensation	86,262
Other Expense	
Travel & Meeting	2,962
Program Supplies & Materials	633
Start-Up Costs	-
Indirect Costs	4,040
Total Other Expense	9,635
TOTAL PROGRAM COST	95,897



El Centro de Libertad
The Freedom Center

sobriedad con dignidad
recovery with dignity

July 25, 2018

Mr. Jim Beumont
Health Care for the Homeless
Farmworker Health Program
c/o San Mateo Medical Center
22 W 39th Ave
San Mateo, CA 94403

Dear Mr. Beumont:

Thank you for taking the time to talk with myself and Luis Valdivias on July 10 regarding a possible partnership with El Centro de Libertad/The Freedom Center.

I truly enjoyed our conversation and was particularly gratified to learn that El Centro and Healthcare for the Homeless/Farmworker Health Program share a mutual interest in serving the historically marginalized communities of farmworkers and homeless individuals in San Mateo County.

I am forwarding for review and consideration this proposal to expand homeless and farmworker access to bilingual mental health and substance use services including a focus on the awareness, prevention, and treatment of opioid abuse.

Background

A recent report, *The State of Opportunity in America* (2018), defined “fragile communities” as where a high proportion of residents struggle financially and have limited opportunities for social mobility. Lack of job opportunities, inadequate access to higher education, and health issues (30% of those surveyed!) prevent many people in fragile communities from achieving the American dream. According to the report, the findings highlight a two-way relationship between low socioeconomic status and poor health. In such communities there is a need to determine which health interventions have the most potential to break this negative cycle. Homeless and farmworker populations fit the definition of fragile communities.

El Centro has staffed offices in both urban and rural communities since 1998 so we are uniquely positioned to request support for expansion of specific programs serving the targeted populations in each location. Our roster of bilingual Substance Use Disorder interventions includes 1) *Substance Use Disorder Treatment*: outpatient groups for men, women, co-occurring and youth, 2) *Individual Counseling*: men, women and youth, 3) *Prevention Education*, unique to El Centro this program navigates clients through the mental, physical and psychological impact of opioids, alcohol and other drugs, 3) *Specialty Services*, CPS/Court SUD Assessments, Anger Management, Parenting Education and Batterers Intervention Program.

Main Office
500 Allerton
2nd Floor
Redwood City, CA 94063
650. 599-9955

Coastside
225 S. Cabrillo Highway
Suite 114 B
Half Moon Bay, CA 94019
650. 560-9995

www.elcentrodelibertad.org

El Centro de Libertad has direct experience in effective Community Outreach supporting interventions offered through our Redwood City and Half Moon Bay offices; however, transportation is universally identified as one of the top three critical issues facing marginalized individuals (on the rural Coastsides lack of mental health and AOD services was overwhelmingly identified as the most critical issue, housing and transportation came second and third respectively), it is no surprise that, even with a high need for interventions, our impact on the target populations has not been as strong as it needs to be.

Each target population is geographically split pretty evenly. Since there are no shelters and minimal homeless resources on the Coastsides, the majority of the homeless population are located "over the hill" in urban environs. Since there are no farms in urban San Mateo County, the majority of farmworkers are isolated in communities on the rural Coastsides.

The Project

El Centro has existing relationships with 1) collaborating partners on the rural Coastsides, such as Coastsides Mental Health, Coastsides Medical and other non-profit agencies, and 2) with homeless shelters and other related providers serving urban communities. El Centro seeks to improve the health and well-being of the target population(s) through enhanced continuum of care coordination efforts focused on expanded Outreach, Screening and Assessment, Client Navigation and Prevention Education.

Serving Urban Homeless

El Centro de Libertad will engage in Community Outreach, Screening and Assessment, and Client Navigation strategies that support In-Shelter homeless populations by 1) assessing and identifying needed behavioral health interventions, and 2) assisting clients in navigating towards mental health, SUD and/or other support services as needed. We are currently providing Outreach once a week to one homeless shelter and are assisting an average of two clients per month in enrolling in a Level of Care (Treatment). We intend to expand our efforts to meet or exceed the following:

Objective 1: To provide weekly Motivational Outreach to three (3) homeless shelters

Outcomes: Fifteen (15) In-Shelter individuals each week will have learned about available AOD and/or mental health resources. 20% will express interest in treatment.

Objective 2: To provide Screenings or Assessments to an average of two (2) to three (3) In-Shelter individuals each week to determine Level of Care in order to initiate appropriate mental health and/or other appropriate referrals.

Outcome: 75% of In-Shelter individuals completing the Screenings will be assessed as eligible for entry into an Outpatient Treatment program (Level 1) designed to break the cycle of opioid, alcohol and other drugs, or will be assessed as needing other gap services

Objective 3: To provide Client Navigation assistance and recommendations to an average of three (3) In-Shelter individuals each week that lead to In-Shelter homeless accessing AOD, Mental Health or other needed support services.

Outcome: 60% of clients will fulfill their navigation recommendations.

Objective 4: To pilot a Prevention Education Program module in two (2) homeless shelters

Outcome: Forty (40) Prevention Education modules will have educated In-Shelter Homeless about the physical, psychological and mental health impact of opioids, alcohol and other drugs on adults, youth and families and will have learned personal substance use indicators as well as refusal skills

Activities

1) Outreach: Partner staff from each collaborating venue will schedule space and In-Shelter homeless participation. El Centro Counselors provide 30-60 minute Motivational presentations. Currently held once a week at Maple Street Shelter, the average attendance range is between 2-12 adults. Topics can include discussion on substance use indicators, barriers to success in breaking the cycle, physical, mental and emotional impact of substances including opioids, mental health and AOD options and how to access resources; includes literature handouts for participants and sign-in Roster for Case Management shelter staff to document attendance.

We intend to expand to three (3) shelters.

2) Screening and Assessment: The Screening and Assessment process will identify a client's involvement with opioid, alcohol and other drug use as well as the need for other support services such as residential care, mental health involvement, and/or medical necessity. We use ASAM **Screening** criteria to a) identify if Emergency interventions are required, b) clarify if the appropriate Level of Care referral needed is Outpatient, Intensive Outpatient, Residential or primarily mental health, c) confirm what other supports are needed. Base-line criteria include Withdrawal/Detox Potential, Biomedical Conditions and Complications, Emotional/Cognitive Conditions, Readiness to Change, Relapse/Continued Use Potential, and Recovery Environment. If more detailed information is needed, Counselors often take 30 to 120 minutes for a deeper **Assessment** of a client's primary and secondary issues related to opioid, alcohol and/or drug use, any medical or mental health issues that present, their ability to participate in a Case Managed program, and/or other needed support services.

Results are documented and provided to shelter staff for case-managed follow-up. Currently 25% - 35% of those Screened at Maple Street shelter are Assessed as appropriate for Level of Care 1 (treatment) finish the ninety (90) day program.

Expanding to three shelters will increase the number of In-Shelter residents completing.

3) Client Navigation: Navigation assistance is provided to insure clients understand not only what is needed and why, but how and where to access resources. We provide the client with mentoring, written and telephone support, contact information and direction to all recommended supports.

Navigation recommendations are documented and provided to shelter partners for case-managed follow-up.

4) Prevention Education: Prevention Education is a highly successful health education program that is currently provided to local schools in both urban and rural environments and focuses on the physical, emotional and psychological impact of opioids, alcohol and other drugs on individuals and families. We will replicate the success of Prevention Education within the shelter environment. Each one hour modularized program lasts ten (10) weeks and will provide an average of eight to ten In-Shelter individuals each session with opioid, alcohol and other drugs recognition and refusal skills, instruction on making positive choices when faced with high risk behaviors, addressing substance abuse indicators before treatment becomes an imperative, and identifying those who are need in of a higher Level of Care (treatment).

This is completely new approach and has never been offered In-Shelter. We will offer our Prevention Education curriculum to two (2) shelters. Each collaborating shelter will receive a pair of ten week modules for a total of twenty (20) weeks each.

Serving Rural Farmworkers

While officially based out of our DMC certified office in Half Moon Bay, El Centro would address the transportation barrier by traveling the rural Coastside (Montara to Pescadero corridor) and, working with local resources, offer field-based services to the community by actually being in the community. We anticipate the Project to initially consist of interlocking components, Community Outreach, Screening and Assessment, and Client Navigation. While we have an office in Half Moon Bay, we are not currently offering field-based services specifically for the farmworker communities, so this would be new and an expansion of existing services. We intend to address the following:

Objective 5: To provide bilingual Motivational Outreach visits to farms, schools or other appropriate locations on an average of three (3) times a month.

Outcomes; Three (3) individuals every two weeks will have learned about available AOD and/or mental health resources. 20% will express interest in treatment.

Objective 6: To Screen an average of one (1) individual each visit in order to determine a Level of Care for appropriate mental health, AOD or other resources

Outcome: 75% of individuals will be Assessed as eligible for entry into case-managed support services designed to 1) break the cycle of opioid, alcohol and other drugs, or 2) provide mental health or medical assistance and/or 3) needing other services

Objective 7: To provide Client Navigation recommendations and supports to at least one (1) rural individual per month

Outcome: 60% of clients will fulfill their navigation recommendations

Activities

1) **Bilingual Community Outreach:** For the first twelve months, this is the critical piece in planning for success. It is not enough just to intend to do good works by offering services. El Centro must commit to developing a presence in the farmworker community so local stakeholders have the trust necessary to access services. Attending community gatherings, visiting the ranches and schools, doing bilingual radio interviews, and working with other non-profits like Pillar Ridge, Coastside Hope, Coastside Mental Health are very much part of creating the comfort and familiarity that is needed to be successful in winning the farmworker communities. It is anticipated that a heavy and ongoing reliance on Community Outreach built around a great deal of travel during the first 12 months will grow the required community confidence within the farmworker community that will eventually lead to the target population seeking to access services. 45 minute Motivational visits will be made to individuals (farmworkers) by a bilingual Counselor. Topics can include discussion on personal substance use indicators, barriers to success in breaking the cycle of physical, mental and emotional impact of substances including opioids, mental health and AOD options and how to access resources; includes literature handouts and sign-in Roster to document attendance.

Additionally, we will have a visible presence in traditional Outreach activities such as community fairs, presentations at public meetings, local school celebrations. professional associations, regularly scheduled Coastside Collaborative meetings.

- 2) **Screening:** The Screening process will identify a client's involvement with opioid, alcohol and other drug use and assess a client's primary and secondary issues related substance use disorder, medical or mental health concerns that present, and any other unmet support services that may be needed. We use ASAM criteria to a) identify if Emergency interventions are required, b) clarify if the appropriate Level of Care is Outpatient, Intensive Outpatient, Residential or primarily medical or mental health, c) confirm what other supports are needed. Base-line criteria include Withdrawal/Detox Potential, Biomedical Conditions and Complications, Emotional/Cognitive Conditions, Readiness to Change, Relapse/Continued Use Potential, and Recovery Environment.
- 3) **Client Navigation:** Bilingual Navigation assistance is provided to insure clients understand not only what is needed and why, but how and where to access resources. We provide the client with mentoring, written and telephone support, contact information and directions to all recommended supports.

60% of clients will fulfill their navigation recommendations

The majority of Service Delivery must take place beginning late afternoon/early evening in order to accommodate varying schedules of the target populations as well as partnering agencies. El Centro would use bilingual Substance Use Disorder Counselors selected for this project and with proven navigation and community experience.

Community Interest

El Centro has held preliminary conversations and received offers of support and participation from BHRS, Coastside Mental Health, C.A.R.O.N Program (San Mateo County Sheriff's Office), and Puente del Costa Sur.

Cost and Budget Narrative

We are including an anticipated cost budget with narrative outlining our expense rationale.

Thank you for the opportunity to submit our proposal. Should you have any questions regarding El Centro de Libertad or our programs, please feel free to contact me at 650. 599-9955 or mistoll@comcast.net.

Regards,



Michael Stoll
C.E.O.

El Centro de Libertad
Homeless & Farmworker Program
July 1, 2018 June 30, 2019

EXPENSES

Staff Compensation

Salaries & Benefits 86,262

Total Staff Compensation 86,262

Other Expense

Travel & Meeting 2,962

Program Supplies & Materials 633

Start-Up Costs -

Indirect Costs 4,040

Total Other Expense 9,635

TOTAL PROGRAM COST 95,897

Budget Narrative: AIMS Proposal Homeless and Farmworker Program

- Line 1: As a complete agency effort, we're budgeting for approximately 57 hours per week or 1.4 FTE. Included inside this 1.4 FTE is 50 hours per week (1.25 FTE) of direct program delivery. A majority of above direct service effort will be directed towards the in-shelter homeless. For this target population, we will deliver (2) program initiatives. First is client navigation and screening services. In addition El Centro will deliver a adaptive prevention education module in-shelter. For the farmworker population, El Centro anticipates performing community outreach, rural farm visits, onsite screening and client navigation and referral. A few hours each week is made up of supervision by the Program Manager and Clinical Director. Additionally, there is some allotted administrative time.
- Line 2: We've budgeted for travel and meeting costs. These costs include standard IRS mileage reimbursement rates for staff traveling from our Redwood City and Half Moon Bay offices to various shelters and farm communities respectively. El Centro currently owns a multi-passenger van. Included here are fuel and maintenance costs when this van is used to deliver this program service. Travel time is not included, as that is already factored in Line 1 above. Occasionally, we anticipate staff will be required to travel directly from Redwood City to Rural Farm Communities.
- Line 3: We've included as direct cost program supplies and materials to support outreach and prevention education efforts.
- Line 4: We anticipate some startup expense before any program services can be delivered. The Program Manager and counseling staff will need to meet with community stakeholders, County personnel and others to learn about access, resources and geography. We are not factoring any cost for these startup efforts.
- Line 5: Indirect expenses are those costs that can't be directly attributed to the program but for which if didn't exist would prevent the program from functioning. We anticipate indirect costs to be less than 7% of our direct program cost. These would include occupancy, general operating and insurance related expenses.

TAB 5

Discussion on attendance/ sub-committees

DISCUSSION ON COMMITTEES AND MEMBERSHIP

Article 14: Committees

The Board may designate one or more committees as the Board sees as appropriate to address specific issues or duties as they arise. Any such committee is limited to a membership of fewer than half the members of the Board. Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Committees shall not have power to bind the Board, and any recommendations of a committee must be approved by the Board.

Committees shall operate pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

June 2015

Board Membership, STANDING committee (Brian- lead, Steve, Christian, Robert)

- To review and make recommendations on board composition, recruitment, and selection, and other areas that may impact these activities

July 2017

Finance Committee. STANDING committee- Robert, Christian

- 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.

	8am-10am		11:30am-1:30pm		4pm-6pm		4:30pm-6:30pm		5pm-7pm		Total
Tue	45.45%	5	27.27%	3	36.36%	4	27.27%	3	45.45%	5	11
Wed	63.64%	7	54.55%	6	27.27%	3	27.27%	3	36.36%	4	11
Thurs	100.00%	10	40.00%	4	20.00%	2	30.00%	3	60.00%	6	10
										Answered	13

Respondents:

MC, Christian, Steve K, Dwight, Adonica, Steve C, Robert, Gary, Kat, Tay

Jim, Frank

TAB 6
Discussion
on OSV

Program Requirement	MET/NOT MET	NOTES
1 Needs Assessment	MET	
2 Required & Additional Services (clinical)	2.2 NOT MET	contracts and agreements on services and how it is paid for- RFHC Ravenswood does not show how services documented in the health record , SMMC does not have access to patient record of visits at RFHC
3 Clinical Staffing (clinical)	NOT MET	Operating procedures for clinical staff- lacking for OLCPs (HR) no clear document that combines all elements, that shows no requirement for govt picture ID or national practioner data base, BLS, health screening is not specific enough (immunizations) Files (credentials)missing proof of education (primary source of LIPs) for 3 files, proof of training (1) missing proof of fitness for duty (must be ongoing)
4 Accessible Hours of Operation / Locations	NOT MET	5b- sites-RFHC- both reporting patients as your own, can't have 2 entities under contract and reporting same patients in UDS, Should be a sub-recipient , counting of patients problematic
5 Coverage for Medical Emergencies During and After Hours (clinical)	MET	Performance improvement- How you train staff and respond on emergencies- improve documentation on how you respond to it. How you keep staff abreast of that. Make sure that training is on-going (mock training)
6 Continuity of Care and Hospital Admitting	MET	
7 Sliding Fee Discount	MET	Is SFS available to patients ? Yes Numerous other comments and discussion of the SFDP
8 Quality Improvement / Assurance Plan	MET	Performance improvement- better job at Boards engagement on both QI committees and BODs Patient Satisfaction Survey needs to be done more often than bi-annually.
9 Key Management Staff	MET	With nearly 40,000 visits, the Program requires at least a .50 FTE Medical Director
10 Contracts and Subawards	NOT MET	technical issues, federal money for contracts- requirement that recipient on case by case basis must consider if each contract is contract or sub-recipient , County must develop and put on face page. Use language of Uniform Guidance Document Services outside the scope of project- pending
11 Conflict of Interest Policy	MET	

12 Collaborative Relationships	MET	
13 Financial Management and Accounting Systems	MET	
14 Billing and Collections	MET	
15 Budget	MET	
16 Program Monitoring and Data Reporting Systems	MET	
17 Board Authority	MET	
18 Board Composition	MET	Noted that we may need to create an Advisory Board structure to ensure population input.
19 FTCA	NA	
20 Performance Analysis		Improve Diabetes measure - on a quarterly basis report on

TAB 7
QI Report

DATE: August 9, 2018

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

There are no new updates from the San Mateo County HCH/FH Program QI Committee at this time.

The next QI Committee meeting will be in August 2018.

TAB 8
Director's
Report

DATE: August 09, 2018

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

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the July 12, 2018 Co-Applicant Board meeting:

1. Staffing

As of Monday, August 06, we are fully staffed. Joining us this week is Irene Seliverstov, our new Planning & Implementation Coordinator.

2. Operational Site Visit (OSV)

We completed our Operational Site Visit (OSV) as scheduled from Tuesday through Thursday, July 24-26. In general, it was a very successful review, and, pending receiving the actual final report from HRSA, we are pleased with outcome. A more detailed report on the OSV is provided for the Board elsewhere on today's agenda.

3. Non-Competing Continuation/Budget Period Renewal (NCC/BPR)

Program has been working diligently with our supporting contractor on completing the NCC-BPR due on August 17th. We have a draft of the expected submission elsewhere on today's agenda for the Board's consideration.

4. New Health System Identity

The Health System is changing its Visual Identity with a new logo, and tagline. In Addition, they are dropping the word "System" from their formal name – now being San Mateo County Health. The changes will start appearing in September and we will provide a further update on this for the Board's September meeting.

5. Seven Day Update



ATTACHED:

- Program Calendar



Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2018 Calendar (Revised August 2018)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (August 9, 2018 from 9:00 a.m. to 11:00 a.m.) • NCC/BPR submission deadline • Patient Satisfaction Surveys administered • Site visit with contractors • QI Committee meeting 	August	@LifeMoves
<ul style="list-style-type: none"> • Board Meeting (September 13, 2018 from 9:00 a.m. to 11:00 a.m.) 	September	@Fair Oaks Clinic- RWC
<ul style="list-style-type: none"> • Board Meeting (October 11, 2018 from 9:00 a.m. to 11:00 a.m.) • Amend contracts • Medical Respite training symposium (NHCHC) Oct. 1-2 in Phoenix, AZ • Provider Collaborative meeting • Amend Contracts 	October	@San Mateo Medical Center
<ul style="list-style-type: none"> • Board Meeting (November 8, 2018 from 9:00 a.m. to 11:00 a.m.) • Board Chair/Vice Chair Nominations/Elections 	November	@Coastside Clinic in HMB

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
Board Chair/Vice Chair Elections	Winter
Board review annual HR report on OLCPs	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 9
Budget &
Finance Report

DATE: August 09, 2018

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

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary grant expenditures through July 31, 2018, total an estimated \$1,418,032. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges.

Being more than half way through the year, we can now begin to accurately estimate what the total expenditure under each of our contracts/MOUs might look like at year's end. Currently, our contracts and MOUs appear to be expending at a rate to reach the high 80%-low 90% utilization. Salaries & Benefits are estimated to be expended at a 96% utilization rate, with other expenditures also expected to hit the mid-90% utilization rate. At present, we project to expend 90% of our total grant, with unexpended funds projected to be around \$290,000. Much of this is from the delays in the AIMS effort, in addition to the slowing utilization rate on our contracts and MOUs. We now need to look seriously at efforts to appropriately expend the potential unexpended balance.

Attachment:

- Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (07/31/18)	Projection for GY (+~22 wks)	Projected for GY 2019
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>540,000</u>	<u>237,431</u>	<u>503,333</u>	<u>634,283</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>200,000</u>	<u>96,918</u>	<u>206,367</u>	<u>272,742</u>
<u>Travel</u>				
National Conferences (2500*4)		5,213	7,500	20,000
Regional Conferences (1000*5)		2,340	5,000	5,000
Local Travel			1,500	2,000
Taxis		1,076	5,000	5,000
Van & vehicle usage		<u>1,050</u>	<u>1,500</u>	<u>1,000</u>
	<u>25,000</u>	<u>9,679</u>	<u>20,500</u>	<u>33,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,748	4,500	10,000
Small Funding Requests		<u>25,370</u>	<u>50,000</u>	<u>50,000</u>
	<u>10,500</u>	<u>27,118</u>	<u>54,500</u>	<u>60,000</u>
<u>Contractual</u>				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	517,012	803,607	850,000
Current 2018 MOUs	872,000	455,660	785,810	800,000
---unallocated---/other contracts	118,073			
	<u>1,957,103</u>	<u>1,022,397</u>	<u>1,639,142</u>	<u>1,650,000</u>
<u>Other</u>				
Consultants/grant writer	31,667	13,575	40,000	35,000
IT/Telcom	5,930	7,164	11,000	6,000
New Automation			0	-
Memberships	4,000	2,000	4,000	4,000
Training			3,250	4,000
Misc (food, etc.)	5,500	1,750	5,500	5,000
	<u>47,097</u>	<u>24,489</u>	<u>63,750</u>	<u>54,000</u>
 TOTALS - Base Grant	 <u>2,779,700</u>	 <u>1,418,032</u>	 <u>2,487,592</u>	 <u>2,704,025</u>
 HCH/FH PROGRAM TOTAL	 <u>2,779,700</u>	 <u>1,418,032</u>	 <u>2,487,592</u>	 <u>2,704,025</u>
 PROJECTED AVAILABLE BASE GRANT			<u>292,108</u>	45,979
				based on est. grant of \$2,750,004

TAB 10
Contractors
1st Quarter
Report

DATE: July 12, 2018

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, 2018 through March 31, 2018)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with five community-based providers, plus two County-based programs for the 2018 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>01/01/2018 – 03/31/2018</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	43	14%	900	112	12%
LifeMoves (care coord)	550	63	11%	1,375	137	10%
LifeMoves (SSI/SSDI)	75	8	11%			
LifeMoves (eligibility)	30	6	20%			
LifeMoves (Street Medicine)	140	37	26%	300	145	48%
LifeMoves (Transportation)	N/A	N/A	N/A	344 rides	79 rides	23%
Public Health Mobile Van & Expanded Services	1,210	394	33%	2,420	492	20%
Public Health- Street Medicine	135	39	29%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	200	115	58%	590	284	48%
Puente (O/E)	170	63	37%			
Ravenswood (Primary Care)	700	240	34%	2100	428	20%
Ravenswood (Dental)	275	92	33%	780	178	23%
Ravenswood (Care Coordination)	500	152	30%	1200	254	21%
Samaritan House	210	92	44%	360	158	44%
Sonrisas Dental	115	43	37%	460	72	16%
Total HCH/FH Contracts	4,440	1,387	31%	10,485	2,260	22%



HCH/FH Performance 01/01/2018 – 3/31/2018	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$300/patient	300	43	\$ 13,500	\$90,000	15%
Legal Aid Society of San Mateo County	Provider Outreach	\$ 1,100	NA		\$ 1,100	\$14,000	43%
	Farmworker Outreach	\$ 4,900	NA		\$ 4,900		
	Experience Study	\$ 8,000	NA		\$ -		
LifeMoves (care coord, SSI/SSDI, eligibility, Transportation)	Care Coordination	\$275/patient	500	39	\$ 10,725	\$298,030	18%
	Intensive Care Coordination	\$525/patient	50	24	\$ 12,600		
	SSI/SSDI Eligibility Assistance	\$420/patient	75	8	\$ 3,360		
	Health Coverage Eligibility Assistance	\$110/patient	30	6	\$ 660		
	Transportation	\$45/ride	344 rides	79 rides	\$ 3,555		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$600/patient	140	37	\$ 22,200		
Public Health Mobile Van & Expanded Services	Primary Care Services	\$330/patient	1,000	324	\$ 106,920	\$532,250	30%
	Primary Care Services to formerly incarcerated & homeless	\$725/patient	210	70	\$ 50,750		
Public Health (Street Medicine)	Primary Care Services	\$1,850/patient	135	39	\$ 72,150	\$249,750	29%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$500/patient	180	104	\$ 52,000	\$183,500	49%
	Intensive Care Coordination	\$850/patient	20	11	\$ 9,350		
Puente (O/E)	Health Coverage Eligibility Assistance	\$450/patient	170	63	\$ 28,350		
Ravenswood (Primary Care)	Primary Care Services	\$153/patient	700	240	\$ 36,720	\$107,100	34%
Ravenswood (Dental)	Dental Services	\$199/patient	275	92	\$ 18,308	\$54,725	33%
Ravenswood (Care Coordination)	Care Coordination	\$194/patient	500	152	\$ 29,488	\$97,000	30%
Samaritan House	Care Coordination	\$380/patient	200	92	\$ 34,960	\$81,000	43%
	Intensive Care Coordination	\$500/patient	10	0	\$ -		
Total HCH/FH Contracts			4,100	1,387	\$ 560,831	\$1,839,030	30%

Health Care for the Homeless/Farmworker Health Program

Selected Outcome Measure Review (Contracts); First Quarter (Jan 2018 through March 2018)

Agency	Outcome Measure	1st -Quarter Progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> • At least 100% screened will have a behavioral health screening. • At least 70% will receive individualized care plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% clients had a behavioral health screening • 100% received individualized care plan
LifeMoves/CHOW (street med)	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 90% of homeless individuals served for CC services will have documented care plan. • At least 30 will complete submission for health coverage. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% established a medical home • 47% of individuals served for CC services will have documented care plan. • 14 complete submission for health coverage.
Public Health Mobile Van/expanded services	<ul style="list-style-type: none"> • At least 80 % will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100 % served received a comprehensive health screening for chronic disease and other health conditions. • 22% individuals with a chronic health condition
PH- Mobile Van-Street/Field Medicine	<ul style="list-style-type: none"> • At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 100% of street homeless/farmworkers seen will have a formal Depression Screen performed • 0% of street homeless/farmworkers seen will be referred to Primary Care
Puente de la Costa Sur	<ul style="list-style-type: none"> • At least 90% served care coordination services will receive individualized care plan. • At least 25 served will be provided transportation and translation services. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 35% farmworkers served cc services received care plan. • 81 were provided transportation and translation services.
RFHC – Primary Health Care	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. • At least 300 will receive a behavioral health screening. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 96 % received a comprehensive health screening. • 11 received a behavioral health screening.

<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 80% will receive comprehensive oral health screenings. • At least 50% will complete their denture treatment plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 16% completed their treatment plans. • 79% 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 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 38 % received care coordination services and will create health care case plans • 68% of diabetic patients have hbA1c levels below 9.
<p>Samaritan House- Safe Harbor</p>	<ul style="list-style-type: none"> •At least 95% of patients will receive individualized health care case plan. •At least 70% will complete their health care plan. •At least 70% will schedule primary care appointments and attend at least one. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 54% received individualized health care case plan • 76%complete their health care plan. • 30% will schedule primary care appointments and attend at least one.
<p>Sonrisas Dental</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>During the 1st quarter:</p> <ul style="list-style-type: none"> • 40 % completed their treatment plans. • 0%completed their denture treatment plan.

¹ Medical home -defined as a minimum of (2) attended primary care appointments;

² Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes & emerging trends:

- **BHRS** states 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.
- 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 (4 months) 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.
 - Seeing more patients with cancer and elderly homeless clients over 62.
 - Lack of a medical nurse/case management for service coordination.
- **Puente** states that they have been able to schedule renewals in a timely manner and their access to Health Plan of San Mateo Provider Portal has been helpful showing the if clients have an active status.
 - Patients wish there was more availability in the dental clinic, discussing long wait times.
 - Difficulty of explaining how the family size and FPL determines eligibility.
- **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. .
 - Trends include requests from patients for resources to help them manage their diabetes. Patients losing their medications and the homeless demographic changing to all ages/genders/ethnicities as well as seniors.
- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
 - Trends include request for dentures and education that is needed to provide. Hearing that other dental providers extract teeth rather than try to preserve. Would like to see more healthy food alternatives.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
 - Increased requests to seek employment assistance and supplies for babies to distribute to at risk families with children. Patients struggle with transportation to specialty clinics in San Mateo.
- **Samaritan House/Safe Harbor** states that response times for SSI referrals are improving.
 - Long wait for dental clinic, primary care access. Trying to trouble shoot how to transport non HPSM clients to their appointments.
- **Sonrisas Dental** states that relationship with Puente is working well.
 - No shows can be difficult to deal with due to work schedules; means another patient cannot be seen.