

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

## Co-Applicant Board Meeting

Coastside Clinic| Half Moon Bay  
November 8, 2018, 9:00 A.M - 11:00 A.M.

### AGENDA

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<b>A. CALL TO ORDER</b>	Brian Greenberg		<b>9:00 AM</b>
<b>B. NOMINATIONS OF BOARD CHAIR/VICE CHAIR</b>	Linda/Jim		<b>9:05 AM</b>
<b>C. CHANGES TO ORDER OF AGENDA</b>			<b>9:20 AM</b>
<b>D. PUBLIC COMMENT</b>			<b>9:22 AM</b>
<p>Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.</p>			
<b>E. BOARD ORIENTATION/CONSUMER INPUT</b>			
<i>i.</i> Coastside clinic	Clinic manager/ Wilfredo		
<i>ii.</i> Public Charge proposal	Linda Nguyen	<b>TAB 1</b>	<b>9:23 AM</b>
<b>F. CLOSED SESSION</b>			
1. There is no Closed Session this meeting			
<b>G. MEETING MINUTES</b>	Linda Nguyen	<b>TAB 2</b>	<b>9:50 AM</b>
1. Meeting minutes from October 11, 2018			
<b>H. BUSINESS AGENDA:</b>			
<p><b>Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.</b></p>			
1. Contract Approval	Jim Beaumont		<b>9:52 AM</b>
<i>i.</i> Action Item- Request to approve Star Vista Contract			
<b>I. REPORTING AGENDA:</b>			
1. OSV report update	Jim Beaumont	<b>TAB 3</b>	<b>10:00 AM</b>
2. Discussion of Annual/quarterly report	Jim/Linda		<b>10:10 AM</b>
2. Board sub-committee oral reports	Linda/Irene/Danielle		<b>10:20 AM</b>
<i>i.</i> Board Membership			
<i>ii.</i> Discussion on serving on sub-committees and other ways to participate			
3. HCH/FH Program QI Report	Frank Trinh	<b>TAB 4</b>	<b>10:30 AM</b>
4. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 5</b>	<b>10:40 AM</b>
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 6</b>	<b>10:50 AM</b>
6. Contractors report- 3 <sup>rd</sup> quarter	Linda/Jim	<b>TAB 7</b>	<b>10:55 AM</b>
<b>BOARD COMMUNICATIONS AND ANNOUNCEMENTS</b>			
<p>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.</p>			
<b>OTHER ITEMS</b>			
1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated)			
			<i>Next Regular Meeting December 13, 2018; 9:00 A.M. – 11:00 A.M. LifeMoves  Menlo Park</i>
<b>H. ADJOURNMENT</b>	Brian Greenberg		<b>11:00 AM</b>

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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-hfhfb-board>.

**TAB 1**  
**Consumer Input**

## Here's what you need to know about the "Public Charge" rule—and what you need to DO

On October 10<sup>th</sup> the Trump Administration published a proposed rule that would change a longstanding immigration policy for people seeking to enter the United States or apply for legal residency. "Public Charge" is a term used to determine if people are (or likely will be) dependent on the government as their main source of support. The existing rule looks only at cash assistance programs (such as SSI/SSDI, TANF, etc.), while the new proposal expands the provision to include participation in safety-net programs such as Medicaid, SNAP/food stamps, Section 8/housing vouchers, and other vital programs. The [full text of the proposed rule](#) is published on the Federal Register, but you can also get information at [this FAQ](#).

Public comments on this rule are due **Monday, December 10**. It is vital that service organizations submit comments—however brief—in response to this proposed rule. **On Friday, November 9, we will be circulating our comments as well as a template letter you can adapt that is tailored to issues related to homelessness, health, and housing.** Be on the lookout for those resources, and be talking with your partners, colleagues, Boards of Directors, and others so you are prepared to submit ahead of the deadline.

While use of Health Centers and Health Care for the Homeless service sites are not currently being deemed a Public Charge, these changes go against our core values and will significantly harm those we serve. Not only will the rule punish people for accessing basic human needs programs to which they are legally entitled, but it will also deter parents from enrolling their U.S. citizen children. Providers across the country are already reporting a decrease in clients and a greater unwillingness to engage in services due to the Administration's policies targeting immigrants. Stand up for what's right by being active on this issue!

**Learn more about Public Charge and...**

- [Medicaid](#) from the Kaiser Family Foundation
- [Health Centers](#) from the National Association of Community Health Centers
- [Housing Programs](#) from the National Law Center on Homelessness and Poverty
- [Food Stamps/SNAP](#) from the Food Research and Action Center

*The National HCH Council is a proud member of Protecting Immigrant Families, a collaboration between thousands of advocates across the country. Join the campaign and learn more about public charge (FAQs, fact sheet, template letters, and more) by visiting [protectingimmigrantfamilies.org](http://protectingimmigrantfamilies.org).*

FAQ- <https://protectingimmigrantfamilies.org/faqs/>

Full text- <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>

Where to comment- <https://www.regulations.gov/comment?D=USCIS-2010-0012-0001>

**TAB 2**  
**Meeting Minutes**

**Request to Approve**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (Oct 10, 2018)  
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair  
Gary Campanile  
Christian Hansen  
Robert Anderson- Vice Chair  
Steven Kraft  
Mother Champion  
Steve Carey  
Tayischa Deldridge  
Adonica Shaw  
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator  
Frank Trinh, Medical Director  
Danielle, Hull, Clinical Coordinator  
John Nibbelin, County Counsel  
Irene Selverstov, Program Implementation Coordinator  
Andrea Donahue, SMMC

Members of the Public

Melissa Platte- MHA

Absent: Kathryn Barrientos, Dwight Wilson

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:02</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Consumer Input- Board orientation on strategic plan  Board presentation MHA	<p>Discussion and update of strategic plan by staff. Discussing the progress made on goals documented in 3 year strategic plan report. Reference documents for strategic plan were provided at meeting. Discussion on working with BHRS to obtain data for homeless/farmworker population that is served.</p> <p>Melissa Platte from Mental Health Association (MHA) discussed her role in the organization that included her expertise on education advocacy, mental illness and HIV. MHA manages transitional housing and rehabs housing, also with new construction projects in the works. There was a discussion on the topic of conservatorship. Some unmet needs/obstacles that she identified for homeless individuals are: The hospitals' ability to allow a patient to remain in the hospital until medications take effect and/or patient returns to baseline or a higher level of functioning than seen at admission. This might include the ability to use Social Admin Days and have them covered financially so the hospital doesn't have to absorb the costs and the patient doesn't return to the community experiencing untreated symptoms. Meth use/abuse and dental services are also important issues with the homeless population.</p> <p>Discussion on how to best pass on requests made and issues raised by guest speakers to County Leaders, including the possibility of email follow up after the Board Meeting to the appropriate county leader or alternatively a quarterly report. Discussion on annual report to summarize program and staff activities for the year as a tool to help recruit prospective and future board members (8 pages). Also use as summary for Board of</p>	<p>Staff to re-open conversations with BHRS regarding data collection.</p> <p>Agendize- Guest Speaker follow up process and HCH/FH annual report for next Board mtg"</p>

	<p>Supervisors as well.  Adonica volunteered to lead effort for developing the annual report.  Discussion on drafting and sending written invitation to guest speakers at Board meetings on unmet needs of homeless/farmworker population, that will include Brown Act policy.</p>	<p>Staff to draft written invitation for guest speakers.</p>
No Closed session		
Regular Agenda Consent Agenda	<p>All items on Consent Agenda (meeting minutes from Sept 13, 2018) were approved.</p> <p>Please refer to TAB 1</p>	<p>Consent Agenda was <u>MOVED</u> by Gary <u>SECONDED</u> by Adonica, and APPROVED by all Board members present.</p>
<b>HRSA Audit policies Action Item- Request to approve HRSA Audit policies</b>	<p>The Co-Applicant Board has the responsibility for creating the necessary policies for Program operations. As part of the 2018 Consolidated Appropriations Act, Congress passed a number of legislative mandates. We have been notified by HRSA that they are doing a Legislative Mandate Review (LMR) to determine our compliance with these mandates.  A review of current HCH/FH, SMMC, SMC Health and County policies found that the specifics in the legislative mandates did not appear to be covered by current policies. Therefore, appropriate policies have been drafted for the Board's consideration, review and approval. These policies have been reviewed by County Counsel.  There was much discussion on what this means to the program and how it may change anything currently being done. The policy explicitly documents what activities are prohibited with federal funds, including funding family planning activities that effect staff health insurance. Staff has had discussions with neighboring counties that have drafted a policy to be in compliance with the requirements.</p> <p><b>Action item: Request to approve HRSA Audit policies</b>  <i>Please refer to TAB 2 on the Board meeting packet</i></p>	<p><b>Request to approve HRSA Audit policies</b>  <u>MOVED</u> by Mother Champion  <u>SECONDED</u> by Robert,  <u>Abstained by-</u> Christian, Adonica, Brian and APPROVED by all remaining Board members present (Steve C., Tay, Gary, Steve K.)</p>
Contract Amendments  <b>Action Item- Request to amend Sonrisas Contract</b>	<p>Program currently has a one-year contract with Sonrisas Dental Health Inc. (Sonrisas) for onsite dental services to farmworkers and their family members in Pescadero in collaboration with Puente de la Costa Sur. The services included preventive and restorative dental services, periodontal deep cleaning, referrals for patients requiring more specialized care and dental care coordination. Included with this request is the draft Exhibit A &amp; Exhibit B. The proposed contract amendment is for three (3) years from January 1, 2018 through December 31, 2020. The value of the agreement is for a total contract value of \$395,025. Extended contract for another 2 years.  Discussion of work, Puente staff presented talked about the importance of the service.</p> <p><b>Action item: Request to amend Sonrisas Contract for another 2 years.</b></p>	<p><b>Request to amend contract- Sonrisas Contract</b>  <u>MOVED</u> by Steve C. <u>SECONDED</u> by Tay, and APPROVED by all Board members present  Abstain- Adonica</p>
<b>Action Item- Request to amend LifeMoves Contract</b>	<p>Program currently has a one-year contract with LifeMoves for enabling services to homeless individuals in San Mateo County, services include care coordination, SSI/SSDI and health eligibility assistance, care coordination in collaboration with Public Health Street Medicine team and transportation services to primary care and related health enabling services visits. The proposed contract is for two (2) years from January 1, 2018 through December 31, 2019. The value of the agreement is for a total contract value of \$594,530.</p>	<p><b>Request to amend contract- LifeMoves</b>  <u>MOVED</u> by Steve k <u>SECONDED</u> by Christian, Brian and Steve C.  <u>RECUSED THEMSELVES</u> and APPROVED by all</p>

<p><b>Action Item- Request to amend Puente Contract</b></p>	<p><b>Action item: Request to amend LifeMoves contract for another year.</b></p> <p>Documents for this approval were passed out at meeting. Program currently has a one-year contract with Puente de la Costa Sur (Puente) for enabling services to the south coast farmworker community in San Mateo County. Services include care coordination and health eligibility assistance. Program is looking to extend the partnership with Puente for two (2) additional years for the same enabling services. This request is for the Board to take action to approve the execution of this amendment with Puente. The proposed contract is for three (3) total years from January 1, 2018 through December 31, 2020. The value of the agreement is for a total contract value of \$550,500.</p> <p><b>Action item: Request to amend Puente contract for another 2 years.</b> <i>Please refer to TAB 3 on the Board meeting packet</i></p>	<p>remaining Board members present (Tay, Gary, Adonica, Robert, Mother Champion)</p> <p><b>Request to amend amend contract- Puente</b> <u>MOVED</u> by Adonica <u>SECONDED</u> by Gary, and APPROVED by all Board members present</p>
<p>Mission Hospice and Home Care contract</p> <p><b>Action Item- Request to approve contract- Mission Hospice and Home Care</b></p>	<p>The HCH/FH Program received a proposal from Mission Hospice &amp; Home Care in response to our RFP for HCH/FH Services issued in September 2017. The RFP Evaluation Ad Hoc Committee met and reviewed the proposal on Wednesday, October 10, 2018. The RFP Evaluation Ad Hoc Committee has recommended partial funding for the proposal. Specifically, the committee is recommending an agreement to perform the proposed Needs Assessment (with some additional qualifications) and the proposed Training component. The committee recommended to not fund the proposed pilot of services to 10 elderly chronically ill shelter patients. While everyone agreed with the stated need of support services for the elderly, chronically ill shelter homeless individuals, the committee felt this part of the proposal was too aggressive and could not be realistically completed within the remainder of the contract year. This request is for the Board to approve the Proposal Review Ad Hoc Committee's recommendation to establish an agreement with Mission Hospice &amp; Home Care for services as specified in the recommendation, and direct that Program execute such an agreement, with any stipulations hereby specified by the Board, for a total not to exceed \$55,000 for the period of October 1, 2018 through December 31, 2018.</p> <p>Discussion of suggesting Mission Hospice work with Aging and Adult division as well as Ron Robinson (senior clinic). Concerns on contractor's expertise on conducting a Needs Assessment were also brought up.</p> <p>Additional documents for this approval were passed out at meeting. <b>Action Item- Request to approve Mission Hospice contract</b> <i>Please refer to TAB 4 on the Board meeting packet-</i></p>	<p><b>Request to approve contract- Mission Hospice and Home Care</b></p> <p><u>MOVED</u> by Adonica <u>SECONDED</u> by Steve K, <u>ABSTAIN</u>- Tay and APPROVED by all remaining Board members present (Brian, Gary, Steve C., Robert, Christian, Mother Champion)</p>
<p>Sub-committee reports</p> <p>Serving on sub-committees</p>	<p>Finance committee- Robert gave an oral report on a summary of the Finance committee's monthly meetings, discussing expenditures and comparison of unspent money from last year to this year, showing an improvement with a smaller amount of unspent grant money.</p> <p>Discussion of current board committees (Finance and Board recruitment/membership), membership and if any current board members are interested in serving. Adonica will be added to the Board membership/recruitment committee. As of October 10, the recruitment sub-committee has been re-instated and will meet monthly. Meeting agendas and minutes can be found on the same website as</p>	<p>Staff to update membership to board membership/recruitment committee</p>

	the general Board agenda/meetings ( <a href="https://www.smchealth.org/smmc-hchfh-board">https://www.smchealth.org/smmc-hchfh-board</a> ).	
Regular Agenda: HCH/FH Program <b>QI Report</b>	The next San Mateo County Healthcare for the Homeless/Farmworker Health Program QI Committee meeting will be on October 18, 2018. There are no other updates from the QI Committee at this time.  <i>Please refer to TAB 5 on the Board meeting packet</i>	
Regular Agenda: HCH/FH Program <b>Directors report</b>	Director's report: <ul style="list-style-type: none"> <li>• On October 3rd we received our OSV Report. We were found to not be in compliance for 6 of the 18 reviewed items, with 11 specific deficiencies. For the most part, it represents what we expected. The majority of items are direct and simple in terms of correction, although we (HCH/FH Program) may not have final control of the actual correction.</li> <li>• As we informed the Board at last month's meeting, we received notice from HRSA of a Financial Management Review focused on the Legislative Mandates from the 2018 Consolidated Appropriations Act.</li> <li>• With the pending expiration of the allowable employment term for the Program's current Management Analyst, Elli Lo, we have been working with Human Resources to get approval for a new Term Position and to fill the position..</li> <li>• On September 19, 2018, we received a Notice of Award (NOA) for the Expanding Access to Quality Substance Use Disorder and Mental Health (SUD-MH) funding opportunity. We received</li> <li>• \$130,250 in ongoing funding (an increase of \$10,000 over the expected amount) and \$175,000 in one-time funding (a \$25,000 increase), for a total award of \$305,250. Based on the Board's Proposal Review Committee, we will be moving forward with the proposal received from StarVista and developing a contract with them for the services.</li> <li>• Discussion on training opportunities for Board members as well as issues with grant condition effecting RFHC contract.</li> </ul> <i>Please refer to TAB 6 on the Board meeting packet.</i>	
Regular Agenda: HCH/FH Program <b>Budget &amp; Financial Report</b>	Preliminary grant expenditures through September 30, 2018, total an estimated \$1,816,422. 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. While 2018 contracts are performing better with utilization rates averaging in the low 90%, the final month(s) of 2017 – paid under the 2018 grant – had very low expenditures. But even with a utilization rate in the low 90%, contractual obligations will account for more than half of the unexpended funds. Total unexpended funds for this year is a little better than last year.  <i>Please refer to TAB 7 on the Board meeting packet.</i>	
Adjournment	Time <u>10:59 a.m.</u>	Brian Greenberg

Healthcare for the Homeless/Farmworker Update on the 2016-2019 Strategic Plan prepared for October 2018 Board Meeting (Revised to include color key)		Qualitative Evaluation		SAMPLE Quantitative Evaluation				
Strategy	Status	Work Done	Work Planned	Potential Metric	Potential Target	2017 UDS Numbers		
GOAL 1: Expand Health Services for Homeless and Farmworkers	1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	The upcoming expansion of services outlined by AIMS and SUD-MH proposals are the two most significant efforts made on this front to date.  Challenge of getting data from BHRS continues to impede collecting consumer data.			<b>Output:</b> # patients served by contracts focused on behavioral health  <b>Impact:</b> ED admissions due to psychosis	i.e. Increase # of patients receiving behavioral mental health services 5% each year ( <i>baseline year 201X</i> ); such a goal should be developed w/ BHRS)	<b>6% of our population received mental care services based on UDS (416/6482).</b>  <b>2018 New Services:</b> El Centro - Provide Screenings/Assessments or Client Navigation assistance to a minimum of 10 unduplicated homeless or farmworker individuals with 20 encounters. - Motivational Outreach to a minimum of 20 sessions - Provide Education at a minimum of fifteen sessions.  <b>2019 New Services:</b> StarVista contract being drafted, adding 100-200 new patients receiving SUD services.	
	6. Increase drug and alcohol support for farmworkers.	Partnership with El Centro through AIMS funding is the largest step toward this goal.  El Centro is new to providing this type of service to the farmworker population, but are very eager to grow their capacity. There are several challenges like data collection that will need to be overcome.			<b>Output:</b> # patients served by contractors providing SUD services provided to farmworkers  <b>Outcome:</b> ED visits due to drug/alcohol issues	i.e. Increase # of farmworkers receiving drug and alcohol support 5% each year	<b>2019 New Services:</b> StarVista contract being drafted, adding 100-200 new patients receiving SUD services.	
	2. Increase available respite care with wrap-around services for homeless.	Staff has done a lot of research and collaboration on this topic.  A plan is evolving to position HCH/FH as a connection point and thought leader for San Mateo stakeholders involved in recuperative care.			<b>Output:</b> # beds  <b>Impact:</b> \$ spent on "revolving door" patient	i.e. Decrease homeless discharge to the street or shelter by XX%	Hospital Needs Assessment / Budget Review / County Visioning Activity	
	3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters.	Little has been completed on this workstream.  Defining scope is required.			<b>Output:</b> # of medically fragile, homeless seniors provided services via the program	i.e. Increase number of fragile seniors receiving wrap around services to X% of XX.	<b>9% of all patients we are seeing are above 65 years old</b> A new proposal submitted by a Board Member is being reviewed.	
	5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.	Whole Person Care has taken the lead on this and staff has been collaborating with them.  Unclear how HCH/FH should position itself nor what metrics should be established.					Led by Whole Person Care	
	4. Increase dental services for adult farmworkers.	Sonrisas increased their dental services, small funding requests have been dedicated to dental care.  Systematic issues of long waits for dental care remains a major barrier.			<b>Output:</b> # patients served by contracts focused on dental care  <b>Impact:</b> # emergency dental procedures	i.e. Increase number of farmworkers receiving dental services to X% of farmworker population by 2020	<b>Roughly 20% of farmworkers using the health care system received dental care (220/1162)</b>	
	7. Promote preventive dental care for homeless and farmworkers.	Approved small funding request from Sonrisas for oral health for farmworkers.  The Diabetes Action Plan is a large step toward preventative dental care, however its success will be limited by larger systems issues related to extremely long wait time for all Denti-Cal appointments (1 year at SMMC)			<b>Output:</b> % of visits for preventative care out of total farmworker population / out of total homeless population  <b>Impact:</b> # emergency dental procedures	Increase teeth cleaning to 50% of homeless and farmworker population.	<b>Roughly 20% of our population is receiving dental care (1197/6482).</b>	

DATE: October 11, 2018

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT AMENDMENT FOR PUENTE DE LA COSTA SUR

Program currently has a one-year contract with Puente de la Costa Sur (Puente) for enabling services to the south coast farmworker community in San Mateo County. Services include care coordination and health eligibility assistance.

Program is looking to extend the partnership with Puente for two (2) additional years for the same enabling services. This request is for the Board to take action to approve the execution of this amendment with Puente.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for three (3) total years from January 1, 2018 through December 31, 2020. The value of the agreement is for a total contract value of \$550,500.

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

	2018 – 2020 (each year)	
	Patient#	Payment
Care Coordination	180	\$500/patient
Intensive CC	20	\$850/patient
Health Coverage Eligibility Assistance	170	\$450/patient

Attachments:

- Exhibit A & B for Puente Enabling Services



## EXHIBIT A

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

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

Contractor shall provide the following services for each reporting period:

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Puente de la Costa Sur for a full range of health care enabling services to farmworker individuals, centered on care coordination and eligibility assistance. Puente de la Costa Sur will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least **200 unduplicated farmworker individuals per reporting period** who meet Bureau of Primary Health Care (BPHC) criteria for Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who have not been previously served and invoiced for that service during the specified reporting period. Also, a **minimum of 170 unduplicated farmworker individuals** per reporting period will be assisted with eligibility assistance for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate.

The services to be provided by Puente de la Costa Sur will be implemented as measured by the following objectives and outcome measures:

**OBJECTIVE 1:** Provide initial assessments and on-going care coordination services to a minimum of **180** unduplicated farmworker individuals each reporting period to engage and maintain participation in health programs in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. A minimum of **360** on-going care coordination encounters will be provided to these 180 individuals.

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

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

**Outcome Measure 1.A:** At least **180** of the farmworker individuals served will receive care coordination services during the reporting period. Provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, and referral services and ongoing support **to improve client access to San Mateo County Health System primary medical services**

**Outcome Measure 1.B:** At least 25 farmworker individuals will be provided with transportation and translation services necessary to access medical, dental, and/or behavioral health services during the reporting period.

**Outcome Measure 1.C:** At least 90% of the 180 farmworker individuals will receive an individualized care plan.

**OBJECTIVE 2: Intensive Care Coordination-** In addition to the 180 farmworker individuals receiving care coordination services, assist at least **20** new (client has not been seen for primary care in the past two years) unduplicated farmworker individuals each reporting period to engage and maintain participation in health programs and the health care system **in order to better access primary medical services through the San Mateo County Health System and HCH/FH Program contractors**. These individuals will receive intensive and on-going care coordination services as appropriate. A minimum of **60** on-going encounters will be provided to these 20 individuals.

**Outcome Measure 2.A:** At least 10 farmworker individuals receiving intensive case coordination services during the reporting period will be provided with transportation and translation services necessary to access medical, dental, and/or behavioral health services.

**Outcome Measure 2.B:** At least 90% of the 20 farmworker individuals will receive an individualized care plan.

**OBJECTIVE 3:** To improve access to health care by providing eligibility assistance to farmworker individuals to apply or renew for appropriate health insurance coverage plans.

**Outcome 3.A:** All (100%) farmworkers engaged by Puente de la Costa Sur during the reporting period will be screened for health insurance/coverage eligibility. At least 170 farmworker individuals will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, etc. as appropriate, during the reporting period.

#### **RESPONSIBILITIES:**

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

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

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

**Site visits** will occur at a minimum on an annual basis to review patient records and verify accurate invoicing as well as clear documentation of client activities/outcome measures. Program will try to accommodate contractors with advance notice of visits, but visits may also occur unannounced.

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

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

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

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, tracking and documenting occurrences are required with submission to designated HCH/FH staff for follow up.

In response to **staff turn-over**, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

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

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

Participate in County and community activities that address farmworker issues.

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

**EXHIBIT B**

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

County shall pay Contractor at a rate of \$500.00 for each unduplicated farmworker individual invoiced, per reporting period, for delivery of care coordination services, including transportation, and translation services, up to the maximum of 180 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$850.00 for each unduplicated farmworker individual invoiced per reporting period for delivery of intensive care coordination services for “new” clients as defined in Exhibit A, up to the maximum of 20 per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay contractor at a rate \$450.00 per unduplicated farmworker individual invoiced for completing the enrollment process for Covered California, Medi-CAL or the ACE program as appropriate, up to a maximum of 170 per contract year.

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

The term of this Agreement is January 1, 2018 through December 31, 2020. Maximum payment for services provided under this Agreement will not exceed FIVE HUNDRED FIFTY THOUSAND FIVE HUNDRED DOLLARS (\$550,500).

**Budget Overview**

	<b>Service</b>	<b>Unduplicated Maximum per year</b>	<b>Payment per Unit</b>
Must be unduplicated across all two categories and invoiced only once in one category	Care Coordination	180 patients	\$500
	Intensive Care Coordination	20 patients	\$850
Can be invoiced in addition to any care coordination	Health Coverage	170 patients	\$450

DATE: October 11, 2018

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR MISSION HOSPICE & HOME CARE

The HCH/FH Program received a proposal from Mission Hospice & Home Care in response to our RFP for HCH/FH Services issued in September 2017. The RFP Evaluation Ad Hoc Committee met and reviewed the proposal on Wednesday, October 10, 2018.

The RFP Evaluation Ad Hoc Committee has recommended partial funding for the proposal. Specifically, the committee is recommending an agreement to perform the proposed Needs Assessment (with some additional qualifications) and the proposed Training component. The committee recommended to not fund the proposed pilot of services to 10 elderly chronically ill shelter patients. While everyone agreed with the stated need of support services for the elderly, chronically ill shelter homeless individuals, the committee felt this part of the proposal was too aggressive and could not be realistically completed within the remainder of the contract year.

With the committee's approval just yesterday, Program has not had the opportunity to have further discussion with Mission Hospice & Home Care on the specifics of an agreement along the lines of the committee's recommendation, so there are no agreement documents for the Board to approve. However, given the extraordinarily tight time period to approve, contract and complete the effort, Program is requesting approval from the Board to execute a contract with Mission Hospice & Home Care in accordance with the committee's recommendations, at a level not to exceed \$55,000 for the period from October 1, 2018 through December 31, 2018. Program intends to incorporate into such agreement any and all particulars that the Board may hereby designate as needing to be included in such agreement.

**This request is for the Board to approve the Proposal Review Ad Hoc Committee's recommendation to establish an agreement with Mission Hospice & Home Care for services as specified in the recommendation, and direct that Program execute such an agreement, with any stipulations hereby specified by the Board, for a total not to exceed \$55,000 for the period of October 1, 2018 through December 31, 2018. It requires a majority vote of the Board members present to approve this action.**

Attachments:  
Mission Hospice & Home Care Proposal



**TAB 3**  
**OSV Report**



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 T  
[smchealth.org/smmc](http://smchealth.org/smmc)

DATE: November 08, 2018

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

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

SUBJECT: REPORT TO THE BOARD ON THE OPERATIONAL SITE VISIT REPORT AND GRANT CONDITIONS

As reported to the Board at October's meeting, we have received the Operational Site Visit (OSV) Report from HRSA. This report is provided to bring the Board fully up-to-speed and the contents of the report, the resultant grant conditions, choices being faced, the various potential resolutions for the conditions and current program plans and activities related to the findings and conditions.

The OSV process measures Health Centers across 88 specific elements within 18 categories (there is a 19<sup>th</sup> category for the Federal Tort Claim Act (FTCA) process, however, we do not participate in FTCA, so it is not evaluated). Attached is the compliance summary showing that we were found out of compliance on 11 elements within a total of six (6) of the categories. All of the elements are measured very specifically against the standards as stated in the Health Center Compliance Manual.

On the plus side, we passed all of the categories involving Board Authorities and Operations and did fairly well in the Program Management categories. In the later, we were found out of compliance in Financial Management and Accounting Systems and Contracts and Subawards. In each of these cases, the items cited are very specific and, generally, outside the control of the program.

For the Financial Management & Accounting Systems, the finding revolve around having a distinct Chart of Accounts item for the grant and having specific drawdown policies and procedures for federal reimbursement. We will be discussing these items with our consultant support this coming week to better understand exactly what will suffice for HRSA acceptance. We will then be working with SMMC Accounting and Financial Management to get those specific changes addressed.

For the Contracts and Subawards category, the finding was the based on the County's Procurement Policies not being completely aligned with the federal provision of the Omnibus Circular for Federal Awards. We are seeking clarification from HRSA on the specifics of the deficiency. However, it is unlikely that we can affect a

County-wide change within the time frame we will need to complete activity in. Based on that, we may bring to the Board compliant policies for the Board to approve specifically for the HCH/FHG Program.

All of the remaining finding and conditions fall within the Program and Clinical Services categories: Sliding Fee Discount Program, Accessible Locations and Hours of Operations, Required and Additional Services, and Clinical Staffing.

The Clinical Staffing elements had two primary components: first that the policies and procedures for Other Licensed and Certified Practitioners (OLCPs, non-Doctors/NPs/PAs) did not contain all of the required provisions; and second, that staff





SAN MATEO COUNTY HEALTH

## SAN MATEO MEDICAL CENTER

files did not contain all of the required documentation. We will be working with Human Resources at SMMC on the OLCF provisions as they have that responsibility, and with HR and the Medical Staff Office to determine why the files were lacking documentation and developing a process to rectify the situation.

We will need to work with HRSA on the resolution to the Sliding Fee Discount Program issue. While we were found to be out of compliance, the opening statement for that finding states that "A Section 330-compliant SFS is available to patients for Column 1 services." In addition, we were found non-compliant for not ensuring that our contractor's Sliding Fee Discount Programs were HRSA compliant, and for not evaluating the effectiveness and or barriers created by the SFDP. These will all require further development with HRSA to understand the nature of the issues.

Finally, the Required and Additional Services and Accessible Locations and Hours of Operations both relate specifically to our contract with Ravenswood Family Health Center for Primary Care services for the homeless in East Palo Alto. HRSA is asserting that these patients solely belong to RFHC as we do not receive or maintain a full medical record for the patient (while RFHC does). They have taken the position that RFHC does not belong as a location on Form 5B in our Scope of Services, and that we should not be counting the patients on our UDS Report.

Some of this does not align with HRSA instructions for reporting on the UDS. However, if this finding condition stands as-is, we will need to either stop contracting for Primary Care Services with RFHC, or receive full medical record reports of visits, or have a direct portal to the RFHC Electronic Medical Record or fund the services but not report (or have any real control over) the patients and services. The count of homeless patients unique to RFHC Primary Care is between 500 and 575. This item represents the most problematic findings and conditions from the OSV Report.

### MOVING FORWARD

We will be engaging in an initial telephone call with our Project Officer regarding the report on Monday, November 5, 2018. We have also initiated discussion with our compliance consultants. We have until January 14, 2019 to come into compliance or submit a plan to do so. At this time, we expect to be submitting plans on all of the element findings/conditions as most of them will involve efforts outside of the Program itself and, thus, may take more time to complete.

#### Attachments:

Site Visit Compliance Summary

## Site Visit Compliance Summary

### Site Visit Compliance Summary

Program Requirements	Elements	Compliance Demonstrated? (HRSA)
<b>Needs Assessment</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Service Area Identification and Annual Review	Yes
	b. Update of Needs Assessment	Yes
<b>Required and Additional Services</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Providing and Documenting Services within Scope of Project	No
	b. Ensuring Access for Limited English Proficient Patients	Yes
	c. Providing Culturally Appropriate Care	Yes
<b>Clinical Staffing</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Staffing to Provide Scope of Services	Yes
	b. Staffing to Ensure Reasonable Patient Access	Yes
	c. Procedures for Review of Credentials	No
	d. Procedures for Review of Privileges	No
	e. Credentialing and Privileging Records	No
	f. Credentialing and Privileging of Contracted or Referral Providers	Yes
<b>Accessible Locations and Hours of Operations</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Accessible Service Sites	Yes
	b. Accessible Hours of Operation	Yes
	c. Accurate Documentation of Sites within Scope of Project	No
<b>Coverage for Medical Emergencies During and After Hours</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Clinical Capacity for Responding to Emergencies During Hours of Operation	Yes
	b. Procedures for Responding to Emergencies During Hours of Operation	Yes
	c. Procedures or Arrangements for After Hours Coverage	Yes
	d. After Hours Call Documentation	Yes
<b>Continuity of Care and Hospital Admitting</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Documentation of Hospital Admitting Privileges or Arrangements	Yes
	b. Procedures for Hospitalized Patients	Yes
	c. Post-Hospitalization Tracking and Follow-up	Yes
<b>Sliding Fee Discount Program</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Applicability to In-Scope Services	No

	b. Sliding Fee Discount Program Policies	Yes
	c. Sliding Fee for Column I Services	Yes
	d. Multiple Sliding Fee Discount Schedules	Yes
	e. Incorporation of Current Federal Poverty Guidelines	Yes
	f. Procedures for Assessing Income and Family Size	Yes
	g. Assessing and Documenting Income and Family Size	Yes
	h. Informing Patients of Sliding Fee Discounts	Yes
	i. Sliding Fee for Column II Services	No
	j. Sliding Fee for Column III Services	Yes
	k. Applicability to Patients with Third Party Coverage	Yes
	l. Evaluation of the Sliding Fee Discount Program	No
<b>Quality Improvement/Assurance</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. QI/QA Program Policies	Yes
	b. Designee to Oversee QI/QA Program	Yes
	c. QI/QA Procedures or Processes	Yes
	d. Quarterly Assessments of Clinician Care	Yes
	e. Retrievable Health Records	Yes
	f. Confidentiality of Patient Information	Yes
<b>Key Management Staff</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Composition and Functions of Key Management Staff	Yes
	c. Process for Filling Key Management Vacancies	Yes
	d. CEO Responsibilities	Yes
	e. HRSA Approval for Project Director/CEO Changes	Yes
<b>Contracts and Subawards</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Procurement Procedures	No
	b. Records of Procurement Actions	Yes
	c. Retention of Final Contracts	Yes
	d. Contractor Reporting	Yes
	e. HRSA Approval for Contracting Substantive Programmatic Work	Yes
	f. Required Contract Provisions	Yes
	g. HRSA Approval to Subaward	Yes
	h. Subaward Agreement	N/A
	i. Subrecipient Monitoring	N/A
	j. Retention of Subaward Agreements and Records	N/A
<b>Conflict of Interest</b>	<b>Overall Compliance</b>	<b>Yes</b>

	a. Standards of Conduct	Yes
	b. Standards for Organizational Conflicts of Interest	Yes
	c. Dissemination of Standards of Conduct	Yes
	d. Adherence to Standards of Conduct	Yes
<b>Collaborative Relationships</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Coordination and Integration of Activities	Yes
	b. Collaboration with Other Primary Care Providers	Yes
<b>Financial Management and Accounting Systems</b>	<b>Overall Compliance</b>	<b>No</b>
	a. Financial Management and Internal Control Systems	Yes
	b. Documenting Use of Federal Funds	No
	c. Drawdown, Disbursement and Expenditure Procedures	No
	d. Submitting Audits and Responding to Findings	Yes
	e. Documenting Use of Non-Grant Funds	Yes
<b>Billing and Collections</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Fee Schedule for In-Scope Services	Yes
	b. Basis for Fee Schedule	Yes
	c. Participation in Insurance Programs	Yes
	d. Systems and Procedures	Yes
	e. Procedures for Additional Billing or Payment Options	Yes
	f. Timely and Accurate Third Party Billing	Yes
	g. Accurate Patient Billing	Yes
	h. Policies or Procedures for Waiving or Reducing Fees	Yes
	i. Billing for Supplies or Equipment	Yes
	j. Refusal to Pay Policy	Yes
<b>Budget</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Annual Budgeting for Scope of Project	Yes
	d. Other Lines of Business	Yes
<b>Program Monitoring and Data Reporting Systems</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Collecting and Organizing Data	Yes
	b. Data-Based Reports	Yes
<b>Board Authority</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Maintenance of Board Authority Over Health Center Project	Yes
	b. Required Authorities and Responsibilities	Yes
	c. Exercising Required Authorities and Responsibilities	Yes

	d. Adopting, Evaluating, and Updating Health Center Policies	Yes
	e. Adopting, Evaluating, and Updating Financial and Personnel Policies	Yes
<b>Board Composition</b>	<b>Overall Compliance</b>	<b>Yes</b>
	a. Board Member Selection and Removal Process	Yes
	b. Required Board Composition	Yes
	c. Current Board Composition	Yes
	d. Prohibited Board Members	Yes
	f. Utilization of Special Population Input	Yes

**TAB 4**  
**QI Report**

DATE: October 31, 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

The San Mateo County HCH/FH Program QI Committee met on October 23, 2018. The topics discussed were as follows:

1. Diabetes Action Plan (DAP): HRSA has approved the plan and staff to begin planning the implementation strategy. Plan will be presented at the Ambulatory Operations Meeting and Primary Care Staff Meeting to increase awareness of the plan and gain interest in joining a DAP Protocol Workgroup. Workgroup aims to bring individuals from across divisions to build protocols for outreach and referrals to dental care across the clinic system.
2. QI Award: The QI Committee discussed potential San Mateo County Health staff trainings that could be funded by the QI Award. Motivational Interviewing is now closed for enrolling participants and a final list has been sent to the vendor for registration and invoicing. Surveyed members of the QI/QA committee for other potential trainings. Staff to assess trainings and plan future trainings in coming months.
3. Enabling Services Outcome Measure: The Enabling Services Outcome Measure aims to evaluate the results of Primary Care referrals from HCH/FH Program contracted Enabling Services agencies. At this time, the QI Committee is awaiting the list of referred clients from Samaritan House before moving on with the analysis.
4. Shelter Homeless and Farmworkers as Disparity Groups: The QI Committee has previously identified the Shelter Homeless and Farmworkers as disparity groups regarding diabetes and hypertension control. Staff met with the Director of Ambulatory services and raised the issue of accuracy in homeless/farmworker registration data. Currently looking into the results of a pilot program that focused on this issue.
5. Credentialing and Privileging: HRSA noted a grant condition regarding credentialing and privileging policies of contracted services. QIC will be reviewing San Mateo County Health Credentialing and Privileging processes, procedures, and protocols going forward.

The next HCH/FH QI Committee meeting will be on December 20, 2018.

**TAB 5**  
**Director's**  
**Report**



DATE: November 08, 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 October 11, 2018 Co-Applicant Board meeting:

1. Operational Site Visit (OSV) Report

Program has continued to review the OSV Report. HRSA issued the grant conditions from the report on October 16. As with past conditions, we have 90 days (to January 14, 2019) to come into compliance or submit a plan for coming into compliance.

There is a more complete report on the OSV finding and the grant conditions elsewhere on today's Board agenda.

2. Additional HRSA Review

At last month's meeting the Board approved a set of policies to bring the Program into compliance with the federal grant expenditure restrictions written into the current year's funding approvals from Congress. These were referred to as the Legislative Mandates.

On November 1, 2018, we received notice of a final report from HRSA determining that the Board's approved policies were sufficient to bring us into compliance.

3. Management Analyst Position

On October 23, 2018, San Mateo County Human Resources Department posted the position announcement for the HCH/FH Management Analyst position. It can be found at the following web address: <https://jobs.smcgov.org/associate-management-analyst-health-care-for-the-homeless-farmworkers-health-limited-term/job/9759415>. The position has an established closing date of November 6<sup>th</sup>.

As of November 1, Program has only received 3 resume submissions. It is highly likely that we will be requesting HR to extend the announcement for an additional 10-14 days.

4. SUD-MH Award/StarVista Agreement

Based on the SUD-MH award, Program has negotiated an agreement with StarVista to provide the ongoing services, along with some of the one-time service elements, for the SUD-MH award services. This contract is provided for Board Action elsewhere on today's agenda.

5. Seven Day Update

ATTACHED:

- Program Calendar



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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (November 8, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>Board Chair/Vice Chair Nominations/Elections</li> </ul>	November	@Coastside Clinic in HMB
<ul style="list-style-type: none"> <li>Board Meeting (December 13, 2018 from 9:00 a.m. to 11:00 a.m.)</li> <li>QI Meeting</li> </ul>	December	@ Life Moves in Menlo Park
<ul style="list-style-type: none"> <li>Board Meeting (January 10, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>Provider Collaborative meeting</li> </ul>	January	@ RFHC?
<ul style="list-style-type: none"> <li>Board Meeting (February 14, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>2019 Western Migrant Conference- Feb 20-22<sup>nd</sup> in Portland, OR</li> <li>UDS initial submission date – February 15<sup>th</sup></li> <li>QI Meeting</li> </ul>	February	@ Fair Oaks clinic - RWC
<ul style="list-style-type: none"> <li>Board Meeting (March 14, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>UDS final deadline– March 31<sup>st</sup></li> </ul>	March	
<ul style="list-style-type: none"> <li>Board Meeting (April 12, 2019 from 9:00 a.m. to 11:00 a.m.)</li> <li>Review UDS submission on Board agenda</li> <li>QI Meeting</li> <li>SMMC annual audit review</li> </ul>	April	

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
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**TAB 6**  
**Budget &**  
**Finance Report**

DATE: November 08, 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 October 31, 2018, total an estimated \$1,999,863. 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 this point it has become clear that there will be an unexpended funds balance between \$200,000 and \$300,000. We currently estimate the final amount to be around \$295,000. This represents 7-11% of the grant. Administrative expenses, including salaries & benefits, will fully expend their budgeted amounts in aggregate. However, our contractual obligations have an overall utilization rate in the low 80% for the year. While 2018 contracts are performing better with utilization rates averaging in the low 90%, the final month(s) of 2017 – paid under the 2018 grant – had very low expenditures. But even with a utilization rate in the low 90%, contractual obligations will account for over 60% of the unexpended funds. The remainder is mostly attributable to the AIMS Expanded Services award, which had a very late start in the year and will expend only a marginal amount. However, the ongoing portions of this award will be able to be carried forward into our next grant year.

While we were hoping to be able to utilize the pending the Case Management system as an avenue to minimize unexpended funds, contractual and budgetary delays make it appear that doing so will not be an option.

Attachment:

- Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (10/31/18)	Projection for GY (+~9 wks)	Projected for GY 2019
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	540,000	374,126	465,000	588,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	200,000	143,181	180,000	225,000
<u>Travel</u>				
National Conferences (2500*4)		5,213	5,500	15,000
Regional Conferences (1000*5)		2,340	2,500	5,000
Local Travel			1,500	1,000
Taxis		2,916	4,000	3,000
Van & vehicle usage		2,006	2,500	2,500
	25,000	12,475	16,000	26,500
<u>Supplies</u>				
Office Supplies, misc.	10,500	4,719	5,500	10,000
Small Funding Requests		27,674	50,000	20,000
	10,500	32,393	55,500	30,000
<u>Contractual</u>				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	717,249	832,500	870,000
Current 2018 MOUs	872,000	634,525	760,600	820,000
---unallocated---/other contracts	118,073		25,000	200,000
	1,957,103	1,401,499	1,667,825	1,890,000
<u>Other</u>				
Consultants/grant writer	31,667	23,475	75,000	30,000
IT/Telcom	5,930	8,514	12,000	12,000
New Automation			0	-
Memberships	4,000	2,000	4,000	2,000
Training			3,250	3,000
Misc (food, etc.)	5,500	2,200	5,500	4,000
	47,097	36,189	99,750	51,000
TOTALS - Base Grant	2,779,700	1,999,863	2,484,075	2,810,500
HCH/FH PROGRAM TOTAL	2,779,700	1,999,863	2,484,075	2,810,500
PROJECTED AVAILABLE	BASE GRANT		\$ 295,625.00	11,932
				based on est. grant of \$2,822,432

**TAB 7**  
**Contractors**  
**3rd quarter**  
**Report**

DATE: November 8, 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 3 Report (January 1, 2018 through September 30, 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 through the third quarter:

HCH/FH Performance <i>01/01/2018 – 09/30/2018</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svcs	185	90	49%	900	336	37%
LifeMoves (care coord)	550	421	77%	1500	727	48%
LifeMoves (SSI/SSDI)	50	43	57%			
LifeMoves (eligibility)	40	21	70%			
LifeMoves (Street Medicine)	160	80	57%	300	532	177%
LifeMoves (Transportation)	N/A	N/A	N/A	344 rides	340 rides	98%
Public Health Mobile Van & Expanded Services	1,210	928	77%	2,420	1,429	59%
Public Health- Street Medicine	135	97	72%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	200	216	108%	590	555	94%
Puente (O/E)	170	158	93%			
Ravenswood (Primary Care)	700	449	64%	2100	1,196	57%
Ravenswood (Dental)	275	183	67%	780	473	61%
Ravenswood (Care Coordination)	500	280	56%	1200	589	49%
Samaritan House	210	209	100%	360	364	101%
Sonrisas Dental	115	76	66%	460	222	48%
<b>Total HCH/FH Contracts</b>	<b>4,330</b>	<b>3,251</b>	<b>78%</b>	<b>10,610</b>	<b>6,423</b>	<b>61%</b>



HCH/FH Performance 01/01/2018 – 9/30/2018	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	<May: \$300/pt; >June \$500/pt	185	90	\$32,600	\$90,000	36%
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	376	\$103,400	\$298,030	71%
	Intensive Care Coordination	\$525/patient	50	45	\$23,625		
	SSI/SSDI Eligibility Assistance	\$420/patient	75	43	\$18,060		
	Health Coverage Eligibility Assistance	\$110/patient	30	21	\$2,310		
	Transportation	\$45/ride	344 rides	340 rides	\$15,300		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$600/patient	140	80	\$48,000	\$532,250	79%
Public Health Mobile Van & Expanded Services	Primary Care Services	\$330/patient	1,000	735	\$242,550		
	Primary Care Services to formerly incarcerated & homeless	\$725/patient	210	193	\$139,925		
Public Health (Street Medicine)	Primary Care Services	\$1,850/patient	135	97	\$179,450	\$249,750	72%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$500/patient	180	191	\$90,000	\$183,500	97%
	Intensive Care Coordination	\$850/patient	20	25	\$17,000		
Puente (O/E)	Health Coverage Eligibility Assistance	\$450/patient	170	158	\$71,100		
Ravenswood (Primary Care)	Primary Care Services	\$153/patient	700	449	\$68,697	\$107,100	64%
Ravenswood (Dental)	Dental Services	\$199/patient	275	183	\$36,417	\$54,725	67%
Ravenswood (Care Coordination)	Care Coordination	\$194/patient	500	280	\$54,320	\$97,000	56%
Samaritan House	Care Coordination	\$380/patient	200	209	\$76,000	\$81,000	94%
	Intensive Care Coordination	\$500/patient	10	0	\$ -		
Sonrisas Dental	Dental Services	\$1,145/patient	115	76	\$87,020	\$131,675	66%
<b>Total HCH/FH Contracts</b>			3,985	3,251	\$1,311,774	\$1,839,030	71%