HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting
San Mateo County Health System
2000 Alameda de las Pulgas (Atrium Room), San Mateo
July 9, 2015, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER
Robert Stebbins

B. CLOSED SESSION
1. No Closed Session this meeting

C. PUBLIC COMMENT
Persons wishing to address items on and off the agenda

D. CONSENT AGENDA
1. Meeting minutes from June 11, 2015
2. Program Calendar

E. BOARD ORIENTATION
1. No Board Orientation items this meeting.

F. REGULAR AGENDA
1. Consumer Input to Board
   Jim Beaumont/Others
   i. NHCHC 2015 Report back from all attendees
   ii. Health care literature
2. Sub-committee reports
   Committees
3. Discussion with consultant
   Pat Fairchild (by phone)
4. HCH/FH Program- Director’s Report
   Jim Beaumont
5. HCH/FH Co-Applicant Budget/Finance reports
   Jim Beaumont
   Documents will be available at meeting for review
6. HCH/FH Program QI Committee report
   Frank Trinh
   i. Action Item –Request to Approve HCH/FH Program QI/QA Plan
7. Fiscal reporting Discussion with SMMC CFO
   David McGrew
8. HCH/FH Program- Board Approval of Program Budget
   Jim Beaumont
   i. Action Item –Request to Approve Updated Program Budget
9. HCH/FH Program – Discussion on available funds
   Jim Beaumont
10. Expanded Services Grant – Discussion on available funds
    Jim Beaumont
11. UDS reports – Discussion on new population wide data
    Linda Nguyen

G. OTHER ITEMS
1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)
   i. Next Regular Meeting – August 13, 2015; 9:30 A.M. – 11:30 A.M.
      at Puente de la Costa Sur, Pescadero [NOTE TIME CHANGE]

H. ADJOURNMENT
Robert Stebbins

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

- Bylaws Review (as needed)
- Annual Tactical Plan (no current deadline)
- Scope Discussion (no deadline set)
- Transportation (no deadline set)
- Program Website (no deadline set)
- How to engage our populations
TAB 1
Meeting Minutes
(Consent Agenda)
Co-Applicant Board Members Present | County Staff Present | Members of the Public
--- | --- | ---
Robert Stebbins, Chair | Linda Nguyen, HCH/FH Program Coordinator |  
Daniel Brown | Nirit Eriksson, County Counsel |  
Brian Greenberg | Frank Trinh, HCH/FH Medical Director |  
Paul Tunison | Gloria Gross, BHRS |  
Kerry Lobel, Vice Chair | |  
Steve Carey | |  
Kathryn Barrientos | |  
Beth Falls | |  
Tayischa Deldridge | |  
Jim Beaumont, HCH/FH Program Director (Ex-Officio) | |  
Absent: Eric Brown, Julia Wilson

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<thead>
<tr>
<th>ITEM</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
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<tr>
<td>Call To Order</td>
<td>Robert Stebbins called the meeting to order at <em>9:03</em> A.M. Everyone present introduced themselves.</td>
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<tr>
<td>Public Comment</td>
<td>No Public Comment at this meeting.</td>
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| Consent Agenda | All items on Consent Agenda (meeting minutes from May 14, 2015 and the Program Calendar) were approved. Please refer to TAB 1, 2 | Consent Agenda was MOVED by Dan  
SECONDED by, Kat  
and APPROVED by all Board members present. |
| Board Orientation | No Board Orientation for this meeting. |  |
| Regular Agenda: Consumer Input | Requested to take out "Board Update" to Consumer Input  
SMC 2015 Homeless One Day Count- conversation regarding the decrease in homeless (40%) from last count (2013). There have been data quality issues with the number reported, because most data derived from HMIS system. Beth will do another report when the final numbers are report are completed | Beth- report back with finalized data/report of ODC 2015 when it is issued |
Discussion on needing to coordinate with HOT (homeless outreach teams) teams throughout the county to ensure that the homeless have access to health care.

NHHC 2015 Conference attendees shared some of their experiences at conference and were requested to send staff the workshops they attended for further discussion/education to the Board.

Discussion of article on the cost of homelessness in Santa Clara County.

*Please refer to TAB 3 in the Board meeting packet*

<table>
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<tr>
<th>Subcommittee reports:</th>
<th>Brief oral report from Transportation members that they are still working on the budget/costs and still researching the matter.</th>
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<tr>
<td><strong>Transportation</strong></td>
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<tr>
<th>Subcommittee reports:</th>
<th>No report, group has not yet convened.</th>
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<td><strong>Patient Navigator</strong></td>
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<tr>
<th><strong>QI/QA Committee Report</strong></th>
<th>Dr. Frank Trinh, Medical Director for the HCH/FH Program gave an oral report on QI/QA Plan status:</th>
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<tr>
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<td>The QI/QA Plan will be ready for HCH/FH Co-Applicant Board approval at next July meeting. Currently working on:</td>
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<td></td>
<td>• Plan to get universal homeless and farmworker data for 6 current UDS outcome measures (Tobacco, Asthma, CAD, Hypertension, Diabetes, Ischemic Vascular Disease).</td>
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<td>• Will work with SMMC on finding comparison data from the general SMMC patient population for UDS outcome measures.</td>
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<td>• Business Intelligence (BI) will be pulling data on Homeless and Farmworkers out of SMMC PCMH outcome measure reports, to derive separate reports for HCH QI Committee.</td>
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<td>• Working on non-medical outcome for enabling services regarding tracking patient referrals to primary care providers.</td>
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<td>Discussion on obtaining health care literature on chronic diseases (hypertension, diabetes etc.) to provide at various locations such as shelters and health promoters programs such as Neustra Casa.</td>
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<td><em>Request to add as a Parking Lot issue- how to engage our population.</em></td>
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<tr>
<th><strong>Brian to coordinate with HOT</strong></th>
<th>Kat, Tay, Paul- document workshops attended to staff</th>
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<tr>
<td><strong>Linda- Research health care literature and follow up with Neustro Casa on their services.</strong></td>
<td>Frank- Finalize QI/QA Plan for Board approval at July meeting.</td>
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<tr>
<td>Regular Agenda: Request to Approve HCH/FH Credentialing &amp;Privileging Report</td>
<td>Tabled for July meeting.</td>
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<tr>
<td>Action Item: Request to Approve HCH/FH Credentialing &amp;Privileging Report</td>
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<td>Regular Agenda: Discussion with SMMC CFO</td>
<td>Tabled for July meeting.</td>
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<td>Regular Agenda: HCH/FH Program Director's Report</td>
<td>Jim Beaumont reported on program:</td>
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<td>• Grant conditions still under review: Credentialing &amp; Privileging, QI Plan, Director Job description and Data Reporting.</td>
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<td>• Received a change in our grant period, moved from November to February 1st.</td>
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<td>• SAC application is same process as last year, but will be due a little later.</td>
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<td>• Still have not received our OSV site visit report.</td>
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<td>• Management Analyst position, must re-submit position as unclassified from the initial Agile position submission.</td>
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<td>• Considering more Board training, especially in regards to Migrant Seasonal Farmworkers (MSFW) population. September 21st week, possible HRSA TA dates.</td>
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<td>• Upcoming conferences on street medicine (October 2015 in San Jose, Migrant health (February 2016- Portland), NHCHC 2016 (June 2016-Portland).</td>
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<td>• UDS 2015- three additional changes.</td>
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<td>• Currently working on budget simulator for the Board, will be ready at next meeting.</td>
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*Please refer to TAB 5 in the Board meeting packet.*
### Regular Agenda:
**HCH/FH Co-applicant Budget/Finance Reports**

Program Director gave brief summary of budget document that is attached. With the recent change in the Program’s current grant year, we have received additional funds.

Program has worked on a number of options for utilizing one-time or short-term expenditures and providing longer term or ongoing benefits. We will discuss this later in the agenda, set for discussion.

Currently working on a budget tool created to provide Board with training and work tool for understanding the program budget, will be available by mid-June for next July meeting.

*Please refer to TAB 6 in the Board meeting packet.*

### Regular Agenda:
**HCH/FH Program Action Item: Review/Accept Audit Report**

On April 21, 2015, the Program received notification from HRSA of their acceptance of the financial audit. As part of a government entity, the program audit is considered a part of San Mateo County’s overall Federal Single Audit. In accordance with HRSA requirements, the Co-Applicant Agreement and the Board’s Bylaws, the Board has the responsibility and authority to review and accept the audit. The Board may also take action as it deems appropriate to address any concerns raised in the audit.

**Action Item: Review/Accept Audit Report**

Please refer to TAB 8 in the Board meeting packet, additional documents are available online for review in May 14, 2015 meeting packet at [http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm](http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm)

MOVED by Kerry
SECONDED by, Kat and APPROVED by all Board members present
| Regular Agenda: Request to Re-establish Ad Hoc Committee on Board Composition | At present, the board has an approved membership of 14, with only 11 positions filled. As the required minimum is to have nine (9) Board members, the membership is again approaching that lower bound. In addition, various interactions with HRSA representatives has indicated that the Board would be best served by adding community members with expertise in finances, human resources and other basic operational areas. In addition, the Board has the continuing task to have consumer membership on the Board in the form of both farmworkers and homeless individuals who access program scope services.

Discussion on possibly changing Board meetings to evening hours to be more accessible to consumers and youth that we may try to recruit.

Discussion if public officials of other jurisdictions able to serve on our Board.

The Committee will be disbanded on October 31, 2015, unless otherwise extended by action of the Board.

**Volunteers to the Board Composition Committee:** Dan, Brian and Beth.

**Action Item:** Request to Re-establish Ad Hoc Committee on Board Composition |

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| Regular Agenda: Request to Approve Policy for Reimbursement of Consumer Board Members Meeting Expenses | On recognition that potential expenses incurred as part of attending Co-Applicant Board meetings and other approved events may act as a barrier to consumer and former consumer willingness to serve on the Co-Applicant Board, the Board requested Program to draft a Policy for reimbursement of such expenses.

Attached is a draft policy for reimbursement of expenses related to attendance at Co-Applicant Board meetings, or other approved events, for consumer and former consumer Board members. Specifically, it replaces the current policy that solely provides for reimbursement of travel expenses for Board meetings, designates reimbursement policy for travel expenses and for child or adult day care expenses, and provides for the Board to be able to designate such other expenses as may be needed to address the issue.

**Action Item Request to Approve Policy for Reimbursement of Consumer Board Members meeting expenses**

Please refer to TAB 10 in the Board meeting packet. |

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**MOVED by Kerry**

**SECONDED by, Dan**

and **APPROVED by all Board members present.**
| Board Discussion on Clinical Utilization by HCH/FH patients | Tabled for July meeting  
Please refer to TAB 11 in the Board meeting packet. |
|-----------------------------------------------------------|--------------------------------------------------|
| **Regular Agenda: Request to Approve Updated Program Budget** | Based on the additional funding provided in NOA 14-10 as part of extending the Program’s grant period to January 31, 2016, the NOA also placed a 30-day condition for submission of an updated Program Budget. Attached is the updated SF-424 which incorporates the additional funds on a direct pro-rated basis. This request is for the Board to approve for submission the attached updated budget.  

**Action Item: Request to Approve Updated Program Budget**  
Please refer to TAB 12 in the Board meeting packet. |
|-----------------------------------------------------------|--------------------------------------------------|
| **Regular Agenda: Discussion on available funds** | Discussion on Utilization of Available Funds- GY 2015, must be used by January 31, 2016.  
Consideration for efforts that will not require ongoing funding but would/could provide ongoing benefits to the program include:  
- Enhanced website  
- Contractor Data Portal  
- Other Potential IT Specific Projects  
- Consultant Contracts  
  - Board Training  
  - Service Development  
  - Strategic Planning  
- Expanded Dental Services (Coastside)  

**Request that staff research these options further and come back to next Board meeting with findings.**  
Documents available at meeting. |
|-----------------------------------------------------------|--------------------------------------------------|

MOVED by Dan  
SECONDED by, Paul  
and APPROVED by all Board members present  
Program to work with consultants to research funding options.
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<tr>
<th>Regular Agenda: Request to Approve J/ Snow Inc. Contract (for consultant)</th>
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<tr>
<td>The Program’s current contract for consultant services with J. Snow, Inc. will end on June 30, 2015. Program believes that the services received under this contract from Pat Fairchild and other consultants as required, has had significant positive impact and material benefits to the Program and for this Board. Based on this, Program is recommending a continuation of the contractual relationship with J. Snow, Inc. for the provision of consultant services. This request will extend the contract through October 31, 2017, and increase the total value of the contract to $100,000.</td>
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<tr>
<td>MOVED by Kerry</td>
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<td>SECONDED by, Kat</td>
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<td>and APPROVED by all Board members present.</td>
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**Request to Approve J/ Snow Inc. Contract (for consultant services)**

*Please refer to TAB 8 in the Board meeting packet.*

<table>
<thead>
<tr>
<th>Meeting adjourned 11:05 a.m.</th>
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<tr>
<td>Robert Stebbins</td>
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TAB 2
Program Calendar
(Consent Agenda)
### Health Care for the Homeless & Farmworker Health (HCH/FH) Program

#### 2015 Calendar (Revised July 2015)

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE</th>
<th>NOTES</th>
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| • Board Meeting (July 9, 2015 from 9:00 a.m. to 11:00 a.m.)  
  - Conduct Focus Groups  
  - Initiate QI Population Reporting  
  - Board Approval of Expanded Services Submission | July | Board meeting at Health System- Alameda Campus, San Mateo |
| • Board Meeting (August 13, 2015 from 9:30 a.m. to 12:00 p.m.)  
  - Board Review & Approval of Program Services, Sites and Hours  
  - Board approval of SAC for submission  
  - RFP distributed  
  - Analysis of Needs Assessment | August | Board meeting at Puente- Pescadero  
  PLEASE NOTE TIME CHANGE |
| • Board Meeting (September 10, 2015 from 9:00 a.m. to 11:00 a.m.)  
  - Nominations for Chair & Vice-Chair  
  - Review RFP proposals  
  - Tentative TA with HRSA for Scope of Project | September | |
| • Board Meeting (October 8, 2015 from 9:00 a.m. to 11:00 a.m.)  
  - Grant Year Budget Approval  
  - Approval of RFP proposals  
  - Election of Chair & Vice-Chair  
  - International Street Medicine Symposium: Oct 14-17; San Jose Potential Regional Conference | October | |
| • Board Meeting (November 12, 2015 from 9:00 a.m. to 11:00 a.m.)  
  - Contracting, prepare for BOS | November | |
| • Board Meeting (December 10, 2015 from 9:00 a.m. to 11:00 a.m.)  
  - Contracts needing approval for BOS submission | December | |

### Conference calendar

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<tr>
<th>Conference</th>
<th>Date</th>
<th>Location</th>
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<tr>
<td>2016 Western Forum for Migrant and Community Health</td>
<td>Feb 23-25, 2016; Portland, OR</td>
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<tr>
<td>National Health Care for the Homeless Council National Conference</td>
<td>May 31- June 3, 2016; Portland, OR</td>
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TAB 3
Consumer Input
DATE: July 9, 2015

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

FROM: Linda Nguyen, Program Coordinator
HCH/FH Program

SUBJECT: DISCUSSION OF 2015 NHCHC CONFERENCE TOPICS

Workshops that Linda attended:

- Focus Group Leader Training of Community members: How to Use Cognitive Interviewing to Strengthen Outcomes
- Common Denominators: Serving Migrant and Homeless Special Populations
- Data, Data Everywhere, but Not a Drop to Measure: Quenching Your Thirst for Clinical Quality Information
- How to Use Data to Make Decisions and Drive Agency Performance
- Mastering UDS: Implementing New Measures and Improving Your Outcome
HEALTH PLAN OF SAN MATEO
Health care literature/brochures

**General Health**

At HP&M, we want you to feel your best. That means focusing on your health every day. The key to good health is a balance of exercise, nutrition, and healthy habits for one's mind and body. The challenges for many of us is maintaining healthy life habits.

In the links to the left you will find general information to help you learn about living a healthy life, and how to address the challenges that prevent many people from living healthily. This is not medical advice. Only your doctor can give you advice on your medical needs. But the information is practical, educational tips about healthy steps you can take to stay healthy and fit.

“We believe good health is more than just a goal.”

So join us in the Healthy Fight; become an active participant in your good health.

**Diabetes**

Whether you have been monitoring your Type 1 diabetes since childhood, were recently diagnosed with Type 2 diabetes, or are concerned about a loved one with diabetes, there are numerous resources to help you.

Our regular newsletters for Health Plan of San Mateo members with diabetes, pre-diabetes, or who want more information about how to live well with diabetes and prevent serious problems.

For more information call HP&M's Health Educator at 650-616-2165 or send us an e-mail healthedu@hpsm.org.

**Diabetes Resources**

- Diabetes Matters
  - Summer 2013 English
- La diabetes importa
  - Verano 2013 Spanish

**Web Resources**

- American Diabetes Association
- Diabetes.com
- Web MD
DATE: July 9, 2015

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DIRECTOR’S REPORT

Program activity update since the June 11, 2015 Co-Applicant Board meeting:

1. Grant Conditions

On June 17th we received NOA 14-13 which identified the previous 120-day Implementation submissions on the four current outstanding grant conditions to not have demonstrated compliance, and established new 60-day conditions for each of them.

On June 29th a conference call was held with our HRSA Project Officer, Kathy Ruck, the HRSA Clinical Consultant, Dr. Mills, and program staff, the Board Chair and SMMC staff to address the four conditions and determine the specifics necessary to finish coming into compliance.

Based on that call, the grant condition on Requirement #15 – Data Reporting Systems was found to need additional clarity on the calculation of FTE for the UDS Report. Discussion with our PO provided specifics on what was needed, and this submission will be made within the next week.

For the grant condition on Requirement #9 – Key Management Positions, it was established that we would submit prior to the deadline information on exactly where within the County Reclassification process the Director’s position reclassification was and the date at which final approval – expected to be approval of a salary ordinance by the Board of Supervisors – would take place. An acceptable submission with this information is expected to be completed a week prior to the submission deadline (August 16th).

For the Quality Improvement grant condition (Requirement #8), HRSA indicated that the QI Policy & Procedures submitted were acceptable, but that they needed to see that
there was some actual implementation on those policies and procedures. It was established that having a QI measure’s data analyzed and reported to the QI Committee for their consideration and potential action – with possible request to the Co-Applicant Board for action – would be acceptable. This effort will be discussed further during the QI Committee Report. The submission of acceptable documentation of these efforts is expected to be submitted shortly after the July QI Committee meeting (July 23rd).

Lastly, the grant condition for Appropriate Staff, Requirement #3, which is focused on Credentialing and Privileging of staff was reviewed. We have made significant progress on the requirements with regards to Licensed Independent Practitioners (MDs, NPs, PAs), and continue to finish up the necessary effort there with the SMMC Medical Staff Office. However, our focus on the LIP staff has left us incomplete on the other licensed staff – Nurses, techs, etc. – anyone required to have a license or certification). The processes for these staff are handled by the Human Resources Department at SMMC, and we have now engaged them in pulling together the necessary documentation. We will be continuing to work with the Medical Staff Office and HR to provide the necessary documentation for submission prior to the deadline.

2. **Change in Grant Period**

As reported at the June 11, 2015 Co-Applicant Board meeting, HRSA had issued a change in our grant period, extending it to January 31stm 2016 and establishing our future grant year to be a February 1 through January 31 period. We also reported we had requested they alter the change to make our grant year reflect the calendar year – January 1 through December 31. It was also reported in the 7-Day Update that the request had been denied.

Less than a half-hour after the Board meeting ended, we received NOA 14-12 which granted our request to change our grant year to January 1 through December 31 (and made the corresponding adjustment in extended funding for the new extended period). We see this change as a positive as our grant year will now align with the UDS reporting period and our typical contracting period. We anticipate this will make some operational efforts somewhat simpler to manage. However, since this change did again impact the current year’s budget by changing the amount of funding added for the remainder of the grant year to the new end date (December 31), we are required to submit a new approved grant year budget, replacing the one approved last meeting when the anticipated end date of the grant year was January 31. That action by the Board is later on this meeting’s agenda.

3. **Operational Site Visit (OSV)**

At this time we have not yet received the Report from the Program’s March 10-12, 2015 OSV. We have not received any recent updates on the status of the report.
4. **Management Analyst Position**

After further discussions with SMMC Executive Staff and SMMC and County HR, we determined that hiring the Management Analyst position would be best handled through having it be hired as a “Limited Term” position. This allows us to continue with the hiring process without requiring the Board of Supervisors to actually approve a Salary Ordinance adding an additional position, which can be problematic.

We have reviewed the position announcement draft prepared by County HR and expect the position to be announced shortly as a two week recruitment. We hope to be able to hire by August 1st or shortly thereafter.

5. **Expanded Services Award Opportunity**

On June 26, HRSA announced their 2015 Expanded Services (ES) Award Opportunity. This award opportunity is very similar to the 2014 ES opportunity in that it is non-competitive (there is a pre-determined award targeted to us - $246,642) and in that there are very specific limiting criteria. Unfortunately these criteria can make it extremely difficult for us to write a compliant proposal because our operational environment is so different from most 330 programs. The full discussion of this award opportunity appears later on this agenda.

6. **HRSA Technical Assistance (TA) for the Co-Applicant Board**

HRSA has confirmed the Board TA for September 22-24, 2015. They have indicated two areas for the TA: Governance (Board Authority) and Services (QI/QA Plan; Required and Additional Services; Staffing requirements). The consultants are scheduled to be Larry Peaco and Candace Chitty respectively.

This is not quite what we were expecting in terms of topics, so we will be checking with HRSA on the details and expectations. We will also attempt to get additional information on the logistics, times, dates, etc., and will provide those to the Board as soon as we can establish them.

7. **Contractor Site Visits**

Program has initiated a process of routine site visits with our program services contractors. To date we have done two visits and hope to get to all of the contractors before the end of the summer.

We believe the visits are going well and are being very productive. It is a learning experience all around, and we think it will help provide some best practices and other information that can be shared across contractors, such as at the Provider Collaborative.
8. **Operational Efforts**

Program has continued moving forward in the efforts in strategic planning, potential service development reviews and automation tools for reporting/UDS/case management. There is significant enthusiasm for the possibility of creating a cloud-based case management/reporting tool for program contractors, the a strategic plan has been now noted multiple times as something that will be a large positive with HRSA (including in reporting it as part of our Service Area Competition (SAC) application. We have also initiated the SAC development process with our grant writer. The SAC will be due for submission by September 1, 2015.

9. **Seven Day Update**
TAB 5
Budget/Finance Report

Documents will be available at meeting for review
TAB 6
Request for Board to Approve HCH/FH Program QI/QA Plan
DATE: July 9, 2015

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 TO APPROVE QI PLAN

On June 29, 2015, the Program received a Technical Assistance Conference Call with our Project Officer and a HRSA clinical consultant. Based on that call, the feedback and comments from the recent Operational Site Visit and the recommendations of our consultants, the HCH/FH Program QI Plan has been redrafted. The plan is a required submission by August 16, 2015 on our 60-day implementation grant condition on Program Requirement #10 – Quality Improvement.

This request is for the Board to approve the HCH/FH QI/QA Plan. Approval of this item requires a majority vote of the Board members present.

Attachments:
HCH/FH QI Plan
I. Purpose

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, achieve success in meeting utilization targets, meet or exceed clinical and financial performance objectives, and provide the highest levels of patient satisfaction.

The HCH/FH Program QI Plan covers a 1 year period. Each annual Plan will be approved by the HCH/FH Co-Applicant Board prior to implementation by the HCH/FH QI Committee. For the 2015-2016 QI Plan, 11 Medical and 1 Enabling Services Outcome Measures will be evaluated with data collected, and a Patient Satisfaction Survey will be conducted. Data from the Medical and Enabling Services Outcome Measures will be evaluated quarterly. The present document describes the proposed timetable and Outcome Measures for the 2015-2016 HCH/FH Program QI Plan.

II. 2015-2016 HCH/FH Program QI Plan

A. QI Plan Timetable

The proposed timetable for approval and implementation of the 2015-2016 QI Plan is as follows:
B. QI Plan Outcome Measures

The HCH/FH Program areas evaluated by the QI Plan include Medical Care and Enabling Services. The Medical Care Outcome Measures reflect current HRSA measures as well as measures important to primary care of homeless and farmworker patients. Data for the Medical Care Outcome Measures will be collected for the entire population of homeless and farmworker patients served by the San Mateo County Health System through reports from San Mateo Medical Center Business Intelligence Service. Data for the Enabling Services Outcome Measure will be collected from each Enabling Services agency contracted with the HCH/FH Program. The 2015-2016 QI Plan Outcome Measures are as follows:

a. Medical Care:
   1. Adult patients with Tobacco use queried and Tobacco cessation treatment offered.
   2. Adult patients diagnosed with Persistent Asthma who are receiving Pharmacologic Therapy.
   3. Adult patients diagnosed with Coronary Artery Disease who are receiving Lipid-Lowering Therapy.
   4. Adult patients diagnosed with Ischemic Vascular Disease who are receiving Antithrombotic Therapy.
   5. Adult patients diagnosed with Diabetes Mellitus with HgbA1c < 8% or > 9%.
   6. Adult patients diagnosed with Diabetes Mellitus meeting criteria for Diabetes Perfect Care.
   7. Adult patients diagnosed with Hypertension with Blood Pressure controlled per JNC 8 criteria.
   8. Women > 50 years old with at least 1 Mammogram in the past 2 years.
   9. Pediatric patients with Immunizations that are up-to-date per Advisory Committee on Immunization Practices (ACIP) guidelines.
  10. Pediatric patients diagnosed with Obesity.

b. Enabling Services:
   1. Proportion of new adult patients referred to Primary Care by Enabling Services agencies that attend 2 or more Primary Care Medical visits in the 12 months following referral date.
      • Each contracted Enabling Service agency will provide demographic data and date of referral for the last 10 or more new patients referred to Primary Care.
      • New patient defined as any patient without Primary Care visit in the 12 months prior to date of referral.

C. QI Plan Patient Satisfaction Survey

a. Patient Satisfaction Survey will assess patient views regarding various components of care including quality, access and timeliness.

b. The Patient Satisfaction Survey, as approved by the HCH/FH Program Co-Applicant Board in September 2014, will be implemented in November 2015.

c. Survey results will be reported to the HCH/FH Program Co-Applicant Board in March 2016.

D. Reports to HCH/FH Program Co-Applicant Board
a. HCH/FH Program Medical Director will give monthly QI Plan status reports on progress.
b. HCH/FH Program Medical Director and Administrative Staff will report QI Plan Outcome Measure data, results and conclusions quarterly.

E. HCH/FH Program Changes and 2016-2017 QI Plan
1. The HCH/FH Program Co-Applicant Board will make recommendations for HCH/FH Program changes based on results of the QI Plan.
2. Programmatic changes recommended by the Co-Applicant Board will be implemented by the contracting agencies with oversight by the HCH/FH Program QI Committee.
3. Results from the 2015-2016 QI Plan will be considered as the 2016-2017 QI Plan is created.

Approved _________________________

________________________________   ______________________________
Board Chair       Program Director
TAB 7
Request to Approve Updated Program Budget
DATE: July 9, 2015

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 APPROVE UPDATED PROGRAM BUDGET

Based on the change in additional funding provided in NOA 14-12 as part of changing the extension of the Program’s grant period to December 31, 2015, a new modified program budget is required to be submitted. The NOA placed a 30-day condition for submission of an updated Program Budget. That submission is due by July 11, 2015.

Attached is the updated SF-424 which incorporates the changed additional funds on a direct pro-rated basis.

This request is for the Board to approve for submission the attached updated grant budget. Approval of this item requires a majority vote of the Board members present.

Attachments:
Updated SF-424 Federal Budget Form
<table>
<thead>
<tr>
<th>Grant Program Function or Activity</th>
<th>CFDA Number</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Federal</td>
<td>Non-Federal</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>93.224</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Care for the Homeless</td>
<td>93.224</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Migrant Health Centers</td>
<td>93.224</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Public Housing</td>
<td>93.224</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Object Class Categories</th>
<th>Federal</th>
<th>Non-Federal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>775,487</td>
<td>2,945,426</td>
<td>3,720,913</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>382,931</td>
<td>1,511,573</td>
<td>1,894,504</td>
</tr>
<tr>
<td>Travel</td>
<td>11,250</td>
<td>0</td>
<td>11,250</td>
</tr>
<tr>
<td>Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supplies</td>
<td>57,250</td>
<td>0</td>
<td>57,250</td>
</tr>
<tr>
<td>Contractual</td>
<td>1,114,677</td>
<td>0</td>
<td>1,114,677</td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>32,000</td>
<td>12,151</td>
<td>44,151</td>
</tr>
<tr>
<td><strong>Total Direct Charges</strong></td>
<td>2,373,595</td>
<td>4,469,150</td>
<td>6,842,745</td>
</tr>
</tbody>
</table>

| Indirect Charges         | 0       | 0           | 0       |
| **Total**                | 2,373,595| 4,469,150   | 6,842,745 |

<table>
<thead>
<tr>
<th>Grant Program Function or Activity</th>
<th>Applicant</th>
<th>State</th>
<th>Local</th>
<th>Other</th>
<th>Program Income</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,778,666</td>
<td>3,778,666</td>
</tr>
<tr>
<td>Health Care for the Homeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>690,484</td>
<td>690,484</td>
</tr>
<tr>
<td>Migrant Health Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,469,150</td>
<td>4,469,150</td>
</tr>
</tbody>
</table>
### Section D – Forecasted Cash Needs (optional)

<table>
<thead>
<tr>
<th></th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Total 1st Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Federal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E – Budget Estimates of Federal Funds Needed for Balance of Project

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>Future Funding Periods (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Care for the Homeless</td>
<td>1,968,448</td>
</tr>
<tr>
<td>Migrant Health Centers</td>
<td>405,147</td>
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<tr>
<td>Public Housing</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>2,373,595</td>
</tr>
</tbody>
</table>

### Section F – Other Budget Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Charges</td>
<td></td>
</tr>
<tr>
<td>Indirect Charges</td>
<td></td>
</tr>
<tr>
<td>Remarks</td>
<td></td>
</tr>
</tbody>
</table>

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857
TAB 8
Discussion on Expanded Services Available Funds
2015 Expanded Services Award Opportunity

**Purpose**

Expanded Services funding will support increased access to comprehensive primary health care services at existing health center sites through:

- Expanded service hours;
- Increased numbers of staff/providers;
- Increased availability of eligible services; and/or
- Enhanced enabling services.

Applications for Expanded Services funding are due by **5:00 PM ET on July 20, 2015**.

**SAN MATEO COUNTY HEALTH SERVICES AGENCY** is eligible to request up to $246,642.

Applicants must propose to use at least 80 percent of the Expanded Services funding to increase capacity to provide one or more of the following eligible services:

- Medical services;
- Oral health services;
- Behavioral health services;
- Pharmacy services; and/or
- Vision services.

Applicants may propose to use no more than 20 percent of the Expanded Services funding to increase the availability of new and/or existing enabling services.

Based on the maximum amount of ES funding your organization may request annually listed above, you may propose to spend up to **$49,328** of your total ES annual funding amount on enabling service expansion activities. **[$197,314 for eligible medical services]**

Expanded Services funding will be provided to each grantee in the same special population: funding proportion(s) as the existing operational grant funding.

**HCH Amount: $208,536**

**MHC Amount: $38,106**

Expanded Services funding will be incorporated into grantees’ ongoing base awards.

<table>
<thead>
<tr>
<th>Overview of Expanded Services Funding Requirements Required ES Activities</th>
<th>Percent of ES Funds</th>
<th>Required Outcomes</th>
</tr>
</thead>
</table>
| Expand existing or establish new services in any of the following areas: Medical | At least 80% | • Increase in provider/staff FTEs for services selected for expansion  
• Increase in patients accessing services selected for expansion |
| Oral Health  
Behavioral Health  
Pharmacy  
Vision | | |
| Expand existing or establish new enabling services | Maximum of 20% | • Increase in enabling services staff FTEs  
• Increase in patients accessing care via enabling services |
<table>
<thead>
<tr>
<th>Medical Services (MS)</th>
<th>Eligible Staff/Provider Type</th>
<th>Eligible Services to Expand</th>
<th>Eligible to add/edit on Form 5A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Family Physicians</td>
<td>• General Primary Medical Care</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• General Practitioners</td>
<td>• Laboratory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Internists</td>
<td>• Radiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OB/GYNs</td>
<td>• Screenings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pediatricians</td>
<td>• Coverage for Emergencies During/After Hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nurse Practitioners</td>
<td>• Voluntary Family Planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physician Assistants</td>
<td>• Immunizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Certified Nurse Midwives</td>
<td>• Well Child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nurses</td>
<td>• Gynecological Care Prenatal Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Laboratory Personnel</td>
<td>• Intrapartum Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• X-ray Personnel</td>
<td>• Postpartum Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other Medical Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Specialty Medical Physicians (if medical specialty in scope)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Specialty Medical Physicians (if medical specialty in scope)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Health (OH)</td>
<td>• Dentists</td>
<td>• Preventive Dental</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• Dental Hygienists</td>
<td>• Additional Dental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dental Assistants, Aides, Techs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Services (PS)</td>
<td>• Pharmacists</td>
<td>• Pharmacy Services</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• Pharmacy Support Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pharmacy Techs/Assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health (BH)</td>
<td>• Licensed Clinical Psychologists</td>
<td>• HCH Required Substance Abuse Services</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• Licensed Clinical Social Worker</td>
<td>• Mental Health Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other licensed mental health providers and staff</td>
<td>• Substance Abuse Services (may include medication-assisted treatment, such as Methadone, Buprenorphine, or Naltrexone).</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• Substance Abuse Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Psychiatrists (if in scope)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Services (VS)</td>
<td>• Optometrists</td>
<td>• Psychiatry</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Optometric Assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ophthalmologists (if in scope)</td>
<td>• Optometry</td>
<td>Yes</td>
</tr>
<tr>
<td>Enabling Services (EN)</td>
<td>• Case Managers</td>
<td>• Ophthalmology</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>• Patient and Community Education Specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Outreach Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Transportation Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Eligibility Assistance Workers</td>
<td>• Case Management</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>• Interpretation Staff</td>
<td>• Eligibility Assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other Enabling Services Staff</td>
<td>• Health Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Outreach</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Translation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional Enabling/Supportive Services</td>
<td></td>
</tr>
</tbody>
</table>
Applicants **must propose** service expansion activities that will result in an **overall increase** in the number of **new patients** served by the health center (see the Projected Impact section for further details). In addition, applicants may propose to use Expanded Services funding to increase existing patients’ access to services selected for expansion. The proportion of Expanded Services funds proposed to be dedicated to new or existing patients should be informed by the health center’s understanding of current patient and service area needs.

Applicants may **not** propose to **add, delete, consolidate, or relocate sites** as part of the Expanded Services opportunity. All proposed services must be provided at sites (including mobile vans) that are in a health center’s approved scope of project (i.e., listed as a service delivery site on the grantee’s *Form 5B: Service Sites*).
TAB 9
Board Discussion on UDS reports
DATE: July 9, 2015

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

FROM: Linda Nguyen, Program Coordinator
       HCH/FH Program

SUBJECT: UDS report – discussion on new population wide data

The program received a request from HRSA to produce universal data for our entire homeless and farmworker population for annual UDS report submission, rather than the 70 chart reviews that the program has submitted in the past. We have been working with our Business Intelligence team to produce reports for 10 of the outcome measures to be ready for review by July 1, 2015.

Attached you will find a document that includes a summary of the results from the reports, as well as the header to the reports which displays the logic that is used to run the reports for our entire population of homeless and farmworkers.

Attached: UDS Outcome Measure Reports
## UDS Outcome Measure Reports - new population wide data

<table>
<thead>
<tr>
<th></th>
<th>2014 UDS chart review</th>
<th>All HCH/FH patient data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypertension</strong></td>
<td>64%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>49%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Tobacco Cessation</strong></td>
<td>77%</td>
<td>91%</td>
</tr>
<tr>
<td><strong>Ischemic Vascular Disease</strong></td>
<td>98%</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Coronary Artery Disease</strong></td>
<td>90%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Asthma Treatment Plan</strong></td>
<td>100%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Screening</strong></td>
<td>34%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Child Weight Assessment</strong></td>
<td>80%</td>
<td>66%</td>
</tr>
<tr>
<td><strong>Pap Test</strong></td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Adult Weight Assessment</strong></td>
<td>44%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### UDS - Table 7 Section B - Hypertension Details

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born between 1930 and 1980 (Age 18 and 85 at the end of Reporting Year)
- Had 2 or more Medical visits during the Reporting Year
- Diagnosed with Hypertension (ICD-9 Code - 413.xx) during the first half of the Reporting Year and previous 2 calendar years with flags for patients whose hypertension is under control (Systolic < 140 and Diastolic < 90)

**Exclusions:**
- Patients diagnosed with Preeclampsia (ICD-9 Code - 642.1)
- Or with End Stage Renal Disease (ESRD) (ICD-9 Code - 585.x) during the Reporting Year

### UDS - Table 7 Section C - Diabetes Details

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born between 1930 and 1980 (Age 18 and 85 at the end of Reporting Year)
- Had 7 or more Medical visits during the Reporting Year
- Diagnosed with Diabetes Mellitus (ICD-9 Code - 250.xx) during the last 3 years and had a latest HbA1c value recorded in the reporting year

**Exclusions:**
- Patients diagnosed with Poly-Path (ICD-9 Code - 250.0, 250.1, 250.2, 250.3, 250.4, 250.5, 250.8, 250.9, 250.8) and Steroid Induced Diabetes (ICD-9 Code 359.82 or 359.1) during the Reporting Year

<table>
<thead>
<tr>
<th>Total Number of Patients (Denominator)</th>
<th>707</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Patients With HbA1c =&lt;9.0 (Numerator)</td>
<td>472</td>
</tr>
<tr>
<td>Total Number of Patients With HbA1c =9.0</td>
<td>399</td>
</tr>
<tr>
<td>Total Number of Patients With HbA1c &gt;9.0</td>
<td>13</td>
</tr>
<tr>
<td>Total Number of Patients With HbA1c &gt;9.0 or Not Recorded</td>
<td>255</td>
</tr>
</tbody>
</table>
### UDS - Table 6B Section G - Tobacco Cessation

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born on or before 1996 (Age 16 or over at the end of Reporting Year)
- Had at least 1 Medical visit during the Reporting Year
- Had 2 or more medical visits over in our Health System
- Either last visit number in the Reporting Year

<table>
<thead>
<tr>
<th>MDN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gen</th>
<th>Birth Date</th>
<th>Race</th>
<th>Age</th>
<th>Homeless Status</th>
<th>Mort Status</th>
<th>Last Visit Clinic</th>
<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Question Asked</th>
<th>Response</th>
<th>Tobacco Cessation Reg</th>
</tr>
</thead>
</table>

- Total number of Patients born on or before 1996 (Dominator): 4,904
- Total number of Patients who are non-smokers or smokers who were interviewed (Numerator): 4,904
- Total number of Patients who are smokers: 893
- Total number of Patients who are smokers and were interviewed: 893

### UDS - Table 6B Section J - Ischemic Vascular Disease

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born on or before 1996 (Age 18 and over at the end of Reporting Year)
- Had at least 1 Medical visit during the Reporting Year

Diagnosed with Ischemic Vascular Disease (ICD codes refer to UDS manual) during last 2 calendar years

Flag patients who were prescribed with aspirin or another antithrombotic drug in the Reporting Year

<table>
<thead>
<tr>
<th>MDN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gen</th>
<th>Birth Date</th>
<th>Race</th>
<th>Age</th>
<th>Homeless Status</th>
<th>Mort Status</th>
<th>Last Visit Clinic</th>
<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Question Asked</th>
<th>Response</th>
<th>Ischemic Vascular Reg</th>
</tr>
</thead>
</table>

- Total number of Patients diagnosed with Ischemic vascular disease (denominator): 207
- Total number of patients diagnosed with Ischemic vascular disease and were prescribed aspirin or another antithrombotic drug (numerator): 305

### UDS - Table 6B Section I - Patient With Coronary Artery Disease

**UDS Reporting Year: 2014**

**Report Criteria:**
- Birth year equal to or less than 1996 (18 years or older)
- More than 2 medical visits during the year
- Had at least 1 medical visit during the reporting year

Diagnosed with Coronary Artery Disease ICD-10 Codes (410.X, 411.X, 412.X, 413.X, 414.0X-414.9, 415.X, 416.81, 416.82)

Flag patients who were given Lipid Lowering Drugs in the Reporting Year

<table>
<thead>
<tr>
<th>MDN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gen</th>
<th>Birth Date</th>
<th>Race</th>
<th>Age</th>
<th>Homeless Status</th>
<th>Mort Status</th>
<th>Last Visit Clinic</th>
<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Question Asked</th>
<th>Response</th>
<th>Coronary Artery Reg</th>
</tr>
</thead>
</table>

- Total number of patients diagnosed with coronary artery disease (denominator): 257
- Total number of patients diagnosed with Coronary Artery Disease and were given Lipid Lowering drug (numerator): 242

### UDS - Table 6B Section H - Asthma Pharmacological Therapy

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born between 1974 and 2009 (Age between 5 and 46 at the end of Reporting Year)
- Had at least 1 Medical visit during the Reporting Year
- Had 2 or more medical visits over in our Health System

Diagnosed with Persistent Asthma (ICD codes, refer to manual)

Flag patients who were prescribed with medication for Persistent Asthma in the Reporting Year

<table>
<thead>
<tr>
<th>MDN</th>
<th>Last Name</th>
<th>First Name</th>
<th>Gen</th>
<th>Birth Date</th>
<th>Race</th>
<th>Age</th>
<th>Homeless Status</th>
<th>Mort Status</th>
<th>Last Visit Clinic</th>
<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Question Asked</th>
<th>Response</th>
<th>Asthma Reg</th>
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</table>

- Total number of Patients diagnosed with Persistent Asthma (Denominator): 469
- Total number of Patients diagnosed with Persistent Asthma and were given Asthma medication (numerator): 119

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*Please note: The table contains placeholders for data such as MDN, Last Name, First Name, Gen, Birth Date, Race, Age, Homeless Status, Mort Status, Last Visit Clinic, Last Visit Insurance, Last Visit Date, Question Asked, Response, and various medical conditions and drug prescripitions.*
### UDS - Table 6b Section K - Patients With Colorectal Cancer Screening

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born between 1940 and 1967 (Age between 51 and 76 at the end of Reporting Year)
- Had at least 1 medical visit during the Reporting Year
- Exclusions: Patients diagnosed with Colon Cancer (ICD CODE: 153.31, 154.31)
- Flag patient who have completed Colonoscopy in the last 5 years or Sigmoidoscopy in the last 10 years of Colon Cancer Screening in the reporting year or Blood occult test in the reporting year

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<th>Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Sex</th>
<th>Race</th>
<th>Age</th>
<th>Homelessness Status</th>
<th>MAR</th>
<th>Last Visit Cause</th>
<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Prior Blood Test</th>
<th>Prior Colonoscopy</th>
<th>Colon Cancer Screening</th>
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<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Prior Blood Test</th>
<th>Prior Colonoscopy</th>
<th>Colon Cancer Screening</th>
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### UDS - Table 6b Section E - Weight Assessment Child Adolescent

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born between 1967 and 2011 (Age between 3 and 17 at the end of Reporting Year)
- Had at least 1 medical visit during the Reporting Year
- FIRST seen before 17th Birthday
- Flag patients who had BMI recorded in the last visit

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<th>Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Sex</th>
<th>Race</th>
<th>Age</th>
<th>Homelessness Status</th>
<th>MAR</th>
<th>Last Visit Cause</th>
<th>Last Visit Insurance</th>
<th>Last Visit Date</th>
<th>Prior Blood Test</th>
<th>Prior Colonoscopy</th>
<th>BMI Recorded</th>
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### UDS - Table 6b Section D - Pap Tests

**UDS Reporting Year: 2014**

**Report Criteria:**
- Homeless & MSFW Merged
- All Unduplicated Female Patients
- Born between 1950 and 1990 (Age between 24 and 64 at the end of Reporting Year)
- Had a Pap test performed in the last 3 years
- Flag patients who performed Pap test and HPV test done simultaneously in the last 5 years and were aged >50
- Exclusions: Patients who had a hysterectomy in the past

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<th>Name</th>
<th>Last Name</th>
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<th>Sex</th>
<th>Race</th>
<th>Age</th>
<th>Homelessness Status</th>
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<th>Last Visit Insurance</th>
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### UDS - Table 6b Section C - Weight Assessment Adult

**UDS Reporting Year: 2014**

**Report Criteria:**
- All Unduplicated Patients
- Born on or before 1996 (Age 18 and above at the end of Reporting Year)
- Had at least 1 medical visit during the Reporting Year
- 18 years of age or older on the last visit
- Flag patients who had BMI recorded or BMI calculated or BMI assessed or BMI recorded or BMI calculated or BMI assessed or BMI recorded or BMI calculated or BMI assessed in the last 6 months from the last visit of the Reporting Year
- Exclusions: Patients who are Pregnant (ICD CODE: V22.10V22.30)

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<tr>
<th>Name</th>
<th>Last Name</th>
<th>First Name</th>
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<th>Age</th>
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