

**Health Care for the Homeless /
Farmworker Health Program (HCH/FH)
Co-Applicant Board Meeting**

**June 09, 2016
9:00 AM — 11:00 AM**

**Coastside Clinic
225 South Cabrillo Highway, Half Moon Bay**



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
- ⇒ Respite Care

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

Coastside Clinic| 225 South Cabrillo Highway, First Floor, Half Moon Bay

June 9, 2016, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins	9:00 AM
B. CLOSED SESSION		
1. No Closed Session this meeting		
C. PUBLIC COMMENT		9:02 AM
Persons wishing to address items on and off the agenda		
D. CONSENT AGENDA		9:05 AM
1. Meeting minutes from May 12, 2016		TAB 1
2. Program Calendar		TAB 2
E. BOARD ORIENTATION		
1. No Board Orientation items this meeting.		
F. REGULAR AGENDA		
1. Migrant Conference Presentation	Molly/Julia	TAB 3 9:10 AM
2. Board Ad Hoc Committee Reports	Committee Members	9:17 AM
<i>i. Transportation</i>		
<i>ii. Health Navigation</i>		
<i>iii. Board Composition</i>		
3. HCH/FH Program QI Report	Frank Trinh	TAB 4 9:20 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 5 9:25 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 6 9:30 AM
6. Update on Strategic Plan	Rachel/Pat/Jim	TAB 7 9:35 AM
7. Report on last RFP/Proposal meeting	Linda/Jim	TAB 8 10:20 AM
8. Small Funding Requests	Jim Beaumont	10:28 AM
<i>i. Action Item- Request to Approve Policy</i>		TAB 9
<i>ii. Action Item- LifeMoves Small Funding Request Approval</i>		TAB 10
9. Sliding Fee Discount Program Policy	Jim Beaumont	TAB 11 10:36 AM
<i>i. Action Item- Request to Approve Revised Policy</i>		
10. Staffing Report & Discussion	Jim Beaumont (verbal)	10:44 AM
G. OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>i. Next Regular Meeting – July 21 2016; 9:00 A.M. – 11:00 A.M. *** NOTE DATE CHANGE ***</i>		
H. ADJOURNMENT	Robert Stebbins	11:00 AM

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

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
May 12, 2016
San Mateo Medical Center – San Mateo (Board Room)**

Co-Applicant Board Members Present

Robert Stebbins, Chair
 Brian Greenberg
 Paul Tunison, Vice Chair
 Theresa Sheats
 Kathryn Barrientos
 Christian Hansen
 Molly Wolfes
 Daniel Brown
 Tayischa Deldridge
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
 Glenn Levy, County Counsel
 Linda Nguyen, HCH/FH Program Coordinator
 Brian Eggers, HSA – SMC- Center on Homelessness

Members of the Public

Pat Fairchild, JSI
 Rachel Metz

Absent: Steve Carey, Erick Brown, Julia Wilson

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:01</u> A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting. Brian Eggers from Center on Homelessness- made announcement on HUD funding \$1.5 million Rapid re- housing funds available	
Consent Agenda	All items on Consent Agenda (meeting minutes from April 26 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Dan <u>SECONDED</u> by Tay and APPROVED by all members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Elli Lo and Tay presented on the Bay Area Low Income and Minority Millennials healthcare Access Forum that they attended in San Francisco: <ul style="list-style-type: none"> • Millennials use of social media is very common so to encourage them from attending your location use of websites and Yelp helps. • Housing priority is common with millennials as it is with other generations. <i>Please refer to TAB 3 on the Board meeting packet.</i>	
Transportation Sub-committee reports	No Report	

Board orientation Sub-committee reports	No Report	
Patient Navigator Sub-committee reports	No Report	
QI Committee report	<p>Dr. Frank Trinh's report included:</p> <ul style="list-style-type: none"> • Discussion of Coronary Artery Disease report results for entire population of homeless/farmworkers • Total – 310 patients with Homeless= 295 and Farmworkers = 18 • Rate of success was 81.3% • Next outcome measure to analyze are CAD and ISV • QI Committee is planning the implementation of Patient Satisfaction Surveys in the next few weeks <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program Directors report	<p>Director's report:</p> <ul style="list-style-type: none"> • April 28, 2016 received a Notice of Award from HRSA informing us that the 7 remaining grant conditions plans for compliance have been accepted. • Regarding the cloud-based care coordination/case management and reporting system, we received new updates on that effort and are partnering with SMMC Care Transition Team on the project as they have similar needs • Because an upcoming Public Entity Conference is taking place on the date of our usual meeting time in July, the July meeting has changed to July 21st the following week. <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program Budget & Financial Report	<p>Budget/Finance report:</p> <ul style="list-style-type: none"> • Project total expenditure to be around \$2,100,000 for grant year. • Anticipate being able to carry over at least \$294,942 from 2015 Expanded Service utilized to fund Street Medicine Program. • Appears to be about \$500,000in unobligated funding that may be considered for new proposals under review/consideration , new efforts resulting from the Strategic Planning process and additional staffing. <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Program Contractor's Quarterly report- 1st quarter</p>	<p>Report included:</p> <ul style="list-style-type: none"> • Contracts include 4 with community based organizations and two County programs for 2016 • First quarter indicates that most contractors are on schedule for 25% spent funds about 28% average • Spent funds is \$1,220550 • Common trends include the difficulty in locating affordable housing for clients as well as need for more dental services • Ravenswood Street/backpack Medicine effort is starting up soon in EPA and will start with Day Laborers <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>																																	
<p>Strategic Plan Update</p>	<p>Consultants Rachel and Pat presented summary:</p> <ul style="list-style-type: none"> • Goal 1: Expand Health Services for Homeless and Farmworkers. • Materials were included for all present Board members to prioritize out of the 7 goals, given 4 stickers each (Green and Orange). <p>Table of goals below with the votes casted:</p> <table border="1" data-bbox="436 792 1669 1182"> <thead> <tr> <th></th> <th>High priority (green)</th> <th>2nd priority (orange)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Increase dental services for adult farmworkers.</td> <td>3</td> <td>1</td> <td>4</td> </tr> <tr> <td>Increase mental health services for homeless and farmworkers.</td> <td>3</td> <td>6</td> <td>9</td> </tr> <tr> <td>Increase drug and alcohol support for farmworkers.</td> <td></td> <td>3</td> <td>3</td> </tr> <tr> <td>Increase available respite care with wrap-around services for homeless.</td> <td>5</td> <td>2</td> <td>7</td> </tr> <tr> <td>Investigate needs for homeless navigator position within SMMC</td> <td>2</td> <td>2</td> <td>4</td> </tr> <tr> <td>Wrap-around services for medically fragile, homeless seniors at shelters.</td> <td>4</td> <td>3</td> <td>7</td> </tr> <tr> <td>Promote preventive dental care for homeless and farmworkers.</td> <td>1</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>Discussion on current AOD services for homeless as adequate. Discussion on making Board meeting times more convenient for consumers.</p> <p>After this meeting consultants will work with staff on a work plan as we finalize the Plan.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>		High priority (green)	2nd priority (orange)	Total	Increase dental services for adult farmworkers.	3	1	4	Increase mental health services for homeless and farmworkers.	3	6	9	Increase drug and alcohol support for farmworkers.		3	3	Increase available respite care with wrap-around services for homeless.	5	2	7	Investigate needs for homeless navigator position within SMMC	2	2	4	Wrap-around services for medically fragile, homeless seniors at shelters.	4	3	7	Promote preventive dental care for homeless and farmworkers.	1	1	2	<p>Add to next agenda- changing meeting time</p>
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<p><i>Update on new Proposals</i></p>	<p>Update on 4 new proposals received as the final deadline of April 30th occurred.</p> <ul style="list-style-type: none"> • 2 Enabling service proposals from Project WeHOPE and Jefferson Union High School/Daly City Youth Center • 1 coordinating service proposal from Language Circle of California for interpretation • 1 Behavioral health/substance abuse service proposal from Mind, Music, Body and Spirit Connection <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	
<p>Adjournment</p>	<p>Time ___11:01_____</p>	<p>Robert Stebbins</p>

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2016 Calendar *(Revised June 2016)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (June 9, 2016 from 9:00 a.m. to 11:00 a.m.) • Finalize Strategic Plan • SMMC Board of Directors meeting presentation on Street/Field Medicine, June 2 	June	@ Coastside Clinic-Half Moon Bay
<ul style="list-style-type: none"> • Board Meeting (July 21, 2016 from 9:00 a.m. to 11:00 a.m.) • Public Entity Conference in Denver, Colorado July 13-15 	July	@ LifeMoves Shelter
<ul style="list-style-type: none"> • Board Meeting (August 11, 2016 from 9:00 a.m. to 11:00 a.m.) • Service Area Competition Grant Application prep & submission • Probable Operational Site Visit (OSV) August 2-4 	August	@ Human Services Agency- Belmont
<ul style="list-style-type: none"> • Board Meeting (September 8, 2016 from 9:00 a.m. to 11:00 a.m.) 	September	

Conference calendar	
Community Health Institute and Expo	August 28- 30; Chicago, IL
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA
Int'l Street Medicine Symposium	October 20-22; Geneva, Switzerland

TAB 3
Consumer
Input

2016 Western Forum for Migrant and Community Health

Summary from Puente

Engaging Organizations to Provide Pesticide Education

1. Who were the speakers of interest, their backgrounds and expertise?

- Valentine Sanchez and Santiago Ventura- Oregon Law Center; Rafaela Salvador, *Pineros y Campesinos Unidos del Noreste*

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

- Even working for short amounts of time with pesticides, can leave long-lasting negative health effects; some not occurring until years later or even generations later. This makes it very hard to identify direct causes and can cause problems for people not working with pesticides but whose parents or grandparents did.
- Many farmworkers do not know that they need to change their clothes after working with pesticides and before returning home. They also may not know to wash the exposed clothes separately than the rest of the family's clothes
- In Oregon, there are CHWs whose job it is to go around to farmworker homes explaining how to maintain proper hygiene especially for those living on farms utilizing pesticides and with small children.
 - i. These CHWs are also trained to present information in various indigenous languages so farmworkers can get information in their 1st language, often times, that is not Spanish.

3. How does this connect to your work with homeless and/or farmworker populations and with the HCH/FCH Program?

- There are strict laws and regulations about how to administer pesticides—many times both farmworkers and farm managers may not be aware of regulations causing contaminations and dangers to people's health.
- Ensuring that health information is both culturally and linguistically relevant to the population receiving it.
- Work can be done with the CHW program (or other) to educate families and workplaces on how to maintain safety, especially in the homes.
- Long lasting health effects may be attributed to pesticide exposure.

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

- The U.S. Environmental Protection Agency estimates that 10,000-20,000 farmworkers are poisoned on the job due to pesticide exposure.

Resources for more information:

<https://www.farmworkerjustice.org/content/pesticide-safety>

<https://www.epa.gov/pesticide-worker-safety>

2016 Western Forum for Migrant and Community Health

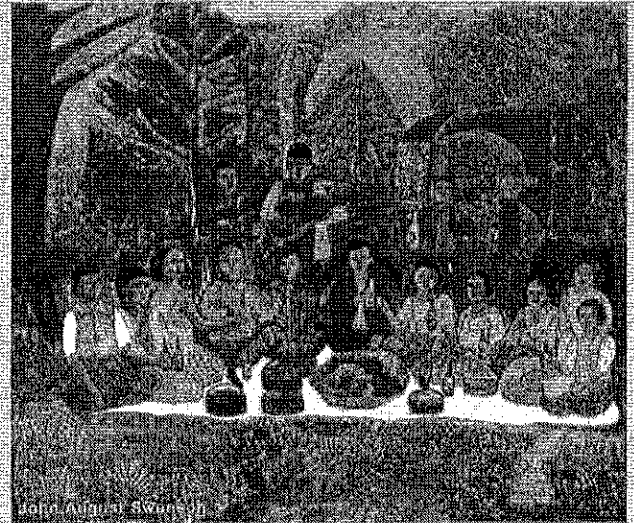
Summary from Puente

People on the Move: Global Migration in Context

- 1. Who were the speakers of interest, their backgrounds and expertise?**
 - Dr. Tina Castañeadas, One Community Health
- 2. What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?**
 - This session discussed the reasons for migration
 - i. “push factor” –Individual is pushed out of their country for various reasons
 - ii. “Pull factor”- Individual feels pulled from the country of migration
 - Only 1% of refugee applicants are successful in receiving refugee status and less than 5% of asylum seekers are approved
 - 45% of “illegals” in the US are people who entered the country legally, but overstayed their visas. This number is almost as much as those crossing the border illegally.
 - Immigrants who have entered this country illegally are the most likely in the US to work full-time with no employment-based health insurance.
- 3. How does this connect to your work with homeless and/or farmworker populations and with the HCH/FCH Program?**
 - It’s really important to understand the background and context of why many people come to the United States and end up becoming farmworkers
 - It is also very important to understand that most people have experienced life-threatening measures to arrive in this country and that there is great trauma among this population
 - Most people, and almost all women entering this country were exposed to various forms of sexual abuse during their journey here.
- 4. What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicants Board and Program Staff?**
 - Presentation attached. It was very powerful and impactful.

People on the Move
El Pueblo en Marcha
The Context of Global Migration

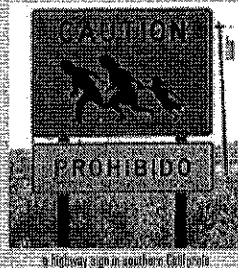
Tina Castañares, MD
NWRPCA Western Forum
February, 2016 Portland, Oregon



Thank you *Roger Rosenthal, Mark Kuczewski, Phillip Martin, Migrant Clinicians Network, Farmworker Justice Fund, National Immigration Law Center, Ken Light, John August Swanson, my first ethics teacher Dr. Bill Neblett, and many other scholars and NGOs.*

Intentions

- *MSFWs and immigration policy*
- *More to the story*
- *passion ...and deep concern*
- *the facts are simple to share*
- *immigrants' rights; immigration policy*
- *the challenge is global*
- *ethical lens and commitment*
- *a paramount ethical dilemma*



First:

**Revisiting the issues most familiar to us
recently in the western United States**
(though much is changing quickly)

and in primary health care

Background

Aliens
not citizens of the USA

Immigrants
intending to stay here

[Migrants
traveling/working here, not necessarily to stay]

Authorized immigrants/migrants
Lawful permanent residents (LPRs or "green card" holders), guestworkers*, tourist/work/student visas*, asylees and refugees

Unauthorized (undocumented)*
Overstayed visas or entered without proper permission

*not eligible to naturalize as citizens or obtain LPR

Background

"Qualified" immigrants
eligible for public benefits like Medicaid, Medicare, TANF, etc. LPRs, asylees, refugees.

"Non-qualified" immigrants
ineligible for such benefits. (K-12, WIC, CAWEM: ok)
includes all unauthorized, PLUS all legally present for < 5 years, plus guestworkers, tourists, students, Dreamers, DACA

Guestworkers
contracted to work in certain industries. Bracero Program WWII-1964 prime example. H2-A. Non-qualified.

Background

"Dreamers" (Dream Act never passed)
brought or kept in US illegally as children, raised here, unauthorized. Non-qualified.

Deferred Action for Childhood Arrivals (DACA) (under way)
1,200,000, can work and stay here. Non-qualified.

President Obama's late 2014 Order (in the courts)
DACA + 700,000. Some parents. 2.4 - 3.5 million. Non-qualified.

Imagine you needed health care...

And are non-qualified. You

- *are ineligible for Medicare
- *are ineligible for Medicaid, regardless of poverty/income
- *are not eligible to use the federal markets/exchanges for commercial health insurance
- *you may have no Workers Compensation
- *are in the likeliest in America to work full-time with no employment-based health insurance
- *are likely to be living in poverty

Exceptions on public coverage:

*CAWEM * 'CAWEM Plus' models

*CHIP, Healthy Kids (some waive 5 year wait if authorized, California about to cover even unauthorized children)

Coverage

CAWEM (Citizen/Allen Waived Emergency Medicaid)

**Medicaid for those who are ineligible only due to immigration status*

**Covers life- or limb-threatening, ER and inpatient only. Obstetrical deliveries are included.*

**NO outpatient (no prenatal care, Rx, lab, PT/OT, specialists, infusion center, dialysis, home health, hospice, long term care). No dental, no mental health.*

Some states' "CAWEM Plus" covers prenatal care too

CASE EXAMPLES: post-delivery; head injury/neuro rehab; cancer chemotherapy (not covered)

Access

Emergency Departments

Community and Migrant Health Centers, Community clinics

County or regional health departments

Providers offering sliding fee scale or "charity care"

(I.E. The Safety Net in the ACA era

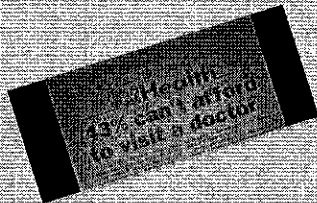
-- Increasingly serving people marginalized by immigration status

--In an anti-immigration cultural climate, how long will taxpayers support?

--Intrinsically cost-shifting; stewardship issues

Why do low-income, unauthorized immigrants come to the US or stay here?

Not because of our discriminatory health care system



So now:

A look at why

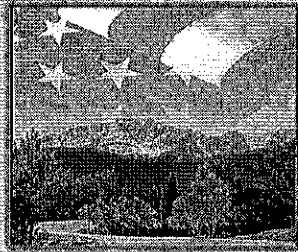
PEOPLE ALL AROUND THE WORLD ARE MIGRATING

to

our country and to some other countries

**Why do immigrants come?
"Pull" from receiving country**

- *safety
- *freedom
- *possibility of employment
- *perception of same
- *higher income
- *send remittances home
- *active recruitment by industry
- *family reunification
- *allure, stories heard, stories propagated, media



**Why do immigrants come?
"Push" by sending country**

- *poverty, hunger
- *climate change impairing agriculture, forestry
- *persecution
- *narcotrafficking, human trafficking*
- *societal or economic collapse
- *war, crime, genocide, other violence
- *gangs, other danger
- *coercion, extortion
- *unemployment
- *dislocation, homelessness
- *emigration of family, abandonment of village
- *lack of future, desperation

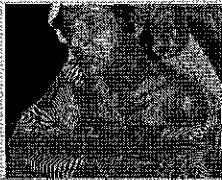
"forced migration"

*Labor, sex

**Why do immigrants come?
"Push" by sending country**



Honduras, 2009



Child rescued from sex trafficking



Managua, October, 2009



Chinese families in shared housing



Climate change effects -> dislocation, unemployment, hunger



Our nation's part in push and pull

- *trade agreements -> unemployment, dislocation, poverty, homelessness
- *foreign relations, supporting wars or dictators
- *arming governments and dissidents
- *exporting gang members
- *our appetites for drugs, free or cheap labor and goods
- *failures of foreign aid, refusal of debt forgiveness
- *confused/confusing, biased immigration policies
- *opportunistic guestworker programs
- *isolation of foreign-born workers from homelands
- *our energy consumption -> climate change effects
- *increasingly aggressive border conditions -> smuggling, desperation

Let's look more closely at the most vulnerable...those who enter the USA without permission (unauthorized)

(By the way, only 1% of refugee applicants are successful; less than 5% of asylum applicants* are successful.)

* exception: Cubans

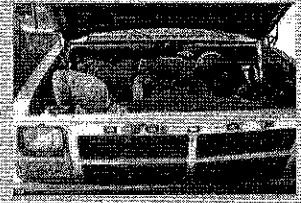
What do immigrants risk in coming illegally to the US?

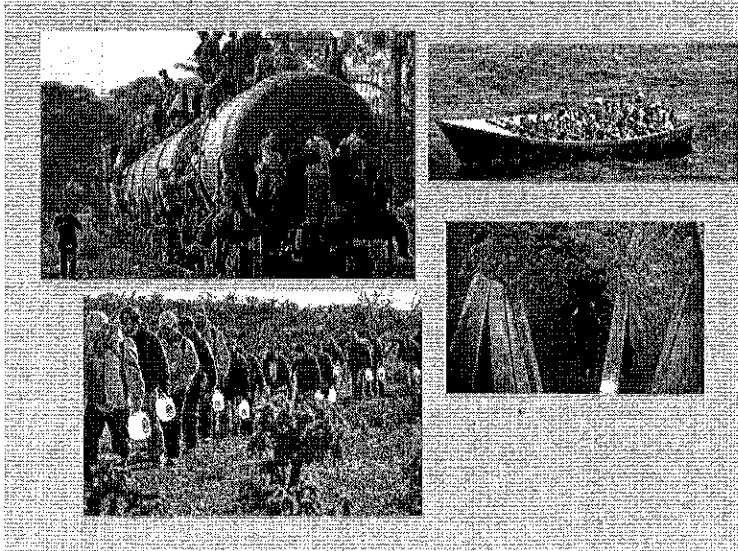
- *poverty, \$\$ losses, debt, unemployment, homelessness
- *persecution, discrimination, hate crimes
- *narcotrafficking, human trafficking, slavery
- *rape, assault, kidnapping, theft, other crime
- *gangs, other danger and violence, death
- *coercion, extortion, betrayal by smugglers
- *social isolation, permanent goodbyes
- *lack of future, loss of language/culture in family
- *deportation, incarceration, detention
- *desperation

Are they "criminals"?

- illegal entry vs. overstaying visas = almost equal
- unauthorized presence not a crime at all
- most asylum/refugee seekers in a limbo, not "undocumented immigrants"
- incarcerated/interned for misdemeanor offenses or none at all. *But now there is greatly increased private prison detention (often for years) for repeat apprehension at border and other crimes.*
- economic impact: myths, misinformation, disinformation

How do those who enter illegally get here?





and what might await them?

©Ken Light
Attacked by sharks while diving

Draped after 15 years. Released in 1994

US Border Patrol marching captured migrants in desert

Hirelbert, Texas Release
Taken from a covert children warehouse in Brownsville, Texas 6/2014

Migrant at a detention center, Texas

THE NEW COLLOSSUS

Not here is a broken plant of grass and fire.
With compassing hands, a side from hand in line,
Here at our new world, some gates shall stand.
A night woman with a torch, whose flame
is the harbored lightning, and her name
Mother of Earth, from her bosom hand
Shove world and flesh and soul, the world
conquered.

Unconquered harbor that built cities from
Keep, and it hands you, a side of people, ones the
With silent line. Giving you, a side, your year,
Your father's mass, yearning to breathe free,
The water of life, of your being a stone,
We'll pass, the homeless, to the next to go,
A day, a day, a day, the world is free.

©Ken Light

Effects from today's global migration felt -in the US

- Xenophobia (fear of foreigners)
- Election year politics
- "Circling the wagons"
- Detour, sabotaging, reversals of humanistic immigration policy reforms
- Zero net immigration from Mexico
- Labor shortages in some industries
- Unexpected immediate pressures (e.g. Syrian refugee plight, unaccompanied minors) that the USA is not prepared for

Implications for the communities we serve -Migrant and Seasonal Farmworkers

- Discrimination and stereotyping
- More danger at border and in raids
- More chance of exploitation, less momentum for worker protections and civil rights/benefits
- Increased farmer interest in guestworker programs
- Less advocacy for guestworker program reforms
- Uncertain future climate change, societal effects: caught between nation-states?

Implications for the communities we serve - Other Immigrants and Migrants

- Discrimination and stereotyping
- More reluctance to welcome them → harsher immigration policies
- Inadequate employment, social support, legal assistance, resettlement services
- More time in camps, more trauma, more long term effects of trauma
- Uncertain future climate change, societal effects: caught between nation-states?

ethics

is how we behave when
we decide we belong
together.

~Brother David Steindl-Rast~

Elements of the ethical dilemma

Legitimate states : entitled to self-determination

→ Freedom of Association

→ the right to exclude (freedom *not* to associate)

→ The right of legitimate states to set their immigration policies as they see fit

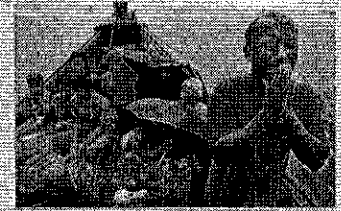
Stewardship
Property rights
Other

Moral equality of all human beings

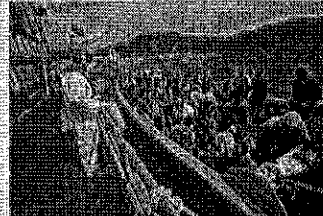
ACCOUNTABILITY to our role in push and pull forces



Thailand volunteer rescue workers collect the bodies of dead Burmese migrant workers 2008, from the back of a petrol can.



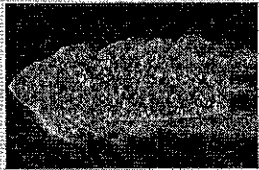
Thousands of undocumented Burmese Buddhists are in Thailand's ash camps due to persecution by majority Buddhists (2012)



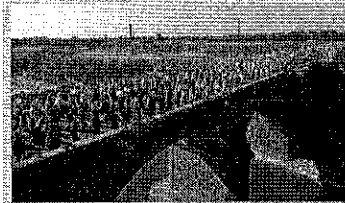
Off the coast of Spain from North Africa on the high seas



Bank border police searching a southeast border against "irregular" migrants



More images of African migration to Europe



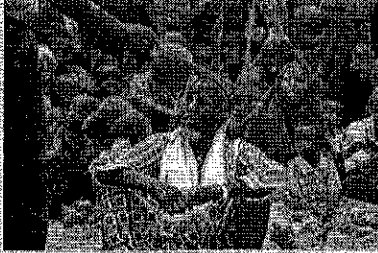
Rural Indians migrate en masse to cities, attributed to climate change



By 2008 over 8 million Bangladeshis were trying to other countries (vs. 6.000 in 1970s)



Pakistani refugees during floods of 2010



Somalis forced from Kenya, journeying to South Africa



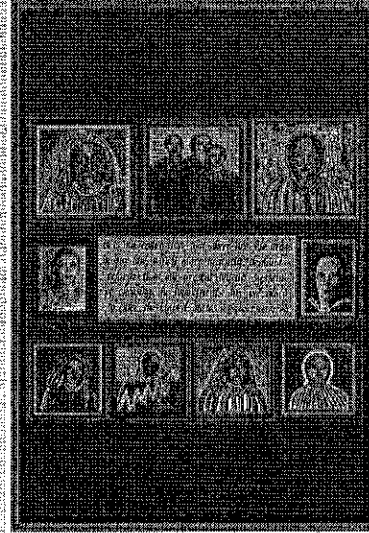
Violent anti-migrant riots in South Africa



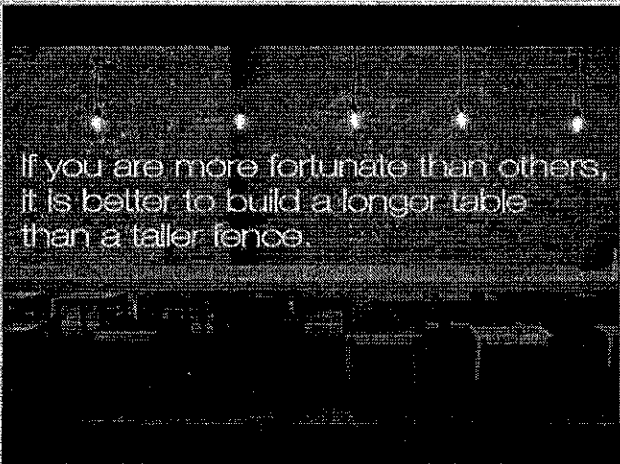
Sri Lankans in Toronto, Canada demonstrating outside US consulate



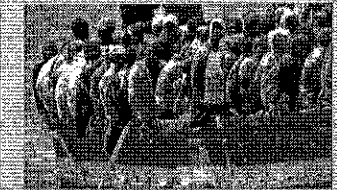
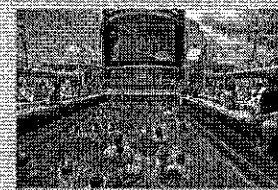
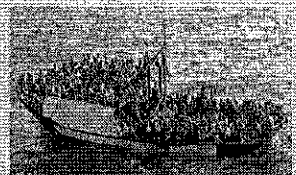
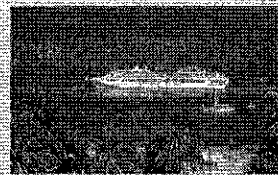
Sri Lankans en route to Australia



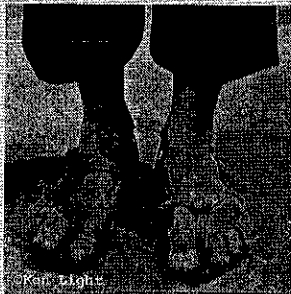
*"No human being is illegal"
was asserted by
Elie Weisel,
a Jewish survivor from Nazi
Germany, a refugee,
and a Nobel Prize winner.*



*If you are more fortunate than others,
it is better to build a longer table
than a taller fence.*



*"Us" and "Them" – fair, just because we were lucky to be born here?
Or do we all share a common humanity and community?
Will we welcome our neighbors?*



"Who is my neighbor?" ...Community is at least in part founded upon the moral force of common location...from a moral standpoint, "neighbor" is not primarily defined by ethnic or religious origins. Instead, we are united by human need and vulnerability. The moral response to one who presents in severe need and vulnerability is empathy and identification, i.e., a neighborly response."

"Approaches that begin with the rights, or lack of rights, of the individual view mechanisms for fostering insurance as benefits, and trap us in a shrill and unending debate about whether immigrants deserve such benefits."

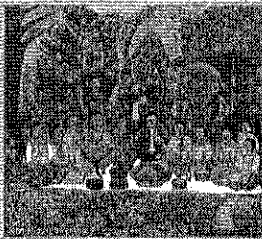
"The shared values and ideals of health care in the US, the sphere of justice that governs health care, does not place any value or importance on immigration status." --Mark Kuszewsky

excerpted from "Who is my neighbor? A communication analysis of access to health care for immigrants," *Theor Med Bioeth* (2011): 321-327-336

From the late Dr. Ralph Crowshaw's 2001 "A Physician's Oath on Retirement":
"I dedicate myself to a sustained sense of humanity expressed through the spirit of Medicine".



Let's seek inspiration and inspire one another. Immigration questions desperately need an ethical lens and ethical discourse.



Thank you very much. I welcome all correspondence, and would like to part of a learning community with you.
fdcastanares@gmail.com

<https://www.dropbox.com/sh/avw43cg4oqpl0v6/AAzyYfhDD5jBfUsgEklI0bTe7dI-C>
*I've created a Dropbox folder that you can access at this url.
It contains several selected articles, poems and other resources
along with a color copy (pdf) of your handout.*

**2016 Western Forum for Migrant & Community Health Write Up
3/24/16 by Julia Wilson**

**Health Equity in Government: Local, State,
and Federal Perspectives**

A. Who were the speakers of interest, their background & expertise?

Alfonso Rodriguez-Lainz, Center for disease Control and Prevention

Carol Cheney, Oregon Health Authority

Judith Mowry, Office of equity and Human Rights

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

This session gave perspectives from three levels of government, defining the difference between equality and equity. The session explored with the participants the various ways to evaluate different forms of “racism,” Institutional racism and systemic racism, A tool was provided to help with the process of self evaluation by any organization (Health Equity and Inclusion Program Strategies).

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

It is difficult to keep in mind that we have two very different populations that the program is working with. This session was helping to define how providing equity rather than equality requires a more in-depth process but in the end provides a better product for all who receive care.

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

The programs that presented changed how they made decisions. They incorporated certain questions into their process such as? Who benefits or is burdened by this decision.

TAB 4

QI

Committee

Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 9, 2016

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

FROM: Frank Trinh, Medical Director and Linda Nguyen, Program Coordinator and Health Care for the Homeless/Farmworker Health Program

SUBJECT: QI Committee Report

The QI Committee has started implementation of the Patient Satisfaction Survey for all four services to include: Medical Services, Dental Services, Behavioral health/Recovery Services and Enabling Services. The surveys were handed out end of May and the effort will commence in early July as we attempt to survey/analyze results for 50 surveys in each category, totaling 200.

Below is a listing of the organizations that staff is working with to implement the surveys:

Medical

- Public Health- Mobile Van
- Ravenswood

Dental

- Ravenswood
- Sonrisas
- Mobile Dental Van

Mental Health/Substance Services

- BHRS
- Coastside Mental Health

Enabling Services

- Puente
- LifeMoves
- Safe Harbor/Samaritan House

Attachment: Ischemic Vascular Disease Report



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

San Mateo County HCH/FH Program QI Plan Preliminary Data Report
Medical Outcome Measure: Adult patients diagnosed w/ Ischemic Vascular Disease Receiving Antithrombotic Therapy
San Mateo County HCH/FH Program QI Committee Meeting 5/5/2016

Medical Outcome Measure: Adult patients (≥ 18 years) with ≥1 visit in 2015 diagnosed with Ischemic Vascular Disease receiving Aspirin or other antithrombotic therapy.

Demographics:

	Total Population	Homeless	Farmworker
Total Number	234	220	17
Male (%)	57.3%	58.2%	41.2%
Female (%)	42.7%	41.8%	58.8%
Median Age (Years)	66	66	61
Mean Age (Years)	67	67	63
Race:			
- White (%)	52.1%	51.4%	58.8%
- Black (%)	8.1%	8.2%	11.8%
- Asian (%)	19.2%	19.5%	11.8%
- Pacific Islander (%)	2.6%	2.7%	0%
- Native American (%)	1.3%	1.4%	0%
- Other (%)	16.7%	16.8%	17.6%
Hispanic (%)	35.9%	34.5%	52.9%
Non-Hispanic (%)	64.1%	65.5%	47.1%
Language:			
- English (%)	58.5%	59.5%	47.1%
- Spanish (%)	32.1%	30.9%	47.1%
- Other (%)	9.4%	9.5%	5.9%

Outcome Measure:

	Total (N)	# on Therapy	% on Therapy
Total Population	234	210	89.7%
Total Homeless	220	197	89.5%
- Doubling Up	17	14	82.4%
- Shelter	16	15	93.8%
- Transitional	5	4	80%
- Street	10	9	90%
- Other	172	155	90.1%
Total Farmworker	17	16	94.1%
- Migrant	0	0	0
- Seasonal	17	16	94.1%
Total Male	134	123	91.8%
Total Female	100	87	87%
Homeless Male	128	118	92.2%
Homeless Female	92	79	85.9%
Farmworker Male	7	6	85.7%
Farmworker Female	10	10	100%

TAB 5
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 09, 2016

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 May 12, 2016 Co-Applicant Board meeting:

1. Strategic Plan

Program worked with Rachel Metz on preparing the draft Strategic Plan based on the activities and discussion at the May 12, 2016 Board meeting. This draft is scheduled for presentation and discussion elsewhere on today's agenda.

2. Grant Conditions

Program has prepared a revision to the HCH/FH Sliding Fee Discount Program Policy to address the issues identified in the OSV Report and for submission in response to the issued grant condition. The revision is presented as an Action Item for Board approval elsewhere on today's agenda.

3. Proposal Review

The Proposal Recommendation Committee met and reviewed the following proposals:

- Daly City Clinic/Jefferson Union High School District for Homeless Care Coordination Enabling Services at \$97,929.10
- Project WeHope for Homeless Care Coordination/Case Management at \$60,000
- Mind, Music, Body and Spirit Connection, Inc. for Homeless Substance Abuse/Mental Health Care at \$671,865



- Language Circle of California for translation services at \$360,000.

The report on the review is presented for the Board elsewhere on today's agenda.

Program also continues to work on the potential contract with CORA, and in reviewing other outstanding proposals (set of proposals from Health Mobile).

4. July Meeting

Program wishes to remind the Board that the July meeting has been scheduled for July 21st (not July 14th) to accommodate the HCH/FH Director's attendance at the Public Entity Health Center Conference.

5. Seven Day Update

TAB 6
Program
Budget/Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 09, 2016

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

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Expenditures to date – through May 31, 2016 – total just over \$665,000.

This includes contract expenditures approved and forwarded to Accounting for payment during May, but that may have been delayed or otherwise not yet posted by Accounting. This provides a more realistic look at actual expenditures.

Based on expected activity, we project total expenditures to be around \$1,866,000 for the grant year, based on current activity and approved contracts (including estimates for expenditures by new contractors) out of our awarded grant of \$2,373,376.00.

Overall, as we move forward with decision for this grant year – the proposals still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$500,000 in unobligated funding. Based on the expectation of typical growth for Base Grant funding for GY 2017 (and not including any Expanded Services funding), and the continuation of current efforts, we project a similar amount of unobligated funding for GY 2017.

Attachment:

GY 2016 Summary Report



Details for budget estimates	Budget [SF-424]	To Date (05/31/16)	Projection for GY (+~30 wks)	Projected for GY 2017
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	<u>697,262</u>	<u>140,647</u>	<u>370,000</u>	<u>395,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	<u>417,915</u>	<u>61,845</u>	<u>165,000</u>	<u>205,000</u>
<u>Travel</u>				
National Conferences (1500*4)			6,000	9,000
Regional Conferences (1000*5)		6,871	3,500	7,500
Local Travel		1,506	800	1,500
Taxis		179	2,000	4,000
Van			1,200	3,000
	<u>16,000</u>	<u>8,556</u>	<u>13,500</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	7,000	3,885	10,500	10,500
	<u>7,000</u>	<u>3,885</u>	<u>10,500</u>	<u>10,500</u>
<u>Contractual</u>				
Current 2016 contracts	561,425	232,652	725,000	775,000
Current 2016 MOUs	433,300	189,014	440,000	675,000
---unallocated---	168,474			
	<u>1,163,199</u>	<u>421,666</u>	<u>1,165,000</u>	<u>1,450,000</u>
<u>Other</u>				
Consultants/grant writer		22,815	75,000	75,000
IT/Telcom		2,914	8,000	12,000
New Automation			50,000	25,000
Memberships		2,000	4,000	5,000
Training		1,250	2,500	2,000
Misc (food, etc.)		792	2,500	2,500
	<u>72,000</u>	<u>29,771</u>	<u>142,000</u>	<u>121,500</u>
TOTALS - Base Grant	<u>2,373,376</u>	<u>666,370</u>	<u>1,866,000</u>	<u>2,207,000</u>
HCH/FH PROGRAM TOTAL	<u>2,373,376</u>	<u>666,370</u>	<u>1,866,000</u>	<u>2,207,000</u>
PROJECTED AVAILABLE	BASE GRANT		507,376	493,000
				based on est. grant of \$2,700,000

TAB 7
Update on
Strategic
Plan

San Mateo Healthcare for the Homeless/ Farmworker Health Program

Three- Year Strategic Plan

2016-2019

Introduction

For the past several years, the San Mateo Health Care for the Homeless/Farmworker Health (HCH/ FH) program has focused on revising its structure and policies to address requirements of its major funder, the Health Resources and Services Administration's (HRSA's) Bureau of Primary Health Care (BPHC). The staff and board committed to a strategic planning process starting in November 2015 with the intent of moving beyond focusing primarily on HRSA requirements and into developing a strategic vision for program development. The board and staff have worked together over the last six months to discuss program strengths and challenges, gaps in services for the target population, and opportunities for growth in order to inform how HCH/ FH could most effectively benefit the target population. This strategic plan is the result of that work.

Following is a brief program background and history and a description of the strategic planning process, followed by the key goals that have been established and the next steps. The HCH/FP program mission and values, the current environment in which the program operates, and the goals and strategies that were developed through this process are in the PowerPoint following this introduction. More detail on the data and interviews that informed the plan are in the documents attached.

Background/History

The Healthcare for the Homeless Program in San Mateo County was started in 1991 to provide health care to homeless, substance abusing women in East Palo Alto. The Program has grown to provide medical, dental, and behavioral health care services for the homeless throughout the County. In 2010, the Program's responsibilities broadened to include farmworkers and their families. The renamed Healthcare for the Homeless/Farmworker Health (HCH/FH) Program is a Public Health Act Section 330(g) (h) program, receiving federal funds to support and promote health care for these target populations. The HCH/FH Program also confers Federally Qualified Health Center status upon San Mateo Medical Center (SMMC).

A significant portion of medical, dental, and behavioral health care for San Mateo County's homeless and farmworker patients and families is provided by SMMC. In addition, the HCH/FH program typically conducts a Request for Proposal (RFP) process to solicit additional services to better serve the homeless and farmworker populations in San Mateo County. The first RFP process was conducted in 2010 that resulted in 6 agreements to provide medical, dental and enabling services. The current effort was initiated in October 2015, and is ongoing with a total of 15 proposals submitted.

These agreements have led to additional clinical services provided by the County's mobile health clinic, Sonrisas Community Dental Center (Sonrisas), and Ravenswood Family Health Center (Ravenswood). Additionally, community-based organizations, such as LifeMoves,

Samaritan House, Puente de la Costa Sur (Puente) and Legal Aid Society of San Mateo, plus the County's Behavioral Health & Recovery Services, provide additional health access and support services to the target populations, including care coordination, eligibility assistance, health education, legal services and coordination of care in conjunction with all of the County and private partners. In 2015, the HCH/FH Program provided services to 6,556 unduplicated patients, including 4,714 homeless and 1,947 farmworker individuals and their families.

Delivery of care and services within San Mateo County is hampered by the geographical dispersion of patients, clinics, and other providers of care and services. San Mateo County is an elongated geo-political entity, divided by a coastal mountain range that isolates Coastal populations from Bay-side services. The majority of homeless patients are located in Redwood City, San Mateo, East Palo Alto, South San Francisco, Daly City, and the coastal cities of Pacifica and Half Moon Bay. The farmworker population is centered from the Half Moon Bay area down to the southern coastal area around Pescadero. Coastal patients are frequently reluctant to leave the Coast, whether by car or bus, to obtain medical or other services "over the hill." After opening the SMMC Coastside Clinic in 2012, a steadily increasing number of homeless and farmworker patients have engaged medical and dental services, and they continue to use the behavioral health services located within the same clinic building in Half Moon Bay and at Puente. Farmworkers and their families also receive dental services through Sonrisas, and medical services through Coastside Clinic and SMMC pilot clinic in Pescadero at Puente on Thursday evenings funded by Measure A funds that started in 2015.

In October 2013 a new governance structure for the Program, the Co-Applicant Board, was created in response the Health Resources and Services Administration (HRSA) identifying that San Mateo County was now required to do so to be in compliance with Section 330 program requirements. As the governing board for the Program, the Co-Applicant Board oversees the operations of the Program, including selecting and evaluating the effectiveness of services offered, engaging in strategic planning, and monitoring and evaluating the Program's progress in meeting programmatic, quality, and financial goals.

The federal funding from HRSA for the HCH/FH Program is awarded based on a Service Area Competition (SAC). SACs are currently issued every three years (or less) for a given defined service area (whether geographic or by target population(s)). As a Section 330 program grantee, various other program grants may be applied for and granted throughout the 3-year grant cycle. Currently the program receives over \$2 million in funding.

Process

Needs Assessment

A Needs Assessment was conducted from June through August 2015 that included patient surveys as well as Provider Surveys. A total of 429 patient surveys were disseminated at 12 service provider locations that included: Ravenswood Family Health Center, Samaritan House/Safe Harbor Shelter, LifeMoves, Puente de la Costa Sur, Mental Health Association, Saint Vincent De Paul, Public Health- Mobile Clinic, Coastside Hope and Coastside Mental Health.

The Provider Survey was conducted online via Survey Monkey with 39 service providers responding on their perceived health priorities for clients.

Planning Data

In December of 2015 John Snow Inc (JSI) completed a summary of data on the homeless and farmworker populations in San Mateo County (Attachment A). There are an estimated 4,000-6,000 people who are homeless in San Mateo County in a given year and approximately 1,700-2,000 individuals employed in the agricultural/farmworker industry in the County each year. If you include family members, who are also eligible for grant support, the total farmworker population is estimated at 3,740-4,400.

Qualitative Analysis

Between November 2015 and February 2016, a comprehensive review of existing data and planning documents was done, along with extensive qualitative research, including interviews of more than thirty people (HCH/FH board, HCH/FH staff, service providers, and other key stakeholders). This analysis resulted in a summary of needs that were presented to the HCH/FH board at the February 11, 2016 Board meeting (the accompanying paper is included as Attachment B).

Identified needs were divided into key service and system gaps. The service gaps focused on specific areas of need for the homeless and farmworker population in San Mateo. The system gaps were areas where the staff and board could grow their capacity through increases in expertise and communication and coordination with other systems, in particular coordination and alignment with the San Mateo Medical Center and Behavioral Health and Recovery Services (BHRS).

Discussion and Prioritization

After being presented with the initial findings, the Board was asked to go through a preliminary prioritization. Additional research was conducted in preparation for a half day board/staff retreat on March 17, 2016. The goal of the retreat was to identify key initiatives and actions for

each of the service and program and planning gaps that were prioritized. The goals, strategies, and actions in the strategic plan are based on the four goals discussed at the retreat. Strategies for expanding services were further prioritized at the May 12, 2016 board meeting.

Goals and Priorities

The HCH/FH goals that emerged from the strategic planning process are:

- 1) Expand health services for homeless and farmworkers,
- 2) Improve the ability to assess the on-going needs for homeless and farmworkers,
- 3) Maximize the effectiveness of the Healthcare for the Homeless and Farmworker Health Board and Staff, and
- 4) Improve communication about resources for the homeless and farmworkers.

Each of the goals have strategies and actions associated with them. The detail is provided on the following pages. The board further prioritized the strategies for the first goal “expand health services for homeless and farmworkers.” The priority strategies are (not in order of priority):

- Increase dental services for adult farmworkers.
- Increase mental health clinical services, including psychiatry services, for homeless and farmworkers,
- Increase available respite care with wrap-around services for homeless,
- Provide wrap-around services for medically fragile, homeless seniors staying at shelters.

Goals two through four focus on building the capacity of the board and staff and the ability of the program to communicate and coordinate with other stakeholders. They detail strategies to increase the capacity of the program to collect and report on data and improve coordination in a way that allows the program to engage at a policy level. These are on-going efforts that can happen simultaneously as services are expanded, and in many cases the work is already underway.

Next Steps

The goals and priority areas set by the board will guide the HCH/FH work. The priorities establish a framework. Staff will need to develop funding proposals that follow some shared principles, such as:

- Continue to develop contract structure and language that promotes serving the most vulnerable (as opposed to the easiest to serve),
- To the extent possible, make funding decisions that look to provide equity in the amount of funding distributed to homeless and farmworkers, by the percentage of each in the county. Geographic equity between where the populations live and where the funding goes should also be considered.

- Not funding services that are covered through other programs, for example, Medi-Cal services for the homeless, unless the funds are being used strategically for start-up costs or to leverage other funding.
- Staff will continue to develop specific action plans and begin implementing while providing progress updates to the board.

Summary of Strategic Plan

The pages immediately following this introduction include:

- The mission, vision and values of the San Mateo Healthcare for the Homeless/ Farmworker Health Program,
- A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and
- The agreed upon goals and strategies to reach those goals.

Background Documents

Attachment A: Planning Data, Prepared by John Snow, Inc (JSI), December 2015

Attachment B: San Mateo County Healthcare for the Homeless/Farmworker Health Program Three Year Vision Project: Initial Findings, Prepared by Rachel Metz, February 2016

White Papers Developed (not attached):

- Summary of Roles and Responsibilities of Case Management, Navigational and Community Health Worker Staff by Title and Functions, Prepared by John Snow, Inc (JSI), August 2015
- Promising Outreach and Navigation Programs, Prepared by John Snow, Inc (JSI), November 2015
- Promising Nutrition and Food Access Programs: Prepared by John Snow, Inc (JSI), January 2016
- Support and Companion Animal Programs: Prepared by John Snow, Inc (JSI), January 2016
- Medical Respite Care: Prepared by John Snow, Inc (JSI), March 2016
- Nonemergency Medical Transportation: Prepared by John Snow, Inc (JSI), March 2016

Mission

The mission of the San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is to serve homeless and farmworker individuals and families by providing access to comprehensive health care, in particular, primary health care, dental health care, and behavioral health services in a supportive, welcoming, and accessible environment.

Vision

- The HCH/FH Program provides services that are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals.
- The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care.
- The HCH/FH Program provides health services in consistent, accessible locations where the homeless and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment.
- Through its services, the HCH/FH Program reduces the health care disparities in the homeless and farmworker populations.

Values

ACCESS

Homeless and farmworker individuals and their families have full access to the continuum of health care and social services.

DIGNITY

The services provided by the HCH/FH Program are respectful, culturally competent and treat the whole person's physical health and behavioral health.

INTEGRITY

Homeless and farmworker individuals and their families are valued and considered a partner in making decision regarding their health care.

INNOVATION

Services provided by the HCH/FH Program will be targeted to respond to the needs of the homeless and farmworker individuals and their families with the outcome of making these individuals healthier and their lives more stable.

External Environment

Strengths/ Opportunities

- San Mateo is an affluent county with financial resources and extensive services.
- Healthcare Reform has increased the number of people eligible and enrolled in Medi-Cal.
- San Mateo has a history of service provision without regard to immigration status and a strong program for the low-income population not eligible for Medi-Cal (ACE).
- Homeless redesign is a priority of the County.
- HRSA funding has been increasing and allows for program flexibility

Internal Operating Environment

Strengths/ Opportunities

- San Mateo County has a strong system of medical and behavioral health care with extensive services.
- San Mateo has great outreach teams (provided both through county and from HCH/FH funding).
- The HCH/FH Board and Staff are passionate and ready to move forward with new initiatives.
- History of service provision without regard to immigration status
- The mobile van and street outreach have been providing needed services and have been expanding.
- New service expansions in Half Moon Bay and Pescadero are increasing services offered to farmworkers.
- The HRSA funding has been increasing.

External Operating Environment

Weaknesses/ Threats

- The cost of housing is very high and income disparity is increasing.
- San Mateo County is geographically spread out and separated by a mountain range.
- County departments are siloed.
- HRSA requirements are burdensome and hard to navigate.

Internal Operating Environment

Weaknesses/ Threats

- County/SMMC services are not tailored to the unique needs of the homeless or farmworker population.
- There is limited information and understanding about the location and demographics of the farmworker population.
- The HCH/FH program is siloed from other homeless and farmworker services and does not have a communication strategy for the HCH/FH program or an inventory of the services available for the target population.
- The HCH/FH Program has a small staff and does not include clinical (beyond medical director) or service coordination staff.
- The Board consists primarily of individuals affiliated with a contracted organization and does not have representation in all desired areas of expertise.

FOUR STRATEGIC GOALS

I. Expand health services for homeless and farmworkers.

II. Improve the ability to assess the on-going needs for homeless and farmworkers.

III. Maximize the effectiveness of the HCH/FH Board and Staff.

IV. Improve communication about resources for the homeless and farmworkers.

GOAL I. Expand health services for homeless and farmworkers.

Strategies

1. Increase dental services for adult farmworkers.
2. Promote preventive dental care for homeless and farmworkers.
3. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.
4. Increase drug and alcohol support for farmworkers.
5. Increase available respite care with wrap-around services for homeless.
6. Provide wrap-around services for medically fragile, homeless seniors staying at shelters.
7. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals.

GOAL II. Improve the ability to assess the on-going needs for homeless and farmworkers

Strategies

1. Integration and alignment of additional measureable outcomes for homeless and farmworker population with SMMC.
2. Work with partners to increase data collection capacity.
3. Strengthen collaboration with San Mateo Medical Center.

GOAL III. Maximize the effectiveness of the HCH/FH Board and Staff

Strategies

1. Increase diversity of expertise on the Board
2. Determine whether additional staff and/or consultants should be hired to complete strategies and on-going efforts.
3. Use all available resources.

GOAL IV. Improve communication about resources for the homeless and farmworkers.

Strategies

1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.
2. Develop easy to use material for homeless and farmworker providers with information about resources available.

TAB 8
Proposal Review
Committee Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 9, 2016

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

FROM: Linda Nguyen, Program Coordinator
Health Care for the Homeless/Farmworker Health Program

SUBJECT: Update on new proposals (4)

As part of the Request for Proposal evaluation process and policy that was approved at the December 10, 2015 Co-Applicant Board meeting, staff has convened the final meeting to review the last 4 new proposals that were in addition to the 11 new proposals that were received for the RFP process and presented at previous March 10, 2016 meeting.

Below is a summary of the proposals with attached report and summary of the final Selection Committee meeting held on May 24, 2016.

Proposals approved by committees and asked for further information:

- Jefferson Union High School/DC Health Center- enabling services to include Care Coordination and Needs Assessment for homeless youth
- Project WeHOPE- enabling services to include shower, laundry and case management

Proposals with funding not recommended:

- Mind, Music, Body & Spirit Connections – Substance Abuse/Mental Health services to include Psychotherapy, Aromatherapy, Music Therapy
- Language Circle of California- Coordinating services to include Interpretation Services

Attachment: RFP Proposal Summary Report – addendum to final report



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Additional RFP Evaluation Report 2016

The Program received four additional proposals as the RFP deadline was extended till the end of April. The proposals were evaluated by the Selection Committee and staff. The meeting convened on May 24th with the following people present: Frank Trinh, Julia Wilson, Dan Brown and staff Jim Beaumont and Linda Nguyen. The table below summarizes the services proposed with concerns and recommendations following.

Service	Agency/Program	Population	Target Patient Count	Requested Funding	Agency/Program Contribution	Target Visit Count	For Homeless: Street Homeless/ Homeless Sheltered/Transitional /Doubling-Up/Other	Other Notes
Enabling Services								
*New	Project WeHOPE	Homeless	Not specified	\$ 60,000	Not specified	Not specified	Not specified	Dignity on Wheels - shower, laundry, case management
*New	Jefferson Union High School District/Daly City Youth Health Center	Homeless	25	\$ 97,929	\$15,605 (14%)	Not specified	2/3/3/17	Needs Assessment of youth (12-24), care coordination
Coordinating Services								
New	Language Circle of California	Homeless & Farmworkers	22,000	\$ 180,000	Not specified	Not specified	3000/2300/3000/2700 (11000)	Interpretation Services *Count include 11,000 Farmworkers
Behavioral Health (Mental Health & Substance Abuse)								
*New	Mind, Music, Body and Spirit Connection	Homeless	384	\$ 671,865	Not specified	Not specified	227/112/32/13	Behavioral health services, case management, client education, training & workshops

LANGUAGE CIRCLE

Concerns:

- SMMC already provides translation services; maybe we can keep them on the side if we need the service.
- Proposal says must provide at least 24 hour notice, minimum of 4 hour appointment window.
- No contractual need for them, maybe keep their contract on file and give them a call on as needed basis
- Maybe our contractors may need language services? This service may take too long for homeless clients
- The need for all the languages they provide may not be necessary.

Recommendation not fund at the moment, keep on file on as needed basis.

Jefferson Union High School/Daly City Youth Center

Concerns:

- 6 months for Needs Assessment , seems like most of year is figuring out what to do (25)
- While they are figuring out the process, giving care coordination services
- Not clear how they will outreach? As the school system identifies who is homeless
- Excessive budget for proposed services
- They do not appear to know what the need is
- You may have need there, but should do Needs Assessment first.
- Can't afford to fund entire position just for Needs Assessment
- Include farmworkers in plan

Recommendation: Partial fund of \$25,000 for Needs Assessment.

The group found that a Needs Assessment is required to really understand current need; funding for Needs Assessment and to figure out the referral process of at least 10 students. A plan for implementation will be requested.

Project WeHOPE

Concerns:

- Why do they not want to serve their own community of East Palo Alto? It is not on their plan for expansion.
- Getting a second vehicle, is this funding for the second vehicle?
- Need to find out how many want to serve, language/coverage, what other areas plan to serve
- Great option to engage folks with all the services people may need. Do they plan to coordinate services with other agencies? How they plan on working with others to provide services?
- Will they be expanding to Half Moon Bay, when they mention Coastside ?
- No clear documented measurements to be obtained, how many over what period?

Follow up questions:

- What are the logistics of using a site? How mobile is the vehicle? What do they anticipate sites to be and how long will it take? How many anticipate serving?

Recommendation - Funding recommended after follow questions have been addressed.

Mind, Music, Body and Spirit Connections Inc.

Concerns:

- How many they proposed to serve was problematic, as it only considers their budget/capacity not the need
- Credentials under question, for Director's PhD
- Organization started in 2015, indicating little experience, and none shown with homeless and farmworkers
- Submitted their entire operational budget as part of proposal
- It is unclear if the organization is a non-profit, as required by RFP requirements
- Additional data on staff needed
- No sufficient expertise/experience indicated
- Costly proposal, with no visible track record

Questions:

What is their track record of their multi-focal program? What is their personal experience with their clients? How many have they served? What organizations have you worked with and in what capacity?

Recommendation- Not Fund.

TAB 9
Request to Approve
Small Funding Request
Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 09, 2016

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 HCH/FH CO-APPLICANT BOARD POLICY ON HANDLING OF SMALL FUNDING REQUESTS (NO MORE THAN \$25,000)

The Co-Applicant Board has the responsibility to establish general policies for the program, as well as the services to be delivered and overall approval of the budget. In addition, it was noted during the March 2015 Operational Site Visit (OSV) that, over the previous five (5) years, there had been approximately \$50,000 per year of unexpended grant award, with the recommendation to make efforts to minimize any such unexpended allocation.

To that end, the HCH/FH Co-Applicant Board has generally authorized the HCH/FH Program to entertain small funding request toward the end of the past two grant years in an effort to minimize any unspent grant award. In each instance, general information was presented to the Board and the Board subsequently authorized the program to make final decisions, allocations and approvals. In each instance it was noted that it would benefit the Board and the Program to have established policy regarding these types of funding requests.

This Action Item is intended to address this situation and provide a standard policy for consideration of small funding requests.

Specifically, the proposed policy provides the HCH/FH Program with the authority to entertain and make determinations on small funding requests, under specific limitations as included in the policy. This authority is limited to requests for no more than \$25,000, that include a minimum of 10% cash financial support/match from the requesting entity, that conform to Federal requirements and restrictions, and other limitations as specified. The policy also provides for the HCH/FH Program to establish procedures for such an approval process.

Approval of this policy will allow for the establishment of a more organized and efficient process for the HCH/FH Program to address small funding requests, whether as part of a spend-down strategy near grant year-end, or to support partner programs with unique opportunities at other times during the grant year.



In summary, approval of this Action Item will establish Board policy authorizing the HCH/FH Program to receive, review, consider and determine approval of small funding requests of no more than \$25,000, and subject to other limitations as specified in the policy.

This request is for the Board to approve the attached policy on Small Funding Requests. A majority vote of the members present is necessary and sufficient for approval of the request.

Attachments:

HCH/FH Program Policy on Small Funding Requests

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Fiscal	Effective Date: 06/09/2016
Subject: Small Funding Requests	Approved Date: Revision Date: 06/09/2016
Title of Policy: HCH/FH Program Policy on Small Funding Requests	Approved by: Co-Applicant Board

1. Rationale or background to policy:

It has been found that various partner programs have occasion to identify funding needs that are unanticipated or do not conform to a typical Request for Proposal, but are of expected benefit to the health of the homeless or farmworker populations.

In addition, the HCH/FH Program has regularly found itself with available funds as the end of the grant year approached. In the past, the HCH/FH Program, under the direction of the Co-Applicant Board, has sought out one-time small scale projects that would be of benefit to the homeless or farmworker populations to expend some of this funding availability.

Rather than need to address either of the above situations on a unique basis, this policy is intended to provide the policy and authority for the HCH/FH Program to make such funding determinations.

2. Policy Statement:

The HCH/FH Co-Applicant Board hereby authorizes the HCH/FH Program to make funding decisions on small, non-direct service funding requests as herein specified and allowed.

For purposes of expending available grant funding within the grant year, the HCH/FH Program is authorized to solicit non-direct service, one-time funding requests as it deems necessary, and to otherwise have the authority to approve such requests as it sees fit in accordance with these policies.

For purposes of effective and efficient administration of the program, and to enhance the health status of the homeless and/or farmworker populations, the HCH/FH Program is hereby authorized to consider non-direct service funding requests received throughout the year, and to otherwise have the authority to approve such requests as it sees fit in accordance with these policies.

To be considered under either of the above scenarios, the funding request must be:

- for no more than \$25,000
- benefit the health of the homeless and/or farmworker population, or otherwise improve their health status or reduce future health risks
- must conform to applicable Federal requirements and restrictions
- not be for the purchase of a capital asset
- have at least 10% cash financial support/match from the requesting entity
- provide any substantiating information on the benefits of the request as may be required by the HCH/FH Program
- provide any and all documentation as requested from the HCH/FH Program for payment.

Note that overall project or proposal efforts may be for more than \$25,000, but the requesting agency would need to support ALL of the costs greater than \$25,000, over and above the 10% minimum cash support.

Note that non-direct service is defined to exclude direct, personal services, such as any clinical service, or individualized enabling service.

3. Procedures:

The HCH/FH Program shall establish procedures for receiving, reviewing and making funding determinations on small funding requests as described in the above policy. Such procedures may include such items as limitations on multiple requests, format of requests, time frames for responding, etc.

Approved _____

Board Chair

Program Director

TAB 10
Request to Approve
LifeMoves Small Funding
Request



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 09, 2016

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 LIFEMOVES FUNDING REQUEST FOR CPR TRAINING AND SUPPORT

During the year-end funding request process late in 2015, LifeMoves (then InnVision Shelter Network), had included a request for CPR materials, propos (dummies) training & certification. While considered to be a beneficial endeavor, the overall process was not going to be able to be completed during the grant year, which risked compromising the 2016 grant year budget. As such, action on this specific part of their request was deferred with the recommendation to re-make the request at a point around mid-year.

LifeMoves has re-submitted their request for funding support for CPR training and materials, as shown on the attached email and spreadsheet. The total cost for the CPR effort is listed as \$3,641.55, of which they are requesting \$2,731.16 in support from the HCH/FH Program.

Program staffs' review of the request finds that it does represent a benefit, potentially significant, to the health of the homeless population with whom LifeMoves regularly interacts. Further, Program acknowledges LifeMoves efforts to partner in these efforts with their direct cash support of 25% of the overall costs.

This Action Item is requesting the HCH/FH Board approve the CPR effort funding request from LifeMoves. HCH/FH Program staff fully endorses and supports the approval of this request.

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

Attachments:

LifeMoves Request (email)
Spreadsheet of Costs



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Jim Beaumont

From: Brian Greenberg <Bgreenberg@lifemoves.org>
Sent: Thursday, May 26, 2016 2:19 PM
To: Jim Beaumont; Elli Lo; Linda Nguyen
Cc: Craig Garber; Katherine Finnigan; Lori Mangual
Subject: HCH Staff: LifeMoves request for one time funding
Attachments: HCH Add'ion Req Proposal Safety 5_26 CCs.xlsx

Jim/Linda/Elli:

Attached is a request for funding for LifeMoves from HCH. Please note the following:

- 1) As indicated in the spreadsheet, HCH funding represents 75% of the total costs (with LifeMoves funding 25%);
- 2) All materials (including certification fees) will be fully expended prior to 9/30/16, with the exception of the CPR manikins and the AED Trainer (these items will be utilized repeatedly over time);
- 3) We will forward you confirmation (staff names, both working in shelter and outreach to unsheltered homeless) for individuals that utilize the equipment and receive certification. We will forward this to you in early October, 2016.

If we can provide any additional information, please do not hesitate to ask.

Thanks and regards,

Brian

Brian Greenberg, Ph.D.
VP/Program and Services
main (650) 685-5880 ext. 116
email bgreenberg@lifemoves.org

LifeMoves

181 Constitution Drive | Menlo Park, CA 94025
LIFEMOVES.ORG

LifeMoves

This application is in response to the availability of supplemental funding from the Health Care for the Homeless/Farmworker Health Program. Funding will provide health care related items for homeless individuals living on the street and in shelters.

New Proposal:

Safety	Total Count	Total Units Per Pack	Price per pack	Total		Total Price	LifeMoves Contribution	Comments	Discounts	Total Request
Pro FirstAid Certificates	60	1	\$25.97	\$ 1,558.20		\$ 1,558.20	\$ 389.55			\$ 1,168.65
Adult Prestan Manikin	2	4	\$509.00	\$ 1,018.00		\$ 1,018.00	\$ 254.50	http://www.amazon.com/		\$ 763.50
Small adult/child Prestan Manikin	1	4	\$457.00	\$ 457.00		\$ 457.00	\$ 114.25	http://www.amazon.com/		\$ 342.75
CPR Savers (Practice Maniquin Face Shields)	5	50	\$11.75	\$ 58.75		\$ 58.75	\$ 14.69	http://www.amazon.com/		\$ 44.06
Prestan Adult Maikin Lungs	5	50	\$21.95	\$ 109.75		\$ 109.75	\$ 27.44	http://www.amazon.com/		\$ 82.31
Prestan Infant Manikin Lungs	3	50	\$19.95	\$ 59.85		\$ 59.85	\$ 14.96	http://www.amazon.com/		\$ 44.89
AED Trainer	1	6	\$380.00	\$ 380.00		\$ 380.00	\$ 95.00	http://www.amazon.com/		\$ 285.00
Total Safety Supplies				\$ 3,641.55		\$ 3,641.55	\$ 910.39			\$ 2,731.16

TAB 11

**Request to Approve
Sliding Fee Discount
Program Policy**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 09, 2016

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 REVISIONS TO THE SLIDING FEE DISCOUNT PROGRAM & POLICY

One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014. The Operational Site Visit (OSV) Report from the March 2015 OSV found we did not meet the SFDP Requirement, and we received a subsequent grant condition on the requirement.

Based on the OSV Report comments, we are proposing the following revisions to the HCH/FH SFDP Policy:

- The policy is required to be reviewed by the Board at a minimum of every three (3) years
- The income scale is required to be updated annually (with the issuance of Federal Poverty Level (FPL) data
- Patients with insurance coverage may choose to participate in the SFDP
- The policy now defines the terms "income" and "household"
- The policy explicitly requires an HCH/FH Co-Applicant Board approved SFDP for any program partners with services agreements who may charge patients/clients for those services.

Attached to this Action Request is a copy of the current SFDP Policy as approved October 24, 2014, the redline document of the proposed revisions, and a final draft documents with all of the changes incorporated.



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This Action Request is for the Co-Applicant Board to approve revisions to its approved Sliding Fee Discount Program Policy in order to come into compliance with HRSA Program Requirements. A majority vote of the members present is necessary and sufficient to approve the request.

Attachments:

HCH/FH Program SFDP Policy (as approved 10/24/14)

Proposed Revisions in Redline Document

DRAFT Revised HCH/FH Program SFDP Policy (effective June 09, 2016)

Revised SFDP Schedule

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

Sliding Fee/Discount Schedule

Effective June 09, 2016

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

Poverty Level ⁺	0 - 100%	101% - 138%	139% - 170%	171% - 200%	>200%
Family Size					
1	\$990	\$1,366	\$1,683	\$1,980	\$1,981
2	\$1,335	\$1,842	\$2,270	\$2,670	\$2,671
3	\$1,680	\$2,318	\$2,856	\$3,360	\$3,361
4	\$2,025	\$2,795	\$3,443	\$4,050	\$4,051
5	\$2,370	\$3,271	\$4,029	\$4,740	\$4,741
6	\$2,715	\$3,747	\$4,616	\$5,430	\$5,431
7	\$3,061	\$4,224	\$5,203	\$6,122	\$6,123
8	\$3,408	\$4,702	\$5,793	\$6,815	\$6,816
For each additional person, add	\$347	\$478	\$589	\$693	\$694
Patient Cost ==>	No Charge	98% Discount	95% Discount	80% Discount	No Sliding Fee Discount ⁺⁺

⁺ Based on 2016 HHS Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>)

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

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

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

1. Rationale or background to policy:

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

2. Policy Statement:

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

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

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

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

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

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

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

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

3. Procedures:

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

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

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

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

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

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

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

The SFDS includes the following elements:

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

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

Approved _____

Board Chair

Program Director

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Fiscal	Effective Date: October 20, 2014
Subject: Sliding Fee Discount Program <u>(SFDP)</u>	Revised Approved Date: October 20, 2014 <u>June 09, 2016</u>
Title of Policy: Sliding Fee Discount Policy <u>(SFDP)</u>	Approved by: Co-Applicant Board
<p>1. Rationale or background to policy:</p> <p>To reduce financial barriers to care in an organized manner and maximize the use of HCH/FH Program’s 330 Federal Grant Funding. This Policy is meant to assure that no patient will be denied healthcare services due to an individual’s inability to pay for such services. It is also meant to assure that any fees or payments required by the center for such services will be reduced or waived to enable the health center to fulfill the assurance.</p> <p>2. Policy Statement:</p> <p>The HCH/FH Program maintains a standard procedure for qualifying patients for a reduction in fees for services rendered at sites where HCH/FH patients receive care. In general, a sliding fee scale discount is available to a patient with income at or below 200% of the Federal Poverty Guidelines (FPG), which take into account the household size. The sliding fee scale discounts apply to all HCH/FH medical and specialty services (within the HRSA approved Scope of Service) provided to eligible patients. <u>Patients with insurance coverage who otherwise qualify may participate in the SFDP.</u></p> <p><u>This policy and the Sliding Fee Scale and resultant Discounts (Sliding Fee Discount Scale – SFDS) shall be reviewed and approved by the Co-Applicant Board at a minimum of every three (3) years to insure that it is not a barrier to care. The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level (FPL) data, with an effective date of no later than April 1 of the year.</u></p> <p><u>For purposes of this policy, the Co-Applicant Board establishes these definitions:</u></p> <p><u>Income. Income shall be defined as the total sum of money that is currently typically becomes available, or is projected to typically become available, to the family on a monthly basis for use in their support and livelihood. Irregular income may be assessed on an annual basis and pro-rated as monthly.</u></p>	

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Household. Household shall be defined as those individuals who share a common residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group.

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

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

3. Procedures:

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

- Recent Federal IRS 1040 tax return form,
- Two current pay stubs or
- Unemployment stub or
- Letter from employer on company letterhead - If no letter head is available, a notarized letter will be accepted or
- Award or benefit letter or

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

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

4. The patient is eligible for a sliding fee discount when:

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

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

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

The SFDS includes the following elements:

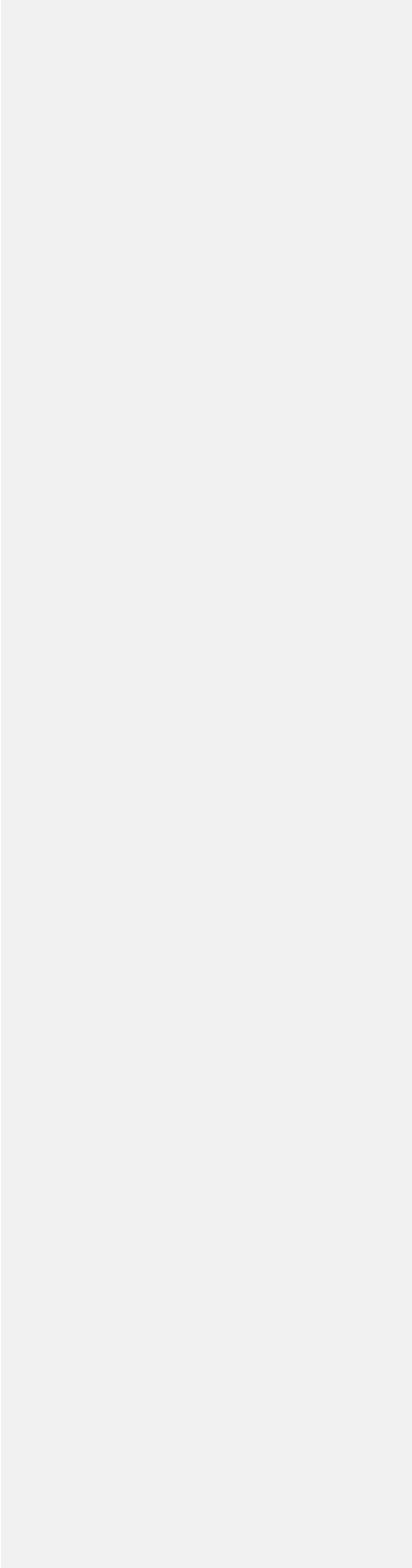
- Applicability to all individuals and families with annual incomes at or below 200 percent of the Federal Poverty Guidelines (FPG);
- Full discount for individuals and families with annual incomes at or below 100 percent of the FPG;
- Adjustment of fees (partial sliding fee discount) based on family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

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

Approved _____

Board Chair

Program Director



SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

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

1. Rationale or background to policy:

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

2. Policy Statement:

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

3. Procedures:

1. Sites where HCH/FH patients receive services will ask patients who call for an appointment, arrive for an appointment, or drop in for services if they have health insurance. If so, the insurance information is documented in the Electronic Health Record (EHR) system at the time of registration and the insurance card is copied and filed in the patient's health record. Prior to receiving services, the staff member will also inform these patients that they have the option of applying for a sliding fee scale discount on co-payments, deductibles, coinsurance, or any other patient responsible charge, with the staff of the onsite eligibility unit.
2. If the patient does not have insurance, the scheduler or front desk staff will advise the patient

that they may be eligible for discounts under the SFDP, and health coverage programs. In order to qualify, the patient must make application with staff of the eligibility unit, and be willing to share **Household Size and Income** (in the case of Homeless patients this may be adjusted as is reasonable). If the patient agrees to begin the qualification process, the patient is directed to the eligibility unit where a staff member assures that the patient gets the information necessary to complete application for any coverage programs they may be eligible for and choose to apply for, and to determine eligibility for the SFDP. The eligibility unit staff person assigned to these duties will do recertification of existing Sliding Fee Scale Discount patients.

3. Application is made for the SFDP through completion of the SFDP Application Form. The Sliding Fee Scale Discount Application form is complete when the following has been achieved:
 - a. The form has been filled out in its entirety, signed, and dated by the applicant.
 - b. Income has been documented as appropriate. This may include:
 - Recent Federal IRS 1040 tax return form,
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 - Letter from employer on company letterhead - If no letter head is available, a notarized letter will be accepted or
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If patient has none of the above, they must provide a signed self-declaration of their income.

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

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

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

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

The SFDS includes the following elements:

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

5. The patient's account is updated in the EHR according to health center procedures.
6. The discount is applied to medical and specialty services provided at HCH/FH sites according to the following:
 - a. The discount cannot be applied to any service unless the form is complete, and the patient meets the above criteria.
 - b. The discount also applies to prescriptions filled by a HCH/FH contracted pharmacy under 340B on or after the patient's eligibility has been confirmed.
7. If a patient is in the process of applying for another coverage program such as MediCal or Medicare, s/he will be offered temporary sliding fee scale discounts based on their household income and size, but only if all other documentation is complete.
8. Patients who are denied other coverage, or have yet to apply for other coverage, will be evaluated by the eligibility unit staff and offered assistance in applying for other programs available through private and public sectors. If the patient is deemed eligible for services and does not apply within 30 days, they will be charged full price until the appropriate applications are completed and submitted.
9. Collection of outstanding amounts will be handled in accordance with the HCH/FH

Collection Policy, currently being developed.

10. The Sliding Fee Scale Discount Application form must be completed with updated household income and size documentation every year or sooner if financial circumstances change.

11. No patient will be denied healthcare services due to an individual's inability to pay for such services. See policy on Waiver of Fees, currently being developed, for further information.

Approved _____

Board Chair

Program Director