

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

First Step for Families Shelter| 325 Villa Terrace (first floor), San Mateo

July 21, 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 June 9, 2016		TAB 1
2. Program Calendar		TAB 2
E. BOARD ORIENTATION		
1. No Board Orientation items this meeting.		
F. REGULAR AGENDA		
1. Consumer Input	Elli, Linda, Paul	
<i>i. NHCHC 2016 Conference De-brief</i>		TAB 3 9:10 AM
<i>ii. National Advisory Council on Migrant Health Opening</i>		TAB 4
<i>iii. National Consumer Advisory Board Elects Local Leader</i>		TAB 5
2. Board Ad Hoc Committee Reports	Committee Members	9:35 AM
<i>i. Transportation</i>		
<i>ii. Health Navigation</i>		
<i>iii. Board Composition</i>		
3. HCH/FH Program QI Report	Frank Trinh	9:40 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 6 9:48 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7 9:55 AM
6. Request to Approve Medical Director Job Description	Jim Beaumont	TAB 8 10:13 AM
<i>i. Action Item- Request to Approve</i>		
7. Request to Approve Contracts Policy	Jim Beaumont	TAB 9 10:23 AM
<i>i. Action Item- Request to Approve Policy</i>		
8. Update on Strategic Plan	Linda/Jim	TAB 10 10:33 AM
G. OTHER ITEMS		
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)		
<i>i. Next Regular Meeting – August 11, 2016; 9:00 A.M. – 11:00 A.M.</i>		
<i>Human Service Agency- Harbor Blvd. - Belmont</i>		
H. ADJOURNMENT	Robert Stebbins	10:45 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>.



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

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
June 9, 2016
Coastside Clinic – Conference Room**

Co-Applicant Board Members Present

Robert Stebbins, Chair
 Brian Greenberg
 Paul Tunison, Vice Chair
 Theresa Sheats
 Kathryn Barrientos
 Christian Hansen
 Molly Wolfes
 Julia Wilson
 Steve Carey
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
 Glenn Levy, County Counsel
 Elli Lo, Management Analyst

Members of the Public

Anita Farrell
 Rachel Metz

Absent: Eric Brown, Daniel Brown, Tayischa Deldridge

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:04</u> A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from May 12 meetings and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Kat <u>SECONDED</u> by Paul and APPROVED by all members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Molly presented in place of two (2) Promotoras, who were funded by HCH/FH to attend the 2016 West Forum for Migrant and Community Health Symposium, on the Engaging Organization to Provide Pesticide Education. Molly presented on People on the Move: Global Migration in Context from the 2016 West Forum for Migrant and Community Health Symposium. Julia presented on Health Equity in Government: Local, State and Federal Perspectives from the 2016 West Forum for Migrant and Community Health Symposium. <i>Please refer to TAB 3 on the Board meeting packet.</i>	

<p>Transportation Sub-committee reports</p>	<p>There was a discussion on clients at Vendome Hotel using Uber and there has been no complaint so far.</p> <p>There was a discussion on options for out of county transportation. HCH/FH currently provides Taxi Vouchers for transportation within county. Contractors can keep track of the current demand of transportation and build into a client travel line item in the RFP program budget.</p> <p>If patient is covered by Medi-Cal under Health Plan of San Mateo, there should be coverage for transportation as well. Program will need to build relationship with Health Plan of San Mateo and assess current resources.</p> <p>MV Transit is an option for farmworkers on the coast.</p> <p>Brian, Steve and Frank will have a follow up meeting on transportation coordination, including examining current barriers, size of demand and potential solutions.</p>	
<p>Board orientation Sub-committee reports</p>	<p>No interviews were conducted since last recruitment.</p>	
<p>Patient Navigator Sub- committee reports</p>	<p>Committee has been on hold due to absence of Tay and Kat.</p> <p>Kat will respond to email regarding new HCH/FH positions recommended by Patient Navigator Committee last March.</p>	
<p>QI Committee report</p>	<p>Dr. Frank Trinh's report included:</p> <ul style="list-style-type: none"> • Patient Satisfaction surveys were implemented for all four services to include: Medical Services, Dental Services, Behavioral health/Recovery Services and Enabling Services; 50 surveys in each category, totaling 200. • Discussion of Ischemic Vascular Disease Receiving Antithrombotic Therapy report results for entire population of homeless/farmworkers • Total – 234 patients with Homeless= 220 and Farmworkers = 17 • Rate of success was 89.7% <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program Directors report</p>	<p>Director's report:</p> <ul style="list-style-type: none"> • Program worked with Rachel Metz on the draft Strategic Plan based on the May 12, 2016 Board meeting. Draft is scheduled for presentation today. • Program has prepared a revision to the HCH/FH Sliding Fee Discount Program Policy for Board approval today. Possibly presenting Billing & Collections policy at the next meeting. 	

	<ul style="list-style-type: none"> • The Proposal Recommendation Committee reviewed four (4) proposals. The report on the review is presented for the Board today. (Please refer to TAB 8 on the Board meeting packet.) • 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. • Seven Day Update: Paul Tunison has been elected to a national leadership role with the National Health Care for the Homeless Council (NHCHC) National Consumer Advisory Board (NCAB) and will serve a 2-year term beginning July 1, 2016. <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Budget/Finance report:</p> <ul style="list-style-type: none"> • Expenditures to date through May 31, 2016, including contract expenditures in May, total just over \$665,000. • Project total expenditure to be around \$1,866,000 for grant year. • Appears to be about \$500,000 in 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><i>Strategic Plan Update</i></p>	<p>Consultants Rachel gave an overview and summary of the finalized Strategic Plan, process, goals and strategies.</p> <p>There was a discussion the next steps after the finalized Strategic Plan, what is the best process in executing the strategies, plans and staffing?</p> <ul style="list-style-type: none"> • The Board's role is to provide guidance and direction of program in Strategic Plan, while Program Staff will bring these to-dos and execute in the program. • Implementation is usually identified with the program and staff. • For Strategic Plan at the County level, usually the County needs to devote large resources in implementing the Strategic Plan. There are different ways to devote resources into projects, potentially contractor to perform projects identified. • If additional Staff can leverage and target at making coordination more efficiently within the Health System, additional staffing is not taking funds away from the population but to add and provide a more efficient health care coordination. <p>Program plans to provide a Board agenda item on the progress of the strategic plan items monthly.</p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	
<p><i>Update on new Proposals</i></p>	<p>Update summary on the proposals from the final Selection Committee meeting held on May 24, 2016.</p>	

	<ul style="list-style-type: none"> • Proposals approved by committees and asked for further information: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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 <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p><i>Request to Approve Small Funding Request Policy</i></p>	<p>The proposed policy provides the HCH/FH Program with the authority to 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.</p> <p>Small Funding Request Policy was approved with following modification:</p> <ul style="list-style-type: none"> • With modification of policy - To add onto Section 3, Procedures: <u>Reporting</u>. The Program shall report each approved small funding request to the Co-Applicant Board at the next possible meeting of the Board. Additionally, every six months the Program shall provide to the Board a summary of the status of the small funding requests from the prior 6-12 months. <p>Action Item: Request to Approve</p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p>	<p>Small Funding Request Policy was <u>MOVED</u> by Christian <u>SECONDED</u> by Teresa and APPROVED by all members present.</p>
<p><i>Request to Approve LifeMoves Small Funding Request</i></p>	<p>With the approval of Small Funding Request Policy, Program has withdrawn the request to approve LifeMoves small funding request.</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
<p><i>Request to Approve Sliding Fee Discount Program Policy</i></p>	<p>This Board approved policy for the Sliding Fee Discount Program Policy (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.</p> <p>Based on the OSV Report comments, we are proposing the following revisions to the HCH/FH</p>	<p>Sliding Fee Discount Program Policy was <u>MOVED</u> by Kat <u>SECONDED</u> by Paul</p>

	<p>SFDP Policy:</p> <ul style="list-style-type: none"> • 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. <p>Program will follow up on the logistics on using sliding fee schedule for patients with ACE using dental services.</p> <p>Action Item: Request to Approve</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	<p>and APPROVED by all members present.</p>									
<p><i>Staffing Report & Discussion</i></p>	<p>Jim provided an follow up report since last staffing discussion in January 14th, 2016 Board Meeting.</p> <p>Total Program Services Effort = ~\$8.8M - \$9.7M Current Staff Cost = ~\$535,000 (5.8%) Each additional staff position costs ~\$120-140,000 Add 1 staff, new staff total cost = ~\$665,000 (7.2%) Add 2 staff, new staff total cost = ~\$795,000 (8.6%)</p> <p>Number of contracts has almost doubled from 2014 to 2016.</p> <table border="0"> <tr> <td>2014</td> <td>7 agreements</td> <td>With 6 entities</td> </tr> <tr> <td>2015</td> <td>9 agreements</td> <td>With 7 entities</td> </tr> <tr> <td>2016</td> <td>13 agreements</td> <td>With 8 entities (could become 16 agreements with 11 entities)</td> </tr> </table> <p>Need for prior approval for budget change >25% or \$100,000 from staff line item to contract. *Program will be doing a prior approval budget change in the next few months. Program will ask the Board to reapprove the budget, and Program will execute the budget accordingly.</p> <p>Strategic Plan Staffing General Development Effort Estimate = ~1.0 – 1.5 FTE Ongoing Support Effort Estimate = ~.50 – 1.0 FTE</p> <p>Contracting General Development Effort Estimate = ~\$100-150,000 [note: one-time] Ongoing Delivery Estimate = ~\$250-500,000</p>	2014	7 agreements	With 6 entities	2015	9 agreements	With 7 entities	2016	13 agreements	With 8 entities (could become 16 agreements with 11 entities)	
2014	7 agreements	With 6 entities									
2015	9 agreements	With 7 entities									
2016	13 agreements	With 8 entities (could become 16 agreements with 11 entities)									

	<p>Additional staffing is needed for clinical oversight as currently, there is a minimal oversight on clinical effort from HCH/FH in the Health System.</p> <p>There is also a need for additional resources for IT related projects. IT related problem is also a Health System issue beyond this Program. Health System plans to implement a unified EHR system project in 2020. Currently, Program is working on obtaining a case management system for contractors to track, monitor and report data under the current contracts.</p>	
Adjournment	Time ___11:04_____	Robert Stebbins

TAB 2
Program Calendar
(Consent Agenda)

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

EVENT	DATE	NOTES
•		
<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 • Patient Satisfaction survey submissions • Provider Collaborative Meeting 	July	@ First Step Families Shelter- San Mateo
<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 	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.) Probable Operational Site Visit (OSV) September?	September	@ Fair Oaks Clinic- Redwood City
<ul style="list-style-type: none"> • Board Meeting (October 13, 2016 from 9:00 a.m. to 11:00 a.m.) • 	October	

Conference calendar	
Community Health Institute & Expo	August 28- 30; Chicago, IL
NW Regional Primary Care Assoc.	Oct 15-18 ; Denver, Colorado
Int'l Street Medicine Symposium	October 20-22; Geneva, Switzerland
Primary Care Assoc. & HCCN Conf.	November 14-16; Pasadena, CA
Nat'l Center for Health in Public Housing	November 15- 15; Chicago, IL

TAB 3
Consumer
Input
NHCHC 2016
De-brief



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 21, 2016

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

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: 2016 National Health Care for the Homeless Conference & Policy Symposium attendance in Portland, Oregon

Attendance at this year's National Health Care for the Homeless Conference & Policy Symposium was well attended by Program staff (Linda and Elli), Board members (Paul and Tay) as well as non-staff from LifeMoves (2 Program & Case Managers).

Some of the workshops attended by Elli:

- **Data driven quality: A participatory discussion on improving health through data**
- HRSA, SAMHSA, and HUD update
- Health care for the homeless for dummies: How to integrate and navigate the system
- Health care (maintenance) for the homeless: Integrating preventative care into a HCH clinic
- Improving health and housing outcomes through systems coordination: Partnering homeless assistance and mainstream health care
- The development and programming of a patient housing guide
- Site Visit: Central City Concern
- More than lockers: Chicago's plan to promote health, safety, and connection through storage
- Working together to deliver mobile physical-behavioral health integration for the people experiencing chronic homelessness
- Connecting quality management to passion, change, and advocacy

Attended by Linda:

- Integrating and sustaining patient navigators in a primary care medical home
- When street medicine isn't enough: Effective transitions from the street to the clinic
- Driven to care: A Mobile solution for providing healthcare for people experiencing homelessness
- The most challenging respite patients: Opportunities for improvement
- **Overcoming data challenges and creating new links in housing and health care**
- Crucial conversations to empower the underserved: Integrating alcohol, drug and tobacco interventions into primary care
- So you want to start a medical respite program? Here's how!
- Site Visit: Right to Dream Too encampment
- Special session: HCH pioneers explore the past and address the future of HCH

Link to download presentation and materials:

<https://www.nhchc.org/training-technical-assistance/2016-national-conference-policy-symposium/session-descriptions/>
Attached- report back on conference by Linda Nguyen, Elli Lo and Paul Tunison



2016 National Health Care for the Homeless Conference & Policy Symposium

Write up by Elli Lo

Data driven quality: A participatory discussion on improving health through data

a. Who were the speakers of interest, their backgrounds & expertise?

Chuck Amos, MBA, Director of Performance Improvement, Health Care for the Homeless; Chris Espersen, MSPH, Quality Director, Primary Health Care; Mandy Graves May, MPH, Vice President, Evaluation and Quality Assurance, Colorado Coalition for the Homeless

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

- Data Hygiene – completeness, timeliness, accuracy
 - Universal UDS clinical data might show lower performance than data from 70 charts sample
 - Health informatics for data hygiene vs IT issues
 - Standardize Providers by having specific instructions & screenshots to minimize the number of options to do the same thing
- Patient Engagement data tracking
 - Tracking case management as outcome
 - EHR is not built for tracking case management
 - While customizing EHR, also needs to change workflow
 - Adding boxes/options is not sustainable

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

- Better understanding of population health management, capabilities and limitations of EMR systems and importance of data integrity
- How other health centers are facing similar problems and reviewing best practices

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

- Data hygiene is an on-going issue, needs constant monitoring, training of staff, reviewing workflows
- Limit options in EHR for Providers to standardize procedure and workflow, adding boxes is not sustainable
- Best practices from other health centers might not be the most appropriate for my health center, needs constant piloting and reviewing

2016 National Health Care for the Homeless Conference & Policy Symposium

Write up by Linda Nguyen

Workshop: Overcoming data challenges and creating new links in housing and health care

a. Who were the speakers of interest, their backgrounds & expertise?

- Jasper DeGuzman, Catholic Charities, Santa Clara County
- Kim Keaton, Corporation for Supportive Housing
- Paul Rossi, Foothold Technology

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

- Working with various departments to help frequent users of system
- How to leverage data in order to develop strategic partnerships
- Through use of data and metrics, agencies can operate more efficiently to improve outcomes, identify areas of client need and cut costs.
- Identifying frequent utilizers: health care (behavioral health, primary care) and criminal justice.
- Ongoing meetings of stakeholders ensures barrier busting for tenants with multiple issues.
- One time data matches don't live beyond a pilot project, more work needed to be done to integrate data-driven targeting.

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

- Collaborate with various departments to help our targeted population by identifying frequent users of our County resources.
- Advancing housing solutions that: improve lives of vulnerable people, maximize public resources, build strong and healthy communities.
- Partnerships between systems emerge as most effective mean of serving frequent users.

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

- Data quality (accuracy) is important when sharing data with other departments esp for Data warehouse.
- Use data from multiple systems for targeting outcome tracking and evaluation; data matching to identify the most frequent users of more than one systems' costly services.

2016 National Health Care For The Homeless Conference (Portland Oregon)

Paul Tunison

Workshop # 1

Right2Dream Too (RTDToo) Site Visit

Was established on World Homeless Action Day, October 10th, 2011

This site visit was based on a safe place to rest or sleep for a period of time, where they would not be harassed by law enforcement or other elements that the homeless encounter while walking or sleeping in the streets.

- Sanctioned resting area for the homeless.
- Make shift tents that allow individuals to sleep or rest.
- Computer Lab, for job, housing, employment search.
- Obtainable resources offered throughout the community.
- Safe Place to rest or sleep.
- Occupancy for families and loved ones.
- Minimizing additional barriers.

WORKSHOP #2

The most challenging respite patients: Opportunities for improvement.

Speakers: Heather Cedermaz, NP, Joseph Mega, MD, MPH, Sue Dickerson, RN

Key points: Respite Admission Process

- Hospital Discharge Planner Fax / Phone Nurse to assess patient for admission
- Criteria for Admission: Functional, independent, no daily nursing needs.
- Respite = support; meets the basic needs so patients can contemplate their cancer diagnosis and engage in treatment plan

Unique challenges faced in Respite:

- Sickest and most vulnerable homeless patients.
- Hospital-Respite-ER cycle.
- Co-occurring substance abuse disorders and a “wet” shelter
- Goals of care.
- Staff feeling like they have failed.
- End of life issues.

WORKSHOP # 3

Empowerment in consumer governance

Importance Of Consumers On Advisory And Governing Boards

Speakers: Carmon Ryals, Derek Winbush, Tina Hayes

Key Points:

- Help decision-makers understand the need of the consumer point of view
- Monitor HCH and Farm workers project performance and challenge decision-makers to consider consumer driven options for health care delivery.
- Increase consumer confidence in making a difference.
- Keep governing boards focused on the needs of the special population that homeless and formerly homeless represent.

TAB 4
National
Advisory
Council on
Migrant Health
Opening

**NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH (NACMH)
NOMINATION FORM (FY 2016)**

DATE: _____

NOMINEE: _____

Please check all that apply:

_____ BOARD MEMBER

_____ BOARD MEMBER & PATIENT

_____ ADMINISTRATOR/PROVIDER

HOME ADDRESS: _____

E-MAIL: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ SOCIAL SECURITY #: _____

BIRTH DATE: _____ BIRTHPLACE: _____

PLEASE ATTACH:

- THREE LETTERS OF REFERENCE
- RESUME
- STATEMENT OF PRIOR SERVICE ON THE NACMH

NOMINATED BY: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

DEADLINE: Ongoing

SEND TO: Esther Paul, MBBS, MA, MPH
Public Health Analyst
U S Department of Health and Human Services
HRSA/BPHC/OPPD/SIPD
5600 Fishers Lane/ Room 16N38B
Rockville, MD 20857 - 1750
Phone: (301) 594-4496
E-mail: epaul@hrsa.gov

NOTE: Please send the application by traditional physical mail, such as the U.S. Postal Service, FedEx, United Parcel Service, and other similar mail providers. In the interest of keeping your information secure, email and fax versions will not be accepted.



National Advisory Council on Migrant Health

FACT SHEET

The Secretary of the Department of Health and Human Services (HHS), is authorized under section 330(g) of the Public Health Services Act (PHS Act), as amended, 42 USC 254 (b) to improve health services and conditions for migratory and seasonal agricultural workers and their families; and to provide technical and financial assistance to public and nonprofit organizations in the establishment and operation of migrant health centers.

The National Advisory Council on Migrant Health (NACMH/the Council) is authorized under 42 USC 218, section 217 of the PHS Act, as amended and governed by provisions of Public Law 92-463, as amended (5 USC Appendix 2). The Council advises, consults with, and makes recommendations to the Secretary of HHS and to the Administrator, Health Resources and Services Administration (HRSA), concerning the organization, operation, selection, and funding of migrant health centers and other entities under section 254(b) of the PHS Act.

The NACMH consists of fifteen members who are appointed by the Secretary of HHS to serve four-year terms.

- Twelve Council members are required to be governing board members of migrant health centers and other entities assisted under section 254(b) of the PHS Act, at least nine of which must be patient board members.
- Three Council members must be individuals qualified by training and experience in the medical sciences or in the administration of health programs.

The Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, HHS provides Program support to the NACMH.

**TAB 5
National
Consumer
Advisory
Board Elects
Local Leader**



FOR IMMEDIATE RELEASE

Contact: Katherine Cavanaugh
Position: Consumer Advocate
Phone: (443) 703-1320
Email: kcavanaugh@nhchc.org

National Consumer Advisory Board Elects Local Leader

Portland OR – During its recent annual convening of Health Care for the Homeless (HCH) projects nationwide, members of the National Consumer Advisory Board (NCAB) of the National HCH Council elected new leaders, who will begin terms of service on July 1st, 2016. Local consumer advocate, **Paul Tunison**, has been elected to serve as *Member At-Large: 2 Year Term* on the NCAB Steering Committee.

Paul Tunison currently serves as a consumer advocate on the Health Care for the Homeless Advisory Board at the San Mateo County Medical Center. He completed his Family Development Credential and Human Services Certificate at Cañada College; yet while his training and education has progressed, he believes his primary assets are his innate cultural competency abilities. Over the past several years he has established himself as a well-received agent for social services in low-income communities and has successfully developed productive relationships with community representatives.

NCAB Leadership is made up of Steering Committee Members and Regional Representatives. The Steering Committee organizes consumers of HCH projects to be a collaborative, national voice in issues involving health care and homelessness through various projects.

The National Consumer Advisory Board is comprised of individuals who have experienced homelessness and who serve on Consumer Advisory Boards or in similar capacities as advisors to local Health Care for the Homeless projects across the country. HCH projects are community-based organizations that provide integrated health care to people experiencing homelessness.

The National Health Care for the Homeless Council is a membership organization representing Health Care for the Homeless grantees, providers and consumers around the country. The National HCH Council conducts training, technical assistance, and research for these grantees and advocates with other national partners for policy changes that will make homelessness rare and brief.



TAB 6
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 21, 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 June 09, 2016 Co-Applicant Board meeting:

1. Grant Conditions

On June 30, 2016, we received NOA 14-23 advising us that our Revised Budget Grant Condition has been lifted.

On July 6, 2016, and following direction and support from our Project Officer, we submitted requested documents in compliance with a Change Request on our Scope Grant Condition. We are awaiting further response on this condition.

On July 6, 2016 we submitted the Board approved updated and revised HCH/FH Program Sliding Fee Discount Program Policy & Procedures. On July 11, 2016 we received a Change Request to address the concern off a policy regarding the waiving of fees to ensure no one was denied services based on inability to pay. We noted that there was proviso for these policies to be part of the Billing & Collection Policy, which is still being developed by program. Our Project Officer responded that HRSA policy concurred with this.

Program continues to move forward in addressing the remaining grant conditions, some of which have Board action requested elsewhere on today's agenda. A copy of the current Grant Condition Status Report is attached to this report.

2. Proposals & Contracts

Program continues to work with CORA, Daly City Youth Health Center and Project WeHOPE on developing final contracts for their proposals. We hope to be able to bring final contracts to the Board by the August meeting.



3. Service Area Competition (Base Grant Application)

As our previous grant writer (Roger Way) was unable to provide the necessary hours for completion of our SAC Application, we have contracted with HFS Consulting (for similar fee costs) to assist us in the preparation and submission of our application. We have already had initial interaction with them and provided a large volume of background and current information and data for them.

We hope to have a draft of the application available at the August Board meeting.

4. Operational Site Visit

Based on conversations with our Project Officer, it appears that our OSV will NOT be taking place as originally expected on August 9-11, 2016. We have not received an updated schedule as yet.

5. HRSA Supplemental Funding (DSHII)

Due yesterday, Program submitted a request for the full potential allotment of funding (\$50,482), looking to develop the presentation of the homeless and farmworker indicators in eCW for easy and immediate recognition by providers when seeing a patient. We expect to here on the request around mid-September.

6. Seven Day Update

Attachment:

Grant Condition Status Report

Grant Conditions - Status Report	for upcoming July 21, 2016 Co-Applicant Board Meeting		
Requirements	Required Action	Upcoming Due Date	Current Status
2. Required and Additional Services	Document Form 5A, Revise as necessary; tracking referred services; multi-lingual information	08/26/16 - 120-day Condition Response	Reviewing agreements with external entities to ensure services are being reflected in scope
3. Staffing	Much similar to current corrective efforts. ADD: "Agreement" with SMMC on doing C&P for HCH/FH. Some newer possible minor details. Actual approval activity by Co-Applicant Board?	08/26/16 - 120-day Condition Response	
5. After Hours Coverage	Must develop "adequate" policy & procedures (their test had some failures); multi-language information & signage.	08/02/16 - 120-day Condition Response	Ambulatory Director revising after hours script, estimated completion before August
6. Hospital Admitting Privileges	Policy on Hospital Admitting and tracking of patients.	08/26/16 - 120-day Condition Response	
7. Sliding Fee Scale	Define income & household; update annually, re-evaluate every three years; everyone can opt for the SFDP; contractors must also have SFDP; [policy/procedure on waiving fees (no one denied care) - being done in Billing & Collections policy.]	08/26/16 - 120-day Condition Response	07/06/16 - Revised SFDP Policy submitted. 06/09/16 - Board approved revised Sliding Fee Discount Program Policy.
9. Key Management Staff	Finalize Director's job description; develop a Medical Director's job description, insure sufficient infrastructure support (fiscal/HR/budget/etc.)	08/26/16 - 120-day Condition Response	Medical Director job description drafted, pending review
10. Contractual Affiliation Agreements	Co-Applicant Board must review and approve all agreements; document a determination of contractor/sub-recipient status for every agreement; include minority, women-owned, etc. provisions in procurement.	08/26/16 - 120-day Condition Response	
13. Billing and Collections	Enroll in Medicare or justify not doing it; see SFDP-policies to insure eligibility is not a barrier to service, develop P&P on fees, fee structure, self-declaration of income specific to populations	08/26/16 - 120-day Condition Response	Sample policies under review
14. Budget	Budget to show all costs/income, including overhead, indirect and system support; monthly financial statement for current month & YTD for GY budget (including system costs & revenues).	03/31/16 - Change Request Response	06/30/16 - Met, grant condition lifted. 03/31/16 - Change Request Submission. 01/14/16 - Board approved budget.
16. Scope of Service	Review/confirm Form 5A; remove RFHC (?); separate clinics by suite numbers (?); use suite numbers at Coastside (?); delete duplicate mobile van; update annually.	07/06/16 - Change Request Response.	07/06/16 - Scope document update submitted. Request to approve updated Form 5A & 5B in April Board meeting.

Potential Conditions Resolved Prior to Issuance of Conditions

8. Quality Improvement Plan	Include measures across the scope of project; review utilization and quality; address negative trends		
17. Board Authority	Board approve single audit report		Request to accept Financial Audit report was approved on 4/26/2016 Board Meeting

TAB 7
Program
Budget/Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 21, 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 June 30, 2016 – total almost \$990,000.

Based on expected activity, we project total expenditures to be around \$2,007,000 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. This is an increased rate of expenditures primarily driven by significant contract activity. Current levels of activity indicate that virtually all of the contracted funds from previous contractors will be expended. Some of the new contracts for 2016 may not have sufficient time left in the year to fully maximize the expenditures up to the contract maximum.

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 \$350,000 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



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
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Details for budget estimates	Budget	To Date	Projection for	Projected for GY 2017
	[SF-424]	(06/30/16)	GY (+~26 wks)	
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	697,262	177,143	370,000	395,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	417,915	78,126	165,000	205,000
<u>Travel</u>				
National Conferences (1500*4)			6,000	9,000
Regional Conferences (1000*5)		8,871	9,000	7,500
Local Travel		974	1,250	1,500
Taxis		1,356	2,000	4,000
Van			1,200	3,000
	16,000	11,201	19,450	25,000
<u>Supplies</u>				
Office Supplies, misc.	7,000	3,987	10,500	10,500
	7,000	3,987	10,500	10,500
<u>Contractual</u>				
Current 2016 contracts	564397	561,425	332,397	675,000
Current 2016 MOUs	35400	433,300	351,184	625,000
---unallocated---		168,474		
	1,163,199	683,581	1,300,000	1,450,000
<u>Other</u>				
Consultants/grant writer		27,215	75,000	75,000
IT/Telcom		3,849	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.)		1,356	2,500	2,500
	72,000	35,670	142,000	121,500
TOTALS - Base Grant	2,373,376	989,708	2,006,950	2,207,000
HCH/FH PROGRAM TOTAL	2,373,376	989,708	2,006,950	2,207,000
PROJECTED AVAILABLE	BASE GRANT		366,426	343,004
				based on est. grant of \$2,550,004

TAB 8
Request to Approve
Medical Director
Job Description



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 21, 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 MEDICAL DIRECTOR'S JOB DESCRIPTION

One of the Federal Program Requirements is ensuring adequate Key Management Staff and support that meet the Health Center Program's requirements. The Operational Site Visit (OSV) Report from the March 2015 OSV found we did not meet the Key Management Staff Requirement, and we received a subsequent grant condition on the requirement.

Based on the OSV Report comments, we are finalizing the Medical Director's job description that reflects delineation of tasks, duties and responsibilities.

Attached to this Action Request is a copy of the Medical Director job description.

This Action Request is for the Co-Applicant Board to approve Medical Director's job description 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 Medical Director Job Description



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
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HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

HCH/FH Medical Director

JOB DESCRIPTION

Reports to: Director, Healthcare for the Homeless / Farmworker Health Program, San Mateo County

Job Summary

Primarily responsible for developing strategic clinical approaches for the overall clinical development of the HCH/FH Program, assisting the Director by providing clinical leadership, and for insuring the delivery of quality care for patients and clients receiving HCH/FH services. Responsible for own clinical practice (if assigned) and overall supervision of all physicians, mid-level providers nurse managers, and other clinical staff of the HCH/FH Program. The HCH/FH Medical Director will ensure the essentials of quality assurance and credentialing of the clinical staff, and the development and utilization of necessary and appropriate policies, guidelines, protocols & procedures for the provision of medical & health care to the homeless and farmworkers.

As directed by the overall policies and directives of the HCH/FH Co-Applicant Board, the HCH/FH Medical Director is responsible for implementing clinical policy, for quality of care & clinical oversight, for developing policies, protocols, guidelines & procedures for medical services for HCH/FH patients, and acts as liaison with outside medical care resources developing linkages to promote improved patient care and encourage support for homeless & farmworker health care.

Specific Duties & Responsibilities

The HCH/FH Medical Director works closely with the HCH/FH Director, and is accountable for the planning, organization, monitoring, evaluation and oversight of the medical services and care for the homeless and farmworkers patients of the HCH/FH Program. The HCH/FH Medical Director is responsible for quality indicators (analyzing and tracking quality indicators), prioritization of performance improvement activities, and assuring that quality improvement projects are being conducted (including documenting the reasons for conducting those projects and the measurable progress achieved on the projects). The Medical Director is responsible for Quality Improvement / Quality Assurance committee and its activities.

The HCH/FH Medical Director attends the HCH/FH Co-Applicant Board meetings and provides information on clinical aspects of the program to the Co-Applicant Board for policy making and is responsible for implementing clinical policy as direct by the Co-Applicant Board.

The Medical Director provides oversight of all HCH/FH clinical staff and support via telephone consultations and electronic health records messaging for homeless and farmworker patient medical care across the Health System. The Medical Director is expected to maintain skills providing direct clinical services in an ambulatory setting either through the HCH/FH program or other clinic settings.

The HCH/FH Medical Director supervises physicians, mid-level practitioners, nurses, medical assistants and clinical support staff of the HCH/FH Program; participates in the recruitment and selection process for these positions, conducts formal performance evaluation of assigned staff using the criteria-based performance evaluation documents in accordance with county, Health System and, if applicable, HCH/FH policies and procedures; and provides for staff training and professional development; implements discipline as necessary. In addition, the Medical Director ensures providers and clinical staff are credentialed and privileged as necessary & appropriate for the HCH/FH Program.

The HCH/FH Medical Director provides education and support to the HCH/FH staff, medical providers, and other staff on the medical needs of the homeless and farmworkers within San Mateo County; provides consultations to other physicians, nurses, mid-level practitioners, behavioral health clinicians, case management staff and other health providers on the diagnosis, evaluation, care and treatment of HCH/FH clients/patients. The HCH/FH Medical Director is responsible for the development, promulgation, administration and implementation of policies, guidelines, protocols, procedures and clinical practices for the necessary and appropriate delivery of health and medical care services for the HCH/FH homeless and farmworker patients/clients.

The HCH/FH Medical Director is expected to build and establish relationships, and acts as a liaison, between HCH/FH and other hospitals, clinics, and health care services to address the medical needs of the homeless and farmworker population in San Mateo County. In addition, the Medical Director liaisons with the Behavioral Health Recovery Services of San Mateo Health System to coordinate HCH/FH Services with the Mental Health, Alcohol and Other Drugs (AODS) and Homeless and Farmworker Programs.

TAB 9
Request to Approve
Contracts Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 21, 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 REVISED HCH/FH CONTRACT OVERSIGHT POLICY & PROCEDURE

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 April, 2015, this Board approved a revised Policy & Procedure for HCH/FH Program Contract Oversight.

During the March 2015 Operational Site Visit (OSV), it was noted that there had not been a formal determination on the contracts and MOUs that had been approved by the Board were sub-recipient agreement or contracts. This was noted in the OSV Report issued in August 2015, and it resulted in a grant condition for the Contractual Affiliation Agreements Program Requirement (#10).

Attached is a DRAFT revised HCH/FH Contract Oversight Policy & Procedure. It had been revised to provide for the Board to make a determination in the process of approval on whether an agreement is a contract or a sub-recipient agreement. There are no other changes to the Contract Oversight Policy & Procedures. We have also attached the current Contract Oversight Policy & Procedures, last revised and approved by the Board on April 9, 2015, and a redline version of the current Policy & Procedures showing the requested changes.

This request is for the Board to approve a revised Contract Oversight Policy & Procedures. This action requires a majority vote for approval.

Attachments:

Current HCH/FH Contract Oversight Policy & Procedures
Redline of Current HCH/FH Contract Oversight Policy & Procedures
DRAFT Revised HCH/FH Contract Oversight Policy & Procedures.



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SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Contracts/Agreements	Effective Date: December 11, 2014
Subject: Oversight of Program Contracts, MOUs and Other Agreements	Approved Date: December 11, 2014 Revision Date: April 09, 2015
Title of Policy: Contract Oversight	

1. Rationale or background to policy:

As part of insuring the access to and delivery of primary medical care services and other health services to the homeless and farmworker populations, there may occur instances when the most appropriate, cost effective manner to do so is through a contract, Memorandum of Understanding, or other form of an Agreement. To that end, it is incumbent on the HCH/FH Program to insure that such contracts or agreements perform effectively as intended, appropriately bill for services rendered and account for billed services, and meet all appropriate HRSA requirements.

Reflective of this is the HRSA 330 Program Requirement for Contractual/Agreement Oversight, including mechanisms to exercise oversight and appropriate procurement of the agreements.

2. Policy Statement:

It is the policy of the San Mateo County HCH/FH Program to identify and approve, as appropriate and necessary, contracts with health care and enabling service providers who can provide accessible, high quality and cost-effective Section 330 required and additional services for the homeless and farmworker populations in San Mateo County. Further, it is the policy of the Program to oversee all contracts in accordance with Section 330 (g & h) Requirements in order to ensure that services are provided with accessible hours, without regard for ability to pay, with a sliding fee discount program, and that contracted providers report valid data on program costs, service utilization, quality and all required UDS reporting data. Should the Program decide to enter into a subrecipient agreement the Program will provide oversight to ensure the subrecipient(s) comply with all Section 330 (g & h) Requirements. Contracts and/or subrecipient agreements are executed by San Mateo County in accordance with the County's Procurement and Purchasing Policies and Procedures which incorporate and/or exceed Federal Procurement Requirements. This specifically includes San Mateo County Administrative Memorandum B-1, which includes requirements for efforts to solicit proposals from small businesses, women and minority owned businesses. The Board specifically endorses and supports these efforts as policy of the HCH/FH Program

3. Procedures:

In accordance with the Board's approved Program Sites, Services and Hours, and the Board approved Strategic and Tactical Plans, as necessary or requested by the Board, the staff shall prepares an analysis of the Program's capabilities to provide for the necessary and planned services as determined by needs assessment, input from patients, including on the optimal locations, hours, and services for migrant and homeless populations; utilization; quality; and performance measure data.

To the extent that the services may best be delivered by another entity, the staff analysis will include recommendations for contracts or agreements with community based organizations and/or public agencies, including proposed scope of work, payment terms, required reporting and proposed monitoring/evaluation measures for each contracted entity to the Co-Applicant Board for approval.

Upon Board's approval, the program staff shall secure the agreements as approved by the Board, utilizing San Mateo County procurement processes. Any changes in Board-approved contracts resulting from the procurement process are reported to the Co-Applicant Board for approval.

Staff shall maintain a file of all current contracts, invoices, payments, and performance and data reports. Staff shall implements monitoring and evaluation processes for all executed contracts. These shall include, at a minimum:

- On a quarterly basis staff shall report to the Board on contractor utilization, cost and quality;
- As indicated by invoices and/or reported data, staff shall confer/negotiate with contractors to achieve performance goals and insure data accuracy and integrity;
- On at least an annual basis, staff shall conduct an on-site visit to each contractor to determine compliance with contract terms and validate invoice and data reporting. In subrecipient arrangements, staff confirms compliance with Section 330 (g & h) Requirements.
- Results of site visits shall be reported to the Co-Applicant Board. If the Board determines additional action is required, the Board shall direct program staff to take such action.

Approved _ _____

Board Chair

Date: __ __

Program Director

Date: __ __

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Contracts/Agreements	Effective Date: December 11, 2014
Subject: Oversight of Program Contracts, MOUs and Other Agreements	Approved Date: December 11, 2014 Revision Date: April 09, 2015 <u>July 21, 2016</u>
Title of Policy: Contract Oversight	

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- Results of site visits shall be reported to the Co-Applicant Board. If the Board determines additional action is required, the Board shall direct program staff to take such action.

Approved _ _____

Board Chair

Date: __ __

Program Director

Date: __ __

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Contracts/Agreements	Effective Date: December 11, 2014
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- Results of site visits shall be reported to the Co-Applicant Board. If the Board determines additional action is required, the Board shall direct program staff to take such action.

Approved _ _____

Board Chair

Date: __ __

Program Director

Date: __ __

TAB 10
Update on
Strategic
Plan



SAN MATEO COUNTY HEALTH SYSTEM

DATE: July 21, 2016

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

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

SUBJECT: UPDATE ON STRATEGIC PLAN

Strategic Plan efforts/discussion started in October of 2015 and continued with a Strategic Plan Retreat on March 17, 2016 with the help of consultants Rachel Metz and Pat Fairchild.

The Three Year Strategic Plan report 2016-2019 was finalized at the last June 9, 2016 meeting. This report summarizes current staff efforts to implement the plan.

Goal I. (5) Increase available respite care with wraparound services for homeless

- Staff is conducting research for Respite Services, with a Request for Information (RFI) announcement to come out soon for hire of consultant(s) to assist in this effort.

Goal I. (6) Increase health service for homeless and farmworkers Provide wrap-around service for medically fragile, seniors at shelters

- Collecting data on senior homeless population from shelters as well as current services provided/accessible to population

Goal I. (7) Investigate needs for homeless navigator position

- Efforts are also ongoing to research the appropriate classification as well as knowledge, skills and abilities needed for Homeless Navigator position.

Goal II. (2) Improve the ability to assess the on-going needs for homeless and farmworkers:

- Program staff has been meeting with Center on Homelessness and plan a meeting with Department of Housing to discuss partnerships, future collaborations and data sharing options.
- Working with SMMC/Business Intelligence to add homeless/farmworker status to E.H.R., pursuing the Delivery System Health Information (DSHII) supplemental funding for this effort.



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