

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

Fair Oaks Clinic| 2710 Middlefield Road, 1st Floor (Great Room) Redwood City
September 8, 2016, 9:00 A.M - 11:00 A.M.

AGENDA

| | | |
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| 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 August 11, 2016 | | TAB 1 |
| 2. Program Calendar | | TAB 2 |
| E. BOARD ORIENTATION | | |
| 1. No Board Orientation items this meeting. | | |
| F. REGULAR AGENDA | | |
| 1. Consumer Input | | TAB 3 9:10 AM |
| 2. Board Ad Hoc Committee Reports | Committee Members | 9:15 AM |
| <i>i. Transportation</i> | | |
| <i>ii. Board Composition</i> | | |
| 3. HCH/FH Program QI Report | Frank Trinh | 9:23 AM |
| 4. HCH/FH Program Director's Report | Jim Beaumont | TAB 4 9:31: AM |
| 5. HCH/FH Program Budget/Finance Report | Jim Beaumont | TAB 5 9:37 AM |
| 6. Discussion on Patient/Contractors problems | | 9:45 AM |
| 7. New Board Member Approval | Jim Beaumont | TAB 6 9:55 AM |
| <i>i. Action Item- Request to Approve new board member</i> | | |
| 8. Request to Approve SAC application submission | Jim Beaumont | TAB 7 10:00 AM |
| <i>i. Action Item- Request to Approve Final SAC application- Use caution when printing 160 pages</i> | | |
| 9. Request to Approve Contracts | Jim/Elli | TAB 8 10:05 AM |
| <i>i. Action Item- Request to Approve Project WeHOPE contract</i> | | |
| <i>ii. Action Item- Request to Approve Daly City Youth Health Center</i> | | |
| 10. Discussion on Patient Grievance Policy | Jim/Linda | TAB 9 10:13 AM |
| 11. Request to Approve Credentialing and Privileging | Jim Beaumont | TAB 10 10:20 AM |
| <i>i. Action Item- Request to Approve C&P list</i> | | |
| 12. Board nominations of Chair/Vice Chair | Jim/Linda | 10:25 AM |
| 13. Small funding request summary | Jim/Elli | TAB 11 10:30 AM |
| 14. Strategic Plan Update | Jim/Linda | TAB 12 10:38 AM |
| G. OTHER ITEMS | | |
| 1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated) | | |
| <i>i. Next Regular Meeting October 13, 2016; 9:00 A.M. – 11:00 A.M. SMMC- San Mateo</i> | | |
| H. ADJOURNMENT | Robert Stebbins | 10:50 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**

August 11, 2016

Human Services Agency| 400 Harbor Blvd. Bldg B, Belmont

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
 Tayischa Deldridge
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Frank Trinh, HCH/FH Medical Director
 Elli Lo, Management Analyst
 Linda Nguyen, Program Coordinator
 Brian Eggers, Center on Homelessness

Members of the Public

Mother Champion

Absent: Eric Brown, Daniel Brown

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|----------------------------------|---|---|
| Call To Order | Robert Stebbins called the meeting to order at <u>9:00</u> A.M. Everyone present introduced themselves. | |
| Regular Agenda Public Comment | No Public Comment at this meeting. Center on Homelessness staff announcement – Coordinated Entry RFP will be announced and Strategic Plan published | |
| Regular Agenda 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 Paul <u>SECONDED</u> by Theresa and APPROVED by all Board members present. |
| Board Orientation: | No Board Orientation for this meeting. | |
| Regular Agenda Consumer Input | Tay gave report on Respite Care and shared main points from her written report: <ul style="list-style-type: none"> • An overview of different respite care models. • Being in a relationship with your hospital discharge teams. What model is right for your area? How to Access funding. (Who pays for the beds). There was a discussion on an appropriate Respite Model for San Mateo County | |

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| | <i>Please refer to TAB 3 on the Board meeting packet.</i> | |
| Transportation Sub-committee reports Steve, Molly | Christian and Molly still researching on Uber options. | |
| Board orientation Sub-committee reports Brian, Dan, Molly | Reviewed 2 applications submitted and pre-screened one application from AppleTree. Still need consumers. Will have vote for approval of new Board member at next meeting. | Add to next agenda, vote to approve new board member |
| Patient Navigator Sub-committee reports Tay, Julia, Kat | No Report, still looking to meet as a group. | |
| Regular Agenda QI Committee report | Oral report from Dr. Trinh: <ul style="list-style-type: none"> • Looking to review Diabetes again when quarter 2 reports are available, reviewed quarter one data but data sample was very small. • Tracking referrals of patients into primary care appointments • Collecting patient satisfaction surveys, ready to analyze | |
| Regular Agenda: HCH/FH Program Directors report | Director Report hi-lights: <ul style="list-style-type: none"> • Grant conditions- submitted documents for requirement 5 on August 2, 2016. Program continues to work on conditions, see attachment for table or status. • Proposals and contracts- Program continues to work with CORA, Daly City Youth Health Center and Project WeHOPE on developing final contracts for their proposals • SAC application- staff working on, later in agenda there is a draft SAC for Board approval • Care/Case Mgmt system- staff continues to work with SMC staff on automation system for case management <p><i>Please refer to TAB 4 on the Board meeting packet.</i></p> | |

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| <p>Regular Agenda: HCH/FH Program Budget & Financial Report</p> | <p>Based on the above, we project total expenditures to be around \$2,030,000 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. Current levels of activity indicate that virtually all of the contracted funds from previous contractors will be expended. 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 \$340,000 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.</p> <p>See attached financial report</p> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p> | |
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| <p><u>Grant Conditions</u></p> <p>Request to Approve- Form 5B letter</p> | <p>Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by and the location and hours of operation of the Program. On July 20, 2016, per instruction as provided by our Project Officer, HCH/FH must submit a letter indicating sites listed on Form 5B – Scope of Project are accessible and serving homeless and farmworker patients in San Mateo County homeless and farmworker patients are being seen at the sites listed on Form 5B</p> <p>Action item: <i>Request to Approve Form 5B letter</i></p> | <p>Motion to Approve Form 5 B letter <u>MOVED</u> by Steve <u>SECONDED</u> by, Theresa and APPROVED by all Board members present.</p> |
| <p>Request to Approve- Form 5A change</p> | <p>Under the Bylaws Article 3.E, the Board has the authority and responsibility to set the scope and availability of services to be delivered by the Program.</p> <p>Environmental Health Services is currently listed in Column II. Formal Written Contract/Agreement under the Additional Services section. In reviewing the services provided by San Mateo County Health System’s Environmental Health Division, we found that services match HRSA’s service descriptor of environmental health services. Since Environmental Health Division is under San Mateo County Health System, Environmental Health Services should be listed in Column I. Direct under the service delivery method. We have drafted an updated Form 5A – Services to add this reference.</p> <p>Nutrition service is currently listed in both Column I. Direct and Column III. Formal Written Referral Arrangement under the Additional Services section. Since we have not found an external, not-paid-for-referral for Nutrition services by San Mateo County Health System, Nutrition services listed in Column III. Formal Written Referral Arrangement should be removed. We have drafted an updated Form 5A – Services to add this reference.</p> <p>Action item: <i>Request to Approve Form 5A change</i></p> | <p>Motion to Approve Form 5 A change <u>MOVED</u> by Theresa <u>SECONDED</u> by, Tayischa and APPROVED by all Board members present.</p> |
| <p>Request to Approve- Billing & Collections</p> | <p>The HCH/FH Co-Applicant Board, as the governing board of the Program, has the responsibility and authority to create policies regarding Billing & Collection. On review of the SMMC Policies, Program believes that, with the exception of the determination to waive fees, the SMMC policies conform to those required by HRSA. Included with the policy is a Fee Waiver Application form, and the policy designates the HCH/FH Director to make the fee waiver determinations in the best interest of the program. This request is for the Board to take action to approve the attached HCH/FH Billing & Collection Policy, including the specification on the authority to make a fee waiver determination. As part of the HCH/FH Billing & Collection Policy, the Board approves the incorporation of the SMMC Billing & Collection Policies, with the exception of the fee waiver determination, as specified in the HCH/FH Policy.</p> <p>Action item: <i>Request to Approve- Billing & Collections</i></p> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p> | <p>Motion to Approve Billing & Collections <u>MOVED</u> by Christian <u>SECONDED</u> by, Molly Abstain- Steve and APPROVED by all remaining Board members present.</p> |

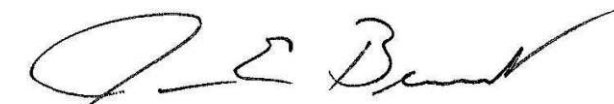
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| <p><i>Strategic Plan Update</i></p> <p>Request to Approve- Strategic Plan Final report</p> | <p>Strategic Plan efforts/discussion started in October of 2015 and continued with a Strategic Plan Retreat on March 17, 2016 with the help of consultants Rachel Metz and Pat Fairchild. The Three Year Strategic Plan report 2016-2019 was reviewed at the June 9, 2016 meeting, with the Board arriving at consensus. Formal Board approval is required to finalize the report and plan. This request is to approve the final report that is attached.</p> <p>Action item: <i>Request to Approve Strategic Plan report</i></p> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p> | <p>Motion to Approve Contracts Policy <u>MOVED</u> by Theresa <u>SECONDED</u> by Tayischa and APPROVED by all Board members present.</p> <p>Next agenda- final SAC submission for approval.</p> |
| <p>Request to Approve- DSHII application submission</p> | <p>In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications. Program submitted a request for the full potential allotment of funding (\$50,748), looking to develop the presentation of the homeless and farmworker indicators in eCW for easy and immediate recognition by providers when seeing a patient.. This request is for the Board to approve the final DSHII application submitted on July 20, 2016.</p> <p>Action item: <i>Request to Approve DSHII application submission</i></p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p> | <p>Motion to Approve Contracts Policy <u>MOVED</u> by Theresa <u>SECONDED</u> by Julia and APPROVED by all Board members present.</p> |
| <p>Request to Approve-Draft SAC application submission</p> | <p>In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications. As the HCH/FH program's current grant period is coming to an end and the Health Resources and Services Administration has announced the opening of the SAC for the San Mateo County service area, homeless and farmworker target populations, the Board's approval of the grant application is required. The draft SAC application is attached.</p> <p>Action item: <i>Request to Approve Draft SAC application submission</i></p> <p><i>Please refer to TAB 9 on the Board meeting packet.</i></p> | <p>Motion to Approve Contracts Policy <u>MOVED</u> by Julia <u>SECONDED</u> by Theresa and APPROVED by all Board members present.</p> |
| <p>Request to Approve- Credentialing and Privileging Document</p> | <p>The HCH/FH Program Credentialing and Privileging Policy was approved at the May 14, 2015 meeting. It is the HCH/FH Co-Applicant Board's responsibility to review the QIC's determination and take action to approve SMMC compliance with HRSA requirements. The approval of Credentialing and Privileging is a required submission by August 26, 2016 on our 120-day implementation grant condition on Program Requirement # 3 - Staffing.</p> <p>Action item: <i>Request to Approve Credentialing and Privileging Document</i></p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p> | <p>Motion to Approve Contracts Policy <u>MOVED</u> by Tayischa <u>SECONDED</u> by Theresa and APPROVED by all Board members present.</p> |

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| <p>Quarterly report on 2nd Quarter contracts</p> | <p>The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with six community-based providers, plus two County-based programs for the 2016 grant year for a total of thirteen contracts. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.</p> <p>This report reflects our contractors' progress by second quarter, where most should be spending down at least 50% of their contract funds and performance measures.</p> <p>In regards to contract trends and successes a few themes include the high cost of housing and transportation being a barrier for their clients as well. Many hi-lighted the success of working relationships with other various providers and community based organizations to link their clients to various services.</p> <p><i>Please refer to TAB 11 on the Board meeting packet.</i></p> | <p>Add Street/Field medicine on agenda and invite staff for discussion</p> |
| <p>Eric Brown Board Member discussion</p> | <p>Discussion regarding board member Eric Brown's absence at Board meetings, that include over 20 absences and not present since July 2015 meeting. The board chair was unsuccessful at contacting board member and proposed putting it up for vote to revoke his membership at next board meeting. The group agreed that Brian Greenberg would try to contact Eric on this matter as a representative from North County is important for the Board.</p> | <p>Brian to contact Eric</p> |
| <p>Adjournment</p> | <p>Time <u>10:50 a.m.</u></p> | <p>Robert Stebbins</p> |



Robert Stebbins, Board Chair

August 11, 2016
Date



Jim Beaumont, HCH/FH Director, Board Secretary

August 11, 2016
Date

TAB 2
Program Calendar
(Consent Agenda)

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

| EVENT | DATE | NOTES |
|---|-----------|----------------------------------|
| <ul style="list-style-type: none"> • Board Meeting (September 8, 2016 from 9:00 a.m. to 11:00 a.m.) • Nominations for Chair & Vice -Chair • QI Committee meeting | 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.) • Elections of Chair & Vice- Chair • Operational Site Visit October 4-6 (Board involvement required) • Providers Collaborative meeting | October | @ SMMC- San Mateo |
| <ul style="list-style-type: none"> • Board Meeting (November 10, 2016 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting | November | |
| <ul style="list-style-type: none"> • Board Meeting (December 8, 2016 from 9:00 a.m. to 11:00 a.m.) • | December | |
| <ul style="list-style-type: none"> • Board Meeting (January 12, 2016 from 9:00 a.m. to 11:00 a.m.) • QI Committee meeting • Providers Collaborative meeting | January | |
| <ul style="list-style-type: none"> • Board Meeting (February 9, 2016 from 9:00 a.m. to 11:00 a.m.) • Western Forum for Migrant & Community Health, San Francisco | February | |

| Conference calendar 2016 | |
|--|------------------------------------|
| 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 |
| Western Forum for Migrant & Community Health | February 22-24; San Francisco, CA |

TAB 3
Consumer
Input

The Surgeon General's #TurnTheTide Campaign- Opioid crisis

Opioids

“We have to stop treating addiction as a moral failing, and start seeing it for what it is: a chronic disease that must be treated with urgency and compassion.” – Dr. Vivek H. Murthy, United States Surgeon General

Extent of the issue

The impact of the opioid crisis cuts across racial/ethnic groups, age, sex, geography, and socioeconomic status. Forty-four percent of Americans say they personally know someone who has been addicted to prescription painkillers.^[i] Here are some facts about the opioid crisis:

- 78 Americans die every day from an opioid overdose.^[ii]
- In 2014, more than 10 million people in the United States reported using prescription opioids for nonmedical reasons, and close to 2 million people older than 12 years met diagnostic criteria for a substance use disorder involving prescription opioids.^[iii]
- There has been quadrupling of prescriptions for opioids since 1999,^[iv] but there has not been an overall change in the amount of pain that Americans report.^{[v],[vi]}
- As many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with addiction.^[vii]

The Surgeon General's #TurnTheTide Campaign-

The Surgeon General has launched an opioids campaign to raise awareness about opioid addiction and to help concerned Americans identify roles they can play in their community by:

- Sending a letter to 2.3M health care providers, including doctors, dentists and nurses, encouraging members of the profession to be leaders in combating this epidemic but still treating their patient's pain appropriately.
- Visiting America's hardest hit communities as part of the Surgeon General's TurnTheTide nationwide tour, listening to the stories of those affected, and talking to community leaders about what practices have been most effective and what challenges remain.
- Engaging stakeholders, including health care providers, policy makers, educators, law enforcement officers, and the larger community how America thinks about substance use disorders and addiction.

You can help turn the tide of the opioid crisis! To learn more, and to get involved, please join us at www.TurnTheTideRx.org!

What you can do

All of us have a role to play in preventing opioid addiction. Here's what you can do:

- If you are a person experiencing pain, or taking pain medications, have a conversation with your health care provider about how much, and how long to take medications, and the pain management techniques that are right for you.
- Help us change the conversation around addiction so that we come to understand that addiction is **not** a moral failing. It is a chronic illness that we need to treat with skill, urgency, and compassion. Treatment and recovery from opioid addiction is possible, and there is help. Find [addiction treatment](#).
- [Store and dispose](#) of prescription drugs safely.
- Learn more about [drug take-back programs](#) in your area
- To learn more about opioids and how it impacts you, visit here:
 - <http://turnthetiderx.org/>
 - <http://www.hhs.gov/opioids/drug-and-pain-medication-facts/index.html>
 - <http://www.cdc.gov/drugoverdose/prescribing/patients.html>

TAB 4
Director's
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 08, 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 August 11, 2016 Co-Applicant Board meeting:

1. Grant Conditions

As of August 26, 2016, all issued grant conditions had been responded to. Previously, we have reported on the lifting of two of the conditions. On August 23, 2016, we received NOA 15-06 which lifted four (4) grant conditions: Sliding Fee Discount Program, After Hours Coverage, Key Management Staff and Contractual & Affiliation Agreements. As of this writing, six (6) of the ten (10) condition have been lifted.

We have submitted responses to the remaining four (4) conditions, which we believe demonstrate our compliance with HRSA program requirements in the respective area. We are hoping to receive news on these conditions soon. A copy of the current Grant Condition Status Report is attached.

2. Proposals & Contracts

Elsewhere on today's agenda the Board will find the agenda item requesting approval of contracts with Daly City Youth Health Center/Jefferson Union High School District and Project WeHOPE. As with all of our contractors, these agreements reflect our effort to partner with agencies and organizations that can provide medical, health and related services that will benefit our target populations. As new partners, these initial contracts represent the effort to engage these organizations and initiate our efforts with them for the potential long-term benefit of the homeless and farmworkers. We recognize that the agreements may not be as comprehensive, as specific or as service rich as one might hope. Not even our most long tenured partners' contracts are perfect. However, we see them as the initial effort in getting to even better, broader and more beneficial services in the future.

Program continues to work with CORA on developing a final contract for their proposal.



3. New Supplemental Grant Award

On August 15, 2016, we received NOA 15-05 providing for a supplemental award of \$35,556. This award was specifically based on HRSA Quality Improvement metrics as reported through the UDS. More information about the awards themselves can be found here (<http://www.hhs.gov/about/news/2016/08/18/hhs-awards-more-100-million-improve-health-center-quality.html>) and here (<http://bphc.hrsa.gov/programopportunities/qualityimprovement/fy16awards/>).

One of the more rewarding notes on this is that part of our award is in the Health Center Quality Leader category. This category represents having achieved among the best overall clinical performance among all health centers. It appears we were one of only 433 programs to receive an award in this category (over 1300 total health centers).

There are limitations on how the supplemental funding may be utilized, mostly around quality improvement, and on how the expenditures will need to be tracked and reported. Program is presently gathering ideas for how we may put the funds to best use.

4. Service Area Competition (Base Grant Application)

On August 30, 2016, we submitted the Program's Service Area Competition Application for the 2017 Grant Year. Final approval for this application is elsewhere on today's agenda. This was an extensive effort, and I would like to thank HFS, who consulted with us and write many of the draft narratives. I also would like to personally thank staff members Linda Nguyen and Elli Lo for their efforts in getting the project completed.

5. Operational Site Visit

On August 25, 2016, we received formal confirmation of our upcoming Operational Site Visit (OSV) for October 4-6, 2016. Program has already initiated preparation planning for the OSV.

As previously noted for the Board, we expect the OSV Team to want to schedule a meeting with the Co-Applicant Board during their visit, and that it generally is beneficial for there to be some attendance of Board members at the Entrance and Exit Conferences for the visit. We are now putting together the lists of Board members who will attend those sessions. As we hear more from the OSV Team, we will be approaching the Board on scheduling a meeting with them (if they do so choose).

6. Care/Case Management System

There were five (5) responses received to the joint RFI for a Case/Care Management System. We have a kick-off meeting scheduled for Wednesday, September 7th with the Project Manager assigned from Health Information Technology (HIT), David Kwan. We are hoping to have a set of demonstrations scheduled in the near future.

7. Seven Day Update

Attachment:
Grant Condition Status Report

| Grant Conditions - Status Report | as of August 26, 2016 | | |
|--|--|---------------------------------------|---|
| 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 | 08/19/16 - Submitted Board approved Form 5A. 08/11/16 - Submitting change for Board approval in August meeting. Approved. |
| 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 | 08/19/16 - Submitted documents showing Board actions. 08/11/16 - Privileging Report brought to Board for approval. Approved. Details of submission addressing previous grant condition provided to Project Officer. |
| 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 | 08/23/16 - Met. Grant condition lifted. 08/02/16- Submitted After Hours Script and policy |
| 6. Hospital Admitting Privileges | Policy on Hospital Admitting and tracking of patients. | 08/26/16 - 120-day Condition Response | 08/26/16 - Submitted SMMC Policy & Data Sharing Reviewing SMMC policies. |
| 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 | 08/23/16 - Met. Grant condition lifted. 07/15/16 - Resubmitted as requested. 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 | 08/23/16 - Met. Grant condition lifted. 08/12/16 - Submitted Medical Director job description and documentation on completion of Director reclassification. 07/21/16- Board Approved Medical Director job description. |
| 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 | 08/23/16 - Met. Grant condition lifted. 08/12/16 - Submitted updated Contract Oversight Policy w/ sub-recipient reference. 7/21/16- Board Approved Revised Policy (for sub-recipient determination) |
| 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 | 08/26/16 - Submitted Approved HCH/FH B&C Policy; Medicare FQHC Application Documentation 08/11/16 - Sample policies up for approval at August Board meeting. Approved. |
| 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. | 08/11/16 - Letter for submission on August meeting agenda for Board approval. 07/29/16 - Project Officer requests letter from Board on special population access. 07/19/16 - Met. Condition lifted. 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

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| 8. Quality Improvement Plan | Include measures across the scope of project; review utilization and quality; address negative trends | | Administratively lifted based on submission of documents lifting previous grant condition for this requirement. |
| 17. Board Authority | Board approve single audit report | | Request to accept Financial Audit report was approved on 4/26/2016 Board Meeting |

TAB 5
Budget &
Finance
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 08, 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 August 31, 2016 – total just under \$1,300,000.

Based on expenditures to date, we are projecting total expenditures to be around \$2,015,000 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 a slightly decreased rate of expenditures, based on the slowing of general operational expenditures and as estimated \$200,000 that will not be spent from the current contracts and MOUs.

Overall, as we move forward with decisions for this grant year – contracts on today's agenda and the proposal still under review and consideration, new efforts resulting from the Strategic Planning process, additional staffing, etc. – there currently appears to be approximately \$360,000 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 [SF-424] | To Date (08/31/16) | Projection for GY (+~17 wks) | Projected for GY 2017 |
|---|--------------------|-----------------------|---------------------------------|---------------------------------------|
| <u>Salaries</u> | | | | |
| Director | | | | |
| Program Coordinator | | | | |
| Medical Director | | | | |
| Management Analyst new position, misc. OT, other, etc. | | | | |
| | 697,262 | 228,850 | 360,000 | 490,000 |
| <u>Benefits</u> | | | | |
| Director | | | | |
| Program Coordinator | | | | |
| Medical Director | | | | |
| Management Analyst new position, misc. OT, other, etc. | | | | |
| | 417,915 | 104,098 | 165,000 | 250,000 |
| <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 | 561,425 | 432,610 | 664,000 | 775,000 |
| Current 2016 MOUs | 433,300 | 477,654 | 653,000 | 675,000 |
| ---unallocated---/other contracts | 168,474 | | | 303,004 |
| | 1,163,199 | 910,264 | 1,317,000 | 1,753,004 |
| <u>Other</u> | | | | |
| Consultants/grant writer | | 27,215 | 75,000 | |
| IT/Telcom | | 3,849 | 8,000 | 12,000 |
| New Automation | | | 50,000 | |
| 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 | 21,500 |
| TOTALS - Base Grant | 2,373,376 | 1,294,070 | 2,013,950 | 2,550,004 |
| HCH/FH PROGRAM TOTAL | 2,373,376 | 1,294,070 | 2,013,950 | 2,550,004 |
| PROJECTED AVAILABLE | BASE GRANT | | 359,426 | 0 |
| | | | | based on est. grant of \$2,550,004 |

TAB 6
Request to Approve
New Board Member



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 2016

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

FROM: Board Composition Committee
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR RICHARD GREGORY

The Co-Applicant Board of the HCH/FH Program may periodically elect new members to the Board as desired and in accordance with Board Bylaws.

The Board Composition Committee has interviewed two candidates it wishes to present to the Board. Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB.

This request is for the approval of a new Board members to enlarge the knowledge and expertise available to the Board for its review and planning duties.

Richard Gregory was interviewed by members of the Board Composition Committee and the Board Chair. Dr. Dick Gregory has extensive experience providing dentistry services to underserved populations. He is Director of Apple Tree in San Mateo County. Apple Tree is expanding to the coast side via Sonrisas and Puente, giving Dr. Gregory a 'west of the coastal range' perspective. He is currently a member of the Oral Health Program Advisory Committee Partnership.

The Board Composition Committee nominates Richard Gregory for a seat on the Co-Applicant Board of the Health Care for the Homeless/Farmworker Health Program.

ATTACHMENT: RICHARD GREGORY APPLICATION



Richard Gregory application

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant Board Application for Board Membership.

1. What is your name and contact information?

Richard Vincent Gregory
"Dick" Gregory DDS
Home: 2932 Carolina Avenue, Redwood City, CA 94061
Cell: 650 796-3171
Work: Apple Tree Dental
430 N. El Camino Real, San Mateo, CA 94401
Tel: 650 727-3500

2. What is your place of employment and title, if applicable?

Dental Director
Apple Tree Dental California, Inc.
San Mateo Center Director
430 N. El Camino Real
San Mateo, CA 94401

3. What experience and/or skills do you have that would make you an effective member of the Board?

I have a real interest and significant experience in the oral health care needs of San Mateo County residents with special access needs.

2016: Active contribution to developing San Mateo County Strategic Oral health Plan to be released 7/16

2016: Member Oral Health Program Advisory Committee Partnership (Advisory to State Dental Director's Strategic Oral Health Plan)

2015-present: Apple Tree Dental California, Inc., Dental Director

1980-2010: Private Practice General Dentistry

2008-2015: Samaritan House Dental Clinics Director

2008-2014: Chair San Mateo County Oral Health Coalition

2010-2014: Chair MPHS Senior Focus Community Committee

4. Why do you wish to be a Board member?

It's my understanding that having a dentist on the Board would provide a resource not currently represented. I feel that I can contribute my clinical knowledge and community relationships to improving access to dental services for local populations with access challenges.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? **No.**

We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

6. The Board requires a member to be a resident of San Mateo County.

I reside in Redwood City.

7. Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center. I do not have the conflict of interest described below.

- No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.

(45 CFR Part 74.42 and 42 CFR Part 51c.304b)

TAB 7
Request to Approve
Final SAC
report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 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 FOR THE BOARD TO TAKE ACTION TO APPROVE THE FINAL APPLICATION OF THE SERVICE AREA COMPETITION (SAC) GRANT

In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications.

As the HCH/FH program's current grant period is coming to an end and the Health Resources and Services Administration has announced the opening of the SAC for the San Mateo County service area, homeless and farmworker target populations, the Board's approval of the grant application is required. The draft SAC application was approved at last Board meeting (August 11, 2016), the Final SAC application was due August 31, 2016.

This request is for the Board to approve the Final SAC application that was submitted August 30, 2016. A majority vote of the Board members present is required to approve the grant application.

ATTACHED: FINAL SAC APPLICATION



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
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TAB 8
Request to Approve
Contracts

Project WeHOPE
Daly City Youth
Health Center



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR PROJECT WEHOPE

Program received a proposal from Project WeHOPE in response to our October 2015 issued RFP for Enabling Services for homeless individuals.

The proposal essentially called for providing a 2 pronged strategies to address the health needs of homeless individuals in San Mateo County by: 1) providing shower and laundry services to homeless individuals at housing projects, cars or street under the Dignity of Wheels project; 2) providing comprehensive care coordination for homeless individuals.

On completing the proposal evaluation process, the Selection Committee had recommended partial funding for some of the proposed services and asked Program to clarify questions and concerns with Project WeHOPE. After meeting and negotiating with Project WeHOPE, Program offered an agreement with recommended funding at \$21,400 for the delivery of shower and laundry services to homeless clients on the Dignity on Wheels project, recognizing that the shower and laundry services may support the ongoing development and delivery of care coordination services. This request is for the Board to take action to approve the execution of this modified agreement with Project WeHOPE.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for four (4) months through December 31, 2016. The maximum total value of the contract is \$21,400.

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

Attachments:
Project WeHOPE Contract for Enabling Services



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
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PROJECT WEHOPE

Exhibit A

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

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Project WeHOPE for a range of enabling services to homeless individuals, centered on the Dignity on Wheels project by providing **showers and laundry services, and including outreach, care coordination and referral..** Homeless individuals must meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

The services to be provided by Project WeHOPE will be implemented as measured by the following objectives and outcome measures:

Outcome 1.A: Provide a minimum of **800 showers** to homeless individuals residing in rotating housing programs, living in cars, or on the streets in San Mateo County.

Outcome 1.B: Provide a minimum of **300 laundry loads** to homeless individuals residing in rotating housing programs, living in cars, or on the streets in San Mateo County.

RESPONSIBILITIES:

Recognizing that the shower and laundry services may support the ongoing development and delivery of care coordination services, and that such services may be financially supported, at least in part, by the HCH/FH Program, the development of care coordination services must include data elements that would be required for HCH/FH support of those services. Specifically, that would include, at a minimum:

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

If there are charges for services that would be provided under a follow-up contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under any HCH/FH contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

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

A monthly invoice detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.

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

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

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

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

Participate in County and community activities that address homeless issues.

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

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of \$20.00 for each unduplicated encounter per day by homeless individuals invoiced per reporting period for delivery of shower services, up to the maximum of 800 encounters per contract period.

County shall pay Contractor at a rate of \$18.00 for each unduplicated encounter per day by homeless individuals invoiced per reporting period for delivery of laundry services, up to the maximum of 300 encounters per contract period.

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

The term of this Agreement is September 1, 2016 through December 31, 2016. Maximum payment for services provided under this Agreement will not exceed TWENTY-ONE THOUSAND FOUR HUNDRED DOLLARS (\$21,400).



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 2016

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR DALY CITY YOUTH HEALTH CENTER

Program received a proposal from Daly City Youth Health Center (DCYHC) in response to our October 2015 issued RFP for Enabling Services for homeless individuals.

The proposal essentially called for providing a 3 pronged strategies to address the health needs of homeless youth in Northern San Mateo County communities by: 1) performing a Needs Assessment of the Jefferson Union High School District to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing; 2) To complete a set of protocols for the outreach, referral, care coordination and tracking of potential homeless youth to be served by the program; 3) Provide comprehensive care coordination for homeless youth in Jefferson Union High School District.

On completing the proposal evaluation process, the Selection Committee had recommended partial funding for some of the proposed services and asked Program to clarify questions and concerns with DCYHC. After meeting and negotiating with DCYHC, Program offered an agreement with recommended funding at \$35,000 for the delivery of a Needs Assessment and Protocols Development, recognizing that the Needs Assessment may support the ongoing development and delivery of care coordination services. This request is for the Board to take action to approve the execution of this modified agreement with DCYHC.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for four (4) months through December 31, 2016. The maximum total value of the contract is \$35,000.

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

Attachments:
Daly City Youth Health Center Contract for Enabling Services



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
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DALY CITY YOUTH HEALTH CENTER

Exhibit A

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

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

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Daly City Youth Health Center (DCYHC) for a range of enabling services to homeless individuals, centered on **Needs Assessment** and **Protocols Development of outreach, referral, care coordination and tracking project**. Homeless individuals must meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals.

The services to be provided by DCYHC will be implemented as measured by the following objectives and outcome measures:

Outcome 1.A: To complete a Needs Assessment of the Jefferson Union High School District to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing.

Outcome 1.B: To complete a set of protocols for the outreach, referral, care coordination and tracking of potential homeless youth to be served by the program.

RESPONSIBILITIES:

Recognizing that the Needs Assessment may support the ongoing development and delivery of care coordination services, and that such services may be financially supported, at least in part, by the HCH/FH Program, the protocols developed must include those activities and data elements that would be required for HCH/FH support of those services. Specifically, that would include, at a minimum:

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

If there are charges for services that would be provided under a follow-up contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under any HCH/FH contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

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

A monthly invoice detailing the contract services delivered in the previous month will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking as maybe necessary.

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

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

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

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

Participate in County and community activities that address homeless issues.

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

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor \$30,000 total over the term of the agreement for the Needs Assessment project. County shall pay \$25,000 upon Contractor submission of Needs Assessment detailed plan with questionnaire and/or tool for review and acceptance, and \$5,000 upon Contractor submission of the Needs Assessment final report for review and acceptance.

County shall pay Contractor \$5,000 total over the term of the agreement for the Protocols Development of outreach, referral, care coordination and tracking project. County shall pay \$5,000 upon Contractor submission of all related protocols and documentation for review and acceptance.

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

The term of this Agreement is September 1, 2016 through December 31, 2016. Maximum payment for services provided under this Agreement will not exceed THIRTY-FIVE THOUSAND DOLLARS (\$35,000).

TAB 9
Discussion on
Grievance Policy



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 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: DISCUSSION ON PATIENT GRIEVANCE POLICY

According to the draft Health Center Compliance Manual that was just published recently in order "to provide a consolidated resource to assist health centers in understanding and demonstrating compliance with Health center Program requirements," the chapter on Board Authority states "*The health center governing board must ensure that a process is developed for hearing and resolving patient grievances.*"

Please find attached San Mateo Medical Center's current grievance policy to guide the discussion on what we can adopt for HCH/FH Grievance Policy.

Attachments:
SMMC Grievance Policy



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
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SUBJECT: PATIENT COMPLAINT/GRIEVANCE PROCEDURE
CHAPTER: RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL
AUTHOR: PATIENT ADVOCATE

POLICY:

San Mateo Medical Center (SMMC) has a process for responding to patient complaints and grievances regarding care and services received through SMMC. The Hospital Board delegates the oversight of this policy to the Grievance Committee, allowing the Committee to address complaints and grievances on its behalf, while keeping the Board appropriately advised of complaints and grievances reflecting material concerns regarding quality of care. The Committee may include representatives from Management Staff, Administration, Quality, the Patient Advocate, and others as needed.

Whenever possible, SMMC will resolve complaints or grievances at the point of service.

PURPOSE:

The purpose of this policy is to provide a formal complaint/grievance procedure in accordance with aligned regulations for all persons.

DEFINITIONS:

Complaint: A complaint is a statement made or provided to the hospital by a patient or the patient's representative regarding the patient's care which describes a grievance, problem, difficulty, or concern regarding the hospital or the patient's care and which can be resolved at the time of the complaint by staff present. A post-hospitalization or post-visit verbal communication regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit is also defined as a complaint.

Grievance: A grievance is a formal or informal written or verbal complaint that is made by a patient or the patient's representative regarding any of the following: the patient's care when the complaint cannot be resolved at the time of the complaint by staff present; alleged abuse or neglect; issues related to alleged non-compliance with the CMS Hospital Conditions of Participation (CoPs); or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.

If a verbal patient care complaint cannot be resolved at the time of the complaint by staff present, is held for later resolution, is referred to other staff for later resolution, requires review, and/or requires further actions for resolution, then the complaint is a grievance for the purposes of this policy.

Billing issues are not usually considered grievances for the purposes of this policy. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489 is considered a grievance. Billing issues can become grievances if patients or their representatives state they will not pay because of a care or treatment issue.

A written complaint is always considered a grievance, whether from an inpatient, outpatient, released/discharged patient, or their representatives, if the complaint regards the patient care provided or alleged abuse, neglect, or the hospital's non-compliance with CoPs. For the purposes of this requirement an email or fax is considered "written".

Information obtained through patient satisfaction surveys, such as negative comments, does not usually meet the definition of a grievance. If, however, an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the hospital must treat this as a grievance if the hospital would usually treat such a complaint as a grievance.

Patient complaints that become grievances also include situations where a patient or a patient's representative telephones the hospital with a complaint regarding his or her patient care or with an allegation of abuse, neglect, or failure of the hospital to comply with one or more CoPs or other CMS requirements.

All verbal or written complaints regarding alleged abuse, neglect, patient harm, or hospital compliance with CMS requirements are to be considered grievances for the purposes of these requirements.

Whenever the patient or the patient's representative requests his or her complaint be handled as a formal complaint or grievance or when the patient requests a formal response from the hospital, the complaint is a grievance.

Staff Present: Includes any hospital staff present at the time the patient makes the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.

Grievance Committee: the Committee may include representatives from management staff, Administration, Quality, the Patient Advocate, and others as needed. The Committee will consist of, at a minimum, two staff members.

Patient Care: Patient care means the care and services provided to the patient by SMMC. The term is intended to be sufficiently broad to include all relevant aspects of the patient's interactions with SMMC staff and providers.

Resolved: A complaint is considered resolved when the patient is satisfied with the actions taken on his or her behalf or when SMMC indicates that it has concluded its review of the matter and informed the patient of his or her right to appeal SMMC's final decision on the issue.

I. General Procedure for Grievances/Complaints

A. Notification to patient on how to file a grievance/complaint

1. Each patient is provided with patient rights information at the time of admission, which includes who to contact to voice a grievance/complaint.
2. If a Medicare beneficiary wishes to complain regarding quality of care or a premature discharge, the patient/family may contact The Medicare and Medicaid Quality Improvement Organization, Livanta LLC at any time during the process:

B. Handling of grievance/complaint at point of contact while the patient (inpatient or outpatient) is on site

1. All issues are to be resolved at the level closest to the point of concern. The first step to resolution is at the point of contact. If the patient/client complains to a staff member (staff, department manager, supervisor, patient relations, risk manager, and/or administrative staff) and the staff member is able to resolve the complaint at that time, this is the best and quickest way to resolve the situation.
2. The staff should inform their supervisor of this occurrence and, unless the issue is minor and has been resolved at or near the time the complaint is made (as determined by the supervisor), complete a Patient Concern Form #11887 (10/10) (*see attached*) showing the conclusion/resolution. A copy of the completed form will then be sent to the Patient Advocate.
3. If unable to resolve at the point of contact by the next day, the matter becomes a grievance and it is transmitted up through the chain of command and to the Patient Advocate.
4. The concerns shall be reviewed and conclusion/resolution shall be documented on a Patient Concern form by the pertinent person(s). A copy of the form with all supporting documentation will be sent to the Patient Advocate.

C. Handling of grievance if not resolved at the time of the complaint (or by the next day), if the patient has left the site, or if received after patient is discharged

1. If a grievance is submitted verbally after the patient has left the site, the staff receiving the grievance should inform their supervisor of this occurrence and complete the attached Patient Concern Form. If the grievance is submitted in written format, a Patient Concern Form should also be completed (unless the written submission is on a Patient Concern Form). In either case, a copy of the completed form should be sent to the Patient Advocate.
2. Grievances should be resolved within 10 calendar days.
3. The party submitting the grievance will be provided written notification of the outcome of the grievance review and investigation, including all the following information (see sample letter attached, which will be sent on current letterhead):
 - a. The name of the hospital contact person
 - b. The steps taken on behalf of the patient to investigate the grievance
 - c. The results of the grievance process
 - d. The date of completion
4. If a resolution cannot be completed within 10 calendar days, then an acknowledgement letter will be sent to the complainant within 10 calendar days of receipt of the grievance stating that a resolution letter will be sent within 30 days.
5. If resolution cannot be completed within the 30 days, a letter will be sent to the complainant as to when to expect the resolution.

II. Appeal Rights

If resolution satisfactory to the complainant is not reached and the complainant would like to pursue the issue outside the hospital, the patient has appeal rights.

- A. The patient/family may contact the California Department of Public Health or The Joint Commission at the addresses below at any time to register a complaint. This will in no way compromise the care the patient receives.

California Department of Public Health
150 North Hill Drive, Suite 22Brisbane, California 94005
(415) 330-6353

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-800-994-6610
or visit <http://www.jointcommission.org>

- B. If a Medicare Beneficiary wishes to complain regarding quality of care or a premature discharge, the patient/family may contact The Medicare and Medicaid Quality Improvement Organization, Livanta LLC Quality Improvement Organization

Livanta LLC
1-877-588-1123

III. Documentation

- A. A Patient Concern Form shall be completed with copies of all supporting documents and sent to the Patient Advocate.
- B. Quarterly summary reports will be distributed to Senior Management for oversight and to the Quality Improvement Committee and Department Managers for improvement purposes.

| SMMC Policy Review/Approval Grid | |
|---|--------------------------|
| Origination Date: | Last Review Date:2013-07 |
| Reviewed and approved by: | Date: |
| Patient Advocate | 2/16 |
| Chief Medical Officer | 2/16 |
| Chief Operating Officer | 2/16 |
| Chapter Chair | 3/16, FINAL |
| Date & Author/Reviewer: 2016-02, Glynis Carreira, Patient Advocate | |
| NOTE(S): Changes at this review/revision period are limited to attachment updates; Patient Concern Form #11887, and, Sample Letter. | |



To be completed by staff member
PATIENT CONCERN FORM

Date of complaint: _____ Date(s) of complaint occurrence: _____
In person: _____ By phone: _____ Other: _____
Received by: _____ Dept: _____
Phone #: _____ Time: _____
Patient name: _____ Phone #: _____
M: _____ F: _____ DOB: _____ Medical Record #: _____
Person filing complaint: _____ Phone #: _____
Relationship to patient: _____
Area(s) of complaint: _____
ENTER CLINIC /DEPARTMENT, STAFF'S NAME, BILLING, ETC.

Summary of complaint:
START ENTERING SUMMARY HERE
Disposition:
START ENTERING DISPOSITION HERE. THIS WOULD BE RESEARCH REGARDING THE COMPLAINT, INFORMATION PROVIDED BY OTHER STAFF/DEPARTMENTS, WHAT ACTION WAS TAKEN TO RESOLVE THE COMPLAINT.

Copy to: Name _____ Title _____ Date _____

Glynis Carreira Patient Advocate

| Document Actions: | | | | | | | |
|--------------------|-----------------------------------|---------------------------------|--------------------------------------|---------------------------------|---------------------|------------------|--|
| Action | Complaint Closed by Staff Present | Grievance Copy Patient Advocate | Acknowledgement letter sent - 7 days | 30 day notification letter sent | Outcome letter sent | Closed grievance | Documentation sent to Patient Advocate |
| Date Completed by: | | | | | | | |

| Type of Complaint: | | | | Validity of Complaint: | | | |
|--------------------|---------|--------------------------------|-------------------------|------------------------|-------|---------------|-------------|
| Access | Billing | Customer Service Cultural Bias | Quality of Medical Care | Other | Valid | Some validity | Unwarranted |

Sample Letter

To be placed on current letterhead

DATE

Name
Address

Dear Mr/Ms,

I want to express my appreciation for the time you took to share your concerns regarding your recent visit to the DEPARTMENT. The review of you concerns was completed on Date.

When we spoke on the telephone/in your letter, your concerns primarily centered on One to Two lines of what the concerns were.

First, please allow me to apologize to you for not meeting the expectations you had for your health care experience. We are working hard to develop the culture of our organization to provide the highest quality medical care along with the best service experience possible. Your feedback is very valuable to us, as it helps us identify those areas where we are not meeting our goals.

After receiving your concerns they were immediately forwarded to Name of staff and titles for review. (If appropriate: Explanations - Acknowledgement - Apology - What we are doing for improvement.)

I would like to thank you again for allowing me to help address your concerns and to thank you for allowing us to be your health care provider. We will be closing your complaint as of the date of this letter. If you wish to speak further regarding this concern or if I can help you in the future please feel free to contact me at, (650) 573-xxxx.

Sincerely,

Name
San Mateo Medical Center
Title



**To be completed by staff member
PATIENT CONCERN FORM**

Date of complaint: _____ **Date(s) of complaint occurrence:** _____

In person: _____ By phone: _____ Other: _____

Received by: _____ **Dept:** _____

Phone #: _____ Time: _____

Patient name: _____ **Phone #:** _____

M: _____ F: _____ **DOB:** _____ **Medical Record #:** _____

Person filing complaint: _____ **Phone #:** _____

Relationship to patient: _____

Area(s) of complaint: _____ *ENTER CLINIC /DEPARTMENT, STAFF'S NAME, BILLING, ETC.*

Summary of complaint:
START ENTERING SUMMARY HERE

Disposition:
START ENTERING DISPOSITION HERE. THIS WOULD BE RESEARCH REGARDING THE COMPLAINT, INFORMATION PROVIDED BY OTHER STAFF/DEPARTMENTS. WHAT ACTION WAS TAKEN TO RESOLVE THE COMPLAINT.

| | | |
|----------------------|--------------|-------------|
| Copy to: Name | Title | Date |
|----------------------|--------------|-------------|

| | | |
|-----------------|------------------|--|
| Glynis Carreira | Patient Advocate | |
|-----------------|------------------|--|

Document Actions:

| Action | Complaint closed by Staff Present | Grievance Copy Patient Advocate | Acknowledgement letter sent - 7 days | 30 day notification letter sent | Outcome letter sent | Closed grievance | Documentation sent to Patient Advocate |
|--------------|-----------------------------------|---------------------------------|--------------------------------------|---------------------------------|---------------------|------------------|--|
| | | | | | | | |
| Date | | | | | | | |
| Completed by | | | | | | | |

Type of Complaint:

Validity of Complaint:

| | | | | | | | | | | | | | | | | |
|--------|--|---------|--|--------------------------------|--|-------------------------|--|-------|--|--|-------|--|---------------|--|-------------|--|
| Access | | Billing | | Customer Service Cultural Bias | | Quality of Medical Care | | Other | | | Valid | | Some validity | | Unwarranted | |
|--------|--|---------|--|--------------------------------|--|-------------------------|--|-------|--|--|-------|--|---------------|--|-------------|--|

TAB 10
Request to Approve
Credentialing &
Privileging



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 2015

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

FROM: Jim Beaumont, Director HCH/FH Program

SUBJECT: REQUEST TO APPROVE CREDENTIALING AND PRIVILEGING

The HCH/FH Program Credentialing and Privileging Policy was approved at the May 14, 2015 meeting. The policy states that

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

The approval of Credentialing and Privileging is a required submission by August 26, 2016 on our 120-day implementation grant condition on Program Requirement # 3 - Staffing.

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

Attachments:

September SMMC Credentialing and Privileging list



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

Attachment A

San Mateo Medical Center Medical Staff
CREDENTIALS UPDATE

TEMPORARY PRIVILEGES *[not to exceed 120 days]*

*Board Certifications - [Temporary Privileges not to exceed maximum 120 days]

| Name | Department | Specialty | Effective Dates** | Justification |
|----------------------|--------------|--|-----------------------|--|
| ABBI, Gaurav | Surgery | Orthopedic Surgery* | 09/01/2016-12/30/2016 | Orthopedic surgery coverage |
| ALI, Alyan | Medicine | Internal Medicine* | 08/05/2016-12/03/2016 | Pulmonology/ICU Coverage |
| AOKI, Ellen | Primary Care | Pediatric* | 09/06/2016-01/04/2017 | Supervising physician for Fair Oaks Pediatrics |
| BIGGS, Arter | Psychiatry | Psychiatry | 07/01/2016-10/29/2016 | Psychiatry coverage |
| CHANDER, Divya | Surgery | Anesthesiology | 08/22/2016-11/22/2016 | Anesthesia coverage in the operating room |
| CHENUMALLA, Madhavi | Primary Care | Family Medicine* | 06/20/2016-10/18/2016 | South County Clinic Primary Care Coverage |
| CROZIER, Emily | Medicine | Otolaryngology* | 07/26/2016-11/23/2016 | Otolaryngologist coverage |
| JUNG, Anna | Psychiatry | Psychiatry | 08/01/2016-11/29/2016 | Psychiatry coverage (current Psychiatric resident) |
| LANGSTON, Shannon | Psychiatry | Psychiatry | 07/08/2016-11/05/2016 | Psychiatry coverage |
| LIU, Erin | Medicine | Internal Medicine* (board exam on 8/16/2016) | 08/29/2016-12/27/2016 | Internal Medicine Coverage-new hospitalist for Sound Physicians |
| MAN, Gabriel | Surgery | Anesthesiology | 08/26/2016-11/25/2016 | Anesthesia coverage in the operating room |
| PETERSON, Jaime | Primary Care | Pediatrics | 08/11/2016-12/09/2016 | South County Clinic Pediatric Care Coverage-part of Stanford agreement |
| QUINTANA, Andrea | Surgery | OB-Gynecology (board eligible) | 09/01/2016-12/30/2016 | OB-Gynecology coverage |
| ROHLKE, Faith | Psychiatry | Psychiatry | 07/08/2016-11/05/2016 | Psychiatry coverage (current Psychiatric resident) |
| STAMM, Demetra | Psychiatry | Psychiatry | 07/01/2016-10/29/2016 | Psychiatry coverage |
| SOTO, RODOLFO | Medicine | IM/Cardiology* | 08/05/2016-12/03/2016 | Cardiology clinic coverage |
| TABAK, Carol | Surgery | General Surgery/Thoracic Surgery* | 08/22/2016-12/20/2016 | General Surgery coverage (Clinic only) |
| TROJNAR, Meghan | Primary Care | Pediatrics | 08/15/2016-12/13/2016 | Pediatric coverage |
| ZAIDI, Farah | Psychiatry | Psychiatry | 07/08/2016-11/05/2016 | Psychiatry coverage (current Psychiatric resident) |
| ZAMBRICKI, Elizabeth | Surgery | Otolaryngology (board eligible) | 09/01/2016-12/30/2016 | Otolaryngology coverage |

| AFFILIATE STAFF | Department | Specialty | Effective Dates** | Justification |
|-------------------------|--------------------|---|--------------------------|---|
| ROMERO, Amanda | Primary Care | Pediatric Nurse Practitioner* | 04/22/2016-08/20/2016 | /NP coverage for Fair Oaks/South County |
| SAUCEDO, Bertha | Primary Care | Pediatric Nurse Practitioner* | 04/22/2016-08/20/2016 | NP coverage for Fair Oaks/South County |
| KELAVA, Luca | Primary Care | Family Nurse Practitioner* | 05/02/2016-08/30/2016 | NP coverage for South San Francisco |
| PELEJ, Joseph C. | Emergency Medicine | PA Certification* | 06/01/2016-09/29/2016 | Physician assistant coverage for Emergency Department |
| CHOPRA, Beth | Primary Care | Pediatric Nurse Practitioner* | 06/13/2013-10/11/2016 | NP coverage for Fair Oaks/South County |
| BAILEY, Sarah | Medicine | Adult-Gerontology Primary Care Nurse Practitioner | 07/18/2016-11/15/2016 | Edison Clinic Nurse Practitioner Coverage |
| TOMLIN, Matthew | Primary Care | Pediatric Nurse Practitioner | 08/29/2016-11/21/2016 | Coverage for North County Clinics (SSF, DC, DCY) |

NEW APPOINTMENTS

(Medical Staff and Affiliate Staff)

| Name | Department | Specialty | Information | Reason |
|-----------------------------|----------------------|-------------------------------|---|--------------------------|
| ABBI, Gaurav | Surgery | Orthopedic Surgery* | Medical Doctorate degree from UC San Diego School of Medicine 2006 Orthopedic Residency from UC Davis 2011 Fellowship in Spinal Surgery at NYU-Hospital for Joint Disease 2012 Orthopedic Chief of Spine Service at Santa Clara Valley Medical 2012-present Associate Clinical Professor at Stanford University SOM Dept. of Orthopedics 2012-present | Orthopedic Surgery |
| ALI, Aliyan | Medicine | Internal Medicine*/ Pulmonary | Medical Doctorate degree from Univ. of Maryland SOM 2011 Internal Medicine Residency from UC San Diego 2014 Fellowship in pulmonary and critical care Stanford University 2014-2017 Internal Medicine Nocturnist/moonlighter 2015-present Palo Alto VA ICU Nocturnist/moonlighter 2015-present | Pulmonology/ICU coverage |
| BECKWITH, Stephen | Emergency Department | Emergency Department | Medical Doctorate degree from Emory University School of Medicine 2002 Residency in Emergency Medicine at University of Arizona 2002-2005 ER Medical Director 31 st Combat Support Hospital, Iraq and Afghanistan 2007-2011 Contract Physician EM Care 2014-Present Current affiliation to St. Joseph’s Medical Center Bryan, Texas 2009-Present | Emergency Room Coverage |
| CALUYA-DIAZ, Lovella | Psychiatry | Psychiatry | Medical Doctorate degree from New York Medical College 1993 | Psychiatry Coverage |

| | | | | |
|----------------------------|--------------|------------------|---|---|
| | | | Psychiatry Residency at San Mateo County Behavioral Health 1999 Service Residency Program in Psychiatry at SMCBH 1999 Psychiatrist at Pre-Three/Partner’s Women’s Wellness Clinic 1999-Present | |
| CHENUMALLA, Madhavi | Primary Care | Family Medicine* | Medical Doctorate degree from Osmania Medical College 1994 Master’s in Public Health from the Univ. of South Florida Family Practice Residency Program at Howard University 2005 Internal Medicine Physician at Kaiser Permanente 2006-present | South County Clinic Primary Care Coverage |
| EICHBAUM, Eldan | Surgery | Neurosurgery* | Medical Doctorate degree from UC San Francisco School of Medicine 1991 General Surgery Residency at UCSF and Mount Zion Medical Centers 1993 Neurological Surgery at UCSF 1998 Courtesy staff at UCSF 2010-present Active Staff at Washington Hospital 2012-present Provisional Staff at Sequoia Hospital 2015-present | Neurosurgery coverage |

NEW APPOINTMENTS

(Medical Staff and Affiliate Staff)

| Name | Department | Specialty | Information | Reason |
|------------------------|-------------------|----------------------------|--|-------------------------------------|
| EICHBAUM, Eldan | Surgery | Neurosurgery* | Medical Doctorate degree from UC San Francisco School of Medicine 1991 General Surgery Residency at UCSF and Mount Zion Medical Centers 1993 Neurological Surgery at UCSF 1998 Courtesy staff at UCSF 2010-present Active Staff at Washington Hospital 2012-present Provisional Staff at Sequoia Hospital 2015-present | Neurosurgery coverage |
| JUNG, Anna | Psychiatry | Psychiatry/ Pediatrics* | Medical Doctorate degree UC Davis School of Medicine 2014 Psychiatry Residency at San Mateo County Behavioral Health 2014-2018 | Psychiatry coverage |
| LIU, Erin | Medicine | Internal Medicine | Medical Doctorate degree from Univ. of Hawaii John A. Burns School of Medicine 2013 Internal Medicine Residency at Santa Clara Valley Medical Center 2013-present | Internal Medicine Coverage |
| RAY, Lhasa | Primary Care | Internal Medicine* | Medical Doctorate degree from Albert Einstein College of Medicine 2008 Internship and Residency in Internal Medicine at New York Presbyterian/Weill Cornell Medical Center 2008-2011 NRSA Health Services Research Fellowship-Division of General Internal Medicine and Health Services Research at UCLA 2011-2014 Advanced Fellowship at VA Greater Los Angeles Healthcare | Primary Care Mental Health Coverage |

| AFFILIATE STAFF | Department | Specialty | Information | Reason |
|------------------------|--------------------|-----------------------|--|------------------------------------|
| PELEJ, Joseph | Emergency Medicine | Physician’s Assistant | System 2014-Present PA Certification from Stanford University School of Medicine Primary Care Associate Program with Foothill College 2014-present Masters of Medical Science at St. Francis 2015-present | PA for Emergency Medicine Coverage |

REAPPOINTMENTS (Medical Staff and Affiliate Staff) effective 10/01/2016 (unless otherwise noted)

| Name | Department | Specialty | Information | Effective | Expires |
|--------------------------------|-------------------|-------------------|---------------------------------------|------------------|----------------|
| AU, Tina | Primary Care | Internal Medicine | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| AUNG, Lai Lai | Medicine | Internal Medicine | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| BEDI, Teja | Medicine | Hema/Oncology | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| DALAL, Kimberly | Surgery | General Surgery | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| DALAL, Sapna | Primary Care | Family Practice | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| FOTEDAR, Indu Zalpuri | Primary Care | Internal Medicine | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| GELMAN, Michael | Medicine | Internal Medicine | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| LAKSANA, Gizelle Sheila | Primary Care | Pediatrics | Reappoint to the Active Medical Staff | 10/01/2016 | 09/30/2018 |
| AFFILIATE STAFF | Department | Specialty | Information | Effective | Expires |
| NONE AT THIS TIME | | | | | |

CHANGE IN STATUS/ EXTENSION OF PROVISIONAL PERIOD (Medical Staff and Affiliate Staff)

| Name | Department | Specialty | Credential Information | Expiration |
|----------------------------|-------------------|--------------------|--|-------------------|
| HASKINS, Miranda | Medicine | Internal Medicine | Extend Provisional Period to facilitate completion of proctoring | 09/01/2017 |
| HORNG, Lily | Medicine | Infectious Disease | Release from proctoring effective 8/24/2016 | N/A |
| MUKHERJEE, Arpita | Primary Care | Family Practice | Release from proctoring effective 8/24/2016 | N/A |
| PAO, Sharon | Surgery | OB-GYN | Release from proctoring effective 8/24/2016 | N/A |
| RITTENBACH, Kristen | Surgery | Dentistry | Release from proctoring effective 8/24/2016 | N/A |

RESIGNATIONS (Medical Staff and Affiliate Staff)

| Name | Department | Specialty | Credential Information | Effective |
|--------------------|-------------------|------------------|--------------------------------------|------------------|
| AHMAD, Aziz | Surgery | Surgery | Resigned from staff in good standing | 12/29/2015 |

| | | | | |
|------------------------------|-------------------|---------------------------|--------------------------------------|------------------|
| ALTMAN, Russ B. | Primary Care | Internal Medicine | Resigned from staff in good standing | 08/01/2016 |
| CHO, Leslie | Emergency | Emergency Medicine | Resigned from staff in good standing | 08/01/2015 |
| FAN, Larry | Surgery | Plastic Surgery | Resigned from staff in good standing | 8/30/2016 |
| GOHIL, Amit A. | Medicine | Internal Medicine | Resigned from staff. | 08/19/2016 |
| LESLIE, Kieron | Surgery | Dermatology | Resigned from staff in good standing | 08/01/2016 |
| RAJ, Janice | Psychiatry | Psychology | Resigned from staff in good standing | 08/26/2016 |
| <u>AFFLIATE STAFF</u> | Department | Specialty | Credential Information | Effective |
| ADLER, Neil | Surgery | Physician’s Assistant | Extra help assignment ended. | 08/08/2016 |
| LOWENBERG, Iris | Medicine | Family Nurse Practitioner | Resigned from staff. | 8/17/2016 |

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

APPROVE **APPROVE w/CHANGES** **DISAPPROVE:** Explain Changes/Reason for Disapproval: _____

Signed: _____ Date: _____

BOARD OF DIRECTORS ACTION

APPROVE **APPROVE w/CHANGES** **DISAPPROVE:** Explain Changes/Reason for Disapproval: _____

Signed: _____ Date: _____

TAB 11
Small Funding
Request Summary



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 2016

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

FROM: Elli Lo, Management Analyst and Jim Beaumont, Director HCH/FH Program

SUBJECT: SMALL FUNDING REQUEST BI-ANNUAL REPORT

In accordance with the HCH/FH Program Policy on Small Funding Requests, Program shall provide the Board a summary of the status of the small funding requests from the prior 6-12 months. To date the Program has spent \$39,422 in 2015 and \$2,731 in 2016 on Small Funding Requests.

Below is a summary of the request and status:

| Date Approved | Agency | Amount Spent | Purpose | Report |
|---------------|------------------------|-----------------|---|---|
| 9/11/2015 | Puente de la Costa Sur | \$ 19,371 | Weather protection & health products for October Health Fair, including first aid kits, sunscreen, hoodies etc. | <ul style="list-style-type: none"> • 214 Farmworkers attended October Health Fair • Some items were also distributed to 72 male farmworkers during 2015 holidays |
| 9/17/2015 | LifeMoves | \$ 4,003 | Health related items for homeless individuals on street and in shelters, including First Aids Kit items, evacuation chairs, spill station, sharp container etc. | <ul style="list-style-type: none"> • Items were all distributed in San Mateo County – First Step for Families, Redwood Family House, Maple, Vendome, Haven House). Items were not used at site based homeless family shelter in Daly City as it was closed for the past year for renovation. • 750 clients received items |
| 12/3/2015 | Puente de la Costa Sur | \$ 5,025 | Jackets and lip balm for farmworkers | <ul style="list-style-type: none"> • Items were distributed to 72 male farmworkers during 2015 holidays along with the weather protection & health products |
| 12/23/2015 | LifeMoves | \$ 11,023 | Quit Smoking Aids - for quit smoking workshops to homeless individuals in shelters | <ul style="list-style-type: none"> • Program started 2015 summer, report was submitted August 2016 • 120+ clients attended workshops across all LifeMoves sites in both San Mateo and Santa Clara Counties.* • 17% (n=20) of surveyed participants asked for Smoking Aids to quit smoking. To date, none have quit smoking however, LifeMoves is strategizing on ways to enhance participation both in using the smoking aids and in quitting smoking overall. <p><i>*Per LifeMoves, aids were not distributed to clients in Santa Clara County.</i></p> |
| Date Approved | Agency | Amount Approved | Purpose | Report |
| 6/20/2016 | LifeMoves | \$ 2,731 | CPR Items | Invoice due 10/20/2016 |

ATTACHED: LIFEMOVES' FULL REPORT – QUIT SMOKING AID FUNDING REQUEST



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
 222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

Final Report on LifeMoves' Quit Smoking Aid Small Funding Request

August 2016

By Lisa Brasile, Achieving Career and Educational Success (ACES) Director, LifeMoves

Overview: LifeMoves has a partnership with Breathe California, in which Breathe California trains our staff to provide clients with resources, guides, and smoking cessation techniques. Our staff and other volunteers (such as Stanford Pediatric Residents) facilitate evening workshops at our nine shelter sites. To date, we have delivered 17 Smoking Cessation workshops across these nine sites, which were attended by more than 120 clients.*

When a client enters a shelter site, their first Smoking Cessation workshop is mandatory. They will then receive a \$5 gift card as an incentive to attend additional workshops. Healthcare for the Homeless generously funded our Smoking Aid supplies, which have been distributed to Case Management staff for client utilization. Clients who receive smoking aids are required to complete an initial survey regarding their smoking habits and behaviors. The client is strongly encouraged to complete follow up surveys, periodically.

Methodology: The initial Smoking Cessation workshop is mandatory for all clients entering the shelter site. The attendance at each workshop and across each site fluctuates based on the household dynamic (i.e. employment requirements, clients actively seeking housing/employment, etc.) However, the objective of each workshop is for a minimum of one adult in the household to attend. Participants then choose the Smoking Aids based on information learned in the workshops.

Quantitative Data: 17% of surveyed participants asked their Case Manager for Smoking Aids to quit smoking. To date, none have quit smoking however, LifeMoves is strategizing on ways to enhance participation both in using the smoking aids and in quitting smoking overall. One strategy that LifeMoves will implement this fiscal year is the development of a "No Smoking Week" to take place twice a year at each of the San Mateo County shelter sites. During this event, Case Managers will promote the usage of smoking aids to all applicable clients on their caseload in addition to promoting the event through signs throughout the shelter. In addition, LifeMoves is currently developing an adult education internship program, which will include interns managing and facilitating educational workshops, including smoking cessation.

Data from self-reporting surveys: 91% of participants in the workshops currently smoke more than once a day and for over 5 years. If they are motivated to quit it is because of health and family. Most have tried a smoking aid in the past such as nicotine gum or patch and many have a misconception of what a Smoking Aid is and how to use them correctly, citing a Hookah or a Vape Pen as the main aid they have previously tried. Clarification of these concepts is part of the smoking cessation curriculum that will be incorporated into upcoming workshops.

3rd party data: Staff agree that smoking is oftentimes, in addition to other methods of substance abuse, are part of a clients' identity, and a social escape when gathering with friends/other clients in their community. Staff notes that many clients deprioritize smoking below housing and employment. LifeMoves has found that homeless individuals prioritize housing and employment above other needs while in our programs. Unfortunately, health issues including smoking, are not their primary focus while in our shelter programs, and thus, it is a challenge to get clients motivated to quit smoking. We anticipate that the strategies mentioned above may increase a client's interest and motivation in smoking cessation.

Note:

**Mistakenly, a couple boxes were delivered to one of our Santa Clara County shelters, however, the aids were not distributed to clients. I will make sure to collect them for San Mateo County distribution.*

TAB 12

**Strategic Plan
Update**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 8, 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: REQUEST APPROVAL OF STRATEGIC PLAN REPORT AND UPDATE

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 reviewed at the June 9, 2016 meeting, with the Board arriving at consensus and finally approved by The Board at the August 11, 2016 meeting. Staff will update the Board on the on-going efforts of the Strategic Plan at every Board meeting, below is a status table of efforts.

| STRATEGIC PLAN- ACTIONS | Status/Notes |
|--|--|
| Goal 1: Expand Health Services for Homeless and Farmworkers | |
| 1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers. | |
| 2. Increase available respite care with wrap-around 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. |
| 3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters. (Strategy that were added at the retreat.) | Collecting data on senior homeless population from shelters as well as current services provided/accessible to population |
| 4. Increase dental services for adult farmworkers. | On-going conversations with Dental Director and Fiscal |
| 5. Investigate needs for homeless navigator position within San Mateo Medical Center and other hospitals. | Efforts are also ongoing to research the appropriate classification as well as knowledge, skills and abilities needed for Homeless Navigator position. |
| 6. Increase drug and alcohol support for farmworkers. | |
| 7. Promote preventive dental care for homeless and farmworkers. (Strategy that were added at the retreat.) | |
| Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers | |
| 1. Integration and alignment of additional measureable outcomes for homeless and farmworker population with SMMC. | |
| 2. Work with Partners to increase data collection capacity | Program staff has been meeting with Center on Homelessness and 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 (DSHI) supplemental funding for this effort. |
| 3. Strengthen collaboration with San Mateo Medical Center | |
| Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff | |
| 1. Increase diversity of expertise on the Board. | |
| 2. Determine whether additional staff and/or consultants would be hired to complete strategies and on-going efforts. | |
| 3. Use all available resources. | |
| Goal 4: Improve communication about resources for the homeless and farmworkers. | |
| 1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers. | Program staff has been meeting with Center on Homelessness and Department of Housing to discuss partnerships and future collaborations. |
| 2. Develop easy to use material for homeless and farmworker providers with information about resources available. | Continually updating HCH/FH Services provided table, sent to COH and DOH |



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Louise Rogers • **San Mateo Medical Center CEO:** Chester Kunnappilly
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