

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

San Mateo Medical Center| 222 W. 39<sup>th</sup> Ave. 2<sup>nd</sup> floor (Board Room) San Mateo  
April 26, 2017, 10:00 A.M - 11:30 A.M.

**AGENDA**

<b>A. CALL TO ORDER</b>	Robert Stebbins	<b>10:00 AM</b>
<b>B. CLOSED SESSION</b>		<b>10:05 AM</b>
1. Closed Session this meeting (Credentialing/Privileging list)		
2. Program Director Review		
<b>C. PUBLIC COMMENT</b>		<b>10:25 AM</b>
<i>Persons wishing to address items on and off the agenda</i>		
<b>D. CONSENT AGENDA</b>		<b>10:27 AM</b>
1. Meeting minutes from March 9, 2017		<b>TAB 1</b>
2. Program Calendar	Jim/Elli	<b>TAB 2</b>
<b>E. BOARD ORIENTATION</b>		
1. No Board orientation		
<b>F. REGULAR AGENDA</b>		
1. Board Ad Hoc Committee Report- Transportation	Steve Carey	<b>10:30 AM</b>
2. HCH/FH Program QI Report/discussion on QI Award use	Frank Trinh	<b>TAB 3 10:35 AM</b>
3. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 4 10:45 AM</b>
4. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 5 10:49 AM</b>
5. Request to approve the Board skills matrix	Jim Beaumont	<b>TAB 6 10:53 AM</b>
<i>i. Action Item- Request to Approve Board skills Matrix.</i>		
6. Travel request	Elli Lo	<b>TAB 7 10:58 AM</b>
<i>i. Action Item- Request to Approve travel request</i>		
7. Contractors report for 4 <sup>th</sup> quarter	Elli Lo	<b>TAB 8 11:03 AM</b>
8. UDS submission	Jim Beaumont	<b>TAB 9 11:08 AM</b>
9. Discussion on the new grant conditions	Jim Beaumont	<b>TAB 10 11:13 AM</b>
10. Small Funding request report	Jim/Elli	<b>TAB 11 11:18 AM</b>
11. Strategic Plan Update	Jim Beaumont	<b>TAB 12 11:23 AM</b>
<b>OTHER ITEMS</b>		
1. Future meetings – every 2 <sup>nd</sup> Thursday of the month (unless otherwise stated)		
<i>Next Regular Meeting May 11, 2017; 9:00 A.M. – 11:00 A.M.  Human Services Agency- Belmont</i>		
<b>H. ADJOURNMENT</b>	Robert Stebbins	<b>11:00 AM</b>

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 (March 9, 2017)  
SMMC**

Co-Applicant Board Members Present

Robert Stebbins, Chair  
Mother Champion  
Tayischa Deldridge  
Brian Greenberg  
Julia Wilson  
Kathryn Barrientos  
Steve Carey  
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator  
Glenn Levy, County Counsel  
Elli Lo, Management Analyst  
Frank Trinh, Medical Director  
CJ Kunnappilly, SMMC CEO

Members of the Public

Madeline Kane, Puente de la Sur

Absent: Dick Gregory, Christian Hansen, Dan Brown

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:13</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session  <b>Request to Approve C&amp;P list</b>	Chester Kunnappilly, SMMC CEO- discussed SMMC process for credentialing and privileging.  <b>Action item: Request to Approve Credentialing and Privileging List</b>	Motion to Approve C&P list <u>MOVED</u> by Julia <u>SECONDED</u> by, Kat and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Feb 9th meetings and the Program Calendar) were approved.  Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Kat <u>SECONDED</u> by, Steve and APPROVED by all Board members present.
Regular Agenda Consumer Input	Article discussing the contrast of the homeless issue in many wealthy local jurisdictions in America. Although the total homeless population has fallen almost 14% since 2010, there are still close to 550,000 people in the U.S. who don't have a fixed abode, according to estimates from the U.S. Department of Housing and Urban Development. Unsurprisingly, larger metros, such as New York and Los Angeles, had bigger populations of homeless people than smaller cities, but homelessness is a problem in towns of all sizes.  <i>Please refer to TAB 3 on the Board meeting packet.</i>	
Regular Agenda QI Committee report	Report by Medical Director Frank Trinh.  There are no HCH/FH Program QI updates at this time. The next QI Committee meeting will be on March 30, 2017. Further updates will be reported at the April HCH/FH Co-Applicant Board meeting.  <i>Please refer to TAB 4 on the Board meeting packet</i>	

<p>Regular Agenda: HCH/FH Program <b>Directors report</b></p>	<p>Director's report:</p> <ul style="list-style-type: none"> <li>• Program has received no new information from HRSA on our OSV Final Report nor any possible grant conditions.</li> <li>• The Uniform Data System (UDS) Report was submitted to HRSA on February 15th. We received our initial reviewer response on February 26th with 11 items noted (1 solely a FYI) for update/correction by March 6th. Program is on track to complete the necessary actions and submit by the deadline.</li> <li>• As the Board may be aware, Theresa Sheats will be leaving the Board following this meeting. This will reduce the number of Board members to ten (10). As a reminder, the HRSA Requirement for the Board is a minimum of nine (9). Program is hoping to work more directly with the Board's Membership &amp; Recruitment Committee in support of efforts to identify and recruit new Board members that will improve our consumer representation for our target populations and provide an increasing range of skills on the Board.</li> </ul> <p><i>Please refer to TAB 5 on the Board meeting packet.</i></p>	
<p>Regular Agenda: HCH/FH Program <i>Budget &amp; Financial Report</i></p>	<p>Financial report:</p> <ul style="list-style-type: none"> <li>• Expenditures to date – through February 28, 2017 – currently reported as \$ 183,466. This represents what has been recorded in the county fiscal systems as of March 2, 2017. Month-end processing, which will add some (probably) small amounts to the total, will not be complete until around March 10, 2017.</li> <li>• Also note that contractual/MOU payments during January were for the performance in December – the last month of GY2016. Reflected here are also only two (2) invoices for January 2017 paid during February. Because progressively fewer and fewer patients/clients qualify as unduplicated as we go deeper into the contract year, contract/MOU payments for December are not likely to be representative of a true prorated amount.</li> </ul> <p><i>Please refer to TAB 6 on the Board meeting packet.</i></p>	
<p>Sliding Fee scale  <b>Request to Approve revised sliding fee scale schedule</b></p>	<p><i>One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014 and was later updated on June 9, 2016 based off of OSV report recommendations.</i></p> <p><i>According to the Program's Sliding Fee Discount Program Policy "The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level", the revisions to the Sliding Fee Scale Schedule are based on the updates to the 2017 (FPL) guidelines. This Action Request is for the Co-Applicant Board to approve revisions to its approved Sliding Fee Discount Program Policy Schedule to make adjustments for the new FPL for 2017 and in order to come into compliance with HRSA Program Requirements.</i></p> <p><b>Action item: Request to Approve revised sliding fee scale schedule</b> <i>Please refer to TAB 7 on the Board meeting packet</i></p>	<p>Motion to <b>Approve revised sliding fee scale schedule</b></p> <p><u>MOVED</u> by Julia <u>SECONDED</u> by Kat and APPROVED by all Board members present.</p>
<p>Travel request for NHCHC 2017 DC  <b>Request to Approve Board</b></p>	<p>The HCH/FH Program (Program) Co-Applicant Board (Board) approved (January 9, 2014) a policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business.</p> <p>The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014).</p>	<p><b>Motion to Approve Board member and non-board member requests for</b></p>



	<b>Action item : Request to Form Ad- Hoc Staffing Review Committee</b> <i>Please refer to TAB 9 on the Board meeting packet.</i>	
Contractors report - 4 <sup>th</sup> quarter	Table for next meeting <i>Please refer to TAB 10 on the Board meeting packet.</i>	
Financial Consultant Update	Table for next meeting	
Adjournment	Time __11:05 AM__	Robert Stebbins



Robert Stebbins, Chair



Jim Beaumont, Director/Secretary

**TAB 2**  
**Program Calendar**  
**(Consent Agenda)**

**Health Care for the Homeless & Farmworker Health (HCH/FH) Program  
2017 Calendar (Revised April 2017)**

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (May 11, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>QI Committee meeting</li> <li>Site Visits with contractors</li> </ul>	May	@ Human Services Agency-Belmont
<ul style="list-style-type: none"> <li>Board Meeting (June 8, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>National Health Care for Homeless Conference, DC ( June 21-24<sup>th</sup>)</li> <li>Grant conditions plan due</li> <li>Needs Assessment</li> </ul>	June	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (July 13, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>QI Committee meeting</li> <li>Site Visits with contractors</li> </ul>	July	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (August 10, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>RFP announcement</li> <li>Renew Board members membership ( 4)</li> </ul>	August	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (September 14, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>QI Committee meeting</li> </ul>	September	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (October 12, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Annual conflict of statement signed by Board members</li> <li>International Street Medicine Symposium, Pennsylvania (Oct 19-21)</li> <li>Renew annual conflict of interest statement all Board members</li> </ul>	October	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Deadline</u>
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
BPR/SAC-Approve	August
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring



**TAB 3**  
**QI Report**

DATE: April 26, 2017

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

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT AND DISCUSSION ON QI AWARD USAGE

The San Mateo County HCH/FH Program QI Committee met on March 30, 2017.

The 2017-2018 QI Plan Outcome Measures were discussed, with the proposed Medical Outcome Measures to be evaluated being:

1. Cervical Cancer Screening/Pap Test
2. Diabetes HgbA1c < 8%
3. Hypertension
4. Adult Weight Assessment
5. Child Weight Assessment

The Enabling Services Outcome Measure of tracking Primary Care referrals from Enabling Services contracting agencies will also continue as part of the 2017-2018 QI Plan. The QI Committee is finalizing the details of this outcome measure, with the goal of expanding the number of referrals tracked.

The QI Committee will be working with BHRS to determine a Mental Health Outcome Measure to include in the 2017-2018 QI Plan. Details of this proposed Outcome Measure will be discussed at the next QI Committee meeting.

The QI Committee discussed possible Dental Outcome Measures. Currently, Dr. Dick Gregory is working with a consortium of Dental providers to determine possible Dental Quality Measures and building data collection infrastructure to measure them. Given the early stage of development for this potential Outcome Measure, the QI Committee will revisit Dental Outcome Measures for the 2018-2019 QI Plan.

The QI Committee also reviewed the Patient Satisfaction Survey Report, and will be finalizing it at the next QI Committee meeting. The report will be brought to the Co-Applicant Board after finalization.

The next QI Committee meeting will be in May 2017.

QI award possible uses

- Board training
- Tablet purchase/rental
- consultant/intern

Conferences

- NHCHC (DC in June)
- Street Medicine Conference (PA in October)

## QI Award \$35,556

### Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Grant Specific Term(s)

1. This supplement must be used within 12 months of receipt of funds to support QI activities. Funds must be used consistent with all federal cost principles as noted in 45 CFR 75. In addition, health centers must use these funds for QI activities, which include but are not limited to:
  - Developing and improving health center QI systems and infrastructure, including training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; and/or implementing targeted QI activities (including hiring consultants).
  - Developing and improving care delivery systems, including purchasing supplies to support care coordination, case management, and medication management; developing and implementing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; and/or patient engagement activities.
2. This award provides one-time funding for use during the period of September 1, 2016, through August 31, 2017. If funds are not fully expended by the end of your current budget period, you must request carryover to use the remaining funds in your next budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
3. The purposes of the Fiscal Year (FY) 2016 Health Center Quality Improvement (QI) Fund one-time grant supplement are to: (1) recognize health centers that displayed high levels of quality performance in Calendar Year 2015 Uniform Data System reporting and/or significantly improved quality of care from 2014 to 2015; (2) provide support for those health centers to continue to strengthen quality improvement activities; and (3) to recognize and provide support for health centers with one or more sites with new and/or continued patient centered medical home recognition.
4. Health centers will be required to provide information on the QI activities supported through this one-time supplement via their FY 2017 Service Area Competition (SAC) application or FY 2017 Budget Period Renewal (BPR) progress report. More information will be provided as part of the SAC and BPR instructions.
5. Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers. In addition, this supplemental funding may not be used: to supplant existing resources; to support bonuses or other staff incentives; for moveable equipment individually valued at \$5,000 or greater (except equipment related to Health Information Technology and certified Electronic Health Record systems).

All prior terms and conditions remain in effect unless specifically removed.

This award is based on performance across various criteria representing quality performance. The HRSA announcement is attached for reference, along with the actual Notice of Award and the listing of California awardees.

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).

**Clinical Quality Improvers** - demonstrated notable improvement in one or more CQMs between 2014 and 2015.

<sup>3</sup> **Health Center Quality Leaders** - achieved the best overall clinical performance among all health centers.

<https://bphc.hrsa.gov/programopportunities/qualityimprovement/awards.aspx?state=CA#improvers>

**TAB 4**  
**Director's**  
**Report**

DATE: April 26, 2017

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 March 09, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

On March 08, 2017, we received the final Operational Site Visit Report from the October 04 – October 06, 2017 site visit. As expected, we were found out of compliance in eleven (11) Program Requirements.

As we have informed the Board, we were in ongoing efforts with our HRSA Project Officer to address some of the potential grant conditions prior to the actual issuance of the final report. Following receipt of the report, our Project Officer notified us that we were now able to submit the documentation related to the (four) conditions we were working to address before they became grant conditions. We submitted those materials on March 13, 2017.

On March 14, 2017, we received Notice of Action (NOA) 16-01 on our grant, listing seven (7) grant conditions, each of those being the Program Requirements that we had not addressed in the March 13 submissions.

There is a further discussion of the grant conditions scheduled elsewhere on today's agenda.

2. Proposals & Contracts

Program is continuing to work with Daly City Youth Health Center/Jefferson Union High School District to finalize an agreement for services in 2017.

### 3. UDS

As the Board may recall, we submitted our initial UDS report to HRSA on February 15<sup>th</sup>, and we had received our reviewer response on February 26<sup>th</sup> with 11 items noted (1 solely a FYI) for update/correction by March 6<sup>th</sup>. We requested and received an extension from our reviewer to submit on March 13, 2017, and submitted a fully updated UDS Report and provide the reviewer with the requested information on that date. On March 16, 2016 we received notice from our reviewer that he had accepted our explanations and revisions, and that our report was consider complete and final.

There is further discussion on the UDS report scheduled elsewhere on today's agenda.

### 4. Automation

On March 08, 2017, we received notice from a lead Business Intelligence Analyst that the homeless and farmworker flags were not being collected for many Emergency Department patients. This was of significant concern because in 2014 we had completed the effort to ensure that the flags were collected in every registration pathway for all outpatient, inpatient and emergency services. This raised concerns that there could potentially then be other registration pathways were the flags were not being collected.

We were finally able to determine that the problem appeared to be isolated to just the ED pathways. While still a significant issue, it did not appear to affect the reporting of homeless and farmworkers for the ambulatory clinics. We had already been working with the Patient Services Manager to ensure inclusion of the homeless and farmworker screens in upcoming scheduled PSA training, and will continue to work with her on this training and ensuring that all of the pathways are functioning correctly.

### 5. SMMC Staff Update

Brighton Ncube has accepted the position of Deputy Director, Ambulatory Services, replacing Tosan Boyo, who accepted a position as COO at Zuckerberg SF General Hospital.

Brighton is coming from Ventura County where he was the Deputy Director of the Ventura County Healthcare Agency and the Director of Ambulatory Services. He was responsible for 46 ambulatory clinics and 1,800 employees. The clinics had over 500,000 visits last year with 121,000 unduplicated patients. This represents twice the volume of SMMC. In addition, Brighton implemented telehealth for Ventura County and its Patient Centered Medical Home model.

### 6. Other

The HCH/FH Program recently sponsored a LGBTQ training to assist our partners in collecting and reporting this data. We are looking forward to sponsoring another LGBTQ training in a couple of months and can make space available to Board members who are interested in attending.

Program is also in the process of scheduling our site visits with our contract and MOU partners for this year. Now with 14 agreements across nine (9) different servicers, this is a substantially larger effort than in the past.

### 7. Seven Day Update

**TAB 5**  
**Budget &**  
**Finance Report**

DATE: April 26, 2017

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 March 31, 2017 – currently reported as \$ 420,945.

As contractor invoices start to come in for the 2017 year, it appears now that we will underspend the contracts/MOUs by about 6-8% (~\$122,700). We are also tracking to underspend in Salaries & Benefits, pending any addition to staff. Other expenditure categories are either on track or have the expectation of being utilized later in the year.

Current projections would leave us with an estimated \$185,000 in unexpended grant funds. While better than the previous two years, we should be looking to cut the project at least in half through additional (responsible) expenditures. However, in that process we need to be aware that we are still relatively early in the year and some of the expenditure rates (such as contracts & MOUs may not have completely stabilized yet.

Attachment:  
GY 2017 Summary Report



GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (03/31/17)	Projection for GY (+~39 wks)	Projected for GY 2018
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>490,000</u>	<u>101,937</u>	<u>403,000</u>	<u>490,000</u>
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	<u>250,000</u>	<u>36,761</u>	<u>171,639</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)			18,000	9,000
Regional Conferences (1000*5)		1,270	3,000	7,000
Local Travel		128	1,000	2,000
Taxis		336	2,200	4,000
Van		411	800	3,000
	<u>25,000</u>	<u>2,145</u>	<u>25,000</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	745	8,000	10,500
Small Funding Requests				
	<u>10,500</u>	<u>745</u>	<u>8,000</u>	<u>10,500</u>
<u>Contractual</u>				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	941,154	151,582	894,000	953,004
Current 2017 MOUs	811,850	72,175	730,665	800,000
---unallocated---/other contracts				
	<u>1,753,004</u>	<u>278,029</u>	<u>1,678,937</u>	<u>1,753,004</u>
<u>Other</u>				
Consultants/grant writer			60,000	5,000
IT/Telcom		851	8,000	8,000
New Automation			0	-
Memberships			4,000	4,000
Training			3,250	2,000
Misc (food, etc.)		477	2,500	2,500
	<u>21,500</u>	<u>1,328</u>	<u>77,750</u>	<u>21,500</u>
TOTALS - Base Grant	<u>2,550,004</u>	<u>420,945</u>	<u>2,364,326</u>	<u>2,550,004</u>
HCH/FH PROGRAM TOTAL	<u>2,550,004</u>	<u>420,945</u>	<u>2,364,326</u>	<u>2,550,004</u>
PROJECTED AVAILABLE	BASE GRANT		185,678	0
				based on est. grant of \$2,550,004

**TAB 6**  
**Request to**  
**Approve**  
**Board Skills**  
**Matrix**

DATE: April 26, 2017

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 ACTION TO APPROVE A POLICY ON BOARD MEMBERS SKILL MATRIX

One of the Board's responsibilities is to maintain its membership as needed to effectively govern the program. To guide the Board in this process, requirements and limitations on membership are included in the Board's Bylaws. In addition, HRSA PIN 14-01 on Health Center Governance also provides direction on governing boards' composition, including the directive to maintain a broad skill set among board members. In addition, the lack of having some of these skills on the Co-Applicant Board has been noted by HRSA site visit reviewers.

To address this situation, the Board is presented with a Board Member Skill Set Policy and Board Member Skill Set Matrix. The policy establishes the utilization of the Board Member Skill Set Matrix in Board member recruitment and selection, and requires an assessment of a potential member's skills compared to the matrix when the approval of a new member is requested. While noting that a lack of skills included in the matrix is not a prohibition to Board membership, it is intended to provide a tool for the Board to reflect on those skills it has available to itself among its members.

The policy also provides for regular review of the matrix at the time of the development of a strategic plan.

Approval of the policy requires a majority vote of the Board members present and voting. Approval of this request will establish the Board Member Skill Set Policy and utilization of the Board Member Skill Set Matrix as a tool in selecting Board members.



**SAN MATEO COUNTY**

**HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM**

**Program Policy**

<b>Policy Area:</b> Governance	<b>Effective Date:</b> April 26, 2017
<b>Subject:</b> Board Composition	<b>Approved Date:</b> April 26, 2017 <b>Revision Date:</b>
<b>Title of Policy:</b> Desired Board Member Skills	
<p><b>1. Rationale or background to policy:</b></p> <p>One of the Co-Applicant Board’s responsibilities is to maintain its membership at the approved level and within the HRSA member size requirements. To accomplish this, the Board will, as the need arises, be required to recruit, nominate, recommend or otherwise identify new potential Board members for consideration.</p> <p>In addition to the requirements and limitations identified in the Co-Applicant Board’s Bylaws, the Health Services and Resources Administration (HRSA) specified additional requirements on grantees governing boards’ composition. Specifically, in Policy Information Notice (PIN) 14-01 on Health Center Program Governance, HRSA requires that “the board must be comprised of members with a broad range of skills, expertise, and perspectives. Such areas include but are not limited to: finance, legal affairs, business, health, managed care, social services, labor relations, and government. Any one board member (patient or non-patient) may be considered as having expertise in one or more of these areas. In addition, the board does not necessarily have to include specific expertise in all six of these areas and/or may include additional areas of expertise beyond these areas as appropriate.”</p> <p>To assist in this effort, the Co-Applicant Board is establishing a policy to identify those skills determined to be necessary, appropriate and/or otherwise desired to be included among board members. This list is established as guidance, not as directive. It is intended to assist in Board membership decisions to support a robust, broad-based, well rounded Board that can best serve our patient/client populations.</p> <p><b>2. Policy Statement:</b></p> <p>On careful consideration, and with the intent to maintain a diverse and strong membership, the Co-Applicant Board establishes the attached Member Skill Set Matrix as an additional tool for determinations of Board membership. These skills have been identified as having significant potential benefit for the Board to have among its membership. To that end, all nominations for Board membership will include an assessment of the potential member’s skills as compared with the matrix. It is noted that potential members are not required to have any of these skills to be nominated or approved for membership, rather, that the Co-Applicant Board sees these</p>	

skills as important to be available across its membership as a whole.

It is recognized that the skill set needs for the Board will likely change over time, and so, at any given time, some skills on the matrix may be deemed more important or valuable, and that other or additional skills may be of value. Therefore, it is the policy of the Board to review the Member Skill Set Matrix at the time of development of a strategic plan to provide for aligning the board member skills with the direction set for the program.

**3. Procedures:**

In accordance with the above policy, the Board Membership application shall be updated to request information on the current Board Member Skill Matrix, and the application shall be likewise updated anytime the Board Member Skill Matrix is updated.

As part of every nomination for Board membership and request for approval as a Board member, an assessment of the candidate's capabilities across the Board Member Skill Matrix will be included by the individual making the nomination or the Program staff.

Approved \_\_\_\_\_

\_\_\_\_\_  
Board Chair

Date: \_\_\_\_\_

\_\_\_\_\_  
Program Director

Date: \_\_\_\_\_

## Board Member Skill Set Matrix

The matrix below has been established by Co-Applicant Board Policy as a toll and guidance in the identification, recruitment, nomination and selection of Co-Applicant Board members. It is not a requirement nor does it form a prerequisite for a potential board member. It is intended to assist in identifying the areas of expertise that would be of benefit to the Board.

Board Profile/Matrix		
Board skill set	Current	Need
Farmworker Consumer		
Homeless Consumer		
Fiscal/Finance		
Legal Affairs		
Business		
Health (medical/dental)*		
Managed Care		
Social Services		
Human Resources & Labor Relations		
Government		
Public Relations		
Marketing		
Social Media		
Community Affairs		
Law Enforcement		

\* HRSA requirements limits to 50% of the non-consumer board members that can receive more than 10% of their annual income from the Health Care Industry to

**TAB 7**

**Travel  
request**

DATE: April 26, 2017

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

FROM: Elli Lo, Management Analyst HCH/FH Program

SUBJECT: ADDITIONAL NON-BOARD MEMBER TRAVEL REQUESTS FOR NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE – REQUEST FOR APPROVAL

The HCH/FH Co-Applicant Board approved a Non-Staff/Board Travel Policy (March 10, 2016) to provide a framework for Board decision-making when such travel requests from non-Board members are presented and the policy states, “For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.”

During last month’s (March 9, 2017) HCH/FH Co-Applicant Board meeting, the Board has approved all Non- Board travel requests from the following three (3) organizations for the upcoming National Health Care for the Homeless Conference (NHCHC) in Washington, D.C. (June 21-23, 2017):

- LifeMoves (5 staff)
- Ravenswood (1 staff)
- Project WeHOPE (2 staff)

In April, Program has received additional travel request from Public Health, Policy and Planning Mobile Van for two (2) Nurse Practitioners.

Attached:

- Summary table of requests
- Requests document from Public Health Policy and Planning Mobile Van



**Summary of Non-Board & Non-Staff Travel Request for NHCHC 2017**

Agency	Name	Position/Role	request (ex: registration)	Request amount	Org Contribution	
LifeMoves	Chloe Molla	HCH CHOW	Registration (\$250), Airfare (\$140), food/ transportation (\$100)	\$ 490	Hotel (\$540), remaining airfare (\$160)= \$700	Approved at 3/9/2017 Board Meeting
LifeMoves	Dashika Woodridge	Homeless Outreach Case Manager	Registration (\$250), Airfare (\$140), food/ transportation (\$100)	\$ 490	Hotel (\$540), remaining airfare (\$160)= \$700	Approved at 3/9/2017 Board Meeting
LifeMoves	Lorena Bellamy	HCH Care Coordinator	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$ 820	Hotel (\$540), remaining airfare (\$160)= \$700	Approved at 3/9/2017 Board Meeting
LifeMoves	Michelle Evans	Benefits Specialist	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$ 820	Hotel (\$540), remaining airfare (\$160)= \$700	Approved at 3/9/2017 Board Meeting
LifeMoves	Paige Retter	HCH Program Manager	Registration (\$580), airfare (\$140), food/ transportation (\$100)	\$ 820	Hotel (\$540), remaining airfare (\$160)= \$700	Approved at 3/9/2017 Board Meeting
Ravenswood Family Health Center	Kassandra KD. Dunn	Health Care for the Homeless Outreach Worker	Registration includes Pre-Conference Institute, Main Conference and Learning Lab (\$780)	\$ 780	Hotel (\$1,339.20), Airfare (\$600), Ground Travel (\$100) = \$2,039	Approved at 3/9/2017 Board Meeting
Project WeHope	Paul Bains	President	Registration (\$595), Hotel (\$837)	\$ 1,432	Airfare (\$550), Airport Transport (\$50), Meals (\$50) = \$650	Approved at 3/9/2017 Board Meeting
Project WeHope	Alicia Garcia	Associate Director	Registration (\$595), Hotel (\$837)	\$ 1,432	Learning Lab (\$60), Airfare (\$550), Airport Transport (\$50), Meals (\$50) = \$710	Approved at 3/9/2017 Board Meeting
*new request	Public Health Mobile Van	Christopher King	Nurse Practitioner	Registration (\$530), airfare (\$650), Hotel (\$640)	\$ 1,820	Local Transportation
*new request	Public Health Mobile Van	Sara Beth Bailey	Nurse Practitioner	Registration (\$530), airfare (\$650), Hotel (\$640)	\$ 1,820	Local Transportation

National HCH Conference Washington, DC  
Budget Request

<b>Name</b>	<b>Airfare</b>	<b>Hotel</b>	<b>Registration</b>	<b>Totals</b>
Christopher King	\$650	\$640	\$530	\$1,820
Sarah Beth Bailey	\$650	\$640	\$530	\$1,820
Total Request				\$3,640

Registration includes pre-conference and main conference.

**TAB 8**

**Contractors  
4th quarter  
report**

DATE: April 26, 2017

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

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

SUBJECT: Quarter 4 Report (October 1, 2016 through December 31, 2016)

**Program Performance**

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with eight community-based providers, plus two County-based programs for the 2016 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance for the fourth quarter:

HCH/FH Performance 01/01/2016 – 12/31/2016	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual YTD Visits	% YTD
Behavioral Health & Recovery Svcs	300	187	62%	900	1273	141%
Legal Aid Society of San Mateo County*	20	9	45%	30	17	57%
LifeMoves (care coord & eligibility)	600	590	98%	1500	1,281	85%
LifeMoves (O/E)	40	34	85%			
LifeMoves (Street Medicine)*	160	64	40%	300	241	80%
Project WeHope**	NA	NA	NA	1200	525	44%
Public Health Mobile Van	1300	1,123	86%	2500	1,877	75%
Public Health- Expanded Services***	626	603	96%	782	729	93%
Public Health- Street Medicine	125	165	132%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	129	86%	530	784	148%
Puente (O/E)	180	188	104%			
Ravenswood (Primary Care)	600	680	113%	1900	2,016	106%
Ravenswood (Dental)	200	265	133%	600	749	125%
Ravenswood (Care Coordination)	400	469	117%	1200	954	80%
Samaritan House	175	215	123%	300	398	133%
Apple Tree Dental***	50	52	104%	150	175	117%
<b>Total HCH/FH Contracts</b>	<b>4,926</b>	<b>4,773</b>	<b>97%</b>	<b>11,892</b>	<b>11,019</b>	<b>93%</b>

\* Contract executed in June 2016

\*\* Contract executed in September 2016

\*\*\* Two year contract, target # & progress # are for 2 years



HCH/FH Performance 01/01/2016 – 12/31/2016	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Contracted Amount	Spent % YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$300/patient	300	187	\$ 56,100	\$90,000	62%
Daly City Youth Health Center**	Needs Assessment	\$ 30,000	NA		\$ 30,000	\$35,000	100%
	Referral Tracking Protocols	\$ 5,000	NA		\$ 5,000		
Legal Aid Society of San Mateo County*	Needs Assessment	\$ 8,000	NA		\$ 2,500	\$67,100	48%
	Experience Study	\$ 10,000	NA		\$ 2,000		
	Provider Outreach	\$ 8,700	NA		\$ 6,000		
	Farmworker Outreach	\$ 6,400	NA		\$ 6,400		
	Legal Services	\$1,675/patient	20	9	\$ 15,075		
LifeMoves (care coord & eligibility)	Care Coordination	\$250/patient	500	485	\$ 121,250	\$169,000	94%
	Intensive Care Coordination	\$500/patient	50	38	\$ 19,000		
	SSI/SSDI Eligibility Assistance	\$300/patient	50	67	\$ 15,000		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	\$100/patient	40	34	\$ 3,400		
LifeMoves (Street Medicine)*	Intensive Care Coordination	\$516/patient	160	64	\$ 33,024	\$82,560	40%
Project WeHope**	Shower Services	\$20/visit	800 visits	388 visits	\$ 7,760	\$21,400	48%
	Laundry Services	\$18/visit	300 visits	137 visits	\$ 2,466		
Public Health Mobile Van	Primary Care Services	\$210/patient	1300	1,123	\$ 235,830	\$277,500	85%
Public Health- Expanded Services***	New formerly incarcerated	\$350/patient	420	470	\$ 147,000	\$357,000	57%
	New patient with chronic/complex issue	\$750/patient	120	47	\$ 35,250		
	Established patient with chronic/complex issue	\$250/patient	480	86	\$ 21,500		
Public Health- Street Medicine	Intensive Care Coordination	\$1,750/patient	125	165	\$ 218,750	\$218,750	100%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$340/patient	100	99	\$ 33,660	\$111,300	92%
	Intensive Care Coordination	\$500/patient	50	30	\$ 15,000		
Puente (O/E)	Health Coverage Eligibility Assistance	\$300/patient	180	188	\$ 56,400		
Ravenswood (Primary Care)	Primary Care Services	\$150/patient	600	680	\$ 90,000	\$90,000	100%
Ravenswood (Dental)	Dental Services	\$250/patient	200	265	\$ 50,000	\$50,000	100%
Ravenswood (Care Coordination)	Care Coordination	\$205/patient	400	469	\$ 82,000	\$82,000	100%
Samaritan House	Care Coordination	\$340/patient	150	202	\$ 51,000	\$63,500	91%
	Intensive Care Coordination	\$500/patient	25	13	\$ 6,500		
Apple Tree Dental***	Dental Services	\$625/patient	50	52	\$ 31,250	\$31,250	100%
<b>Total HCH/FH Contracts</b>			<b>5,320</b>	<b>4,773</b>	<b>\$1,396,715</b>	<b>\$1,746,360</b>	<b>80%</b>

\* Contract executed in June 2016

\*\* Contract executed in September 2016

\*\*\* Two year contract, target # & progress # are for 2 years

## Health Care for the Homeless/Farmworker Health Program

### Selected Outcome Measure Review (Contracts); Fourth Quarter (Oct 2016 through Dec 2016)

Agency	Outcome Measure	Q -Progress
<b>Apple Tree Dental (formerly Sonrisas)</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 75% will complete their denture treatment plan.</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>•37% completed their treatment plans.</li> <li>• 20% completed their denture treatment plan.</li> </ul>
<b>Behavioral Health &amp; Recovery Services</b>	<ul style="list-style-type: none"> <li>•At least 75% (225) screened will have a behavioral health screening.</li> <li>•At least 55% (165) will receive care coordination services.</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>• 187 ( 83 % ) had a behavioral health screening</li> <li>• 187 ( 113%) received care coordination services</li> </ul>
<b>Daly City Youth health Center</b>	<ul style="list-style-type: none"> <li>•Complete a Needs Assessment to determine the number and location of homeless youth, their greatest areas of need, and any health barriers they are currently facing.</li> <li>•To complete a set of protocols for the outreach, referral, care coordination and tracking.</li> </ul>	Completed a Needs Assessment and a set of protocols for outreach, referral, care coordination and tracking.
<b>Legal Aid</b>	<ul style="list-style-type: none"> <li>•Outreach to at least 50 Farmworkers and Providers</li> <li>•Host 8 outreach and education events targeting farmworkers</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>• Conducted outreach to 300 farmworkers</li> <li>• Hosted 8 outreach events</li> </ul>
<b>LifeMoves</b>	<ul style="list-style-type: none"> <li>• Minimum of 50% (250) will establish a medical home.</li> <li>• At least 30% (150) of homeless individuals served have chronic health conditions.</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>• 46 % (259) established a medical home</li> <li>• 46 % of individuals served have a chronic health condition.</li> </ul>
<b>LifeMoves- CHOW/Street Medicine</b>	<ul style="list-style-type: none"> <li>• 20% served will establish medical home, that don't currently have one</li> <li>• 80% of clients with a scheduled primary care appointment will attend at least 1 appointment</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>• 33 ( 52 %) served established medical home</li> <li>• 27( 42%) attended at least 1 primary care appointment</li> </ul>
<b>Public Health Mobile Van</b>	<ul style="list-style-type: none"> <li>•At least 20% (250) of patient encounters will be related to a chronic disease.</li> </ul> At least 75% of clients: <ul style="list-style-type: none"> <li>• seen at foot clinic will be referred to Mobile Clinic for a medical visit</li> <li>• contacted at Service Connect will be seen at Mobile Clinic for medical visit</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>•74 % (185) of encounters were related to chronic health.</li> <li>• 75 % seen foot patients referred to PH Mobile Clinic for medical visit</li> <li>• 100% contacted at Service Connect will be seen at Mobile Clinic for medical visit</li> </ul>
<b>PH- Mobile Van- Expanded Services</b>	<ul style="list-style-type: none"> <li>• At least 75% (470) of individuals will receive comprehensive health screening.</li> <li>• Provide intensive primary care services to minimum of 100 residents with chronic health issues.</li> </ul>	Year to date: <ul style="list-style-type: none"> <li>• 211 patients received a comprehensive health screening</li> <li>• 94 patients with chronic health issues</li> </ul>

<b>PH- Mobile Van-Street/Field Medicine</b>	<ul style="list-style-type: none"> <li>• At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• At least 50% of street homeless/farmworkers seen will be referred to Primary Care</li> </ul>	<p>Year to date:</p> <ul style="list-style-type: none"> <li>• 53% patients received Depression screening</li> <li>• 60 % patients referred to Primary Care</li> </ul>
<b>Project WeHOPE</b>	<ul style="list-style-type: none"> <li>• Provide a minimum of 800 showers to homeless individuals in San Mateo County.</li> <li>• Provide a minimum of 300 laundry loads to homeless individuals in San Mateo County.</li> </ul>	<p>Year to date:</p> <ul style="list-style-type: none"> <li>• Provided 388 showers</li> <li>• Provided 78 loads of laundry</li> </ul>
<b>Puente de la Costa Sur</b>	<ul style="list-style-type: none"> <li>•At least 85 farmworkers served will receive care coordination services.</li> <li>•At least 25 served will be provided transportation and translation services.</li> <li>•At least 70% (105) will participate in at least 1 health education class/ workshop.</li> </ul>	<p>Year to date:</p> <ul style="list-style-type: none"> <li>• 129 received care coordination services</li> <li>• 45 client was provided transportation and translation services.</li> <li>• 1 % (10) participated in Health education workshop.</li> </ul>
<b>RFHC – Primary Health Care</b>	<ul style="list-style-type: none"> <li>•At least 60% will receive a comprehensive health screening.</li> <li>•At least 250 (50%) will receive a behavioral health screening.</li> </ul>	<p>Year to date:</p> <ul style="list-style-type: none"> <li>•99% (676) received comprehensive health screening.</li> <li>• 85 received behavioral health screening.</li> </ul>
<b>RFHC – Dental Care</b>	<ul style="list-style-type: none"> <li>• At least 30% (39) will complete their treatment plans.</li> <li>• At least 85% will attend their scheduled treatment plan appointments.</li> <li>• At least 40% will complete their denture treatment plan.</li> </ul>	<p>Year to date:</p> <ul style="list-style-type: none"> <li>• 11 % completed dental treatment plan.</li> <li>• 83 % attended their scheduled treatment plan</li> <li>• 27 % completed denture treatment plan.</li> </ul>
<b>RFHC – Enabling services</b>	<ul style="list-style-type: none"> <li>• At least 95% will receive care coordination services and will create health care case plans</li> <li>• 80% of patients with hypertension will have blood pressure levels below 140/90</li> </ul>	<p>Year to date: :</p> <ul style="list-style-type: none"> <li>• 68 (20%) patients receive care coordination with health care case plans</li> <li>• 54% (70) with hypertension have reading below 140/90</li> </ul>
<b>Samaritan House-Safe Harbor</b>	<ul style="list-style-type: none"> <li>•All 100% (175) will receive a healthcare assessment.</li> <li>•At least 95% (166) will receive ongoing care coordination &amp; create health care plan.</li> <li>•At least 70% (122) will schedule primary care appointments and attend at least one.</li> </ul>	<p>Year to date:</p> <ul style="list-style-type: none"> <li>• 202 received a healthcare assessment.</li> <li>• 215 received care coordination services.</li> <li>• 63% (133) attended at least one primary care appointment.</li> </ul>

<sup>1</sup> Medical home -defined as a minimum of (2) attended primary care appointments;

<sup>2</sup> Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

## **Contractor successes & emerging trends:**

- **Apple Tree Dental (formerly Sonrisas)** states most patients seem happy with services provided.
  - No shows can be difficult to deal with due to work schedules, means another patient cannot be seen.
- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
  - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.
- **Legal Aid** continues to connect with many farmworkers in Pescadero area, visiting farms and attending outreach events to foster trusting relationships with the help of Puente staff.
  - Need for more dental services for farmworkers along the coast
- According to **LifeMoves** working closely with Street Medicine Team to enroll clients in benefits and working closely with St. Vincent de Paul and Pacifica Resource Center to reach clients.
  - Transportation for those referred to specialty and outside of SMMC as well as Dental van long wait times at Dental Van and health Coverage unit for medical coverage.
- Project WeHOPE hands out a comprehensive County resource guide for homeless adults, which has been valuable for clients
  - There are concerns about the amount of laundry they are allowed to wash. They are also working on better follow-up procedures because of lack of contact info etc.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
  - Challenge of getting clients to go get labs done at SMMC and patient no-shows for appointments.
  - Lack of a medical nurse/case management for service coordination and tracking with clients continues to be an issue.
- **Puente** states that screening clients for health insurance during their Holiday Gift Cards event was a success.
  - Clients are not receiving notice of renewals in a timely manner and incorrectly billed for ACE enrollment fee.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments. At least four appointment slots are reserved for homeless patients each week.
  - Patients not wanting to change cover from other counties and lack of proper documentation for coverage. The lack of affordable housing for clients is an on-going issue.
- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Communication barrier to book/confirm appointments and provide reminders to patients as well as some patients experiencing mental health conditions can be challenging when providing services.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Limited shelter hours, access to food, lack of affordable housing and transportation as barrier to care.
- **Samaritan House/Safe Harbor** states that Mobile Health Van is instrumental in providing comprehensive services to clients, as well as relationships with LifeMoves and Street Medicine
  - Long wait for dental clinic, primary care access and transportation
  - Client follow-through because of transportation or exiting from program.



**TAB 9**

**UDS submission**

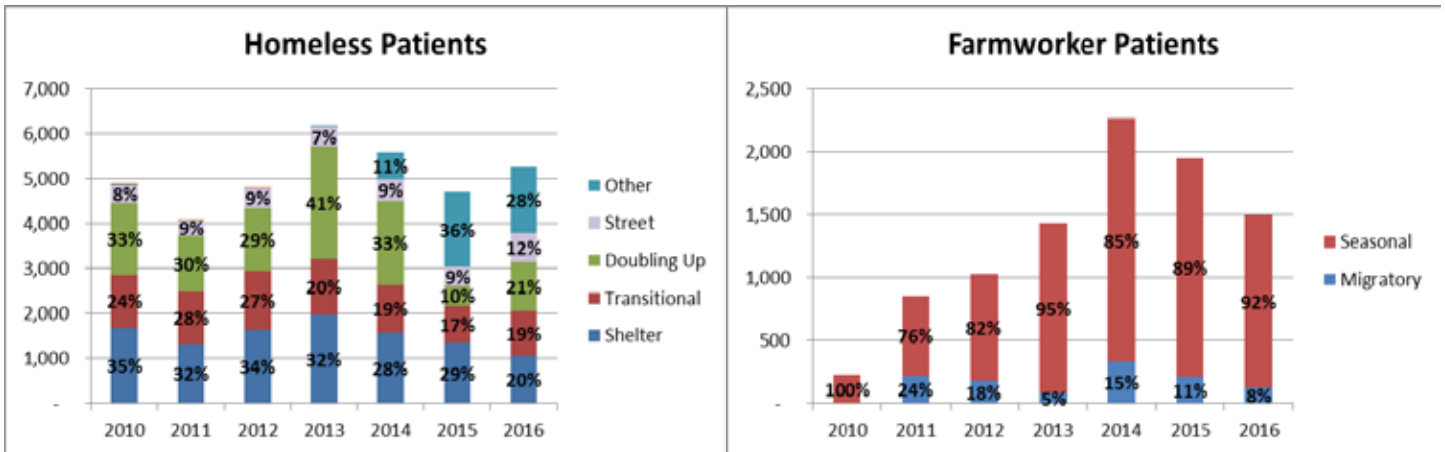
DATE: April 26, 2017  
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program  
FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst  
SUBJECT: UDS SUBMISSION

Program staff submitted the final UDS report on March 13, 2017. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on seven years of UDS reporting (2010-2016).

The shelter and transitional homeless population has decreased over the years, while the Street homeless count and Other homeless population has increased. The street count increase may be due to the efforts of the new Street Medicine program that started in January 2016. The doubling up population saw a large spike in 2013, due to a significant increase in the senior clinic (Ron Robinson). Staff has been working to resolve this data over the years as well as trying to conduct more training to SMMC registration staff.

The farmworker population saw a plateau in 2014 with a steady decrease in following reporting years. This may be due to California’s seasonal drought, with loss of employment as well as the challenging political climate.

The results from most of the clinical outcome measures have decreased due to the changes in some of the criteria as well as the start of using universal reports. 2015 was the first year program staff was able to obtain universal reports for some UDS clinical measures by working with our Business Intelligence staff, prior to this program staff had conducted 70 chart reviews for all clinical measures. The use of universal reports can bring about challenges in the accuracy of the results, because validating all the results may be difficult. 2016 UDS measurement year saw a significant change in reporting requirements for clinical outcome measures. In attempt to reduce reporting burden, clinical measures were revised to align with CMS clinical quality measures; because of this visit count criteria went from two to one visit to be counted in the reporting year (denominator), which decreased our clinical measure results.



ATTACHED:

- Trend chart for 7 years (2010-2016)
- UDS FINAL REPORT



<b>UDS Data</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
UNDUP PTS	5,110	4,897	5,779	7,516	7,707	6,556	<b>6,696</b>
• Homeless	4,883	4,109	4,803	6,171	5,596	4,714	<b>5,257</b>
• MSFW	227	837	1,031	1,435	2,265	1,947	<b>1,497</b>
VISITS	20,002	20,854	28,400	39,628	41,361	37,915	<b>39,616</b>
AGE RANGE							
• 0-19 YRS	17%	21%	24%	23%	27%	26%	<b>26%</b>
• 20-64 YRS	79%	76%	72%	67%	62%	63%	<b>70%</b>
• Over 65 YRS	4%	3%	4%	10%	11%	11%	<b>4%</b>
SEX							
• Male	58%	55%	52%	51%	52%	52%	<b>50%</b>
• Female	42%	45%	48%	49%	48%	48%	<b>50%</b>

## Homeless Status

	2010	2011	2012	2013	2014	2015	2016
Shelter	35%	32%	34%	32%	28%	29%	<b>20%</b>
Transitional	24%	28%	27%	20%	19%	17%	<b>19%</b>
Doubling Up	33%	30%	29%	41%	33%	10%	<b>21%</b>
Street	8%	9%	9%	7%	9%	9%	<b>12%</b>
Other	0%	0%	0%	0%	11%	36%	<b>28%</b>
Unknown	0%	1%	0%	0%	0%	0%	<b>0%</b>

## Farmworker Status

	2010	2011	2012	2013	2014	2015	2016
Migratory	0%	24%	18%	5%	15%	11%	<b>8%</b>
Seasonal	100%	76%	82%	95%	85%	89%	<b>92%</b>

<b>UDS Outcome Measures (HCH/FH Program SAC Goals)</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
• Childhood IZs Completed by Age 2-3 (80%)	82%	72%	74%	87%	88%	86%	<b>80%</b>
• Pap Test in Last 3 Years (60%)	64%	60%	86%	67%	57%	64%	<b>60%</b>
• Child & Adolescent BMI & Counseling (70%)	N/A	70%	47%	83%	80%	74%	<b>*62%</b>
• Adult BMI & Follow-up Plan (60%)	N/A	59%	31%	66%	44%	50%	<b>29%</b>
• Tobacco Use Queried (80%)	N/A	74%	80%	96%	77%	* 92%	<b>*86%</b>
• Tobacco Cessation Offered (95%)	N/A	97%	90%	90%			
• Treatment for Persistent Asthma (85%)	N/A	83%	88%	100%	100%	100%	<b>99%</b>
• Lipid Therapy in CAD Patients (90%)	N/A	N/A	96%	96%	90%	*80%	<b>*74%</b>
• Aspirin Therapy in IVD Patients (90%)	N/A	N/A	99%	96%	98%	*89%	<b>*84%</b>
• Colorectal Screening Performed (40%)	N/A	N/A	40%	54%	34%	*49%	<b>*48%</b>
• Babies with Normal Birth Weight (95%) (all babies delivered)	93%	96%	87%	94%	99%	92%	<b>97%</b>
• Hypertension Controlled <140/90 (70%)	59%	66%	60%	80%	64%	61%	<b>*53%</b>
• Diabetes Controlled <9 HgbA1C (80%)	61%	73%	71%	74%	49%	*69%	<b>*54%</b>
• First Trimester Prenatal Care (75%)	61%	73%	71%	75%	84%	89%	<b>65%</b>

*\*universal reports were conducted- 2015 as first year; 2016 visit criteria changed- from 2 to 1 visits (denominator)*

UDS Outcome Measures	HCH/FH Program 2016 (SAC goal)	330-Progs CA 2014	Healthy People 2020 Goals
• Childhood Immunizations Complete by Age 2-3	80% (90% goal)	78.1%	80%
• Pap Test in Last 3 Years	60% (70% goal)	57.3.6%	93%
• Child & Adolescent BMI & Counseling	*62% (85% goal)	56%	57.7 (BMI)/15.2% for all patients
• Adult BMI & Follow-up Plan	29% (75% goal)	62.6%	53.6% (BMI)/31.8% (obese adults)
• Tobacco Use Queried	*86% (96% goal)	82.1%	69%
• Treatment for Persistent Asthma	99% (100% goal)	82.7%	Diff measures
• Lipid Therapy in CAD Patients	*74% (96% goal)	75.1%	Diff measures
• Aspirin Therapy in Ischemic Heart Disease Patients	*84% (96% goal)	78.1%	Diff measures
• Colorectal Screening Performed	48% (60% goal)	41.2%	Diff measures
• Babies with Normal Birth Weight (all babies)	97% (95% goal)	93.7%	92%
• Hypertension Controlled (<140/90)	*53% (80% goal)	64.6%	61%
• Diabetes Controlled (<9 HgbA1c)	*54% (75% goal)	55.3.%	85%
• First Trimester Prenatal Care	65% (80% goal)	77%	78%

*\*universal reports were conducted- 2015 as first year*

# **TAB 10**

## **Discussion on new grant conditions**

DATE: April 26, 2017

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

FROM: Jim Beaumont, Program Director

SUBJECT: Report on Grant Conditions Issued March 14, 2017

On March 08, 2017 we received the final Operational Site Visit (OSV) Report from our October 2016 OSV. On March 14, 2017 we receive Notice of Action (NOA) 16-01 listing seven (7) grant conditions, which were derived from the OSV Report. Both documents are attached.

In summary, the items for which we have grant conditions are:

- #2 - Required & Additional Services
- #3 - Staffing Requirement
- #6 - Hospital Admitting Privileges & Continuum of Care
  
- #12 - Financial Management & Control Policies
- #13 - Billing & Collections
- #14 - Budget
- #15 - Program Data Reporting Systems

The first three (3) primarily will require the generation/amendment of some specific policy or contract/agreement. We do not expect these to be difficult, although they will require a little time to simply process through all necessary channels.

For example, on Requirement #3, the Board has already approved an amended Credentialing & Privileging Policy to include reference to and approval for the non-Licensed Independent Providers whose licensing is managed by Human Resources and not the Medical Staff Office. In addition, the other remaining item on that requirement involves changing the reference in the SMMC Credentialing & Privileging Policy for education & training verification to "primary source" from the current "secondary source". As the current contractor utilized by SMMC for the verification process does already use "primary source" verification, this appears to be an editing clean-up, or, at the most, a minor amendment to the policy. We expect the other two (2) Requirements in this group to be similar in the necessary scope of action.

The latter four (4) conditions are all primarily wrapped up in financial reporting and Co-Applicant Board/Program access to all of the possible information about the program on an ongoing (monthly) basis. This should not be particularly difficult, as all of the data alluded to does seem to exist, but retrieval in a usable fashion, on a routine scheduled basis, may take some specific additional effort.

The specific processes for clearing the conditions are:

- Within 90 days, develop a HRSA acceptable plan to address the condition
- Within 120 days of approval of the plan, complete and document completion of meeting the specified requirement.

Program will be preparing a tracking chart for the conditions to share with the Board and will continue to update the Board on our efforts to meet the Program Requirements



# Health Center Program Site Visit Report

## TA Request Details

**TA Request Number:** TA002705

**Grantee Information:** San Mateo County Health System  
222 W. 39th Avenue  
San Mateo, California 94403

**Contact:** Jim Beaumont  
[jbeaumont@smcgov.org](mailto:jbeaumont@smcgov.org)  
(650) 573-2459

**Type of Visit:** Operational Site Visit

**Dates of Visit:** 10/04/2016 - 10/06/2016

## Consultants

**Carol Lightsey (Administrative/Management)** [acsc11@aol.com](mailto:acsc11@aol.com)  
(201) 833-9219

**Constance Shabazz (Clinical)**  
[booksink@msn.com](mailto:booksink@msn.com)  
773-330-4115

**William Turnley, Jr. (Financial) - Team Leader** [wctbill@aol.com](mailto:wctbill@aol.com)  
(972) 276-8770

## Site Visit Participants

Name	Title	Interviewed	Entrance	Exit
Paul Tunison	Board Member - Homeless Representative	Yes	Yes	No
Linda Nguyen	Program Coordinator HCH/FH	Yes	Yes	Yes
Elli Lo	Mgmt. Analyst HCH/FH	Yes	Yes	Yes
Jim Beaumont	Director - HCH/FH	Yes	Yes	Yes
Frank Trinh	Medical Director – HCH/FH	Yes	Yes	No

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Name	Title	Interviewed	Entrance	Exit
Linda Wallach	SMCHS - Performance Improvement	Yes	Yes	Yes
Robert Stebbins	Board Chairperson	Yes	Yes	Yes
Kimberly Range	HRSA Project Officer – (by phone)		Yes	Yes
Rebecca Ashe	Medical Director, Coastside Clinic	Yes	No	No
Tayischa Deldridge	Ravenswood HCH Manager	Yes	No	No
Louise Rogers	Chief Officer	Yes	No	No
Chester Kunnappilly, MD	Interim CEO	Yes	No	No

## Program Requirement Compliance Review Summary

Program Requirement Compliance Review	Compliance Status
1. Needs Assessment	Met
2. Required and Additional Services	Not Met
3. Staffing Requirement	Not Met
4. Accessible Hours of Operation/Locations	Met
5. After Hours Coverage	Met
6. Hospital Admitting Privileges and Continuum of Care	Not Met
7. Sliding Fee Discounts	Met
8. Quality Improvement/Assurance Plan	Met
9. Key Management Staff	Met
10. Contractual/Affiliation Agreements	Met
11. Collaborative Relationships	Met
12. Financial Management and Control Policies	Not Met
13. Billing and Collections	Not Met
14. Budget	Not Met
15. Program Data Reporting Systems	Not Met
16. Scope of Project	Not Met
17. Board Authority	Not Met
18. Board Composition	Not Met
19. Conflict of Interest Policy	Not Met

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## Section 1. Need - Program Requirement #1

### Program Requirement #1 - Needs Assessment

Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and (k)(3)(J) of the PHS Act)

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Most recent needs assessment(s)

Service area map

UDS patient origin data

Health center's list of sites with service area ZIP codes (Form 5B)

**Compliance Review Findings:** San Mateo County Health System (SMCHS) that has a co-applicant agreement with the Board of Directors of the San Mateo County Health Care for the Homeless and Farmworker Health Program. This organization has a written comprehensive needs assessment that illustrates the location, needs, and challenges of the homeless and farmworkers population of San Mateo County which is the defined service areas. The Needs Assessment include the UDS Mapper and ZCTA charts and a map of the homeless and migrant/farmworker populations concentrated areas throughout San Mateo County.

A comprehensive Needs Assessment document was updated and prepared by JSI in January 2016 which contained all pertinent data gathered through various methods which focuses on health, social services, and other pertinent demographic information for the county's two vulnerable and underserved populations (homeless people and farmworkers). The defined service areas, which is all the county, is consistent with its patient origin data in the UDS that indicates populations served where almost half of the residents (46%) speak a language (primarily Spanish) other than English at home, and 4.6% of population under 65 years of age lives with a disability.

Form 5B was reviewed and discussed which indicates numerous sites (between seven and nine) and is currently being reviewed by HRSA/BPHC through change in scope applications that were submitted by the organization.

## Section 2. Services - Program Requirement #2

### Program Requirement #2 - Required and Additional Services

Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) and (h)(2) of the PHS Act)

**Compliance Status: Not Met.**

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**Documents reviewed onsite or in advance:**

Health center's official scope of project for services (Form 5A)

Clinical practice protocols and/or other policies and procedures that support the delivery of health center services

Contracts, MOAs, MOUs, etc. for services provided via formal written agreements and/or formal written referral arrangements, including general tracking and referral policies and procedures

**Compliance Review Findings:** SMCHS provides all required primary, preventive, and enabling services either directly or through formal written agreements or referral arrangements. The health center is under the San Mateo County Health. Most of the required services are provided at SMCHS while others are provided through contracted agreements or arrangements. Those services identified as being directly provided by the health center include: general primary medical care, diagnostic laboratory, diagnostic radiology, screenings, voluntary family planning, immunizations, well-child services, gynecological care, prenatal care, postpartum care, preventive dental, 340B pharmaceutical services, substance abuse services, case management, eligibility assistance, health education, outreach, transportation, and translation.

SMCHS contracts with another FQHC, South County Community Health Center d.b.a. Ravenswood Family Health Center, for primary medical care, gynecological care including Pap tests and prenatal care, case management, dental services, and mental health services. The contract requires SMCHS to pay the health center at a capitated rate for each patient who receives services provided through this agreement. The language in this agreement meets the program requirement expectations.

Additional services provided directly by the health center include additional dental services, mental health services, optometry, environmental health services, occupational therapy, physical therapy, nutrition, podiatry, psychiatry, ophthalmology, cardiology, dermatology, gastroenterology, orthopedics, hepatology, and neurology.

Substance abuse services and case management are provided through an appropriate formal written arrangement with the Behavioral Health and Recovery Services (BHRS). LifeMoves and InnVision provide shelter services as well as eligibility assistance. The language in these MOUs meets the program requirement.

The health center has a nurse triage service through San Mateo Health Plan. There is no formal arrangement for these services. Transportation and translation are reportedly also provided through a formal enabling services contract. There was no contract available for review and verification.

In addition to OB/GYN services provided directly by SMCHS, the health center contracts for labor and delivery services with Scott Oesterling, MD and Ravenswood Family Health Center. The language in the agreements meets the program requirement and ensures that the health center's policies are adhered to. There is adequate description of how the health center will be billed for and pays, how the encounters will be documented, and how they will be reported.

SMCHS communicates the availability of the health center's services including the sliding fee discount and the after-hours coverage to individuals with low-English proficiency, low-literacy and/or disabilities. The health center has brochures which are written in English and Spanish, and has bilingual staff, and a specialized electronic translation system. Staff provides assistance to disabled patients.

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The health center does not have adequate policies and procedures for the tracking of labs, X-rays, and specialty referrals. What was presented for review was an eClinicalWorks training manual which outlines how the health center uses the EMR system to input and retrieve tracking information.

**If Not Met - Steps/Actions Recommended for Compliance:** SMCHS must do the following to bring this program requirement into compliance:

- Develop and approve a tracking policy and procedure detailing how it orders and tracks labs, X-rays, and specialty referrals.
- Have a formal written arrangement for the nurse triage services for the after-hours emergency services.
- Obtain formal agreements/arrangements for transportation and translation services.

## Section 2. Services - Program Requirement #3

### Program Requirement #3 - Staffing

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act)

**Compliance Status: Not Met.**

#### Documents reviewed onsite or in advance:

Staffing Profile

Provider contracts, agreements, and any subrecipient arrangements related to staffing (as applicable)

Credentialing and privileging policies and/or procedures

Documentation of provider licensure or certification for all licensed or certified health center practitioners

Privileging lists

**Compliance Review Findings:** SMCHS maintains a core staff as necessary to carry out all the required primary, preventive, and enabling and additional services as appropriate and necessary whether directly or through formal written agreements/arrangements.

SMCHS has an HCH/FH program credentialing and privileging policy and procedure which was board approved on 5/14/15. Missing in the policy and procedure are the following items:

- Reference to primary source verification of education and training of licensed independent practitioners (LIPs).
- Reference to the requirements for the credentialing and privileging of the other licensed or certified practitioners (OLCPs).

Twelve credentialing and privileging files were reviewed with the following findings:

1. Current and active licenses, registrations, and certifications were documented in all LIP and OLCP files.

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2. Proof of education was noted in all files at the appropriate level of source verification.
3. Proof of competency was noted in all LIP files.
4. All staff credentials and privileges were appropriately approved.

**If Not Met - Steps/Actions Recommended for Compliance:** The credentialing and privileging policy and procedure must be revised and board approved to state or include:

- That all LIPs will have primary source verification of education and training.
- A process by which OLPCs will be credentialed and privileged in accordance with HRSA PINs 2002 - 22 and 2001-16.

SMCHC must submit the board approved revised Credentialing and Privileging policy and procedure. Revised sections pertaining to the credentialing and privileging of OLCP must be

highlighted.

SMCHC must submit documentation that OLCP staff has been properly credentialed and privileged.

## Section 2. Services - Program Requirement #4

### Program Requirement #4 - Accessible Hours of Operation/Locations

Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)

**Compliance Status: Met.**

#### **Documents reviewed onsite or in advance:**

Hours of operation for health center sites

Most recent Form 5B: Service Sites (*Note that the form lists only the TOTAL number of hours per week each site is open, not the specific schedule*)

Form 5C: Other Activities/Locations

Service area map with site locations noted

**Compliance Review Findings:** SMCHS maintains services at times the assure accessibility and meet the needs of the population to be served. The locations of the health center sites assure accessibility and meet the needs of the population to be served.

The following are the addresses of the locations and the hours of operation:

#### **North County Mental Health**

375 89th Street

Daly City, CA 94015-1802

Hours of Operation:

8:00 am - 5:00 pm

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**South County Mental Health**

802 Brewster Ave.

Redwood, CA 94063-1510

Hours of Operation:

Mon. - Fri. - 8:00 am - 5:00 pm

**Daly City Clinic**

380 90th Street

Daly City, CA 94015-1807

Hours of Operation:

Medical Clinic Hours

Mon. - Fri. - 8:00 am - 5:00 pm

Extended Pediatric Hours on Mon. - 5:00 pm - 9:00 pm

Dental Hours - Mon. - Fri. - 8:30 am - 5:00 pm

**Coastside Clinic**

225 South Cabrillo Hwy

Half Moon Bay, CA 94019

Hours of Operation:

Medical Clinic Hours

Mon. - Wed. - 8:00 am - 5:00 pm

Thurs. - 8:00 am - 8:00 pm

Fri. - 8:00 am - 5:00 pm

Sat. - 8:00 am - 4:00 am

Evening appointments on Thurs. available - 5:00 pm - 8:00 pm

**Dental Clinic Hours**

Mon. - Wed. - 8:00 am - 5:00 pm

Thurs. (twice a month) - 8:00 am - 8:00 pm

Fri. - 8:00 am - 5:00 pm

**South San Francisco Clinic**

306 Spruce Avenue

South San Francisco, CA 94080

Hours of Operation:

Mon. - Fri. - 8:00 am - 5:00 pm

Extended Pediatric Hours on Mon. and Wed. - 5:00 pm - 8:00 pm

**Daly City Youth Health Center**

2780 Junipero Serra Blvd.

Daly City, CA 94015

Hours of Operation:

Mon. - Fri. - 9:00 am - 5:30 pm

**39th Avenue Campus - Outpatient**

*(Includes the Innovative Care Clinic, Primary Care Clinic, OB/GYN Clinic, Pediatrics Clinic, Medical*

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*Specialty Clinic, Surgical Specialty Clinic, Dental Clinic, Eye Clinic, Edison Clinic, and Ron Robinson Clinic)*

222 West 39th Avenue  
San Mateo, CA 94403-4364

Hours of Operation:

Mon. and Fri. - 8:00 am - 5:00 pm

Tues. - Thurs. - 8:00 am - 8:00 pm

Sat. - 8:00 am - 2:00 pm

### **Innovative Care Clinic**

Mon. - Thurs. - 8:00 am - 6:30 pm

Fri. - 8:00 am - 5:00 pm

Sat. - 8:00 am - 2:00 pm

### **Edison Clinic**

Mon. - Fri. - 8:30 am - 4:30 pm

Tues. and Thurs. - 4:00 pm - 7:00 pm

### **Ron Robinson Senior Care Center**

Mon. - Fri. - 8:00 am - 5:00 pm

### **Fair Oaks Health Center**

2710 Middlefield Road  
Redwood City, CA 94063-3404

Hours of Operation:

Mon. - Fri. - 8:00 am - 7:00 pm

Sat. - (Pediatrics only) - 8:00 am - 5:00 pm

Dental Clinic

Mon. - Thurs. - 8:30 am - 7:00 pm

Fri. - Sat. - 8:00 am - 5:00 pm

### **Sequoia Teen Wellness Center**

200 James Avenue  
Redwood City, CA 94062-5123

Hours of Operation:

Mon. - Fri. - 8:30 am - 4:30 pm

### **Ravenswood Family Health Center**

1885 Bay Road  
East Palo Alto, CA 94303

Hours of Operation:

Mon. Wed., and Thurs. - 8:00 am - 7:00 pm

Tues. - 10:00 am - 7:00 pm

Fri. - 8:00 am - 5:00 pm

Sat. - 8:00 am - 1:00 pm

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**HCH Mobile Dental Van**

222 West 39th Avenue  
San Mateo, CA 94403-4364  
Hours of Operation: Variable

**Maple Street Shelter**

1580 Maple Street  
Redwood City, CA 94603-4364  
Hours of Operation: Variable

**Coastside Mental Health Center**

225 Cabrillo Hwy. S Fl. 2  
Half Moon Bay, CA 94010-8200  
Hours of Operation:  
Mon. - Fri. - 8:00 am - 5:00 pm

**Central County Mental Health Center**

1950 Alameda de Las Pulgas  
San Mateo, CA 94403  
Hours of Operation:  
Mon. - Fri. - 8:00 am - 5:00 pm

**Mobile Health Clinic**

225 37th Avenue  
San Mateo, CA 94403-4324  
Hours of Operation: Variable

**Health Services Agency Mental Health Division**

225 37th Avenue - 3rd Floor  
San Mateo, CA 94403-4324  
Admin only

**Section 2. Services - Program Requirement #5****Program Requirement #5 - After Hours Coverage**

Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR 51c.102(h)(4))

**Compliance Status: Met.**

**Documents reviewed onsite or in advance:**

Health center's after-hours coverage policies and/or procedures  
Agreements, systems and/or contracts that support after-hours coverage, if applicable  
Most recent Form 5A: Services Provided, see Coverage for Emergencies During and After Hours

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**Compliance Review Findings:** SMCHS maintains an after-hours emergency call system. The health center has a policy and procedure entitled “Access to Care” which details how the health center manages emergency and urgent calls after the regular hours. Each health center site has “scripts” in English and Spanish for the automated voice message which is activated after hours. Patients are informed of the availability of the after-hours emergency coverage during new patient orientation and by the medical providers.

After-hours emergency coverage is provided through a formal arrangement with the San Mateo Health Plan for the provision of nurse triage service. The arrangement includes the appropriate language required by the program requirement. The service is backed up by on-call physicians. The nurse triage service uses physician approved algorithms to address medical issues. They do not have access to the health center’s EMR. When a patient call the health center after hours, the service notifies the appropriate primary care site through email or fax. The encounter is followed up and documented in the patient record. There was no formal written arrangement available for review.

The reviewer called the after-hours service. The call was appropriately answered and managed.

## Section 2. Services - Program Requirement #6

### Program Requirement #6 - Hospital Admitting Privileges and Continuum of Care

Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act)

**Compliance Status: Not Met.**

#### Documents reviewed onsite or in advance:

Hospital admitting privileges agreements/documentation

Most recent Form 5C: Other Activities/Locations (if applicable, hospitals where health center providers have admitting privileges should be noted on the form)

**Compliance Review Findings:** SMCHS utilizes hospitalists at the San Mateo Medical Center (SMMC) for emergency room and inpatient services. The health center has a hospital tracking policy and procedure which details how patients are referred to the Medical Center for emergency room and inpatient care. SMCHS has access to the hospital’s EMR system, Soarian, which allows for the exchange of information between the health center and the hospital. Through this system, primary care providers receive notification of patients who are seen in the emergency room, those who are admitted for inpatient care, and patient discharges. SMCHS can exchange information and plan for discharge follow-up including post-discharge access to labs, X-ray reports, and specialty care reports.

Pediatric patients who are initially admitted to the San Mateo Medical Center are then transferred to the Lucile Packard Children’s Hospital at Stanford for the duration of their care. San Mateo Medical Center does not provide labor and delivery services. Although SMCHS has a formal written agreement/arrangement for the care

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of pediatric and OB patients at outside institutions, these formal contracts do not detail how patients are referred for admission, discharge planning, and patient tracking.

**If Not Met - Steps/Actions Recommended for Compliance:** SMCHS must revise the agreements/arrangements with the hospitals providing pediatric and labor and delivery services to ensure that they clearly detail how patients will be referred for care, how the health center will communicate with the non-health center providers, how discharge planning will be managed, and how patient tracking will be performed.

## Section 2. Services - Program Requirement #7

### Program Requirement #7 - Sliding Fee Discounts

Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. (Section 330(k)(3)(G) of the PHS Act and 42 CFR 51c.303(f) and (u))

**Compliance Status: Met.**

**Documents reviewed onsite or in advance:**

Schedule of fees/charges for all services in scope

Sliding fee discount schedule/schedule of discounts (often referred to as the 'sliding fee scale')

Policies for the sliding fee discount program

Supporting operating procedures for the sliding fee discount program

Documents/forms that support the eligibility process for the sliding fee discount program

**Compliance Review Findings:** SMCHS documents reflect that the organization has a sliding fee discount program in place:

- There is an established sliding fee discount schedule using the most recent 2016 Federal Poverty Guidelines (FPG) that is based on income and family size and no other factors. Patient eligibility is based on income and family size for all patients.
- The grantee has an intake process in which they review patient's eligibility for the homeless and farmworkers sliding fee scale program. This is done in conjunction with evaluating their eligibility for other programs that may provide at least as good of discount as the sliding fee scale. Intake information is available in English and Spanish to support the patient population being served.
- The policy addresses circumstances for waiving charges, as required as a part of the billing policies. It gives authority to the patient eligibility manager to approve waiver.
- Renewal of patients' eligibility is required annually.
- The policy allows insurance patients who qualify based on their income and family size to receive the sliding fee discount if allowable by the insurance plan.
- The policy indicates that no health center patient is denied services based on their inability to pay for the available services.
- The SFDS has a category of 100% and below the FPG in which the patient is not charged for the service. There are three categories between 100% and 200% of the FPG, and those above 200% of the FPG receive no discount unless they qualify for a special program in which funds are earmarked for that purpose.

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- Basic lab and X-ray services are provided to sliding fee patients using the regular sliding fee scale as the services are provided via San Mateo County Health Services (grantee).

The organization has a sliding fee discount schedule that covers medical and all other services under the approved scope of service, regardless of the service type or mode of delivery.

The sliding fee discount program is based on written policies that have been approved by the board of directors of the co-applicant, and are applied uniformly to all patients.

## Section 2. Services - Program Requirement #8

### Program Requirement #8 - Quality Improvement/Assurance Plan

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. (Section 330(k)(3)(C) of the PHS Act and 42 CFR 51c.303(c)(1)-(2))

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Quality improvement/quality assurance (QI/QA) plan and related and/or supporting policies and/or procedures (e.g., incident reporting system, risk management policies, patient safety policies)

Clinical Director's job description

HIPAA-compliant patient confidentiality and medical records policies and/or procedures

Clinical care policies and/or procedures

Clinical information tracking policies and/or procedures

**Compliance Review Findings:** SMCHS has a quality improvement policy which was board approved on 7/9/15 and a quality improvement plan for the homeless and farmworker program which was last approved on 5/15/15.

The San Mateo County HCH/FH Program's co-applicant board has instituted a quality improvement program that establishes the structure and process for improving organizational performance. The HCH/FH QI Committee is responsible for implementing the HCH/FH QI Program and development of the annual QI Plan. The medical director, who serves as the qi clinical director, is primarily responsible for developing and utilizing specific mechanisms for the identification, adoption, and reporting or performance improvement projects. He is the also the designated individual who monitors the program performance through data collection, aggregation, and analysis.

The HCH/FH QI Committee consists of the medical director/clinical director, program coordinator, representatives of primary care providers, board members, representatives of all program services. contractors and other ad hoc members as needed. Meetings are held at minimum on a quarterly basis but no less than four times a year. Reports regarding performance improvement activities and education are provided on a regular

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basis to the HCH/FH Co-Applicant Board, SMMC Hospital Board, SMCHS Quality Improvement Committee (QIC), program staff, and program contractors.

There is documentation to support that periodic assessments are performed including chart audits, review and analysis of UDS performance measures, and PDSAs. These periodic assessments are conducted under the supervision of the medical director/clinical director. It was noted that peer reviews were not being performed on a regular basis, but did take place in instances where the performance of a provider comes into question because of a complaint or concern.

It was noted that the board chairman, who is a retired physician, serves on the committee. There is evidence that the activities of the QI program are reported to the board on a regular basis and that there is engagement of the board in the QI activities.

SMCHS maintains a HIPAA policy which ensures the protection of the privacy and confidentiality of patient health information. The health center maintains a release of information form. There is a medical record retention policy which protects and manages the retention and destruction of both current and archived medical records.

### Section 3. Management and Finance - Program Requirement #9

#### Program Requirement #9 - Key Management Staff

Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR 51c.303(p), and 45 CFR 75.308(c)(2)(3))

**Compliance Status: Met.**

#### **Documents reviewed onsite or in advance:**

Health center organizational chart

Key management staff position descriptions and biographical sketches

Key management vacancy announcements (if applicable)

Health center's official scope of project for services and sites (Form 5A and Form 5B)

UDS Summary Report

**Compliance Review Findings:** The Health Care for the Homeless/Farmworkers Program through its co-applicant agreement with SMCHS via SMMC (the medical center) has a unique operation with a key management staff of the program that consists of 3.2 FTE individuals; a program director, a program manager, a program management analyst; and a P/T CMO (.2). This coincides with their current program organization chart. The organizational chart of SMCHS as well as the organizational chart for SMMC were reviewed to understand their reporting relationships as outlined in the co-applicant agreement. It should be noted that the HCH/FW's Program Director is included on the SMCHS's organizational chart; and, the co-applicant board is indicated on the SMCHS's organizational chart with a line drawn to the HCH/FW's Organizational Program Chart. All financial positions are held by individuals in SMCHS as outlined in the co-applicant agreement. It was found that the program maintains a program management staff that is appropriate for the size and needs of

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the organization. Additional information shared during the OSV is that two additional program managers will be added as follows: one by the end of the calendar year 2016, and one more during the CY 2017.

All job descriptions and resumes were reviewed for compliance and found to be appropriate.

### Section 3. Management and Finance - Program Requirement #10

#### Program Requirement #10 - Contractual/Affiliation Agreements

Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program requirements. (Section 330(k)(3)(I)(ii) of the PHS Act, 42 CFR 51c.303(n) and (t), Section 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act, and 45 CFR 75)

**Compliance Status: Met.**

#### Documents reviewed onsite or in advance:

Contract(s) or sub-award(s) (subrecipient agreements) for a substantial portion of the health center project

Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the health center project

Procurement and/or other policies and/or procedures that support oversight of contracts or affiliations

**Compliance Review Findings:** The HCH/FW Program is in a co-applicant agreement with SMCHS that operates a homeless and farmworkers program for health and social services. The method of providing these services is through the San Mateo Medical Center for the County's ambulatory clinics. Additional primary care and social services are delivered through contracts with several organizations throughout the County.

The HCH/FW Program has maintained appropriate authority overall contracted services as outlined within its co-applicant agreement. There is a board-approved contract management policy that was revised and updated on July 21, 2016. The program's board has adopted the San Mateo's County Procurement Policy that was signed in September 2012. These policies are currently being updated to comply with OMB's Uniform Guidance Requirements. The current policy complies with the HRSA/BPHC requirements to meet this program requirement.

Several of the contracts were reviewed which indicated that there was no language within the contracts that did not comply with or compromise the Health Center Program requirements.

### Section 3. Management and Finance - Program Requirement #11

#### Program Requirement #11 - Collaborative Relationships

Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an

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explanation for why such letter(s) of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR 51c.303(n))

**Compliance Status: Met.**

**Documents reviewed onsite or in advance:**

- Letters of Support
- Memoranda of Agreement/Understanding
- Other relevant documentation of collaborative relationships

**Compliance Review Findings:** The HCH/FW Program actively collaborates with other health care and community service providers throughout San Mateo County to meet these two very vulnerable populations. There is a providers homeless and farmworkers meeting that is held monthly to facilitate communication among the health care providers to these populations. The program is a part of the San Mateo County's Continuum of Care that is coordinated by the SMC's Center on Homeless (an organization that provides services to the homeless throughout San Mateo County).

Through the co-applicant agreement the HCH/FW Program collaborates and has formed relationships with most of the county focused health and social service operations which include SMCHS's Resources Management Department and other departments of the SMCHS's Health Coverage Unit Department which includes the Oral Health Coalition of San Mateo County.

HCH/FH contracts with the Ravenswood Family Health Center, the only other FQHC in San Mateo County, to provide primary care for homeless residents of East Palo Alto. Please NOTE: This was discussed and reviewed during the OSV as possibly being a subrecipient and was later determined not to be not considered a subrecipient.

There are no rural health clinics are critical access hospitals in San Mateo County. As listed above, the program collaborates with Ravenswood FHC the only other FQHC in the area.

A review of 10 + letters of support were reviewed during the OSV.

## **Section 3. Management and Finance - Program Requirement #12**

### **Program Requirement #12 - Financial Management and Control Policies**

Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D) and (q) of the PHS Act and 45 CFR 75.300-309, Subparts E and F)

**Compliance Status: Not Met.**

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**Documents reviewed onsite or in advance:**

Most recent Single Audit (grantees only)

Financial management/accounting and internal control policies and/or procedures

Chart of accounts

Income statement

Most recent Health Center Program required financial performance measures/UDS Report

Most recent Income Analysis (Form 3)

**Compliance Review Findings:** SMCHS has fiscal policies that have been approved by the co-applicant board. The Health Care for the Homeless/Farmworker Program (HCH/FW Program) is the recipient of HRSA grant funds via the health program co-applicant agreement with San Mateo Medical Center. An independent audit of SMCHS has been conducted for the fiscal year ended 6/31/2015 and there were no noted audit findings related to the HCH FW program.

However, the lack of fiscal program reports and supporting information indicates that the grantee does not maintain appropriate accounting and internal control systems that support the HCH/FW Program.

Several requested fiscal documents prior to visit, and for on-site review were not provided. These requests were also made during the site and restated via email to the program director and co-applicant board chairperson at the end of day two of the site visit. Various documents requested were either not available or not provided.

Because of the above information and as noted below, this program requirement is not met.

1. SMCHS or the co-applicant did not provide key requested financial documents needed to assess the organization's compliance related to the written accounting and internal controls. Therefore, it has been determined that SMCHS and the co-applicant do not have adequate reporting on the HCH/FW Program to promote fiscal management and oversight. Based on the OMB Uniform Guidance 2CFR Part 200 controls and oversight of the financial operations are not adequately functioning. There is a lack of fiscal information on the program.
2. Financial reports and supporting data were not provided as requested to assess compliance with the appropriate use of the grant funds expended.
3. The HCH/FW Program's reports of income and expenditures were not available to review to evaluate the amount of revenues including program income that has been recorded from Medi-Cal and Medicare resulting from the FQHC PPS rate. As a result, one cannot assess that SMCHS is in compliance with using program income funds that are required to be used only to support the HCH/Farmworker program.
4. The lack of HCH/FW Program revenue and expense reports also indicates that the program director is unable to assess the overall programs effectiveness, evaluate the accuracy of revenue and expense data captured in the program throughout the year, causing a further breakdown in internal controls over data capture and reporting.
5. The lack of fiscal reporting indicates that the co-applicant board is unable to provide effective and informed oversight and direction for the entire program for which they are responsible per the co-applicant agreement (Article 3 Responsibilities F. "Reviewing and setting financial priorities of the Program (not just the grant) and setting the Program Budget covering all Program services and including all Program Income." The board cannot and is not carrying out its fiduciary responsibility. Income and expense reports of the program per the program director are only being provided at the end of the calendar/ grant year when the UDS report is prepared by the grantee's fiscal department.

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6. The section 330 grant funds drawn down expenditures could not be verified as HRSA homeless/farmworker grant expenses in the general ledger accounting system of SMCHS as required by PIN 2013-01 Budgeting and Accounting Requirements.

**If Not Met - Steps/Actions Recommended for Compliance:** The corrective action includes:

1. SMCHS and the co-applicant must establish a set of program financial reports of the entire Homeless/Farmworker Program on a monthly basis. This report is to include month and year to date reporting of the income and expenses of the program. The report is to be distributed to the programs management and provided to the co-applicant board to promote better controls and oversight of the programs operations.
2. Draw down of federal funds must be supported by documents that show that the funds drawn down are consistent with the approved funding by category. Updates to request and approvals of changes to the grant funding categories must be available in the program or easily accessible from the fiscal department supporting their grant activities.
3. Financial reports of the program that include program income must be generated on a monthly basis as a part of the regular reporting of the program to ensure that the program is aware of the program income generated to assist them in managing the program. A mechanism must be established to retain information on the program income to ensure that any program income not used is still required to be available for use only to the Homeless/Farmworker Program for which it was generated or caused to be generated because of SMCHS receiving program income resulting from billing and collections using the FQH PPS rate made available to SMCHS as a result of the Homeless/Farmworker Program receiving the HRSA grant.
4. The program director must receive adequate fiscal reports to manage the operations of the Homeless/Farmworker Program and review reports for accuracy to promote the accurate reporting and management supervisory controls.
5. The co-applicant board must receive adequate fiscal reports on a monthly basis to include but not be limited to a HCH/FW Program report of federal and non-federal revenues and expenses for the month and year to date compared to budget that includes program income.
6. The grantee must establish in the general ledger separate G/L accounts to capture the activities of the homeless program. The program director or other program staff must have access to or be able to request timely reports that reflect the proper recording of these program expenditures to be in compliance with PIN 2013-01 Budgeting and Accounting Requirements.

### Section 3. Management and Finance - Program Requirement #13

#### Program Requirement #13 - Billing and Collections

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)

**Compliance Status: Not Met.**

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**Documents reviewed onsite or in advance:**

Policies and/or procedures for billing and collection

Most recent Income Analysis (Form 3)

Most recent Health Center Program required financial performance measures/UDS Report

**Compliance Review Findings:** SMCHS participates in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and other county and/or state public assistance programs that are available to its patients. The grantee has an established Medi-Cal FQHC PPS rate for its various sites. The grantee has applied for FQHC Medicare for its sites as of September 1, 2016, per review of the applications and mailing receipts. They have not yet received a determination at the time of the site visit.

The organization has a set of billing and collection policies and procedures including a few policies established specific to support the billing and collections related to the homeless/ farmworker patient population because of the its different processes and considerations necessary related to special programs including the ACE County Program. However, the sliding fee policy for the homeless/farmworker that addresses the billing and collections for homeless indicates on # 9 of the policy that HCH/FW program has not developed a collection policy, as it is currently being developed. This reflects that although they have indicated in other correspondence that they have developed the special billing policies it has not been reviewed and updated in the sliding fee policy document where it resides. It is also an indication that here is no evidence that the policy and procedure has been implemented or functional as required.

In addition to this, a request was made to review the A/R aging report by payor class to evaluate the homeless/farmworker program A/R balances. Reviewing the self-pay A/R aging and Medi-Cal and other 3<sup>rd</sup> party A/R balances would provide a better understanding of the patient activity and effectiveness in billing and collections efforts. SMCHS did not provide any A/R aging reports to review at the Homeless Program level or any higher level of the organization. Therefore, an assessment of the effectiveness of the billing and collections efforts cannot be analyzed. The Program Director offered little insight regarding the status of the HCH/FW billing and collections efforts. As a result, the assessment is that there is no evidence that SMCHS and the Homeless/Farmworker Program are performing adequate billing and collection efforts to maximize non-grant revenues.

**If Not Met - Steps/Actions Recommended for Compliance: SMCHS must:**

- SMCHS must operationalize the billing and collections policies they provided for our review. . Additionally, the organization must update the sliding fee policy related to billing under #9 to reflect that the Billing and collections policies are in place and functional.
- Establish a process in which the accounts receivable aging balances of the homeless program can be monitored and analyzed to promote maximizing collections. This should include establishing a consistent method of obtaining A/R reports of the program and a process in which to review these reports with the SMCHS finance department staff.

**Section 3. Management and Finance - Program Requirement #14****Program Requirement #14 - Budget**

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Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D) and (k)(3)(I)(i) of the PHS Act, 45 CFR 75.308 and 45 CFR 75 Subpart E)

**Compliance Status: Not Met.**

**Documents reviewed onsite or in advance:**

Annual budget

Most recent Income Analysis (Form 3)

Most recent Staffing Profile

*Other:*

SAC grant budget application 2016-2017 and 2017 - 2018

**Compliance Review Findings:** SMCHS has a Health Care for the Homeless/Farmworker Program budget as outlined in the Service Area Competition (SAC) application for 2016 to 2017 and 2017 and 2018 recently submitted to HRSA that includes activities within the Scope of Project. The current 2016/2017 base budget approved in the Notice of Grant Award covering 1/1/2016 to 12/31/2016 shows base grant funding of \$2,373,376 with estimated program income of \$ 5,473,491 with a total approved budget on the NGA of \$ 7,486,867.

Based on the review of several documents it was determined that the grantee is non-compliant related to this program requirement based on the following:

1. The grantee does not generate homeless/farmworker program financial reports to support the programs need and expectation to monitor and ensure that the budget both revenue and expenses is reasonable to meet the needs of the program. The co-applicant board is responsible for as outlined in the co-applicant agreement under Article 3 – Responsibilities – F “ Reviewing and setting program budget covering all program services and including all program income.” This cannot be done effectively without receiving the appropriate reports.
2. The program director cannot effectively manage and monitor the approved budget without receiving reports to compare the results throughout the year. No reports are available to reflect the actual program income of the homeless/farmworker. As a result, an assessment of the adequacy of the budgeted amounts could not be determined. A look at the most recent SAC application grant budget for 2017 – 2018 shows a significant increase in the proposed program budget from \$ 7,846,867 to \$ 13,642,967 approximately a 42% program budget increase. Most the increase on the revenue side is reflected in increased program income. There are no supporting actual results for the current budget year to compare the reasonableness of the related budgeted program income. Without adequate program revenue and expense reports including data on the income by the various payor sources one cannot determine the adequacy of the budget nor analyze the reasonableness of the future budget 2017-2018.
3. The grantee also has indicated in its report that they are projecting a \$360,000 unobligated balance related to the grant funds in the current year. This has an impact on the grant budget and overall program budget.

Based on the information noted above, it is determined that the grantee has not supplied adequate information to support the current budget as it relates to actual results and thus the current budget does not reflect the costs of

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operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan.

**If Not Met - Steps/Actions Recommended for Compliance:** SMCHS must:

1. Establish a program report that compares actual results to budget for the month and year to date. This report is to include variance explanations that along with the report are provided to the board on a monthly basis for its review in assisting in fulfilling its fiduciary responsibility.
2. Establish program reports that include program income including the major funding sources from which can be compared to the budgeted program income on a month and year to date basis.
3. Establish a written procedure or method of monitoring the grant expenditures and formally communicate with the Project Officer early to ensure that the opportunities to address the possible unused funds can be made early to determine how the funds may effectively used and approved by HRSA if required.

### Section 3. Management and Finance - Program Requirement #15

#### Program Requirement #15 - Program Data Reporting Systems

Health center has systems which accurately collect and organize data for program reporting and which support management decision-making. (Section 330(k)(3)(I)(ii) of the PHS Act and 45 CFR 75.342)

**Compliance Status: Not Met.**

**Documents reviewed onsite or in advance:**

Most recent UDS report and UDS Health Center Trend Report

Most recent Clinical and Financial Performance Measures Forms

Clinical and financial information systems (e.g., EHR, practice management systems, billing systems)

**Compliance Review Findings:** SMCHS uses the eClinicalWorks electronic medical records system and practice management system to support its operations. It uses the IFAS County accounting system to support the fiscal operations and reporting. The co-applicant relies on the support of the granting agency in providing support to the co-applicant as it relates to reports for the co-applicant to effectively assess the programs programmatic and financial status as outlined in the co-applicant agreement.

- Because only one grants financial report was made available and no program income and expense reports, this is an indication that there is limited data received on the program to assist the program management and its co-applicant board to analyze monthly financial reporting. The systems may have the capacity for collecting and organizing the data required for UDS, FFR, clinical and financial performance measures, but it cannot be evidenced based on the information provided.
- Management indicated that they do not get a complete picture of the homeless program revenue and expenses until the UDS report is done at the end of the calendar year. This is problematic and brings about concerns for checks and balances with financial reporting in Tables 8 and 9 as there is no ongoing reports of overall program revenue and expenses during the year that the program receives to evaluate the reasonableness of what gets reported at the end of the year on the UDS. Thus, the data systems do

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not appear to be used effectively. No supporting data for the UDS was readily available since the financial reports were also not available for the key financial tables.

- Finally, the grantee does not generate reports on any of the fiscal measures as required except at year-end. Management and the board do not provide adequate reporting to assist them in their evaluation for management decision-making.

**If Not Met - Steps/Actions Recommended for Compliance: SMCHS must:**

1. Although the organization has fiscal and clinical systems they must make appropriate changes to the reporting features to appropriately generate reports at the program level so that the data can be used as an effective tool for decision-making.
2. Support data must be readily available for the UDS report to support what has been reported. Program management must work with the SMCHS to have access to the needed data to support the program
3. The program must generate reports periodically that captures one or more of the financial measures for reporting and analysis to management and the board to promote management decision-making.

### Section 3. Management and Finance - Program Requirement #16

#### Program Requirement #16 - Scope of Project

Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR 75.308)

**Compliance Status: Not Met.**

**Documents reviewed onsite or in advance:**

Health Center UDS Trend Report

Health center's official scope of project for sites and services (Forms 5A, 5B, and 5C)

Most Recent Form 2 Staffing Profile

Notice of Award and information for any recent New Access Point or other supplemental grant awards

**Compliance Review Findings:** SMCHS maintains all the services listed on Form 5A largely through the San Mateo Medical Center sites and South County Community Health Center, an FQHC d.b.a. Ravenswood Family Health Center. Providers of the health services are provided through the arrangement with San Mateo Medical Center and Ravenswood Family Health Center.

All the sites listed on Form 5B are within the target area which consists of 19 ZIP codes. Zip codes included in the target area include 94025, 94080, 94019, 94402, 94403, 94402, 94401, 94060, 94061, 94063, 94065, 94066, 94083, 94098, 94062, 94096, 94064, 94067, 94303, and 94015. Per the 2015 UDS Report, 5,503 unduplicated patients or 83.9% of the total 6556 who received services during that year were from 15 of the 19 target area ZIP codes.

SMCHS has an arrangement with Ravenswood Family Medical Center for the provision of a variety of services. It is indicated on Form 5A Column II that this health center provides diagnostic laboratory, diagnostic

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radiology, 340 B pharmacy, health education and outreach. This was not documented in the formal written agreement between the two health centers.

After-hours emergency coverage during and after hours - the health center does not pay for the nurse triage services. They are provided under the San Mateo Health Plan.

**Review of Form 5B noted the following:** Currently on Form 5B there is a single entry, identified as 39<sup>th</sup> Avenue Campus – Outpatient Clinics, for the six clinics which are located at 222 W 39<sup>th</sup> Ave, San Mateo, CA 94403-4364. The grantee has submitted a Change in Scope which included the addition of specific clinic names and room numbers. See below for details.

**Current 5B Physical Address:** 222 W 39th Ave, San Mateo, CA 94403-4364

Innovative Care/Primary Care Clinic (name change and room number submitted)

OB/GYN Clinic (name change and room number submitted)

Pediatric/Adolescent Care Clinic (name change and room number submitted)

Medical Specialty Clinics (name change and room number submitted)

Ron Robinson Senior Care Center (room number addition submitted)

Edison Clinic (room number addition submitted)

Coastside Health Center (Coastside Clinic) address was not complete as it did not include the floor designation. The site occupies the entire first floor at that address. It should include Suite 100A.

The Mobile Dental Clinic has duplicate entries.

**If Not Met - Steps/Actions Recommended for Compliance:** SMCHS must:

1. Remove diagnostic laboratory, diagnostic radiology, 340B pharmacy, health education and outreach from Form 5A Column II.
2. Remove After Hours emergency coverage during and after hours from Column II and move to Column III.

SMCHS must obtain approval on the following Change in Scope submissions for addresses listed on Form 5B:

1. **Current 5B Physical Address:** 222 W 39th Ave, San Mateo, CA 94403-4364

**Proposed 5B Corrected Address:** Innovative Care/Primary Care Clinic, 222 W 39th Ave S-330, San Mateo, CA 94403-4364

2. **Current 5B Physical Address:** 222 W 39th Ave, San Mateo, CA 94403-4364

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**Proposed 5B Corrected Address:** OB/GYN Clinic, 222 W 39th Ave S-331, San Mateo, CA 94403-4364

3. **Current 5B Physical Address:** 222 W 39th Ave, San Mateo, CA 94403-4364

**Proposed 5B Corrected Address:** Medical Specialty Clinics, 222 W 39th Ave S-231, San Mateo, CA 94403-4364

4. **Current 5B Physical Address:** Ron Robinson Senior Care Center, 222 W. 39th Ave, San Mateo, CA 94403-4364

**Proposed 5B Corrected Address:** Ron Robinson Senior Care Center, 222 W 39th Ave S-131, San Mateo, CA 94403-4364

5. **Current 5B Physical Address:** Edison Clinic, 222 W 39th Ave, San Mateo, CA 94403-4364

**Proposed 5B Corrected Address:** Edison Clinic, 222 W 39th Ave, San Mateo S-130, CA 94403-4364

6. **Current 5B Physical Address:** Coastside Health Center, 225 Cabrillo Hwy, Half Moon Bay, 94019

**Proposed 5B Corrected Address:** Coastside Health Center (aka Coastside Clinic), 225 Cabrillo Hwy, Suite 100A, Half Moon Bay, CA 94019

7. **Current 5B Physical Address:** HCH Mobile Dental Clinic, 795 Willow Rd, Menlo Park, CA 94025-2539

**Proposed 5B Corrected Address:** None – Should be removed.

## Section 4. Governance - Program Requirement #17

### Program Requirement #17 - Board Authority

Health center governing board maintains appropriate authority to oversee the operations of the center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304)

**Compliance Status: Not Met.**

#### **Documents reviewed onsite or in advance:**

Organizational/corporate bylaws  
Minutes of recent board meetings  
Health center policies and/or procedures  
Board annual meeting schedule  
List of board committees

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**Compliance Review Findings:** SMCHS is a co-applicant agreement organization with programs that service exclusively the homeless and farmworkers. Over the past two years, since the Governance PIN 2014 which outlined the direction for programs who formerly operated under the Stewart-McKinney Act, would now begin to operate within the realms of this PIN and no longer have Community Advisory Boards (CAB), but rather, function under the governance regulations as outlined in the Governance PIN of 2014-01. The CAB advisory board and SMCHS began to revise and update its mode of operation and operate under a co-applicant agreement that was developed and implemented in CY 2014 which included following the 19 HRSA/BPHC requirements. It (the agreement) was later updated in January 2015. The following are the findings that further needed to be addressed:

- Holding Monthly Meetings: There is evidence by way of the board minutes that monthly meetings are being held.
- Approval of the health center grant application and budget: The minutes reflected the board approval of submission of the grant application and its HRSA/BPHC budget in August 2016. However, there was no approval of a total program budget outside of the HRSA application's budget. Also, the evidence of the SMCHS's approval as the Applicant for a continued Co-Applicant agreement with the existing co-applicant board was not discussed or reflected in the August monthly meeting minutes.
- Selection/dismissal and performance evaluation of the health center's CEO: The program director has been in place for the last six years. However, the director's evaluation(s) continue to be completed by the chief of the San Mateo Health System with only comments that were typed and not signed by the co-applicant board.
- Selection of services and health center hours of operations: The board minutes indicate the approval of CIS's that request service and hours of operations being directed by the board.
- Measuring and evaluating organization's progress in meeting its goals and objectives: There is little to no evidence reflected in the minutes that the board is conducting this activity in a comprehensive ongoing manner.
- Engaged in Strategic Planning Activities: The program is engaged in ongoing strategic plans and has a blueprint of their plan that has been approved by the board in August 2016.
- Review of mission, bylaws and co-applicant agreements: The board minutes reflect that there was a review and update of the Bylaws that covered all the eleven elements indicated in the HRSA Site Visit Guide. In CY 2014, the board and the San Mateo County Health System officially established a co-applicant agreement that include the Mission, Authorities of each applicant (party), functions, responsibilities as well as the bylaws of the health center.
- Approve general policies and procedures: There is evidence in the minutes that the board began to review general policies and procedures designed specifically for the program in August 2016.
- Develop a board calendar that specifically outlines those activities that should be annually addressed; i.e., the approval of the grant submission and budgets that include within their minutes the acknowledgement that the grantee has also reviewed any applications submitted;

The overall assessment of the board is that it does not have a full understanding (as a group) of the co-applicant agreement with the applicant (SMCHS) which outlines its roles and responsibilities for each party of the agreement. Also, the key management staff does not present that it clearly understands how it should participate in carrying out the roles and responsibilities of each party outlined in the agreement.

**If Not Met - Steps/Actions Recommended for Compliance:** SMCHS must:

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- Review the CEO's evaluation process to ensure that the co-applicant has appropriate input and that it is appropriately documented and signed;
- The board must reflect in its meeting minutes that it is measuring and evaluating the organization's progress in terms of its goals and objectives.
- The board must completely identify the general policies that it is approving within the Board minutes..
- The board must include within its goals and objectives the membership number in its bylaws and the fact that the CEO is a non-voting ex-officio member of the board.

The overall recommendation is to have the Co-applicant board engage in a formal board training with the applicant (SMCHS) that outlines its roles and responsibilities for each party of the agreement. Also, the key management staff should participate in this training at some point to understand the responsibilities and roles of each party of the agreement.

## Section 4. Governance - Program Requirement #18

### Program Requirement #18 - Board Composition

The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304)

**Compliance Status: Not Met.**

#### Documents reviewed onsite or in advance:

Composition of board of directors/most recent Form 6A: Board Composition  
 Organizational/corporate bylaws  
 Board member application and disclosure forms  
 If Applicable: Form 6B: Waiver of Governance Requirements  
 UDS Summary Report

**Compliance Review Findings:** SMCHS is a county agency located in San Mateo County, California. It is the recipient of a homeless and farmworkers' award from HRSA and as a public entity is operating with a co-applicant agreement with a board of directors that has received a Waiver (as of 8/30/2016) for the 51% patient majority governance requirement. All other elements of the board composition are still imposed to be met by the co-applicant board,

The status of the co-applicant board is as follows:

- Fifty-one percent majority membership - This has been waived as of 8/31/2016 for the new project period.
- Governing board has at least nine but no more than 25 members. However, the Governance PIN 2014-01 states that there should be a defined number or a reasonable range to reflect the complexity of the organization. The bylaws do not state either; however, there are board minutes in September 2015 that indicated that the membership was approved to be set at 14. There are currently 12 members. The

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minutes did not indicate in subsequent months that discussions on meeting this number and/or other recruitment efforts to comply with ensuring the board represented the appropriate skill sets for oversight of the program continued.

- The non-consumer members of the board represent a diverse range of skill sets needed in accordance to the complexity of the organization. Unable to verify/confirm this with a review of Form 6A.
- No more than 50% of the non-consumer members may derive more than 10% of their annual income from the health care industry. There is one member of the co-applicant board who could be classified as a consumer of health center services.
- The remaining 11 members are considered non-consumers and still must comply to the program requirement. It should be noted that seven of the non-consumer members are contractors of the HCH/FW Program who earn more than 10% of their income from not just the health care industry; but, from the Program. A significant portion of medical, dental, and behavioral HCH/FW's services are provided (Contracted) by programs that are co-applicant board members. This was disclosed by the Program during the OSV and subsequently verified by the contractor's inventory listing. these include, but not limited to clinical services provided by the county's mobile health clinic, Sonrisas Community Dental Center, Ravenswood Family Health Center, LifeMoves, Samaritan House, Puente de la Costa Sur, Legal Aid Society, plus the county's Behavioral Health & Recovery Services.

**If Not Met - Steps/Actions Recommended for Compliance:** The applicant and co-applicant board must immediately:

- Define a specific number or a reasonable range within their bylaws and implement the same in its board recruitment area to comply with the expectation of compliance in board composition of having the Board agreed upon number of members.
- Conduct an inventory of the board and determine what other skill sets are needed to effectively oversee the authority of the program in accordance to the co-applicant agreement.
- Review and take appropriate actions (develop a plan) to ensure that there is no more than 50% of the non-consumer membership that earn over 10% of their income from the health care industry (especially those who directly contract with the program).

## Section 4. Governance - Program Requirement #19

### Program Requirement #19 - 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. (45 CFR 75.327 and 42 CFR Part 51c.304(b))

**Compliance Status: Not Met.**

#### **Documents reviewed onsite or in advance:**

Corporate Bylaws

Most recent update of Conflict of Interest policy and related procedures

Procurement policies and/or procedures

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**Compliance Review Findings:** The organization does have a conflict of interest policy that the co-applicant board has adopted for the HCH/FW Program. There are a couple of items that are not in compliance:

- The board bylaws and conflict of interest policy states that the board, staff and anyone must disclose if there is a real and/or perceived conflict of interest. There is no documentation or any other mechanism in place where disclosures have been identified by the aforementioned individuals. The only documentation share was a document that was entitled “Acknowledgement of Conflict of Interest Laws” that were signed by eight board members in 2013 and 2016. All 3.2 Staff had current signatures on this document; however, there was no disclosure section included in the document to which anyone could declare a conflict.
- In the bylaws, there was a notation that the CEO serves as an ex-officio member of the board; but the bylaws do not clearly state that this position has no vote on decisions made by the board.

**If Not Met - Steps/Actions Recommended for Compliance:** The co-applicant board must update their policy and/or Bylaws to reflect the following:

- The program director is an ex-officio/ non-voting member of the board;
- The board must include language in either document that indicates the way an individual discloses a real or possibly perceived COI within the organization/
- The board must remember and include on their calendar that all individuals must sign a COI disclosure form.

## Section 5. Clinical and Financial Performance

### Clinical Measure #1 - Percentage of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year or an HbA1c test was not done

#### Documents reviewed onsite or in advance:

UDS Trend, Comparison, and Summary Reports  
Quality improvement/quality assurance plan

#### *Clinical Performance Analysis:*

**Reason for selecting the measure:** SMCHS showed a wide variation in performance in the performance measure for uncontrolled diabetes during the UDS reporting period of 2013 - 2015.

**Performance measure status and trend:** During 2013, SMCHS reported that 25.71% of the patients diagnosed with diabetes were uncontrolled with HgA1C greater than 9 or were untested during the reporting year. That percentage increased to 51.43% in 2014 and declined to 30.89% in 2015.

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**Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:** The following were noted as restricting factors which contributed to the health center's performance during these reporting years:

1. Patients who were identified as having elevated blood glucose during screening at satellite sites would often not follow-up to have confirmatory testing.
2. Patients' fears about the disease because of poor health literacy.
3. Patients did not follow-up due to work schedules and poor access to transportation.
4. Problems with loss or theft of medications led to poor compliance.
5. Competing life priorities contributed to poor compliance.
6. Problems with getting patients to fast prior to the test due to fear of low blood sugar impairing their ability to work.
7. Resistance to taking medications which may cause side effects such as frequent urination and diarrhea.

**Health center's in-process and/or proposed action to improve performance on the measure:** The health center has initiated or plans to initiate the following actions to improve the rate of controlled diabetes and to increase the testing rate.

1. In the farmworkers' program, they have developed recall lists for patients who have not had follow-up labs tests performed. Utilize outreach workers to contact patients.
2. Provide access to labs tests late on Thursday evenings. Do not require that the patients fast.
3. Provide diabetic education on food intake, nutrition, and medication adjustment.
4. Provide simple follow-up blood testing that can be performed on the mobile van.
5. Require patients follow through on primary care appointments before they are issued shelter appointments.
6. EMR system allows the health center to focus on population management. It also allows the providers to tailor approaches to screening and treatment of diabetes to the patient population.

## **Financial Measure #1 - Total cost per patient**

### **Documents reviewed onsite or in advance:**

UDS Trend, Comparison, and Summary Reports

### ***Financial Performance Analysis:***

**Reason for selecting the measure:** The organization is a public entity model with a co-applicant board and there is very limited reporting at the program level and the cost per patient appears to be the most consistent data to report on.

### **Performance measure status and trend:**

**2015 2014 2013**

### **Total Cost per Patient**

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2015 UDS - 6,556 Patients Total accrued cost - \$ 12,934,336 = \$ 1,972.90 Total cost per patient

2014 UDS - 7707 Patients Total accrued cost - \$ 11,747,650 = \$ 1,524.28 Total cost per patient

2013 UDS - 7516 Patients Total accrued cost - \$ 7,514,845 = \$ 999.85 Total cost per patient

**Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:**

The analysis above reflects an increased budget of services to patients that include an increase in the contracted services amounts which is a large portion of the 2015 and 2016 budget.

Additionally, the grantee says less there were patients in 2015, which increased the cost of services.

Issues around the ability to report information impacts keeping up with what is happening until the end of the year. Below is an overview of information based on discussions with management that may have an overall impact:

Interviews conducted with the program director indicated that he did not receive income and expense reports on the overall homeless/farmworker program except at the end of the year in the form of the UDS report information. The only financial report provided for review on-site was an 8/31/2016 330-grant expense report compared to budget showing expenses of \$1,294,070 to date. Requests to see detailed support of various expenses as it related to the funds drawn down were verbally discussed but support was not provided. The program director could not provide or obtain the necessary information for me to assess the adequacy of the programs financial operations.

An interview was also conducted with the CFO of SMCHS David McGrew (the grantee of record) that included the program director. SMCHS provides the overarching policies and procedures and fiscal support to the co-applicant and is responsible for providing the necessary reports to support the co-applicant Board per Article 3 – Responsibilities part M of the Co-Applicant agreement and part N – Making co-Applicant Board records available for inspection at all reasonable times as required by law. The CFO indicated that they do not generate or provide Program Specific income and expense report information. The CFO indicated that the finance area would have to work with the program manager to evaluate how to support those efforts to develop reports to reflect the on-going activities of the homeless and farmworker program that would reflect the revenues and expenses.

**Health center's in-process and/or proposed action to improve performance on the measure:** The grantee should monitor their cost in the program budget in relationship to the number of people they are serving.

The grantee must improve their monthly reporting on the program to have a better idea what is taking place during the year. They cannot generate fiscal measures on an ongoing basis unless they start to generate ongoing reports on the program operations as has been recommended in other portions of the report.

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## Section 6. Capital and Other Grant Progress Review

**Capital Grant Program(s) Reviewed:** N/A - grantee does not have any active capital grant funding.

## Section 7. Innovative/Best Practices

None.

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<b>1. DATE ISSUED:</b> 03/14/2017		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 12/09/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H80CS00051-16-01		<b>4b. GRANT NO.:</b> H80CS00051	<b>5. FORMER GRANT NO.:</b> H66CS00469
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 12/31/2019			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 01/01/2017 <b>THROUGH:</b> 12/31/2017			



**NOTICE OF AWARD**  
**AUTHORIZATION (Legislation/Regulation)**  
 Public Health Service Act, Title III, Section 330  
 Public Health Service Act, Section 330, 42 U.S.C. 254b  
 Affordable Care Act, Section 10503  
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.  
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended  
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended  
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b  
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)  
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)  
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)  
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)  
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)

**8. TITLE OF PROJECT (OR PROGRAM):** HEALTH CENTER CLUSTER

**9. GRANTEE NAME AND ADDRESS:**  
 SAN MATEO COUNTY HEALTH SERVICES AGENCY  
 222 W 39th Ave  
 San Mateo, CA 94403-4364  
**DUNS NUMBER:**  
 625139170  
 BHCMS # 091140

**10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)**  
 Jim Beaumont  
 SAN MATEO COUNTY HEALTH SERVICES AGENCY  
 222 W 39th Ave  
 San Mateo, CA 94403-4364

**11. APPROVED BUDGET:**(Excludes Direct Assistance)  
 Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	\$3,598,049.00
b . Fringe Benefits :	\$2,176,991.00
c . Total Personnel Costs :	\$5,775,040.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$1,116,657.00
g . Travel :	\$25,000.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$4,973,266.00
j . Consortium/Contractual Costs :	\$1,753,004.00
k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$13,642,967.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$13,642,967.00
i. Less Non-Federal Share:	\$11,092,963.00
ii. Federal Share:	\$2,550,004.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$2,550,004.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$1,487,502.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,062,502.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

**13. RECOMMENDED FUTURE SUPPORT:** (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
17	\$2,550,003.00
18	\$2,550,003.00

**14. APPROVED DIRECT ASSISTANCE BUDGET:**(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**  
**A=Addition B=Deduction C=Cost Sharing or Matching D=Other** [ D ]  
 Estimated Program Income: \$5,202,291.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS:** (Other Terms and Conditions Attached  Yes  No)

This NoA is issued to add one or more Off-Cycle Conditions.

*Electronically signed by Christie Walker , Grants Management Officer on : 03/14/2017*

**17. OBJ. CLASS:** 41.51      **18. CRS-EIN:** 1946000532A1      **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3981180	93.224	17H80CS00051	\$0.00	\$0.00	MH	HealthCareCenters_17
17 - 3980879	93.224	17H80CS00051	\$0.00	\$0.00	HCH	HealthCareCenters_17
17 - 398180F	93.527	17H80CS00051	\$0.00	\$0.00	MH	HealthCareCenters_17
17 - 398879G	93.527	17H80CS00051	\$0.00	\$0.00	HCH	HealthCareCenters_17



## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Program Specific Condition(s)

#### 1. Due Date: Within 90 Days of Award Issue Date

**R.5.3 Credentialing and Privileging Policies, Procedures and Documentation:** Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with ensuring credentialing and privileging policies and procedures are in place that meet the requirements articulated by the Health Resources and Services Administration (HRSA) in Policy Information Notices (PIN) 2002-22 and 2001-16 and if applicable, documentation that demonstrates that all providers are appropriately credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. • The plan must include a description of health center processes to ensure all health center providers are appropriately licensed, credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project. This plan must also ensure policies and procedures will address credentialing and privileging for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at the health center sites or locations in accordance with the requirements of Policy Information Notices (PIN) 2002-22 and 2001-16. • Appropriate documentation of credentialing and privileging must include written confirmation of credentialing and privileging (i.e., primary source copies of the health center's provider files that document provider licensure, registration, or certification; education, training, current competence, and health fitness, among other things) for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at all health center sites or locations in accordance with the requirements of PINs 2002-22 and 2001-16. Please note that the Federally Supported Health Centers Assistance Act (FSHCAA), section 224 of the PHS Act (42 U.S.C. 233(g)-(n)), as a condition of health center eligibility for deemed federal employment, requires that health centers demonstrate implementation of appropriate policies and procedures to reduce the risk of medical malpractice and associated lawsuits, and review and verification of the professional credentials, fitness, and license status, among other items, of its licensed or certified health care practitioners. Review PIN 2002-22 and PIN 2001-16 for additional guidance on the credentialing and privileging requirements for health center providers. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

#### 2. Due Date: Within 90 Days of Award Issue Date

**R.4.1 Arrangements for Hospital Admitting and Continuity of Care:** Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, the health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with obtaining admitting privileges or developing other firmly established arrangements for health center patients that require hospitalization and which ensures continuity of care OR provide documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

#### 3. Due Date: Within 90 Days of Award Issue Date

**R.2.3 Required or Additional Services:** Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act). Based upon a recent review, one or more required or additional service is not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with providing required and additional services OR provide board approved documentation that action(s) have

been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

#### 4. Due Date: Within 90 Days of Award Issue Date

**R.5.4 Financial Management and Control Policies:** Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health centers must assure an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR 75.300-309, Subparts E and F). Within 90 days, provide an action plan detailing the steps the health center will implement in order to address the recent findings or deficiencies related to the health center's ability to maintain accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. These may include findings, questioned costs, reportable conditions, and material weaknesses cited in your organization's most recent audit. The plan must address how the health center's financial management policies will assure separate functions appropriate to organizational size to safeguard assets and maintain financial stability. If any of the findings are repeat audit findings, also submit an auditor's response that indicates these findings have been resolved. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

#### 5. Due Date: Within 90 Days of Award Issue Date

**R.5.5 Billing and Collections Policies and Procedures:** Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with having policies and procedures in place that ensure appropriate charging, billing and collections, including updating the schedule of charges if appropriate OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

#### 6. Due Date: Within 90 Days of Award Issue Date

**R.6.1 Revised Budget:** Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), 45 CFR 75.308 and 45 CFR 75 Subpart E) Within 90 days, provide a revised, board approved budget consisting of a revised budget narrative and as needed, a SF 424A budget, Form 2 Staffing Profile and/or Form 3 Income Analysis that is aligned and consistent with the approved scope of project (e.g., inclusive of approved sites, services, service area, target population). Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

#### 7. Due Date: Within 90 Days of Award Issue Date

**R.3.1 Program Data Reporting Capacity:** Health center has systems which accurately collect and organize data for program reporting and which support management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act and 45 CFR 75.342). Within 90 days, provide an action plan detailing the steps the health center will implement in order to comply with assuring appropriate systems are in place to collect data and support program data reporting requirements OR provide documentation that action(s) have been implemented resulting in compliance with this requirement. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Jim Beaumont	Program Director	jbeaumont@smcgov.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Kimberly Range at:

MailStop Code: 8th Floor  
HRSA/BPHC/Southwest Division/East Southwest Branch  
90 7th Street  
FL 8th  
San Francisco, CA, 95103-  
Email: KRange@hrsa.gov  
Phone: (415) 437-8150

# **TAB 11**

## **Small Funding Requets report**

DATE: April 26, 2017

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. In 2016, the Program spent \$54,663 on Small Funding Requests.

Below is a summary of the approved requests and reports:

Agency	Amount Spent	Purpose	Report
LifeMoves	\$ 2,731	CPR Training Supplies for LifeMoves Staff	<ul style="list-style-type: none"> <li>71 LifeMoves staff were trained &amp; certified</li> </ul>
Society of St. Vincent de Paul of San Mateo County	\$ 13,735	Basic survival necessities items for homeless and farmworker individuals of San Mateo County.	<ul style="list-style-type: none"> <li>Had a larger quantity assistance to distribute to the homeless this winter</li> <li>SVdP overall new clients added between 11/2016 to 3/2017 = 337 clients</li> </ul>
Ravenswood Family Health Center	\$ 8,100	For Homeless patients served in the RFHC's Shelter and Street Medicine Clinic.	<ul style="list-style-type: none"> <li>Between 12/2016 to 2/2017, items were distributed to 67% shelter homeless and 33% street homeless</li> <li>Distributed items at over 11 locations: RFHC, street/encampments, Project WeHOPE, transitional homes, Free At Last, Our Common Ground, bus stops, parks, other public locations</li> <li>Did not encounter the large number of people anticipated in the winter months, will continue to distribute these short-term consumerables in the future in the same manner as RFHC has currently done.</li> </ul>
Puente de la Costa Sur	\$ 9,172	Health-related items for farmworker during holidays	<ul style="list-style-type: none"> <li>Distributed to 80 male farmworkers at the La Sala Men's Posada holiday event</li> <li>Distributed to 60 female farmworkers who regularly attend Zumba classes</li> </ul>

Agency	Amount Spent	Purpose	Report
Star Vista	\$ 6,102	Health-related items for street homeless at First Chance program	<ul style="list-style-type: none"> <li>• Distributed 28% of items as of February 2017</li> <li>• Remaining items are kept on site and provided for clients as needs are identified either by the staff or the client, upon request</li> <li>• Distributing the remaining 11 hoodies, 29 raingear and 38 sleeping bags through street outreach in homeless encampments in Half Moon Bay, where we know there are homeless encampments</li> </ul>
Project WeHOPE	\$ 12,660	Winter Protection and Hygiene Items for shelter and street homeless	<ul style="list-style-type: none"> <li>• 138 unduplicated individuals received items</li> <li>• Distributed via Dignity on Wheels truck to street homeless dwelling in automobiles &amp; RV's and homeless in Project WeHOPE Shelter, East Palo Alto and Redwood City</li> </ul>
Apple Tree Dental	\$ 1,084	Consumable oral health supplies for farmworkers and families at outreach events	<ul style="list-style-type: none"> <li>• Distribute to <ul style="list-style-type: none"> <li>o existing 52 farmworker patients in 2016</li> <li>o future 63 farmworker patients in 2017</li> <li>o additional patients &amp; their family members along with educational information (both adults &amp; children)</li> <li>o farmworker families at community events or school screening events on the Coastside</li> </ul> </li> </ul>
Legal Aid Society of San Mateo County	\$ 1,078	Health-related items for outreach, health education to farmworkers; LIBRE Blue Cards (benefits info), first aid kits	<ul style="list-style-type: none"> <li>• Distributed 16 first aid kits and 91 Blue Cards as of 2/10/2017 at community and outreach events</li> </ul>
<b>Total</b>	<b>\$ 54,663</b>		

Attached full reports from -

- Apple Tree Dental
- Legal Aid Society of San Mateo County
- Project WeHOPE
- Puente de la Costa Sur
- Ravenswood Family Health Center
- Star Vista
- Society of St. Vincent de Paul of San Mateo County



## San Mateo County HCH/FH Program: Final Report & Invoice for Reimbursement

*Funding to support the purchase of oral health-related items for outreach events to farmworker population in San Mateo County.*

Apple Tree Dental California was approved for reimbursement of \$1,197 towards the purchase of oral health products to be distributed directly to farmworkers and their families in San Mateo County. The purchase and receipt of all of the purchased products is complete.

Included in this report are the following:

1. Copies of the purchase orders for the approved products (*see attached documents*);
2. Documentation for the payment for the products (*see attached Bill Payment Stub*);
3. The following are photos of the purchased products:



*Bundle for  
ages four  
and  
younger.*



*Bundle for  
ages five to  
seven years.*



*Bundle for  
ages eight  
to adult.*



*Bundle  
for  
adults.*

*(Continued on next page.)*



APPLE TREE DENTAL

SONRISAS CENTER

4. Summary of the product distribution plan:
  - Give to our existing 52 farmworker patients as they come in for their follow up visits.
  - Give to the additional 63 farmworker patients that we will see in 2017.
  - Give additional bundles to these patients along with educational information to be used by their family members (*both adults and children*).
  - Give out at community events or school screening events on the Coastsides, where there are a large number of farmworker families.
  
5. We are expanding the Puente patient count from 52 farmworker patients treated in 2016 to 115 patients to be treated in 2017. We anticipate that having oral health products to distribute, along with educational materials, to San Mateo County Farmworkers and their families will increase the oral health of that community and decrease the number of dental issues that it experiences. We will give updated distribution information later in the year, when the services have been provided.
  
6. There is not an invoice for payment, as we received a check in payment in 2016.

Apple Tree Dental California is very grateful for the continued support from San Mateo County to assist the critical oral health care needs of the Coastsides Farmworkers and their families.

LEGAL AID SOCIETY  
OF SAN MATEO COUNTY

February 10, 2017

HCH/FH Program:

In December, Legal Aid Society of San Mateo County received \$1,078.38 in funding from the HCH/FH Small Funding Requests. These funds were used to purchase 50 First Aid Kits and print 1,000 LIBRE Blue Cards. Since receiving these funds, Legal Aid staff have been able to distribute 16 First Aid Kits and 91 Blue Cards:

On December 7, 2016, Legal Aid staff distributed 50 LIBRE blue cards to farmworkers and providers at a post-election community forum hosted in Pescadero.

Legal Aid staff distributed all 15 First Aid Kits on December 27, 2016 to 16 farmworkers in the Lower Campinoti Farm. Legal Aid staff also distributed 16 LIBRE Blue Cards to these same farmworkers.

Most recently, on January 24, 2017, Legal Aid staff held a presentation at the Latino Collaborative (comprised entirely of providers), where they distributed approximately 25 LIBRE blue cards.

Before receiving these funds, Legal Aid staff did not have any First Aid Kits to distribute. At community outreach events or even through community tabling, it was challenging to attract people. Having the ability to provide farmworkers with the first aid kits, not only provides them with a tool they can have in their workplace, but also draws them into connecting and speaking to Legal Aid staff. We hope to continue to use the remaining First Aid Kits to engage additional people.

The LIBRE blue cards have proven essential to not only providing clients and community members with information on the spot about health programs available in the County, but also information on how to contact the LIBRE program at Legal Aid for assistance or to answer questions. The BLUE cards have been especially useful at provider trainings and education events, as now providers feel they have a go-to card that provides information on questions their clients may have, as well as, contact information for referrals.

Please let us know if you have any questions or need additional information about the use of these items as described above.

Sincerely,

Maria Vazquez Mata  
LIBRE Attorney  
Legal Aid Society of San Mateo County



**Project WeHOPE**  
**Small Funding Request Final Report 2016**

This grant helped us improve our outreach efforts to clients who are not sheltered and/or receiving case management. More specifically, our staff were extremely motivated to distribute these items to those on need who are dwelling in automobiles and RV's. They were very excited to take these items with our Dignity on Wheels truck. Staff and volunteers went out with the truck in the middle of the night on some cases and provided showers and laundry services to people who had not used Dignity on Wheels in the past. Additionally, the individuals were very excited to receive the items and we are sure that they have enhanced the quality of their lives. Our case managers have made subsequent visits to many of the recipients of the items and they expressed their gratitude and how a crucial need was met.

Further, clients in the shelter were given the "Clean Under" and "Dignity for Women" items. They also received some of the items from Warm & Dry. They were very happy to receive these items and expressed how helpful it was to have them, as most of these items were not available to them from other sources.

## **San Mateo County Health Care for the Homeless/Farmworker Health Request for Small Funding Report**

March 31, 2017

The Small Funding requested from the San Mateo County Health Care for the Homeless/Farmworker Health Program (HCH/FH) supported Puente de la Costa Sur's (Puente) La Sala Men's Posada. The La Sala Posada is a holiday event for our farmworker men's program that includes the distribution of these essential winter items and a holiday meal. La Sala, along with many events that cater to farmworkers, usually involves providing a communal and comfortable space for farmworkers to congregate and socialize. Most importantly, it also contributes to reduce the isolation that can result from living away from familial support and in a rural community with limited resources.

This request allowed Puente to expand the number of farmworkers from 60 to 80. Attendance for La Sala reached 80 individuals. In addition, we were able to provide 60 farmworker women who regularly attend Zumba with toiletries, including gloves and sunscreen. The funds filled a gap to support the critical material needs of farmworkers in the winter months and allowed us to increase Puente's outreach and capacity of the La Sala posada event by 33%.

Due to the significant drop in temperatures, along the coast at night, (usually nearing 30 degrees), sleeping bags, jackets, and gloves, along with necessary toiletries, are essential winter items. The small funding provided participants with essential items that would assure warmth and safety throughout the winter. Something to note, farmworkers wages also drop significantly during the winter months, making certain items, although essential, not affordable. In addition, many farmworkers walk in the winter months and a flashlight/headlamp is indispensable in rural Pescadero where streets and roads are not well lit.

La Sala is a community empowerment group aimed at single male farmworkers who might feel isolated because their families are not here with them. La Sala allows men to eat a home cooked meal twice a week together, and have a space for community discussion, outreach, and engagement. The health benefits of this include prevention (the men drink less alcohol and engage in less risky behavior such as drinking), increased community cohesion, many of the men participate in ESL classes, and awareness of resources through Puente, such as the weekly health clinic, events, and other safety net services, such as tax preparation.

The Small Funding Request amplified Puente's ability to provide essential winter items and connect the farmworker population with Puente services. The necessary items not only met basic needs (such as increased warmth in inadequate housing conditions during a cold and wet winter), but furthermore show that the community cares. In turn, this sense of caring and utility lead to increased engagement and wraparound services, which lead to better health outcomes for the farmworkers and their families.

La Sala is one of Puente's oldest programs. The La Sala Posada provides an entrance point for new participants to connect with Puente and to learn about its services and for continuing participants to access services. As an organization, Puente is always listening and responding to our participants. Based on need and requests from participants, we develop new programs or grow existing programs to support our farmworker population.

## La Sala Distribution- 80 attendees

Sleeping bags			1	HCHMSF
socks			3 pairs	HCHMSF
T-shirts (dark colors) short sleeve			2 each	HCHMSF
Heavy winter jacket			1	HCHMSF
Hoodie			1	HCHMSF
water bottle			1 each	HCHMSF
work gloves			3 each	HCHMSF
CO/Smoke Detectors			1 each	HCHMSF
Long Sleeve Shirts			2 each	HCHMSF

Ravenwood Family Health Center  
Small Funding Request Report 2016

Item	Purchased quantity	# of patients receiving item/month before HCH one time funding	# of patients given item after HCH one time funding from Dec-Feb (total)	# of Shelter Homeless patients given item Dec-Feb (breakdown)	# of Street Homeless patients given item Dec-Feb (breakdown)	Progress Report and Plan for On-going Distribution
Pill box	480	0	65	40	25	<p>We originally planned the budget request with the understanding that we had a year to distribute the short-term consumerables that we purchased. When we were notified that the timeline was actually around 2 months, we tried our best to expand our outreach and distribute the purchased items to as many homeless individuals as possible. However, due to the short time frame we were not able to complete our distribution. Seasonal and weather related factors impacted our rate of distribution. During the holiday season, and afterwards through an unusually cold and rainy winter, many homeless individuals left East Palo Alto to seek shelter elsewhere. We were informed that most people went to the warming shelter in Santa Clara County. As a result we were not able to encounter the large number of people we anticipate in the summer months. Also, for certain items such as bottled water, there is much less demand in the winter as compared to in the summer, when homeless individuals need constant rehydration due to the heat.</p> <p>We will continue to distribute these short-term consumerables in the future in the same manner as we have currently done. The following is a list of sites where we distribute:</p> <ul style="list-style-type: none"> <li>• At Ravenswood Family Health Center (RFHC), to our homeless patients who come seeking care.</li> <li>• On the street or in encampments where we meet homeless individuals as we conduct our walking rounds.</li> <li>• At RFHC's weekly Shelter and Street Medicine Clinic, at Project WeHOPE.</li> <li>• At two transitional homes for teens where our patients reside.</li> <li>• At drug treatment facilities such as Free At Last, and Our Common Ground, where our patients access services.</li> <li>• At bus stops, parks and other public locations where homeless patients gather. We set up distribution tables to increase visibility in the community.</li> </ul>
Travel First Aid Kit	300	0	70	45	25	
Box of large bandages	4	20	50	50	0	
Box of small bandages	4	20	50	50	0	
Personal sharps container	200	0	15	5	10	
Small sized tarp	50	0	4	0	4	
Large sized tarp	50	0	5	0	5	
Standard rain poncho	100	0	56	32	24	
Hand sanitizer	400	0	41	16	25	
Box of tampons	150	0	20	18	2	
Box of female sanitary pads	150	0	73	68	5	
Box of condoms	2	0	410	160	250	
Box of Neosporin wipes	1	20	144	144	0	
Package of bottled water	30	0	280	232	48	
Package of Antiviral Facemasks	6	20	74	50	24	



South County Community Health Center, Inc.  
dba Ravenswood Family Health Center

**Ravenswood Family Health Center**

**Board of Directors**

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*Raymond Mills, Board Liaison*  
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*Jane Williams, CEO, Sand Hill Advisors*  
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*R. Wayne Yost, CPA, CFE, Chief Financial Officer*  
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*Kim Wynn, Director of Decision Support and Front Office Operations*  
*Joanna Zygmunt, Psy D, Integrated Behavioral Health Services Clinical Director*

December 22, 2016

Elli Lo

Management Analyst  
Health Care for the Homeless/Farmworker Health Program  
San Mateo Medical Center  
222 W. 39th Avenue  
San Mateo, CA 94403

Dear Elli,

On behalf of Ravenswood Family Health Center (RFHC) and the communities we serve, we thank you for your grant payment of \$8,100.04, which we received on December 22nd, 2016. Your funding allowed us to purchase urgently needed items for our homeless patients, improving their lives and enhancing our capacity to serve this vulnerable population.

**We believe that success and prosperity start with good health.**

Last fiscal year, RFHC served over 15,000 patients. Nearly 2 in 3 live in poverty, supporting a family of four on less than \$24,300 a year. Our comprehensive medical, dental and mental health services help prevent some 8,750 emergency room visits a year, saving hospitals and taxpayers millions of dollars.

Thank you for being part of the RFHC care team. We look forward to sharing our successes with you as we continue to grow.

Warm Regards,

Luisa Buada, RN, MPH  
Chief Executive Officer  
South County Community Health Center  
d.b.a. Ravenswood Family Health Center  
Federal Tax ID # 94-3372130

1885 Bay Road  
East Palo Alto, CA 94303  
Tel: 650.330.7400 Fax: 650.321.4552

**Star Vista**  
**Healthcare for Homeless**  
**Report**  
February 2017

## Product Distribution

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Item	Purchased	Distributed	Balance
Rain Suits	50	20	30
Socks	100	48	52
First Aid Kits	20	10	10
Sweatshirts	100	23	77
Toothbrush & Paste Kits	100	26	74
Sleeping Bags	100	6	94

The balance of items remaining are kept on site and provided for clients as needs are identified either by the staff or the client, upon request.

### **How this funding request is expanding the efforts of your program.**

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StarVista's sobering station staff are in a unique position to come into contact with homeless individuals who are disinclined to stay at homeless shelters due to the nature of our program. Because of this, the Healthcare for Homeless Small Grant enabled us to address some urgent needs of our local unsheltered homeless that likely would not otherwise have been met, such as maintaining hygiene, wellness & safety, warmth during the extremely cold weather this winter, and protection from a particularly persistent rainy season. Receiving this funding has made all this possible and made a difference for dozens of homeless men and women during this particularly inclement winter.



Photo Credit: [http://www.salem-news.com/stimg/november302006/homeless\\_america1.jpg](http://www.salem-news.com/stimg/november302006/homeless_america1.jpg)

### **Vignette**

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One particular client, Bob\*, is a 70 year old veteran who has been to our sobering station 57 times over the past 24 years. He is usually brought in by law enforcement for being drunk in public and sometimes referred by hospitals after being discharged from the ER and not having a safe place to recuperate. Every time Bob comes through the sobering station he speaks with one of our substance abuse counselors; sometimes he is abrupt and refuses to share anything and other times he shares a great deal. Bob is always respectful and courteous to the staff and never causes and problems in the facility. Still, each time he comes to the sobering station, the counselors try to give him referrals to services such as the VA, AOD programs, Housing Services, Therapy Services, Medical Assessments, and Psychiatric Evaluations. Unfortunately, Bob never follows through. This year was different.

On 12/23/16, 2 days before Christmas, Bob was in the sobering station again but this time before he was discharged the staff gave him supplies made possible because of the Healthcare for Homeless mini grants program: a sleeping bag, sweatshirt, rain suit, first aid kit, toothbrush & paste kit, and socks! In response, Bob was moved and smiled at staff – a very rare occurrence. When Bob received referrals from staff the next day, he showed a new willingness to follow through. It was clear the needed supplies opened the door to a new level of connection with Bob – and his example is clear, given the sobering station’s experience with him. The dozens of other clients we served with these supplies also have developed a more trusting relationship with staff and it is expected we will be better able to facilitate productive referrals as a result of the deeper trust offered by these supplies. In addition, clients will be less likely to get sick as they are sheltered from the elements and have the tools for preventive dental care and first aid. We greatly appreciate the Health Care for the Homeless/Farmworker Health Program.

**Photos of items**



*Hoodie/Sweatshirt Sample*



*Dental Kits*



*First Aid Kits*



*Socks*



*Rain Suits*



*Sleeping Bag*



## **FINAL REPORT from the Society of St. Vincent de Paul of San Mateo County**

With help from this \$13,735 fund reimbursement from the County Healthcare for Homeless and Farm Workers Program, this winter we distributed 6,017 pairs of socks; 6,068 items for personal hygiene (toothbrushes, toothpaste, deodorant, razors, etc.); and 654 sleeping bags to the chronically unhoused. We were also able to provide ponchos, hand warmers, and blankets to meet increased demand compared to last winter when we ran out of these items.

The entirety of this funding was expended to help meet the needs of our homeless clients. Thanks to this help from the Health Care for the Homeless/Farm Worker Program, we had a larger quantity assistance to distribute to the homeless this winter. We welcome an average of 80 homeless visitors every day, and many of them visit frequently, for food, sleeping bags, clothing and laundry assistance and other survival necessities. When the weather turns cold, windy and wet, we provide them with ponchos, dry socks and underwear, hand warmers, blankets, and other cold weather gear. This grant from SMC HCH/FHP was especially welcome during this exceptionally wet winter season.

*Recently, "John" stopped by SVdP's South San Francisco Café St Vincent to say hello and to let us know that he has his own place again and a new job working with rescue dogs. Fifteen years ago, we got him into Safe Harbor shelter. After a brief stay at the shelter, he found work as bike courier and rented a home for a decade. However, five years ago, due to the economy and personal struggles he became homeless again and went back into the shelter. Now he is happy to be working again and safely housed. He is very grateful for all that SVdP has done for him.*

St. Vincent de Paul's Safety Net program includes 1) SVdP's three Homeless Help Centers (HHCs) in South San Francisco, San Mateo, and Redwood City, which provide food, clothing and other basic survival necessities to the homeless across all of San Mateo County, and 2) SVdP's Peninsula Family Resource Center (PFRC)—a homelessness prevention program serving low-income, precariously housed families in San Mateo County, and. These programs exist to help our most vulnerable neighbors remain healthy and housed. Last fiscal year (October 1, 2015 – September 30, 2015), SVdP served 25,050 clients across all SVdP programs.

In FY 2016, the three SVdP HHCs served 80,000+ meals. In addition, they provided the following assistance: approximately \$100,000 worth of clothing and shoes through vouchers redeemed at SVdP thrift stores in South San Francisco, San Bruno, Daly City, San Mateo, and Redwood City.

Approximately 85% of our Homeless Help Center clients are male. Over the last two years, we have seen an increase in the number of senior citizens (over age 60) especially at our South San Francisco Homeless Help Center. Many of these are not long-term homeless clients but are precariously housed and food insecure.

This reimbursement grant has helped hundreds of homeless individuals stay warm and dry in this winter. On their behalf, thank you for partnering with the Society of St. Vincent de Paul in caring!

## Society of St. Vincent de Paul of San Mateo County

Below are the Case Card counts for past years:

Number of new clients added BETWEEN '2016-11-01' and '2017-03-28' = 337

Number of new clients added BETWEEN '2015-11-01' and '2016-10-31' = 828

YTD Analysis report for all 3 Homeless Help Centers – Overall # of

HHC's San Mateo County.											
Reports Menu											
PRINT											
Year To Date Analysis Report											
Calendar Year : From '2016-10-01' To '2017-09-30'											
Year To Date Analysis Report for: SSF											
Month	Food Served	Undup Clients	Shelter	Tramp -ortation	Legal (all)	Clothing & Shoes	Referrals	Medical	Hygiene	Commun -ication	New Client
Oct	4320	495	46	146	6	437	6	0	327	147	18
Nov	4780	513	71	161	17	438	4	2	360	120	26
Dec	4617	460	54	139	10	518	6	4	334	141	24
Jan	4589	470	51	200	17	532	5	0	360	139	32
Feb	4	0	37	196	14	503	10	4	377	152	14
Mar	0	0	28	212	7	493	14	0	345	151	11
Apr	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0	0	0	0
Jun	0	0	0	0	0	0	0	0	0	0	0
Jul	0	0	0	0	0	0	0	0	0	0	0
Aug	0	0	0	0	0	0	0	0	0	0	0
Sep	0	0	0	0	0	0	0	0	0	0	0
Totals :	18510	1936	289	1074	71	2921	45	10	2133	850	125

Year To Date Analysis Report for: SMC											
Month	Food Served	Undup Clients	Shelter	Tramp -ortation	Legal (all)	Clothing & Shoes	Referrals	Medical	Hygiene	Commun -ication	New Client
Oct	1279	165	46	133	24	354	0	1	219	0	28
Nov	0	0	40	109	12	369	0	4	184	0	29
Dec	0	0	44	135	15	391	0	1	151	0	33
Jan	1	0	43	165	12	344	0	1	131	1	27
Feb	0	0	19	170	13	328	0	2	175	0	20
Mar	0	0	15	113	10	243	0	2	196	0	14
Apr	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0	0	0	0
Jun	0	0	0	0	0	0	0	0	0	0	0
Jul	0	0	0	0	0	0	0	0	0	0	0
Aug	0	0	0	0	0	0	0	0	0	0	0
Sep	0	0	0	0	0	0	0	0	0	0	0
Totals :	1280	165	229	825	86	2159	0	12	1056	1	151

Year To Date Analysis Report for: RWC											
Month	Food Served	Undup Clients	Shelter	Tramp -ortation	Legal (all)	Clothing & Shoes	Referrals	Medical	Hygiene	Commun -ication	New Client
Oct	329	276	33	15	0	604	0	0	1609	0	27
Nov	328	273	49	16	0	713	0	0	1517	0	25
Dec	332	275	64	9	0	689	0	0	1597	0	24
Jan	339	275	109	10	0	689	0	0	1539	0	26
Feb	295	250	14	11	0	556	0	0	925	0	22
Mar	218	208	47	11	0	395	0	0	652	0	10
Apr	0	0	0	0	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0	0	0	0	0
Jun	0	0	0	0	0	0	0	0	0	0	0
Jul	0	0	0	0	0	0	0	0	0	0	0
Aug	0	0	0	0	0	0	0	0	0	0	0
Sep	0	0	0	0	0	0	0	0	0	0	0
Totals :	1841	1557	336	72	0	3636	0	0	7839	0	134

**TAB 12**

**Strategic Plan  
Update**

DATE: April 26, 2017

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: 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 summary of on-going efforts. Attached you will find the status table.

On-gong efforts:

- On- going Case management meetings with County staff to pursue cloud based CM software
- Staff part of Disparities Workgroup to identify disparities with patients, led by SMMC executive management (CEO)
- Staff part of SOGI workgroup to roll our SOGI registration questions
- Program continues to reach out to other programs and agencies in the county to increase our exposure and to better understand those programs and agencies. In addition to continuing our routine conference calls with the Center on Homelessness, we also attempted to arrange some time with the Health Plan of San Mateo (HPSM) and have met with Whole Person Care and HIE teams.
- Program has met with Whole Person Care and Health Information Exchange teams on collaborating efforts.
- Program is invited to monthly Ambulatory meetings regarding operations.

Attached: Strategic Plan status table



STRATEGIC PLAN- ACTIONS	Status/Notes
<b>Goal 1: Expand Health Services for Homeless and Farmworkers</b>	
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. <i>(Strategy that were added at the retreat.)</i>	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
<b>Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers</b>	
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.	Board members held conference call on substance abuse workshop/conference to hold with various takeholders on outreach etc.
7. Promote preventive dental care for homeless and farmworkers. <i>(Strategy that were added at the retreat.)</i>	
<b>Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff</b>	
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 monthly with Center on Homeless on data collaboration efforts. Working with SMMC/Business Intelligence to add homeless/farmworker status to E.H.R. Staff pursuing efforts for case mgmt software .
3. Strengthen collaboration with San Mateo Medical Center	Staff is part of Disparities workgroup that is lead by SMMC management to identify disparities with patients and roll out SOGI data collection effort. Staff is invited to Ambulatory meetings as well.
<b>Goal 4: Improve communication about resources for the homeless and farmworkers.</b>	
1. Increase diversity of expertise on the Board.	Ad-Hob Board Orientation sub- committee tasked with policy and efforts to increase Board membership and create retention plan. On-gong Board orientation presentations from staff.
2. Determine whether additional staff and/or consultants would be hired to complete strategies and on-going efforts.	Staff prepared staffing plan with current workload and responsibilities.
3. Use all available resources.	Staff continues to work with organizations to approve small funding requests
<b>Goal 4: Improve communication about resources for the homeless and farmworkers.</b>	
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. Staff met with Office of Managed Care to get better understanding of Health Plan of San Mateo relationship. Staff has met with Whole Person Care and Health Information Exchange teams on collaboration.
2. Develop easy to use material for homeless and farmworker providers with information about resources available.	Continually updating HCH/FH Services provided table, and internal program pamphlet.