

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

San Mateo Medical Center| 222 W. 39th Ave. 2nd floor (Classroom 1) San Mateo
May 18, 2017, 10:00 A.M - 12:00 P.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins		10:00 AM
B. CLOSED SESSION			10:03 AM
1. Closed Session this meeting (Credentialing/Privileging list)			
C. PUBLIC COMMENT			10:07 AM
<i>Persons wishing to address items on and off the agenda</i>			
D. CONSENT AGENDA	Linda Nguyen		10:10 AM
1. Meeting minutes from April 26, 2017		TAB 1	
2. Program Calendar		TAB 2	
E. BOARD ORIENTATION			
1. Brown Act Presentation	Sandra Nierenberg		10:15 AM
F. REGULAR AGENDA			
1. Consumer Input/Western Migrant Conference report	Julia/Tay/Elli/Linda	TAB 3	10:30 AM
2. HCH/FH Program QI Report/discussion on QI Award use	Frank Trinh	TAB 4	10:45 AM
<i>i. Discussion on Nurse Manager</i>			
3. Board Ad Hoc Committee Report- Transportation	Steve Carey		10:55 AM
4. Board Ad Hoc Committee Report- Staffing	Julia Wilson	TAB 5	11:00 AM
5. HCH/FH Program Director's Report	Jim Beaumont	TAB 6	11:10 AM
6. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7	11:15 AM
7. Board Committees	Jim Beaumont	TAB 8	11:20 AM
<i>i. Discussion of Board Committees</i>			
<i>ii. Action Item- Request to Establish a Standing Committee on Board Membership, Composition, Recruitment & Selection</i>			
8. Contractors report for 4 th quarter 2016	Linda/Elli	TAB 9	11:25 AM
9. UDS submission	Jim Beaumont	TAB 10	11:30 AM
10. Discussion on the new grant conditions	Jim Beaumont	TAB 11	11:35 AM
11. Small Funding request report	Jim/Elli	TAB 12	11:40 AM
12. Strategic Plan Update	Jim Beaumont	TAB 13	11:50 AM
OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>Next Regular Meeting June 8, 2017; 9:00 A.M. – 11:00 A.M. SMMC – San Mateo</i>			
H. ADJOURNMENT	Robert Stebbins		12:00 PM

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.smchealth.org/smmc-hfhfh-board>.

TAB 1
Meeting Minutes

(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (April 26, 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)
Absent: Daniel Brown, Christian Hansen, Richard Gregory

County Staff Present

Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel
Elli Lo, Management Analyst
Frank Trinh, Medical Director

Members of the Public

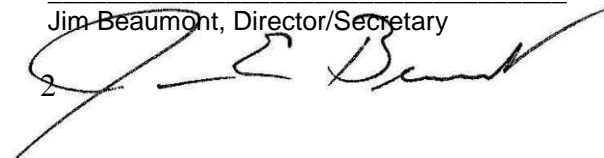
ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>10:05</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session Request to Approve C&P list	Director's evaluation discussion was held. Action item: <i>Request to Approve Credentialing and Privileging List</i>	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 March 9, 2017 meeting and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Tay <u>SECONDED</u> by, Steve and APPROVED by all Board members present.
Transportation com report	Tabled for next meeting	
Regular Agenda QI Committee report /QI award discussion	Printed report not discussed. <i>Please refer to TAB 3 on the Board meeting packet</i>	
Regular Agenda: HCH/FH Program Directors report	Printed report not discussed. <i>Please refer to TAB 4 on the Board meeting packet.</i> Updates provided on: <ul style="list-style-type: none"> • Brown Act orientation at May Meeting; • Work on sub-committees at May Meeting; • Will have an Implementation Plan for the Strategic Plan at the May meeting 	

Regular Agenda: HCH/FH Program Budget & Financial Report	Printed report not discussed. <i>Please refer to TAB 5 on the Board meeting packet.</i>	
Board skills matrix Request to Approve Board skills 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. Board Member Skill Set Policy and Board Member Skill Set Matrix were approved with the following changes: <ul style="list-style-type: none"> Board Member Skill Set Matrix – add IT to the list of Board skill set, correct typos to “** 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.” Action item: Request to Approve Board skills Matrix <i>Please refer to TAB 6 on the Board meeting packet</i>	Motion to Approve Request to Approve Board skills Matrix <i>MOVED</i> by Kat <i>SECONDED</i> by Tay, and APPROVED by all Board members present.
Travel request for NHCHC 2017 DC Request to Approve non-Board member request	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. After approving all Non- Board travel requests from three (3) organizations for the upcoming National Health Care for the Homeless Conference (NHCHC) in Washington, D.C. (June 21-23, 2017), in April, Program has received additional travel request from Public Health, Policy and Planning Mobile Van for two (2) Nurse Practitioners. Action item: Request to Approve non-Board member request <i>Please refer to TAB 7 on the Board meeting packet.</i>	Motion to Approve Board member request <i>MOVED</i> by Brian <i>SECONDED</i> by Steve, and APPROVED by all Board members present.
Contractors report - 4 th quarter	Tabled for next meeting. <i>Please refer to TAB 8 on the Board meeting packet.</i>	
UDS submission	Tabled for next meeting. <i>Please refer to TAB 9 on the Board meeting packet.</i>	
Discussion on new grant conditions	Tabled for next meeting. <i>Please refer to TAB 10 on the Board meeting packet.</i>	
Small funding request report	Tabled for next meeting. <i>Please refer to TAB 11 on the Board meeting packet.</i>	
Strategic plan update	Tabled for next meeting. <i>Please refer to TAB 12 on the Board meeting packet.</i>	
Adjournment	Time <u>11:29am</u>	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 May 2017)

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

DATE: May 11, 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: 2017 Western Forum for Migrant and Community Health attendance in San Francisco

Attendance at this year's Western Forum for Migrant and Community Health was well attended by Program staff (Linda and Elli), Board members (Julia and Tay) as well as non-staff from Puente de la Costa Sur, LifeMoves and Ravenswood Family Health Center (RFHC).

In an effort to formalize the sharing of Conference knowledge, staff, Board members and non-staff that were approved for conference will share their experience during this meeting.

Some of the workshops attended by Linda and Elli:

- **Migrant and Community Health: The New Environment**
- Improving Health Outcomes through Violence Prevention: Lessons from a National Pilot Project
- H-2A Workers: Policy, Trends, and Tools to Improve their Access to Health Care
- Immigration Policy 101 and What's To Come
- Protecting Healthcare and Immigrants with Value Based Messaging
- Not Just a Ride: Opportunities to Address Health Care Costs and Strengthen Patient-Centered Transportation Solutions
- Documenting Health Center Interventions to Address Patients' Social Determinants of Health Barriers
- Community Health Worker/ Promotora Programs: Opportunities for Non-communicable Disease Management in Migrant Populations
- Supporting Health and Reducing Costs: Addressing Social Determinants of Health in Medicaid Managed Care
- Agricultural Worker Health 101: An Introduction to Agricultural Worker Health
- Whole Person Medicine: Increasing Access to Integrative Health Care in Underserved Populations
- **Clinical Coordination for Patients on the Move: Lesson and Barriers in Establishing Continuity of Care**

Attached- report back on conference by Board Member Julia Wilson, Linda Nguyen, Elli Lo, Puente, LifeMoves and RFHC

Julie Wilson

2017 Western Forum for Migrant and community Health

20. Clinical Coordination for Patients on the Move: Lessons and Barriers in Establishing Care

Organization: Migrant Clinicians Network (MCN)

Presenter: Ricardo Garay, Migrant Clinician's Network

This organization has been in business since the mid 1980's originally to track TB cases to ensure medical compliance and medical follow-up. Since its inception they have expanded the scope of what conditions they track and expanded the countries where they engage patients to ensure continuity of care. MCN requires a consent be signed, multiple phone numbers to maintain contact with the moving patient.

Criteria for enrollment is a patient has a need for medical follow up and they are mobile.

MCN will explain the program and enroll the patient in the clinic setting by phone. The Clinic will fill out a very short form, obtain the patient signature and fax to MCN.

MCN crosses county, state and country borders. They follow migrants and homeless.

This is a viable option for following and ensuring our population of mobile patients receive on going care.

2017 Western Forum for Migrant and Community Health

Write up by Linda Nguyen

Workshop: Clinical Coordination for Patients on the Move: Lessons and Barriers in Establishing Continuity of Care

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

- Ricardo Garay, Migrant Clinicians Network, Inc.

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

- The importance of continuity of care and having an advocate when moving across the country
- The Health Network's (HN) primary focus is to eliminate mobility as an active obstacle for continuity of care.
- For clinics, the HN provides patient referrals, outcome reports, outreach staff integration, and updated medical records. Services are free or charge and also available for homeless and other patients that may be in need to assistance when they move out of the region.
- For patients, the HN offers culturally appropriate services that promote engagement and health education.
- The HN promotes communication among a wide range of stakeholders including administrative staff, outreach teams, clinicians, and mobile patients.

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

- Ensuring the continuity of care for our patients whether they must move out of our region for care
- Ensuring culturally appropriate services
- The importance of having an advocate for a patient's health care when moving

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

- Knowing which patients to enroll, how to enroll, and what to expect are crucial for every health center looking to establish effective continuity of care in regards to the Health Network Program.

2017 Western Forum for Migrant and Community Health

Write up by Elli Lo

Workshop: Migrant and Community Health: The New Environment

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

- Oscar Gomez, Health Outreach Partners;
- Carmela Castellano-Garcia, CA Primary Care Association;
- Zoe Reese, Neighborcare Health

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

- Potential impacts from current administration:
 - “Repeal and replace” potentially remove Medicaid expansion, move Medicaid into block grants, may lose FQHC enhanced rate
- Current focus on immigration, patient’s rights, legal - know your rights
- Besides being culturally competent, we should also be self-aware and be humanly competent

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

- Understanding the potential impacts of the new administration on migrant and community health
- Identifying agencies and resources that provide support to migrant and community health centers

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

- Resources on Power of attorney templates, know your rights cards
- Besides physical health, mental health status is also prioritized over uncertainty and fear, might help by just talking with patients
- “The Silent Crisis – How to Do Outreach in an Anti-Immigrant Climate” – from Health Outreach Partner

<https://outreach-partners.org/2013/03/26/outreach-in-an-anti-immigrant-climate/>



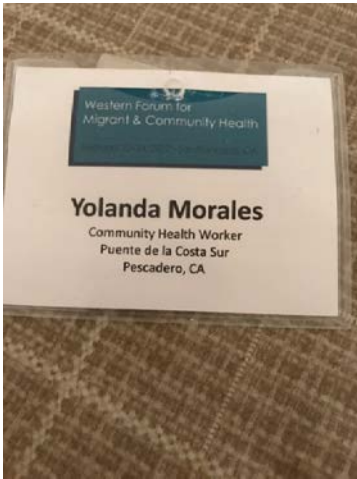
Funding Request for Western Forum for Migrant and Community Health



Lina Mira- The presentation that was the most interesting to me was about prevention of pesticide exposures Session #29 New Protections to Prevent Pesticide Exposure. The presenters for this particular workshops ranged from an individual working at the state level with policy, to the an inividual who visited fields and homes to inform individuals about pesticide exposure. The key points addressed in this conference were that we need to work together to support migrant health. It takes individuals across sectors to establish a health system that supports farmworkers authentically. In session #34 SNAP Employment, Training, and Funding for CHWs, the presenters discussed the implementation and pipeline from federal funds to the local non-profits or community based agencies. In addition, I felt that this conference highlighted the contributions of promoters/community health workers and served to empower them.

Attending this conference has greatly impacted my work at Puente. I want to support promoters and work with our team to assure that migrant health is at the forefront of discussions. With regards to my work with HCH/FW program, I would like to continue to strengthen my involvement and to increase the collaboration with this program. We could all be doing more to bring issues of farmworker health to the forefront in San Mateo county.

Technical knowledge- not specifically, however there is more need to network with state agencies or other non-profits similar to Puente to share best practices. I would like to continue to stay connected to this organization as well. I enjoyed the Teatro Campesino presentation as well, which were short skits at the Closing Lunch/Plenary.



Yolanda Morales- I really liked Arturo Rodriguez- Opening Plenary. He shared with us that we must speak up. He talked about the legacy of Cesar Chavez and that for decades Latinos and farmworkers have been asked to stay quiet. He was very poignant.

Hearing him was powerful and connected to my role as a promotora that has direct contact with farmworkers. It is hard to tell families in these times when there is so much uncertainty and fear to not be afraid, but I feel that is what I have to do. I have to tell people to speak up and not be afraid. I enjoyed the workshop titled- Agricultural Worker Health 101: An Introduction to Agricultural Workers Health and Supporting Health and Reducing Costs- Addressing Social Determinants of Health in managed care.



Yesenia Ramirez- Arturo Rodriguez and the teatro campesino were amazing. I really enjoyed listening to Arturo Rodriguez. I felt his message was powerful.

One of the workshops that I attended was how to keep healthcare costs down, workshop # 35 and also Understanding Barriers to Health Care Utilization Among Indigenous Immigrants from Mexico. I believe this was very relevant to my work in Pescadero.

Attending this workshop helps me see how important my work is. I also learned that as promoters we are the individuals who know what is happening with people. This is sometimes the least paid position but one of the most important roles in an organization. I am happy to share the information I learned with everyone, including HCHFW program. We see people on a weekly basis and should have access to the most accurate information and resources to support our participants.

Susana Arias, Arturo Rodriguez, Yesenia Ramirez, and Yolanda Morales



Susana Arias- Arturo Rodriguez was my favorite speaker. I was glad that I heard him speak. His message for us was very thoughtful. He told us to not be afraid and that we are living in similar times to when Cesar Chavez was organizing farmworkers. People wanted to stop them. They did not stop and today people have rights. I was proud to be there and to represent Puente and the South Coast. I attended a very good workshop on Type 2 Diabetes among latinos.

Ben Ranz-

1. Representatives from the EPA spoke about pesticides #29, El Teatro Campesino held a workshop on popular theater and how to use it to do effective outreach. It was Workshop # 33. Detailed info on presenters can be found at the conference website.
2. New pesticide laws took effect in January 2017, requiring workers to get certification every year instead of every 5 years.
3. Effective outreach is key in doing community engagement. Effective outreach means participants are more willing to participate and engage in the programs Puente does and services we offer directly to farmworkers and their families. Knowledge in regards to pesticides has a direct impact on health of farmworkers.
4. Training colleagues on popular theater methods as well as information in regards to pesticides means more staff with that critical information and useful skills

Samantha Warner-

1. The speaker who was of interest to me: #20- Clinical Coordination for Patients on the Move- Ricardo Garay with MCN (Migrant Clinicians Network). He represented a free, federally funded program regarding Continuity of Care for Migrant Workers with chronic diseases.
2. This program offered at no charge would enable the medical records to follow the worker where ever he went! Reducing duplicating tests and procedures, time and money.
3. I work in the La Honda office that doesn't have a migrant population but I felt I could relay this information back to my co-workers to see if they could utilize it for the Pescadero area.
4. I didn't learn anything technical at this seminar

Summary:

Attending as a team was a valuable experience. We were very fortunate that the conference was in the Bay Area and that it was accessible for us. Thank you for providing funds to participate. As a team, learning together and envisioning a healthcare system that is inclusive of farmworkers and migrant communities is very important for Puente and for San Mateo County. Attending this forum energized our work and provided more reasons for us to continue to advocate.

2017 Western Forum for Migrant and Community Health

Chloe Molla

Workshops attended:

- Improving Health Outcomes through Violence Prevention: Lessons from a National Pilot Project.
- Immigration Policy 101 and What's to Come
- Not Just a Ride: Opportunities to Address Health Care Cost and Strengthen Patient-centered Transportation

While at the conference I attended a number of seminars that will be valuable and applicable to the community I serve. One that I found particularly interesting and helpful was about domestic violence titled, Improving Health Outcomes through Violence Prevention: Lessons from a National Pilot Project. The presenters explained how to create a safer and more comfortable environment in order to encourage clients to disclose to you. The presenters explained that not only is the verbal language and body language you use important, it is also important as a case manager to manage your personal stress levels in order to present a more inviting atmosphere for clients to disclose. They also passed out samples of shoe cards their program had created for women experiencing domestic violence, it provided emergency phone numbers and help lines. Because many of my clients have experienced domestic violence both in their past and present, I will take the tools and techniques from this seminar to help these clients.

I also attended a seminar on the most current information involving immigration policies called Immigration Policy 101 and What's to Come, that have been put in place by the new administration. I learned that there are safe places undocumented clients can go to get away from ICE such as, churches, schools and hospitals. This information will help to encourage our undocumented clients to use the health care system.

The seminar on transportation called Not Just a Ride: Opportunities to Address Health Care Cost and Strengthen Patient-centered Transportation, was also very helpful and informative. Many different organizations attended this seminar and offered up some strategies to address the issue of transportation with in the communities that we serve. We spoke about the option of using lyft/uber and other carpooling programs. I also learned about a program called Angle Flights that will give free flights for our clients for medical reasons.

2017 Western Forum for Migrant and Community Health

Nilde Belcastro

Presentations attended:

- Using promotores de salud to address mental health in Latino communities.
- Community health workers in the primary care setting – successful practices and training development
- Developing common community health worker evaluation indicators – a participatory process to gain input from CHW s and allies.

2017 Western Forum for Migrant and Community Health, February 22-24

Participating to the 2017 Western Forum for Migrant and Community Health provided us with the opportunity to gain a deeper understanding on multiple topics such as: ways to ease the communication among different cultures; what mechanisms to be put in place to structure a supportive and thriving community; how to proactively promote empowerment; how to evaluate indicators and outcomes leading to the development of sound projects.

In the matter of communication between cultures, various workshops pointed out the necessity for a consistent consideration for the different needs characterizing the individual. Therefore, when structuring an activity, we must be aware of the variables to be taken in consideration to avoid misinterpretations and any sort of barrier that can disrupt the communication, because this might lead to an alteration of the reliability of, for example, data collected. Especially when taking in account data, the ability to evaluate indicators and outcomes come into play, since not being aware of obstructions that are being built might create disruption and dissuade from the real issues that have to be addressed.

Being part of an outreach team, I realize how important elements are such the need of empowerment and support, especially referring to the population we regularly interact with. During the workshops, we have been shown how to promote empowerment that can lead to gain self-sufficiency, which is what we strive for every time we engage with a homeless person. In conclusion, during each workshop, we have been provided a great amount of information, which can be utilized to enhance our work environment and any other life situations.

2017 Western Forum for Migrant and Community Health

Paige Retter

Workshops:

- Collecting, Analyzing, and using Data from Outreach Workers and Promotores for Effective and Responsive Community Health Needs Assessments
- Not Just a Ride: Opportunities to Address HealthCare Costs and Strengthen Patient-centered Transportation Solutions

The Western Forum for Migrant and Community Health conference was a very informative experience along with being able to network with organizations and individuals that are doing similar work. I was able to attend many great presentations and workshops. The things that will be brought back to our work are:

Presentation: Collecting, Analyzing, and using Data from Outreach Workers and Promotores for Effective and Responsive Community Health Needs Assessments

Presenters: Edith Hernandez & Diana Lieu, Health Outreach Partners; Rebecca Epstein, MHP Salud

- Creating a needs assessment for clients. This could be done as part of the initial intake and also throughout the year. I found that many clinic based programs do not have the opportunity to do much outreach so, because we are so fortunate to have this ability, it is really important we gather data. The data then can be used for future services that could benefit our client's access to care.

Presentation: Not Just a Ride: Opportunities to Address HealthCare Costs and Strengthen Patient-centered Transportation Solutions

Presenters: Alexis Wielunski & Sonia Lee, Health Outreach Partners

- By attending a workshop on transportation, I was able to see that transportation is a very common issue throughout almost all organizations. Although we have a variety of transportation resources in our county compared to other places, we could always continue to expand our services. One organization has a contract with Lyft and it helps streamline the process to help clients get to their medical appointments. This is something we will be looking into. Other ideas that were shared during this presentation was to start networking with faith-based organization and using them as a resource.

2017 Western Forum for Migrant and Community Health

Lorena Bellamy

Workshops

- Supporting health and Reducing Costs; Addressing Social Determinants of health in Medicaid Managed Care

I liked the conference and I feel I learned a few things that I can use to help my clients. Although I do not encounter migrant/seasonal farmworkers, it would be beneficial to have the knowledge of how to serve this population in case I do encounter them. One thing I learned was how vital a CHW/case manager is in the process of coordinating health care. They make it possible for client's/patient's to get not only their medical needs met, but also when they need other services that directly affect them getting care i.e. transportation, filling out health forms and other needs. I liked the model that the presenters used to show how important the role of the CHW/case manager is. The model showed what each CHW did for the patient that was referred to them and how they had better health outcomes because they had the support of the CHW/case manager.

2017 Western Forum for Migrant and Community Health

Michelle Evans

Workshops:

- Assessing and Responding to Depression and Trauma among Farmworkers
- Not Just a Ride: Opportunities to Address Health Care Costs and Strengthen Patient-centered Transportation Solutions

I thoroughly enjoyed attending the Western Forum for Migrant and Community Health. I thought the conference was a great way of learning how to work with the migrant community better and network with different agencies. In the six months that I have worked at LifeMoves I have not really worked with the migrant community. However I did take away information on how to work better with my own clientele and future migrant client's I may have from each workshop I attended.

One of the workshops I attended, Assessing and Responding to Depression and Trauma among Farmworkers, focused on assessing and responding to depression and trauma among farmworkers. I may have not worked with a depressed farmworker yet, but majority of my client's suffer from mental health issues. One of the objectives during the workshop was learning how to administer a mental health screening or mental health survey. In my line of work I don't administer mental health screenings, but role playing with a partner during the exercise showed me general techniques on how I can administer an intake form better with a new client.

I also received some great networking resources that I can use for my clients. Another one of the workshops, Not Just a Ride: Opportunities to Address Health Care Costs and Strengthen Patient-centered Transportation Solutions, focused on strengthening transportation solutions. An issue that has been coming up more lately with my client's is getting transportation for clients that can't use public transportation due to being blind or too physically impaired. During the workshop Health Outreach Partners presented a website that you can go to find transportation for client's who can't use public transportation due to their physical disabilities. Overall I enjoyed the conference and I look forward to more conferences in the future that will help expand my knowledge on how to work better with our client's.



Written Summary of Western Forum for Migrant and Community Health

Name: Jaire Martinez

Position: Dental Navigator – Virtual Dental Home

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

My speaker of interest was Edith Hernandez, who is a Project Manager at Health Outreach Partners, where she provides training, program consultation services, and information services to community-based organizations and health centers. The title of her presentation was called "Immigration Policy 101 and What's to Come".

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

We learned about current policies and programs that target undocumented immigrants, such as the DACA program. This presentation summarized current status of immigration policies and also touched on the significant changes that may take place in immigration policy due to the new government administration.

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

This presentation helped us become more informed about current immigration policies and programs that affect undocumented immigrants. It also helped us better design outreach and implementation of programs for the migrant worker community in the current political environment.

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

We learned about how to utilize advocacy resources and tools to revamp or create advocacy plans to support our patients who need access to health care.



Written Summary of Western Forum for Migrant and Community Health

Name: Kassundra Dunn

Position: Outreach Worker- Health Care for the Homeless

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

My speaker of interest was Dr. America Bracho, who is the president and chief executive officer of Latino Health Access. This is an organization she founded in 1994 dedicated to disease prevention and health promotion in Orange County, a community that experiences urgent and often unmet health care needs. Her organization's programs train citizens as community health workers and help them become leaders of wellness and social change.

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

We talked about the idea that health care is a right and not a privilege. We also learned about the 10 major roles of a CHW (Community Health Worker). A good CHW has natural healing and helping abilities already embedded in them as human beings. CHWs can contribute in a variety of capacities that are beneficial to the medical field and the community. Finally, CHWs can be the bridge that helps licensed medical professionals better connect with their clients.

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

This presentation gave me insight into the role I play as a Community Health Worker. I learned that you cannot look at the work you are doing as just a job. You have to have sensitivities and compassion behind what you do in order to help your clients. You have to show that you care about the people you are serving, instead of just giving information and sending them on their way.

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

I became more informed about what to look for when hiring CHWs. You need to look for people who are compassionate, humble, and open to learning. Good CHWs can quickly become an essential and effective part of a care team. Sometimes the work may seem hard but if we are patient and persistent in following up with small changes in our clients we can all be successful.



Written Summary of Western Forum for Migrant and Community Health

Name: Tayischa Deldridge

Position: Collaborations/Health Care for the Homeless Manager

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

The presentation that I enjoyed the most was called "H-2A workers: Policy Trends and Tools to improve their Access to Health Care". This presentation was delivered by Iris Figueroa & Alexis Guild, Farmworker Justice; Rachel Micah-Jones, Centro de los Derechos del Migrante; Liz Oseguera, CPCA; and Jessica Burkard, NWRPCA.

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

I learned about the issues and challenges facing the current immigration system, and the growing trend of companies recruiting young males from developing countries to work on farms in the US. These workers are often treated unfairly by their employers, who withhold health care benefits from them.

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

This presentation gave me insight into the role Community Health Workers can play in educating workers and employers about labor laws and health care services. We can also be a strong advocate for migrant workers to help them gain better access to worker protection, social services, and health care.

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

Before attending this forum I didn't know much about the lives of farm and agricultural workers. I gained useful information about how H-2A program works, the daily struggles faced by migrant workers, and immigration policy trends affecting this population.



Written Summary of Western Forum for Migrant and Community Health

Name: Ushma Patel, RDHAP, BS

Position: Virtual Dental Home Supervisor - Registered Dental Hygienist

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

My speaker of interest was Ricardo Garay - Health Network Manager at Migrant Clinician's Network (MCN), where he coordinates and presents on issues relating to continuity of care for mobile patients. The title of his presentation was called "Clinical Coordination for Patients on the Move: Lessons and barriers in establishing continuity of care".

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

Mr. Garay's presentation provided an introduction of his organization's Health Network program and how it is an effective tool for maintaining continuity of care and creating patient-centered medical home for mobile populations.

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

We learned that the MCN's Health Network can help non-profit organizations with outreach activities such as visiting camps and providing night clinics for patients. Therefore, they represent a potentially valuable partnership opportunity for our Virtual Dental Home (VDH) program. MCN's Health Network also promotes communication among wide range of stakeholders including administrative staff, outreach teams, clinicians and mobile patients. We are part of this network of stakeholders and would very much benefit from better system of information sharing and communication. Finally, the MCN's Health Network aims to improve population health, increase experience of care and reduce per capita cost. These goals align with the overarching goals of our work.

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

I learned about the various components and best practices of MCN's Health Network program that promote migrant health by ensuring continuity of care for farm workers who are on the move. I also learned about ways of modifying and refining identification criteria for migrant farm workers, to target those who are most in need.

TAB 4
QI Report

DATE: May 11, 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.

³ **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>

Healthcare for the Homeless/Farmworker Health Registered Nurse Position Discussion Draft
San Mateo County Healthcare for the Homeless/Farmworker Health Program Co-Applicant Board
Meeting
May 11, 2017

Background:

Homeless and Farmworker individuals accessing medical care in the San Mateo County Health System receive care from all Services within the Health System. Community-based organizations also provide extensive levels of medical, dental, and supportive care to our patients. Care to homeless and farmworker patients may be provided in spaces ranging from out-of-doors to inpatient settings.

Two problems to address:

1. From a QI perspective, the Program needs better to understand the quality and appropriateness of care for our patients in the widely dispersed and varied sites of care delivery within the County, and with the methods of delivery that may be specific to the sites. Identifying and then resolving problems facing clients and care providers throughout this spectrum of care delivery that impede quality and timeliness of highest level of care is the central responsibility of the HCH/FH QI committee.
2. Many providers of care to homeless and farmworker patients are not aware of the full range of services available to these individuals, either within the Health System or the network of care services provided by community-based organizations. The HCH/FH QI RN will serve as a coordinating source, educator, and liaison to WPC and other systems of referral, as well as to providers of care, within the County to expedite appropriate referrals and care for our patients.

The proposal is to hire a full-time Registered Nurse (RN), employed by San Mateo County, to be assigned as HCH/FH QI staff. The RN will report to the Program Medical Director, with responsibilities defined by the Director in consultation with the Board. RN responsibilities will be designed to address the above problems and any other relevant problems that may arise, and will include:

Problem identification and resolution in care delivery

Provide outreach and education to care providers within the Health System and in community agencies about services available to homeless and farmworker patients

Build working relationships across the spectrum of care delivery

Coordinate care referral processes

TAB 5
Sub-committee
report

Ad Hoc Program Staffing Committee

3/29/17

Present: Kathryn Barrientos, Brian Greenberg, Dick Gregory, Sandra Nierenberg, Julia Wilson

This Ad Hoc Committee met for the purpose of evaluating the request by Jim to increase the staffing of the HCH/FH Program. We reviewed the documents prepared by Jim and his staff: Program Staffing Utilization Report, Staffing Duties, IT Projects, and finally an Excel Report of hours utilized by the Program Coordinator and Management Analyst in various job categories. There was no specific report provided for the Executive Director so that it is unclear which of these categories listed were also performed by him. It was also felt that some of the work performed by the current staff could be delegated to an administrative assistant freeing staff to do other duties.

Since it was difficult to determine whether the request to increase another program position was appropriate we decided to look at the administrative costs this position would incur. By the group's calculation the current increase would lead to an overall administrative cost of 32.5% up from 22.5%. The group felt that taking money away from contract services should not be done. The overall consensus was that an administrative cost of 25% would be an appropriate amount.

To confirm that this is a good ballpark figure we did some research. Dick Gregory called a local Bay Area Program () and found that 20-25% was a good administrative cost range.

Plan: Julia Wilson will call Pat Fairchild to determine what other Homeless/Farmworker Programs spend for administrative services. Brian Greenberg will check in with Santa Clara County's Homeless Program. If confirmed that the proposed percentage is a viable range then Brian Greenberg will construct a letter notifying Jim of the committee's decision and proceed to notify the whole Co-Applicant Board for further discussion.

E-mail sent to Jim with CC's to Ad Hoc Program Staffing Committee

4/10/17

Jim:
The Ad Hoc Staffing Committee of the Co-Applicant Board met regarding your request to increased staffing.

Our recommendation is that a maximum of 25% of the award be expended on managing the business of your office. While we regret that we cannot recommend a higher figure, based on a quick review of other programs, we believe this to be reasonable.

The Ad Hoc Staffing Committee, like the rest of the board, is grateful for all the work of you and your staff. We look forward to further discussions regarding this matter.

Regards,
Brian Greenberg
Brian Greenberg, Ph.D.
VP, Programs & Services
main (650) 685-5880 ext. 116
email bgreenberg@lifemoves.org

4/6/17

To: Brian Greenberg, Kathryn Barrientos, Dick Gregory, Sandra Nierenberg

From: Julia Wilson

Pat Fairchild of HRSA and I discussed our current issue of setting up a percentage limit on the budget for Administrative Services. She agreed this would be an appropriate way to direct staff in their endeavor to increase staffing and that 20%-25% is within range of most programs.

However, Pat stated we are an unusual model since most programs provide direct service and can more clearly delineate direct and indirect costs. Our integration with San Mateo County Medical Clinics to provide clinical services and contracting various community agencies for enabling and case management services challenges us to differentiate Program Management such as oversight of contracts, policy development, etc., from Administrative services. These are Operational services and cannot be lumped into Administrative services.

She also pointed out that since we are reliant upon county and not our own staff to provide essential information, such as financial data, patient data, etc., we must take into account that the amount of time the staff has to track down and ensure follow through has to be included in the equation. There is a lot of time spent within the demands of the Health System.

And as we discussed in our last Ad Hoc meeting, Pat also mentioned that there was a need for an administrative assistant at probably a 50-75% FTE level to do General Administrative work such as board packet preparation, setting up, note taking, etc., with support by Linda to ensure substance is appropriate.

The last point Pat made was that the primary role of our program is to ensure that the contracted services are doing what we expect, i.e., providing the highest level of care to our vulnerable populations. Do we have the appropriate programmatic staff that are able to evaluate whether we are reaching the people we need to reach and reaching our set goals?

4.6.17

Added notes to discussion with Pat Fairchild not in first document:

1. Jim could do more grant writing to increase program budget
2. Not eligible for 501c3 grants but others are available.
3. There is concern that Jim's ability to work with county may be slow due to interpersonal problems.
4. Cost of a programmatic person with clinical and ability to evaluate health services and communicate programmatically to clinical staff would serve to increase commitment to service to Homeless and Farmworker populations.
5. Need ability to go talk to mobile clinic staff or other staff about how to serve Homeless or Farmworkers in a way that ensures optimal care.
6. Feels we need 1 FTE programmatic clinical staff. Feels we lack this.
7. 25% of \$2.5 million equals \$625,000. Cost of nurse with benefits is about \$200,000.
8. Crux of getting good services is to have the right players and good interactions.

Staffing Duties

Contract Oversight

The number of contracts has drastically increased from five (5) agreements with four (4) agencies in 2013 to now fifteen (15) agreements with at least ten (10) agencies. This growth in agreements has a direct and significant impact on additional oversight to manage and monitor the contracted services. This includes not just verifying that the invoices are correct for payment, but ensuring that the specified services are being delivered to the benefit of our target populations as intended and provided administrative and programmatic technical assistance when and as necessary to our partners.

Monitoring contract duties include validating monthly data, reconciling data discrepancy with contractor, verifying that the invoices are correct for payment, reviewing quarterly reports, troubleshooting through problems and barriers identified on quarterly reports, providing technical assistance etc. For each contract, program spends about 33 hours per year, for a total of up to 495 hours for all contracts each year. Additionally, each executed contract requires a site visit. Site visit duties includes reviewing forms, compiling & preparing data for site visit review, coordinating with agency, conduct site visit, follow up TA if needed, compiling evaluation & report. Program Staff spend about thirteen (13) hours per contract, for a total of 195 hours dedicated to the site visit effort.

Overall, contracts require approximately 45 hours of staff support time each, each year. With 15 current contracts, that totals 675 hours for overall contract support each year.

UDS (Uniform Data System annual report)

Every year staff works closely with our IT (Business Intelligence) department to execute the annual report Uniform Data System (UDS) to HRSA. The effort to produce the annual UDS report takes hundreds (600 annually) of hours to complete as it is currently a very manual process. Every year HRSA makes changes on required information to be collected for our UDS report, and may range from minor to major efforts. On-going meetings with IT department are required to ensure that the right data is collected for not only demographic information on our patients but also many medical outcome measures that are also required for the overall quality improvement effort. Staff combines and unduplicates all (thousands) patients of SMMC and all contractors as well as validates visits of each category. Verifying many clinical outcome measure reports through conducting numerous chart reviews is also required to ensure accurate reporting. Even as staff works with IT to produce universal reports for some outcome measures, some must be conducted manually with a chart sample of 70 conducted by chart reviews of E.H.R.s. There is an initial submission in February and final submission end of March that includes verifying any discrepancies and justifying so with written explanations.

Budget + Program Expense Oversight

Program staff reviews and oversees other expenses such as small funding request, taxi vouchers, operation expenses such as printer, supplies, equipment etc. Duties include reviewing and negotiating funding requests, validating expenses against budget, follow up on taxi voucher discrepancies or unauthorized rides, working with County finance staff in processing invoices etc. These duties add up to 250 hours annually.

Other Program Meetings

Program hosts monthly QI and quarterly Provider Collaborative meetings. Program also meets with various Medical Center Staff for troubleshooting, gathering relevant information and resources from other departments. For QI meetings, prep work includes working with Business Intelligence team on gathering and fine-tuning data, analyzing data, compiling various reports, researching for data criteria and resources etc. For Provider Collaborative meetings, prep work includes compiling data, researching and bringing new information/resources, working with Medical Center staff

for common barriers that the contractors bring up, providing technical assistance, scheduling external trainings etc. With the growth of contractors and partners, Program Staff spend about 280 hours annually for program hosted & other program meetings.

Board Support (meetings and training)

Monthly Board meetings take several hours (440 annually) as well as providing any board orientation/training. Staff must prepare at least a week in advance for Board materials that include drafting any policies and memos, working with sub-committees and contractors to draft contracts/reports, as well as researching relevant topics such as consumer topics and board training. Logistics of Board meetings include preparing board packets, reserving rooms, order catering, ensuring adequate attendance, as well as any A/V equipment that is necessary.

Board orientation/training is also an on-going effort that includes orientation for new Board members and on-going training to Board members. Staff updates and researches Board orientation documents, meets with new Board members and provides on-going Board training throughout the year

Strategic Plan Implementation

Planning, research, criteria development, program development, policies, etc., as necessary to implement the strategic initiative established by the Board. This is estimated to require about 480 hours annually.

Routine Operations

Staff meetings, literature review, general trainings & webinars, conferences & major trainings, county budget development & tracking, contract development, and general liaison with HRSA especially around grant conditions, requires around 600 total hours throughout the year.

Overall, the above accounts for an annual expenditure of over 3200 hours, or at least two (2) full-time staff.

Other Miscellaneous Duties and Special Projects

The following efforts may not occur each year, but require extensive effort and time when they do occur:

- Strategic Plan efforts (Development, Support, Report, etc.) (200+ hours)
- Needs Assessment/Patient Satisfaction Survey (80+ hours)
- RFP Proposal Announcement / Reviewing Process (320+ hours)
- Service Area Competition Application (400+ hours)
- Operational Site Visit (360+ hours)
- IT Projects (such as the Case Management Software Project) (160+hours)
- PSA Training/Other SMMC Training (80+ hours)

In addition, program has targeted efforts in the following areas based on the availability of staff to engage in the efforts:

- Website creation/support
- Support new & additional service areas
- SMMC/Health System Clinic and contractor visits
- Expanded TA for contractors
- Development of Outreach and other program materials
- Work with (non-contracting) community partners
- Disaster/Recovery Plan for homeless & farmworkers
- Promotion of the HCH/FH Program internally/externally

Common Efforts	ANNUAL HOURS		Projects	Full-Time Position	hours
	Prog Coor	M.A.			
Site visits	120	75	PSA training	2080	
			Website creation/updates		
general trainings, webinars, literature reviews	40	60	Visit Clinics	-80	county scheduled holidays
			Provider Contractor TA in field	-100	vacation
IT/Case mgmt software project	104	65	Outreach/program materials	-40	sick leave
			Work with community partners		
grant conditions	208	208	Disaster/recovery plan for h/fw	-200	county issue time
			Program promotion		
small funding request	104	104		-52	Supervision time
staff meetings	104	104			
				1608	actual available hours
Board packet	144	48			
Board support	120	102			
UDS (training, prep, completion, etc.)	300	300			
Conferences & external trainings	40	48			
Other program meetings (Provider Collaborative, QI, etc.)	76	46			
External Meetings & Workgroups (Continuum of Care, Oral Health Coalition, Center on Homelessness, Disparities Workgroups, Health Coverage Coalition, etc.	112	48			
Strategic Plan implementation, etc.	250	250			
	1722	1458			
<u>Position Specific</u>					
Reviews of Invoices, data, vouchers, etc. + TA		272			
contract work		75			
Budget development, review, etc		208			
Quarterly reports, service issues + TA	208				
	208	555			
<u>Periodic & As Needed</u>					
SAC	200	200			
OSV	180	180			
Needs Assessment or Patient Satisfaction	40	40			
RFP/Proposal announcement	120	225			
Strategic Plan development	100	100			
	640	745			

IT Projects

Health Information Exchange (HIE) June 2017

Project to collect health information from various sources, initially within the Health System Network, and subsequently across the county; this project is a lynchpin for the ability to provide clinical providers with “alerts” or other notification that the patient is homeless or a farmworker.

Mobile Health Coach Replacement Later 2017

Public Health Policy & Planning are adding an additional mobile clinic to their fleet; needs to be seamlessly connected to typical systems used in the clinical setting.

One-e-App Alternatives Summer 2017

Health Coverage Unit is looking to replace One-e-App, the current ACE eligibility system (with information referral to MediCal for those eligible); this eligibility determination is a key within the HCH/FH Sliding Fee Scale Policy

EMPI – Electronic Master Patient Index Early 2017

Master Index for all Health System clients/patients

Care/Case Management Solution Summer 2017

Project to identify a potential Case Management System for use by multiple Health System programs, including HCH/FH; could be critical to development of a HCH/FH program database and ability to do longitudinal analysis and other sophisticated patient/client reporting

EHR 2.0 Assessment Late 2018

Kick-off scheduled for 02/01/17; initial phase is for planning & information gathering, leading to an RFP.

In addition, there are numerous other IT projects & efforts that may tangentially touch our patients, incorporate our patients as part of a much larger group, or have some impact on operations. These include:

- Specialty Care Augmented Referral & Tracking
- Behavioral Health Data for Chronic Disease Care
- Electronic Document Management (EDM) Solution & Integration
- PRIME Program Implementation/Enterprise Data Warehouse & Dashboards
- Soarian Financial

Plus some projects that are, as yet, unscheduled:

- Geographic Information System (GIS) Integration

And we may develop additional projects for QI or based on potential new offerings from HRSA.

Additionally, we will be involved in the effort(s) to establish the collection of required SOGI data.

TAB 6
Director's
Report

DATE: May 11, 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 April 26, 2017 Co-Applicant Board meeting:

1. Operational Site Visit & Grant Conditions

As reported last month, 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. Submission of plans to address these conditions is due to HRSA by June 12, 2017.

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

2. Automation

The proposal submission deadline for the RFP on a potential Care Coordination/Case Management System is May 23rd. The Proposer's Information Conference was held in mid-April and we have since been responding to questions from potential bidders. It is expected that live demonstrations of a limited number of selected systems will occur during July.

3. Other

The HCH/FH Program is again sponsoring a LGBTQ training to assist our partners in collecting and reporting this data. The training is scheduled for May 22, 2017 from 1:00 to 3:00 PM at Health System (Room 100) in San Mateo. If Board members have an interest in attending, please contact Linda Nguyen by May 12th.

The first three (3) of our contract partners' site visits are scheduled for later this month, including a couple of our newer partners (Legal Aide & Project WeHOPE).

4. Seven Day Update

TAB 7
Budget &
Finance Report

DATE: May 11, 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 April 30, 2017 – currently reported as \$ 754,188.

As more months of contractor invoices have come in for the 2017 year, it appears now that we will underspend the contracts/MOUs by about 2% (~\$36,000). 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 \$125,000 in unexpended grant funds. While better than the previous two years, we should be looking to cut the projection 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 (04/30/17)	Projection for GY (+~36 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>145,884</u>	<u>425,000</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>54,333</u>	<u>171,639</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)			18,000	9,000
Regional Conferences (1000*5)		3,520	3,000	7,000
Local Travel		230	1,000	2,000
Taxis		685	2,200	4,000
Van		411	800	3,000
	<u>25,000</u>	<u>4,846</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	242,130	888,000	953,004
Current 2017 MOUs	811,850	250,650	775,000	800,000
---unallocated---/other contracts				
	<u>1,753,004</u>	<u>547,052</u>	<u>1,717,272</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>754,188</u>	<u>2,424,661</u>	<u>2,550,004</u>
HCH/FH PROGRAM TOTAL	<u>2,550,004</u>	<u>754,188</u>	<u>2,424,661</u>	<u>2,550,004</u>
PROJECTED AVAILABLE BASE GRANT			125,343	0
				based on est. grant of \$2,550,004

TAB 8

Discussion & Request to form standing committee

DATE: May 11, 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: DISCUSSION ON BOARD COMMITTEES

As noted in the Board Orientation, the Brown Act imposes various conditions and requirements on governing bodies. This can include committees established by these governing bodies.

The Board has established various committees over the course of the past 3-plus years, to assist the Board in accomplishing its goals and objectives. To insure that all committees established by the Board conform to all potential legal requirements, Program is recommending an open discussion by the Board on the establishment of committees, the types of committees to be established and any current committees that may need to be addressed.

DATE: May 11, 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 TO ESTABLISH A STANDING COMMITTEE ON BOARD MEMBERSHIP, COMPOSITION, RECRUITMENT & SELECTION

Generally, Ad Hoc Committees are defined (for Brown Act purposes), as being temporary in term and singular in focus – as in exploring a specific subject. Other committees that are permanent or long-lasting, as in regularly scheduled meetings, and with general topic or broad focused perspectives, would generally be considered Standing Committees and would likely be subject to the Brown Act requirements.

When the current Committee on Board Composition, Recruitment & Selection was formed by Board Action in June 2015, it was designated an Ad Hoc Committee and declared to be disbanded as of October 31, 2015. There has been no further action by the Board to extend the term of the committee, but continued action by the committee has been necessary and beneficial to the Board in addressing ongoing membership needs.

Given the above, Program is recommending that the Board acknowledge that the Ad Hoc Committee on Board Composition, Recruitment & Selection was designated to disband as of October 31, 2015. As the Board has a continuing need for the work done by this type of committee, it is recommended that the Board establish a Standing Committee on Board Membership, Composition, Recruitment & Selection.

The committee should have a minimum of three (3) and less than half of the current voting membership of the Board, as is designated in the Bylaws. If not designated in the Board's action on this request, the committee shall designate a committee chair to lead the committee's activities. The committee is charged with the task of the ongoing review of the Bylaws regarding Board membership, composition, recruitment and selection; gathering and discussing whatever information the committee deems appropriate and necessary to its work, including information on issues that may impair some individuals from participating in Board membership. The Committee shall also review all applications submitted for Board membership and make recommendations on the applications to the Board.

The Committee will provide regular reports back to the Co-Applicant Board during a regular meeting, as deemed necessary or as requested by the Board.. The committee may, at its discretion, return partial or separate reports on the topics under its review. All reports will be written and provided to the HCH/FH staff at least 10 days prior to the meeting at which the report will be presented. The committee's reports should provide succinct analysis of issues presented and may present specific recommendations for Board action. Members of the committee may also prepare a minority report if there are differing views on the final report and the recommendations to be given to the Board. The Board may give further instruction to the committee as the Board chooses.

As a Standing Committee, the Committee on Board Membership, Composition, Recruitment & Selection is subject to the Brown Act Requirements, including announcement and agendaing of meetings. Program staff will assist the committee in meeting these requirements and in logistical arrangements.

A majority vote of the Board members present on this recommendation will establish the committee as described above, or as the above is otherwise amended by the Board. Board members shall indicate their interest in serving on the committee. Should there be more interest among the Board membership than there are available positions on the committee, the Board Chair shall select the committee membership from among the Board members expressing interest.

This request is for the Board to establish a standing committee on Board Membership, Composition, Recruitment & Selection. Approval of this action requires a majority vote of the Board members present.

TAB 9

**Contractors
4th quarter
report**

DATE: May 11, 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%
Total HCH/FH Contracts	4,926	4,773	97%	11,892	11,019	93%

* 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%
Total HCH/FH Contracts			5,320	4,773	\$1,396,715	\$1,746,360	80%

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

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

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

² 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 10

UDS submission

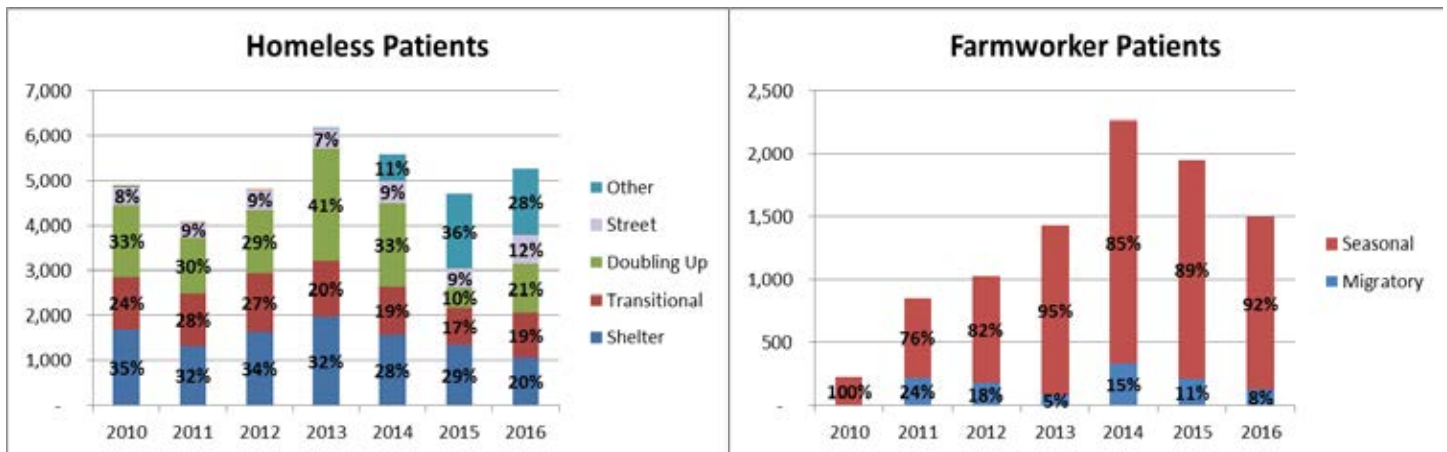
DATE: May 11, 2017
TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program
FROM: Linda Nguyen, Program Coordinator and Elli Lo, Management Analyst
SUBJECT: UDS SUBMISSION

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



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

Homeless Status

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

Farmworker Status

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

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

**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 11

Discussion on new grant conditions

DATE: May 11, 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 has prepared a tracking chart for the conditions to share with the Board. (Attached)

Attachment:
Grant Condition Tracking

Condition	Site Visit Findings	Action Steps	Status/notes
#3 Staffing (Credentialing and Privileging Policies, Procedures and Documentation)			
	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.	With Priscilla; HCH/FH - to amend & reference the SMMC C&P Policy and board approval.	Linda- working with medical staff, counsel and policy (ellen) to change SMMC policy language.
	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.	Policy revised in October 2016	Completed & ready to go.
	SMCHC must submit documentation that OLCP staff has been properly credentialed and privileged.	Check in with HR, Jim to check with Angela to identify who to work with; review current HR policies on OLIPs, get report(s)	
#6 Hospital Admitting Privileges & Continuum of Care			
	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.	MM - Obtain current contracts for medical services with external entities, places we refer; OB - Stanford? Sam & Norris - does HPSM have formal agreement with external entities for specialty services?	Elli emailed MM 4/10/2017 Working with HPSM, counsel and materials management to review and place appropriate contract for amendment.
#2 Required or Additional Services			
	<ul style="list-style-type: none"> Develop and approve a tracking policy and procedure detailing how it orders and tracks labs, X-rays, and specialty referrals. 	Check in with Dr. Alviles - smmc does not have adequate p&p, if they have created something since oct?	
	<ul style="list-style-type: none"> Have a formal written arrangement for the nurse triage services for the after-hours emergency services. 	Linda - check-in with Sam and Norris on status on agreement	Sam will follow up with HPSM. Contact County counsel for agreement ?
	<ul style="list-style-type: none"> Obtain formal agreements/arrangements for transportation and translation services. 	Jonathan - translation services contract - County - Taxi contracts	2 taxi contracts (expire 6/30/2017) saved at: G:\Budget\Taxi vouchers\Taxi Contract; Translation contracts obtained
Grant Condition	Site Visit Findings	Action Steps	Status
#12 Financial Management and Control Policies			
	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.		Plan: Meet with Dave McGrew and fiscal staff to formulate the plan for the development of the reports. Possibly clone current SMMC reports provided to the SMMC Board of Directors.
	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.		

Condition	Site Visit Findings	Action Steps	Status/notes
	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.		
#13 Billing and Collections Policies and Procedures			
	1. 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.		
	2. 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.		
#14 Budget			
	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.		
#15 Program Data Reporting Capacity			
	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.		

TAB 12

**Small Funding
Requets report**

DATE: May 11, 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"> 71 LifeMoves staff were trained & certified
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"> Had a larger quantity assistance to distribute to the homeless this winter SVdP overall new clients added between 11/2016 to 3/2017 = 337 clients
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"> Between 12/2016 to 2/2017, items were distributed to 67% shelter homeless and 33% street homeless 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 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.
Puente de la Costa Sur	\$ 9,172	Health-related items for farmworker during holidays	<ul style="list-style-type: none"> Distributed to 80 male farmworkers at the La Sala Men's Posada holiday event Distributed to 60 female farmworkers who regularly attend Zumba classes

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"> • Distributed 28% of items as of February 2017 • Remaining items are kept on site and provided for clients as needs are identified either by the staff or the client, upon request • 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
Project WeHOPE	\$ 12,660	Winter Protection and Hygiene Items for shelter and street homeless	<ul style="list-style-type: none"> • 138 unduplicated individuals received items • Distributed via Dignity on Wheels truck to street homeless dwelling in automobiles & RV's and homeless in Project WeHOPE Shelter, East Palo Alto and Redwood City
Apple Tree Dental	\$ 1,084	Consumable oral health supplies for farmworkers and families at outreach events	<ul style="list-style-type: none"> • Distribute to <ul style="list-style-type: none"> o existing 52 farmworker patients in 2016 o future 63 farmworker patients in 2017 o additional patients & their family members along with educational information (both adults & children) o farmworker families at community events or school screening events on the Coastside
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"> • Distributed 16 first aid kits and 91 Blue Cards as of 2/10/2017 at community and outreach events
Total	\$ 54,663		

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.



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"> • At Ravenswood Family Health Center (RFHC), to our homeless patients who come seeking care. • On the street or in encampments where we meet homeless individuals as we conduct our walking rounds. • At RFHC's weekly Shelter and Street Medicine Clinic, at Project WeHOPE. • At two transitional homes for teens where our patients reside. • At drug treatment facilities such as Free At Last, and Our Common Ground, where our patients access services. • At bus stops, parks and other public locations where homeless patients gather. We set up distribution tables to increase visibility in the community.
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

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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

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.

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

Vignette

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 Clients
Oct	4320	495	46	146	6	437	6	0	327	147	18
Nov	4780	513	73	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 Clients
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	133	1	27
Feb	0	0	19	170	13	338	0	2	175	0	20
Mar	0	0	35	113	10	343	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	66	2159	0	12	1056	3	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 Clients
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	34	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 13

**Strategic Plan
Update**

DATE: May 11, 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
Goal 1: Expand Health Services for Homeless and Farmworkers	
1. Increase mental health clinical services, including psychiatry services, for homeless and farmworkers.	
2. Increase available respite care with wrap-around services for homeless.	Staff is conducting research for Respite Services, with a Request for Information (RFI) announcement to come out soon for hire of consultant(s) to assist in this effort.
3. Provide wrap-around services for medically fragile, homeless seniors staying at shelters. <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
Goal 2: Improve the ability to assess the on-going needs for homeless and farmworkers	
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>	
Goal 3: Maximize the effectiveness of the HCH/FH Board and Staff	
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.
Goal 4: Improve communication about resources for the homeless and farmworkers.	
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
Goal 4: Improve communication about resources for the homeless and farmworkers.	
1. Elevate visibility and knowledge of HCH/FH program known within County departments and other agencies/providers serving homeless and farmworkers.	Program staff has been meeting with Center on Homelessness and Department of Housing to discuss partnerships and future collaborations. 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.