

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

San Mateo Medical Center| Basement, Garden room  
October 12, 2017, 9:00 A.M - 11:00 A.M.

**AGENDA**

<b>A. CALL TO ORDER</b>	Brian Greenberg	<b>9:00 AM</b>
<b>B. CHANGES TO ORDER OF AGENDA</b>		<b>9:03 AM</b>
<b>C. PUBLIC COMMENT</b>		<b>9:05 AM</b>
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.		
<b>D. CLOSED SESSION</b>		<b>9:10 AM</b>
1. Closed Session this meeting		
<i>i. Action Item- Request to Approve Credentialing/Privileging list of LIPs</i>		
<i>ii. Action Item- Request to Approve HR report on OLCs</i>		
<b>E. CONSENT AGENDA</b>	Linda Nguyen	<b>TAB 1 9:15 AM</b>
1. Meeting minutes from September 14, 2017		
<b>F. BOARD ORIENTATION</b>	Linda Nguyen	<b>TAB 2 9:17 AM</b>
1. Board Orientation		
<i>i. Conflict of interest statements</i>		
<b>G. BUSINESS AGENDA:</b>		
1. Sliding Fee Scale	Jim Beaumont	<b>TAB 3 9:30 AM</b>
<i>i. Action Item- Request to Approve updated SFS Policy</i>		
2. Job Descriptions	Jim Beaumont	<b>TAB 4 9:35 AM</b>
<i>i. Action Item- Request to Approve Job descriptions</i>		
3. New Board member	Brian Greenberg	<b>TAB 5 9:50 AM</b>
<i>i. Action Item- Request to Approve new Board member</i>		
4. HCH/FH Program QI Report- best practices	Frank Trinh	<b>TAB 6 9:55 AM</b>
<i>i. Action Item- Request to Approve QI Plan</i>		
<b>H. REPORTING AGENDA:</b>		
1. Consumer Input/ NHCHC report back	Mother Champion/LifeMOVES staff	<b>TAB 7 10:05 AM</b>
2. Discussion on Committee meetings	Jim/Linda	<b>10:20 AM</b>
<i>i. RFP committee</i>		
<i>ii. Unexpended Funds</i>		
<i>iii. Finance Standing Committee</i>		
3. Discussion on Board attendance/punctuality	Brian/Jim	<b>TAB 8 10:25 AM</b>
4. HCH/FH Program Director's Report	Jim Beaumont	<b>TAB 9 10:30 AM</b>
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	<b>TAB 10 10:40 AM</b>
<i>a) Budget/Finance Report</i>		
<i>b) Expanded Financial Reporting</i>		
6. Contractor's 2nd Quarter report	Linda/Elli	<b>TAB 11 10:50 AM</b>

**BOARD COMMUNICATIONS AND ANNOUNCEMENTS**

Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have

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>.

received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.

**OTHER ITEMS**

1. Future meetings – every 2<sup>nd</sup> Thursday of the month (unless otherwise stated)

*Next Regular Meeting November 9, 2017; 9:00 A.M. – 11:00 A.M. |San Mateo Medical Center*

**H. ADJOURNMENT**

Brian Greenberg

**11:00 AM**

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**TAB 1**  
**Meeting Minutes**

**Request to Approve**  
**(Consent Agenda)**

**Healthcare for the Homeless/Farmworker Health Program (Program)  
Co-Applicant Board Meeting Minutes (Sept 14, 2017)  
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair  
Julia Wilson, Vice Chair  
Allison Ulrich  
Tayischa Deldridge  
Steve Carey  
Mother Champion  
Kathryn Barrientos  
Dwight Wilson  
Gary Campanile  
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Elli Lo, Management Analyst  
Linda Nguyen, Program Coordinator  
Sandra Nierenberg, County Counsel  
Alicia Garcia, Project WeHOPE  
Madeline Kane, Puente

Members of the Public

Absent: Daniel Brown, Christian Hansen, Robert Anderson

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9:14</u> A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session  <b>Request to Approve C&amp;P list</b>	<b>Action item: Request to Approve Credentialing and Privileging List</b>	Motion to Approve C&P list <u>MOVED</u> by Tay <u>SECONDED</u> by Allison, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from August 10, 2017) were approved.  Please refer to TAB 1, 2	Consent Agenda was <u>MOVED</u> by Julia <u>SECONDED</u> by Steve, and APPROVED by all Board members present.
Business Agenda:  <b>Request to Approve BPR final report</b>	In accordance with the Board's Bylaws, Article 3, Section L, the Board has the responsibility to approve grant applications. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission.  The HCH/FH program has awarded a three (3) year grant period 1/1/2017 to 12/31/2019. The Board's approval of the grant application is required. At the August 2017 Board meeting, the Board has approved the draft of the BPR NCC application reflecting the content and the concept of the final submission due August 18, 2017. On August 17, 2017, Program has successfully submitted the application requesting for \$2,550,003.  <b>Action item: Request to Approve BPR report</b>	<b>Request to Approve BPR submission</b> <u>MOVED</u> by Kat <u>SECONDED</u> by Gary, and APPROVED by all Board members present

<p>Business Agenda:</p> <p><b>Request to Renew Board membership (2)</b></p>	<p>To help prevent a complete point-in-time turnover of the Board, under the Bylaws, the original eleven membership positions on the Board were divided into five (5) two-year terms and six (6) four-year terms.</p> <p>The Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board.</p> <p>For consideration at this meeting, the Board is being presented with the proposal to re-appoint Steve Carey and Brian Greenberg to another four-year terms. With Julia Wilson not continuing on the Board, the current approved Board size of 14 members will be maintained, with 11 member positions filled.</p> <p><b>Action item: Request to renew board membership</b></p> <p><i>Please refer to TAB 3 on the Board meeting packet.</i></p>	<p><b>Request to renew board membership Brian and Steve</b>  <u>MOVED</u> by Kat  <u>SECONDED</u> by Tay, Brian and Steve and astained and APPROVED by all remaining Board members present</p>
<p>Business Agenda:</p> <p><b>RFP- Request to Create Ad hoc RFP committee</b></p>	<p>The HCH/FH Program conducts a Request for Proposal to solicit health services for our homeless and farmworker populations every 2-3 years as required by County Policy. The program just released an RFP on September 1, 2017.</p> <p>In December 2015 the Board passed a policy on evaluating funding decisions for Requests for Proposals and Solicitation of Services stating that an evaluation team made up of Board members will review and come back to Board with recommendations for funding and a final summary report on proposals.</p> <p>There are 6 current Board members that are eligible to serve and do not work for a current contractor: Dwight, Gary, Robert, Allison, Christian and Mother Champion . Staff will email all eligible board members on their interest to serve.</p> <p><b>Action item: Request to Create Ad hoc RFP committee</b></p> <p><i>Please refer to TAB 4 on the Board meeting packet</i></p>	<p><b>Request to Create Ad hoc RFP committee</b>  <u>MOVED</u> by Tay  <u>SECONDED</u> by Steve, and APPROVED by all Board members present.</p> <p>Staff will email all eligible board members on interest on serving on the RFP ad hoc comm</p>
<p>Business Agenda:</p> <p><b>Request to Approve Travel request</b></p>	<p>The HCH/FH Program (Program) Co-Applicant Board (Board) approved (January 9, 2014) a policy regarding travel reimbursement for Board members who may travel for Board and/or HCH/FH (Program) business. The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014).</p> <p>Ravenswood has submitted a request for travel on behalf of Board member Tayischa Deldridge to attend the International Street Medicine Symposium in October at Pennsylvania. Attached is the request with a budget that includes airfaire, lodging and registration.</p> <p><b>Action item: Request to Approve travel request</b>  <i>Please refer to TAB 5 on the Board meeting packet</i></p>	<p><b>Request to Approve travel request</b>  <u>MOVED</u> by Dwight  <u>SECONDED</u> by Kat, and APPROVED by all Board members present.</p>

<p>Business Agenda:</p> <p>Discussion on Unexpended Funds</p>	<p>During our bi-yearly call with our Project Officer, there was a brief discussion of the Program's recent history with Unexpended Funds. Following the call, the Board Chair requested we agendaize a brief discussion on the topic so the Board may better understand the situations that lead to not expending all of the awarded grant funds.</p> <p>The HCH/FH Grant from HRSA is essentially a cash grant. Because the expectation is that there will be ongoing program operations (as in awarding a three-year grant period), the annual amounts are expected to fund the effort for and in that year. For that reason, HRSA rarely will approve of carry-over of unexpended grant funds for use in the future grant year.</p> <p>The attached graphs represent some of the basic issues for having unexpended funds. There are basically only two ways to broadly expend ongoing funding – recurring contracts and staffing. Both have potential issues that may result in falling short of fully expending their allocated funding, but staffing tends to be more stable in that regard. Historically, our contract awards were being expended in the low 90% of funding. The past few years have seen that fall off to the low-to-mid 80%, at the same time we were increasing the aggregate value of the contracts. So where in 2012 a 7.5% shortfall in contract expenditures totaled around \$40,000, we now are looking at shortfalls of 15% on over \$1.5 million worth of contracts (\$225,000).</p> <p>Program will discuss and direct staff to review unexpended funds with interested Board members and partners to discuss the issue: Dwight, Mother Champion, Tay, Allison, Maddy.</p> <p><i>Please refer to TAB 6 on the Board meeting packet</i></p>	<p>Staff will discuss and review Unexpended Funds with interested Board members and partners</p>
<p>Request to approve Staffing Proposal</p>	<p>In January, 2016, we presented to the Board, a DRAFT Staffing Plan (attached) for the Program, covering expected needs through 2018. Intended to generate discussion to lead to a finalized Staffing Plan, the discussion has generally just continued on. To move the effort forward and provide Program with the tools necessary to operate and grow the Program, we are requesting Board action to approve a Staffing Plan for the Program through the end of 2018.</p> <p>This plan will allow the program to move aggressively forward on the Strategic Plan the Board has approved, improve significantly our interactions with SMMC Clinical Services, provide for adequate oversight of our expanded portfolio of contracts and contractors, and pursue other known and future initiatives to improve the Program.</p> <p>Discussion on staffing needs and unexpended funds available.</p> <p>Members felt that hiring a clinical staff was more of a priority than a program planner, requesting to change the dates of the two positions and hire the clinical staff (late 2017) first than the program planner at the later time (mid 2018). Members agreed to approve the plan but wanted to review job descriptions before hiring.</p> <p><b>Action item: Request to Approve staffing proposal</b>  <i>Please refer to TAB 7 on the Board meeting packet</i></p>	<p><b>Request to Approve Staffing proposal</b> with revisions to switch the dates of the clinical and program planner position and approve job descriptions at later time. <u>MOVED</u> by Tay <u>SECONDED</u> by Dwight, Brian abstained and APPROVED by all remaining Board members present.</p>

<p>Reporting Agenda: Consumer Input/NHCHC report back</p>	<p>Project WeHOPE staff Alicia Garcia presented on workshop Fostering Trauma-Informed Leadership Skills for Consumers. The key points of this seminar: It is necessary to assume that every client that you serve has been through multiple traumatic experiences. There are many studies that conclude that a person who has gone through multiple traumas, especially in childhood will react to stressful situations in different ways than people who have not experienced multiple traumas. They showed slides to demonstrate that the brain formation of people severely traumatized in childhood vary as compared to the brain development of a non-traumatized individual.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p>Discussion on Membership of committees</p>	<p>Staff presented on current sub-committees and their members. Robert was volunteered for the Board recruitment committee.</p> <p>Staff will work with Finance committee to get them started on their first meeting.</p> <p><i>Please refer to TAB 9 on the Board meeting packet</i></p>	<p>Staff will inform Robert about him being volunteered for Board Recruitment comm.</p>
<p>Discussion on AIMS</p>	<p>There was a brief discussion on the final proposal and the need to include farmworkers in the final contract for services.</p>	
<p>Transportation subcommittee report</p>	<p>Discussion on LifeMoves use of Lyft to transport patients to Sequoia – with them funding rides at \$4 each with use of central credit card in San Mateo County.</p>	
<p>Regular Agenda QI Committee report</p>	<p>Brief report by staff on QI committee meetings and what the new outcome measures will be in the QI plan. The next 2017/2018 QI plan will be finalized and brought to next meeting for approval.</p> <p>Request to discuss best practices for outcome measures.</p> <p><i>Please refer to TAB 11 on the Board meeting packet</i></p>	<p>Medical Director will discuss best practices at next meeting.</p>
<p>Regular Agenda: HCH/FH Program <b>Directors report</b></p>	<ul style="list-style-type: none"> <li>• Program has continued to move forward with the planned efforts to achieve compliance with the HRSA Program Requirements. The updated status report is attached.</li> <li>• Program staff successfully submitted the NCC/BPR on August 17, 2017. There is additional reporting and discussion, along with a Board Action item for this elsewhere on today's agenda.</li> <li>• On August 14, 2017, Program had its bi-yearly call with our HRSA Project Officer. We reported on our progress with the current grant conditions, and covered various other areas of operation and performance.</li> <li>• Program staff attended all five (5) system demos in August. Based on the collective responses from all of the Health System Programs attending the demos, three (3) systems were requested to provide access to test/demos systems for further exploration by the</li> </ul>	

	<p>interested programs. The selection of a proposed system is planned for fall.</p> <ul style="list-style-type: none"> <li>• Program published the program-wide RFP on September 1, 2017. There is a discussion item elsewhere on today's agenda for this item.</li> <li>• On August 28, 2017, HRSA released its Health Center Program Compliance Manual. In general, HRSA intends the manual to be the all-encompassing guide on the requirements for program operations. It replaces most previously issued PINS &amp; PALS, previous Operational Site Manuals and various other documents.</li> <li>• Program has received more than 450 Needs Assessment surveys from partner agencies and is still collecting more surveys. Staff is inputting survey data and planning to work with a consultant in analyzing and preparing a report.</li> </ul> <p><i>Please refer to TAB 12 on the Board meeting packet.</i></p>	
Regular Agenda: HCH/FH Program <i>Budget &amp; Financial Report</i>	<p>The budget status remains unchanged from last month's report. Based on the current rate of expenditures, the program will end the year with over \$450,000 in unexpended funds. This is primarily being driven by underspending on our contracts &amp; MOUs. Our current spend rate across all of our contracts and MOUs projects to just over 80% at the end of the year. This totals over \$300,000 in unexpended funds. We are also tracking to underspend in staff costs (salaries &amp; benefits) at around \$140,000, pending any staffing additions. Other expenditure categories are either on track or have the expectation of being utilized later in the year. While some of this unexpended money may be utilized to support small funding requests, we would expect that amount to be substantially less than \$100,000 in total.</p> <p><i>Please refer to TAB 13 on the Board meeting packet.</i></p>	
Contractor's 1 <sup>st</sup> Quarter report.	<p>Staff presented on status of contractors and how much has been spent for the first quarter. There was a discussion on how we could help contractors spend down there funds.</p> <p>Discussion on Apple Tree merging with another health care district with possible change in management and that staff should investigate.</p> <p>Many ongoing trends with contractors include the lack of affordable housing, long wait times for primary care, and transportation.</p> <p><i>Please refer to TAB 14 on the Board meeting packet.</i></p>	
Adjournment	Time <u>10:55 a.m.</u>	Brian Greenberg



**TAB 2**

**Board  
Orientation**

# **SAN MATEO COUNTY HEATHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM CO-APPLICANT BOARD BYLAWS**

## **Article 1: Name**

This body shall be known as the San Mateo County Heath Care for the Homeless & Farm Worker Health Program Co-Applicant Board (the “Board”).

## **Article 2: Purpose**

The San Mateo County Health System, through San Mateo Medical Center (“SMMC”), has applied for and received grants from the United States Department of Health and Human Services Health Resources and Services Administration (“HRSA”) pursuant to Sections 330(g) and 330(h) (collectively, “Section 330”) of the Public Health Service Act (the “Act”) to support the planning for and delivery of services to medically underserved populations, including migratory/seasonal farm workers and their families and the homeless and their families. These grant funds support the County’s Health Care for the Homeless & Farm Worker Health Program (the “Program”).

The Board is the consumer- and community-oriented board whose role it is under regulations applicable to these grants from HRSA to provide guidance and oversight of the Program funded by these grants. As outlined in these Bylaws and in the County of San Mateo Ordinance creating the Board, the Board shall set priorities for the Program, assist and advise the Program in promoting its goals, provide input and feedback to generally advise the development, implementation, and evaluation of the Program, and act as the governing board of the Program (in coordination with the Board of Supervisors of the County of San Mateo and the SMMC Board of Directors).

## **Article 3: Responsibilities**

The Board has specific responsibilities to meet the governance expectations of the San Mateo County Health System’s health care grant from HRSA. The Board shall generally set the priorities for the Program and govern those aspects of the Program funded by grant monies from HRSA. At the same time, San Mateo County is a public entity. Therefore, the County Board of Supervisors retains authority over the County’s fiscal and personnel policies to the extent the Program is operated by County employees and out of County facilities. Day-to-day leadership and management of SMMC, part of the County of San Mateo, resides with staff under the direction of the San Mateo County Health System.

The Board's responsibilities include setting the priorities of the Program as outlined by this Section, including providing advice, leadership, and guidance in support of the Program's mission.

Subject to the limitations of Article 4, the Board's responsibilities shall include the following:

- A. Making decisions regarding the selection and continued leadership of the Director of the Program and providing input to the County regarding evaluation of the Director of the Program, however the Co-Applicant Board does not have authority to hire or fire any County employee and County employment must still meet all County requirements;
- B. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process for hearing and resolving patient grievances;
- C. Providing recommendations to the SMMC Board of Directors regarding the fee schedule for services rendered to the Program's target populations and determining the policy for discounting charges (*i.e.*, a sliding fee scale) for the Program's target populations based on the client's ability to pay for said services;
- D. Working with the Program and the SMMC Board of Directors to ensure that the Program is operated pursuant to all applicable program requirements and grant conditions, related federal statutes, rules, and regulations, and other Federal, State, and local laws and regulations;
- E. Reviewing and setting the scope and availability of services to be delivered by and the location and hours of operation of the Program;
- F. Reviewing and setting financial priorities of the Program, reviewing and setting the Program budget to the extent that the budget is provided by the Section 330 grant funds, and reviewing and accepting any appropriations made available by the County Board of Supervisors;
- G. Setting general policies necessary and proper for the efficient and effective operation of the Program;

- H. To the extent that the Program's policies relate to the operation of SMMC facilities, recommending to the SMMC Board of Directors policies relating to such operations;
- I. Evaluating the effectiveness of the Program in making services accessible to the Program's target populations;
- J. Setting and reviewing separate procedures for hearing and resolving grievances relating to the Program if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for hearing and resolving patient grievances relating to its patients, including those being served by the Program;
- K. Setting and reviewing separate procedures for ensuring quality of care under the Program, including any quality audit procedures, if the Co-Applicant Board opts to create such procedures for the Program, and otherwise reviewing and providing feedback regarding the procedures adopted by SMMC for ensuring quality of care to its patients, including those being served by the Program and including any quality audit procedures;
- L. Approving grant applications and other documents necessary to establish and maintain the Program, including being identified as a co-applicant in relation to future grant applications;
- M. Requesting, being apprised of, and reviewing financial reports and audits relating to the Program;
- N. Making the Co-Applicant Board's records available for inspection at all reasonable times as required by law and/or upon request by the Board of Supervisors, the SMMC Board of Directors, or either body's duly authorized agents or representatives;
- O. Amending the Bylaws, as necessary and as permitted by (1) the ordinance of the County of San Mateo Board of Supervisors that established the Board and (2) these Bylaws; and
- P. Filling vacancies, selecting voting members by majority vote, and removing voting members pursuant to the ordinance of the County of San Mateo Board of Supervisors that established the Board and as permitted by these Bylaws.

## **Article 4: Limitations of Authority**

The San Mateo County Board of Supervisors and the SMMC Board of Directors, as appropriate, shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all County facilities and programs (including SMMC and its facilities and clinics), including but not limited to policies related to financial management practices, charging and rate setting, labor relations, and conditions of employment. The Board may not adopt any policy or practice, or take any action, which is inconsistent with or which alters the scope of any policy set by the Board of Supervisors and/or the SMMC Board of Directors on fiscal or personnel issues or which asserts control over any non-Section 330 grant funds provided by the County to the Program. The Board does not have any authority to direct hiring, promotion, or firing decisions regarding any County employee. The Board may not adopt any policy or practice, or take any action, which is inconsistent with the County Ordinance Code.

## **Article 5: Members**

### **Section A - Member Qualifications**

1. There shall be between nine (9) and twenty-five (25) voting members of the Board. The Board can set a specific number of voting members within this range by way of an amendment to these Bylaws. The voting membership of the Board shall consist of Consumer Members and Community Members, as outlined by this Section:

#### **(a) Consumer Members**

More than one-half (50% + 1) of the voting members of the Board shall be individuals who are, have been, or will be served by the Program (the "Consumer Members"). The Consumer Members shall be representative of the geographical areas served by the Program and, as a group, shall represent the Program's user population in terms of demographic factors such as ethnicity, location of residence, race, gender, age, and economic status.

#### **(b) Community Members**

The remaining voting members of the Board (the "Community Members") shall have a commitment to the populations that utilize the Program and the special needs of those populations, and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one-half (50%) of these Community Members may derive more than ten percent (10%) of their annual income from the health care industry.

#### **(c) Modification to Consumer and Community Membership Numbers**

To the extent that the United States Secretary of Health and Human Services authorizes a waiver relating to the composition of the voting members of the Board, the number and composition of the voting members of the Co-Applicant Board listed in Subsections (a) and (b), above, may be changed via these Bylaws to the extent any such change is authorized by such waiver.

2. All voting members of the Board shall be residents of San Mateo County. No voting member of the Board shall be an employee of or an immediate family member of an employee of SMMC, with "immediate family member" referring to being a parent, spouse, domestic partner, sibling, or child (biological, adopted, step-, or half-); however, a member of the Board may be an employee of the County of San Mateo. No members shall have a personal financial interest which would constitute a conflict of interest.

#### Section B - Responsibilities and Rights of Members

1. All voting members of the Board must attend all Board meetings.
2. Voting members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may Chair Board committees.

#### Section C - Non-Voting *Ex Officio* Members

The Director of the Program shall be a County employee and shall be a non-voting, *ex officio* member of the Board. In addition, the San Mateo County Board of Supervisors and the SMMC Board of Directors may designate additional non-voting *ex officio* members of the Board.

#### **Article 6: Nominations, Applications, & Selection of Voting Members**

Anyone may nominate a person for voting membership on the Board so long as the nominee meets the membership requirements of these Bylaws. Nominations shall be given to the Secretary or to the Chair.

In addition, the Board shall work with the Secretary to ensure that public notice is provided regarding (1) mid-term vacancies and (2) upcoming selection of members for terms which are expiring. The public notice must be posted at least in the same locations as the notice of regular meetings posted pursuant to Article 12, Section C.2 of these Bylaws, and the Board has discretion to post notice in additional locations. Such notice must be given sufficiently in advance to permit members of the public at least three weeks after the posting of the notice to submit an application before the selection process outlined in this Article.

If requested by the Chair, Co-Chair, Secretary, or any of their designees, a nominee must provide information sufficient to confirm they meet membership requirements of these Bylaws. A person who is not nominated but applies for a voting seat on the Board must submit a completed application on an application form adopted by the Board.

A list of nominees and other applicants shall be presented to the Board at a meeting between two and four months in advance of the expiration of terms for voting membership positions which are up for selection. A nominee may decline nomination. Each proposed new or returning member who is nominated or who applies shall be separately selected by a majority vote of these members present and voting at the meeting designated for such selections. A nominee or applicant who is so selected for voting membership shall begin his or her new term immediately upon the end of the term of the prior holder of the seat for which the selection was held.

#### **Article 7: Term of Office**

For the initial appointments, one-half of the voting members of the Board shall serve a term of two (2) years and the other half of the voting members shall serve a term of four (4) years. The term of each Board member selected thereafter shall be four (4) years. Any vacancies in or removals from the Board membership shall occur pursuant to these Bylaws and, to the extent applicable, the San Mateo County Charter.

There is no limit on the number of terms a member of the Board may serve.

#### **Article 8: Vacancies**

The Board shall have the ability to appoint members to fill vacancies to complete a term, following the procedures outlined in Article 6. Anyone selected to fill a vacancy shall fill the remainder of the term.

#### **Article 9: Removal**

Any member of the Board may be removed whenever the best interests of the County or the Board will be served by the removal. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this Article by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

In addition, the San Mateo County Board of Supervisors retains the power to remove for cause (by majority vote) or without cause (by four-fifths vote) any members of the Board, as required by the San Mateo County Charter.

### **Article 10: Conflict of Interest**

Voting members of the Board are subject to the same conflict of interest rules and reporting requirements which are applicable to San Mateo County boards, commissions, and advisory committees.

A conflict of interest is a transaction with the County of San Mateo Health System, any part of the Health System, or with any other entity in relation to which a Board member has a direct or indirect economic or financial interest.

A conflict of interest or the appearance of conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the County of San Mateo Health System must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form.

In situations when conflict of interest exists for a member, the member shall declare and explain the conflict of interest. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member; however, a member of the Board who has a conflict of interest may still provide input regarding the matter that created the conflict.

Any member may challenge any other member(s) as having conflict of interest. By roll call vote, properly recorded, the status of the challenged member(s) shall be determined prior to further consideration of the proposed project or issue.

### **Article 11: Compensation**

Except for any employees of the County of San Mateo who serve on the Board pursuant to these Bylaws, members of the Board are to be volunteers in relation to their work for the Board and shall not receive compensation for their participation on the Board. No member of the Board shall be deemed an employee of the County of San Mateo by virtue of their work on the Co-Applicant



Board. Employees of the County of San Mateo who serve as members of the Board may receive their normal salary and benefits for time spent working on the Board.

## **Article 12: Meetings**

### **Section A - Regular Meetings**

The Board shall meet monthly (or less frequently if approved by the United States Secretary of Health and Human Services) at a location provided by or arranged by the County of San Mateo.

All meetings of the Co-Applicant Board, including, without limitation, regular, special, and adjourned meetings, shall be called, publicly noticed, held, and conducted in accordance with the provisions of the Ralph M. Brown Act (commencing with Section 54950 of the California Government Code), as amended (the "Brown Act"). Minutes of each meeting shall be kept.

### **Section B - Conduct of Meeting**

The meeting shall be conducted in an orderly manner as deemed appropriate by the Chair. If the Board disagrees with how meetings are conducted, it may by majority vote of the total current members of the Board adopt a policy regarding how meetings shall be conducted.

### **Section C - Notice, Agenda, and Supportive Materials**

1. Written notice of each regular meeting of the Board, specifying the time, place, and agenda items, shall be sent to each member not less than four (4) days before the meeting. Preparation of the Agenda shall be the responsibility of the Program Director.
2. The agenda of each meeting shall be posted in a public notice area in accordance with the Brown Act and not less than seventy-two (72) hours prior to the meeting except as permitted by the Brown Act.
3. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the meeting notice. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.
4. Items which qualify as an emergency, pursuant to the Brown Act, can be added to the agenda at the meeting by a two-thirds (2/3) vote of the

members present at the hearing.

#### Section D - Special Meetings

To hold a special meeting, advance notice of such meeting shall be given as required by law.

#### Section E - Format of Meetings

The make-up of membership should dictate the format by which meetings are conducted.

#### Section F - Quorum and Voting Requirements

1. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence (either physical presence or participation by telephone, videoconference, or other similar electronic means as permitted by the Brown Act) of a majority of the members of the Board then in existence.
2. A majority vote of those Board members present is required to take any action.
3. Each member shall be entitled to one vote. Only members who are present (as defined in Subsection F.1, above) are permitted to vote; no proxy votes will be accepted.
4. Attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet, except that the Secretary shall sign in any members attending via electronic means. The names of members attending shall be recorded in the official minutes.
5. The Program Director shall have direct administrative responsibility for the operation of the Program and shall attend all meetings of the Board but shall not be entitled to vote.

#### **Article 13: Officers**

The Officers of the Board shall be the Chair, the Vice-Chair, and the Secretary. The Chair and Vice-Chair of the Board shall be chosen from among the voting members of the Board. The Program Director shall be the Secretary of the Board.

#### Section A - Nomination & Election

Anyone may nominate from the Board membership candidates for Chair and Vice-Chair. Nominations shall be given to the Secretary. A list of nominees for Chair and Vice-Chair shall be presented to the Board in advance of its October or November meeting. A nominee may decline nomination. The Chair and Vice-Chair shall be elected annually by a majority vote of these members present and voting as the first order of business at the October or November meeting of the Board.

#### Section B - Term of Office

The Chair and Vice-Chair shall be elected for a term of one (1) year or, if applicable, for any portion of an unexpired term thereof, and shall be eligible for reelection for a maximum of three (3) additional terms. A term of office for an officer shall start January 1 and shall terminate December 31 of the year for which they are elected, or they shall serve until a successor is elected.

#### Section C - Vacancies

Vacancies created during the term of an officer of the Board shall be filled for the remaining portion of the term by special election by the Board at a regular meeting in accordance with this Article.

#### Section D - Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws or other directives of the Board.

##### 1. Chair

The Chair shall preside over meetings of the Board and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Board.

##### 2. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Board.

##### 3. Secretary

The Secretary or the Secretary's designee shall take minutes of the meetings, submit those minutes to the Board in advance of the following meeting for approval of the Board, ensure that notice of meetings is given as required by these Bylaws, and ensure that space is reserved for meetings of the Board.

#### **Article 14: Committees**

The Board may designate one or more committees as the Board sees as appropriate to address specific issues or duties as they arise. Any such committee is limited to a membership of fewer than half the members of the Board. Only Board members can be part of the Board committees. Committees may invite persons from the community, who are not members of the Board and chosen for their knowledge and concern about a specific issue or field or endeavor, to provide feedback and other relevant information during committee meetings.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Committees shall not have power to bind the Board, and any recommendations of a committee must be approved by the Board.

Committees shall operate pursuant to the Brown Act and shall not attempt to poll a majority of the members of the Board about actions or recommendations. Formal Board actions on items recommended by the Committee must occur at Board meetings pursuant to the proper notice required for such action.

#### **Article 16: Amendments**

These Bylaws may be amended at any meeting of the Board at which a quorum is present upon agreement by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the Board of the intention to alter, amend, or adopt new Bylaws at such meetings, and such notice must include the text of the proposed alteration, amendment, or substitution. Bylaw changes which are approved by the Board and which are inconsistent with or in opposition to established San Mateo County policies and procedures are not effective unless approved by the San Mateo County Board of Supervisors. These Bylaws must always remain consistent with the Ordinance which created the Board, and any change to the Bylaws which is inconsistent with that Ordinance is null and void.

#### **Article 17: Program Termination**

The Board shall remain in existence for as long as required to remain eligible for receipt of funding from the United States Government under Section 330 or any successor law that requires the existence of the Board. In the event the Program is terminated or is no longer funded by HRSA, the Board shall cease to operate unless the San Mateo County Board of Supervisors takes action to continue the Board's existence.

Notwithstanding the foregoing, the San Mateo County Board of Supervisors may terminate the Board at any time; provided, however, that any such termination may impact Section 330 funding.



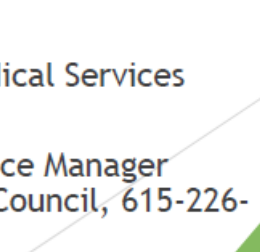
# Board Requirements and Beyond: How to Build an HCH Board that Meets Requirements and Exceeds Expectations

NHCHC Learning Lab

June 24, 2017



## Presenters:

- ▶ Jenny Metzler MPH, Albuquerque Health Care for the Homeless Program 505-7671184  
[jennymetzler@abqhch.org](mailto:jennymetzler@abqhch.org)
  - ▶ David Modersbach, Alameda County Health Care for the Homeless Program 510-667-4487  
[david.modersbach@acgov.org](mailto:david.modersbach@acgov.org)
  - ▶ Vincent Keane, Unity Health Care 202-715-6562  
[vkeane@unityhealthcare.org](mailto:vkeane@unityhealthcare.org)
  - ▶ Amy Sparks CCM, Alabama Regional Medical Services 205-323-5311 [asparks@arms.healthcare](mailto:asparks@arms.healthcare)
  - ▶ Michael Durham MTS, Technical Assistance Manager National Health Care for the Homeless Council, 615-226-2292 [mdurham@nhchc.org](mailto:mdurham@nhchc.org)
- 

# Why does a Community Health Center Have a Governing Board?

## Reason #1

### Roots of Federal Health Center Program 1965-75:

#### Community-based Health Care:

*“The health center model that emerged targeted the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics in both rural and urban areas around America. It was a formula that not only empowered communities to establish and direct health services at the local level via consumer-majority governing boards, but also generated compelling proof that affordable and accessible healthcare produced compounding benefits.”*

Watch some video clips:

<https://vimeo.com/118063052>

Jack Geiger

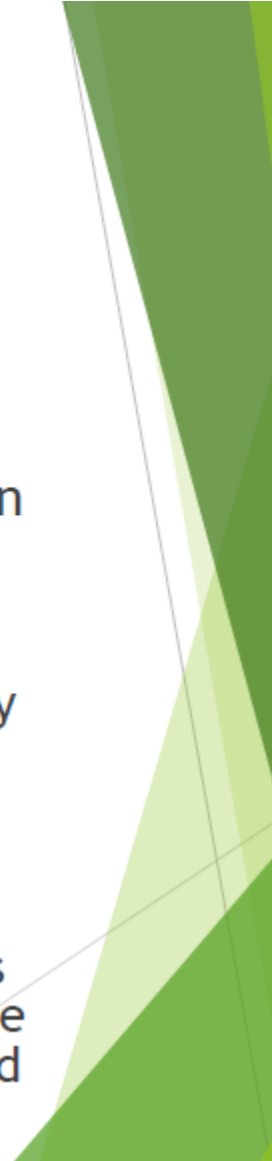


## Core Elements of Community Health Centers

- ▶ Located in High-Need Areas
- ▶ Provide Comprehensive Services
- ▶ Ensure Services to All
- ▶ Accountable in Performance and Operation
- ▶ **Governed by Population they Serve:**

Health centers are governed by patient-majority boards that represent people served at the center and ensure accountability to the local community.

The goal is to have a board of directors that is diverse to ensure a broad range of perspectives and good dialogue, and who collectively have the values, competencies, and commitment required to govern the health center effectively.





# Why does a Community Health Center Have a Governing Board?

## Reason #2

Compliance with HRSA health center requirements.

All health center, including 330(h) and Public Entity Health Centers must follow all HRSA 19 Program Requirements, including governance.

HRSA Draft Health Center Compliance Manual (see Chapters 19- 20):

<https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>

# Board Responsibilities & Requirements

- ▶ HRSA Policy Information Notice 2014-01
  - ▶ “Health Center Program Governance”  
<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>
- ▶ Hold **monthly** meetings and maintain records/minutes verifying board functioning
- ▶ **Approve** applications for health center grants and Changes In Scope.
- ▶ Approve the annual health center **budget** and audit
- ▶ Long term **strategic planning** (including regular updating of the health center’s mission, goals and plans as appropriate)
- ▶ **Evaluate** the health center’s progress in meeting its annual and long-term goals

## Board Responsibilities & Requirements

- ▶ Selecting **services** provide by health center, including location and mode of delivery.
- ▶ Determining **hours** during which services are provided at the health center sites
- ▶ Approving the selection/dismissal and evaluate performance of the health center's **CEO/Program Director**
- ▶ Establishing **general policies and procedures** for the health center that are consistent with the health center program requirements.
- ▶ **Privileging/Credentialing** of health center providers

# Board Responsibilities & Requirements

## Board Composition

- ▶ 51% of members of the board must be individuals served by the health center
- ▶ Patient board members must have accessed the health center in the past 24 months, and represent the population served by the health center in terms of race, ethnicity, sex and housing status.
- ▶ No more than  $\frac{1}{2}$  of the non-patient representatives may derive more than 10% of their annual income from the health care industry
- ▶ No board member shall be an employee of the health center or an immediate family member of an employee. The Program Director may serve only as a non-voting ex-officio member of the board.

## HCH Grantees within Jointly Funded Projects (330(e)+ (h))

Jointly-funded CHC's are not allowed governance waivers.  
Health center Board must have majority of health center consumers.

At least one member must represent homeless target pop.

Avoid solo HCH consumer becoming token:

- ▶ Include more homeless reps on Board
- ▶ Maintain active Consumer Advisory Board
- ▶ Create Active CAB, linked to Board
- ▶ Peer Mentoring processes to support Board members

## 330(h) Homeless Project Governing Boards

### NHCHC HCH Board Composition Quick Guide 2015

Board Composition can include a mix of:

- ▶ Establishing a Consumer Advisory Board (CAB), made up of consumers, which provides advice to the Board of Directors in a regular, formal way.
- ▶ Including some consumers on the Governing Board (even if not a majority).
- ▶ Conducting regular focus groups to learn from consumers.
- ▶ Distributing questionnaires, “patient satisfaction surveys” suggestion boxes to HCH patients. *!Suggestion Boxes!*
- ▶ Representation by advocates who have direct contact with target population.

# Public Entity-based Health Centers

## Key Responsibilities: Public Agency Vs. Co-Applicant Board

Health Center (Grantee)  
Local Health Dep't/Hospital/etc.

County/City Board of Supervisors/Council Board of Trustees, etc

- Personnel
- Fiscal Management and procedures

Co-Applicant Agreement

Health Center Co-Applicant Board

- Health Center Budget approval
- Operations
- Most Policies and Procedures
- Scope of Services
- Select, dismiss, evaluate Project Director

# What Does It Mean To Govern?

- ▶ 1. Define and Preserve the Mission
  - ▶ Mission statement
    - ▶ Do you understand, commit to and clarify the mission
    - ▶ Do you set goals and objectives to carry out the mission?
- ▶ 2. Make Policy
  - ▶ Board sets the policy; staff carry out the procedures



## What Does It Mean To Govern?

- ▶ 3. Safeguard the Assets of the Health Center
  - ▶ Fiduciary Responsibility
  - ▶ Center Finances, Budget, Annual Audit, Facility
    - ▶ <https://oig.hhs.gov/compliance/compliance-guidance/docs/practical-guidance-for-health-care-boards-on-compliance-oversight.pdf>
  - ▶ Personnel (CEO/ED)
  
- ▶ 4. Select and Evaluate the CEO
  - ▶ Responsible for day to day operations (delegate)
  - ▶ Clear concise job description (signed)
  - ▶ Evaluate according to the document

## What Does It Mean To Govern?

- ▶ 5. Monitor and Evaluate Center (and Board) Performance
  - ▶ Is the health center meeting the mission?
  - ▶ How does the center know whether its meeting the mission?
  - ▶ What reports does board receive that can base whether the center is meeting the mission?
  
- ▶ Annual Board Self-Evaluation
  - ▶ Look at board meeting responsibilities
  - ▶ Does the board of directors interact with the CEO/ED, community and each other?
  - ▶ What are the board goals? What are the health center goals?

# What Does It Mean To Govern?

## ▶ 6. Strategic Planning

- ▶ 1-3 year plan
- ▶ Emphasis on STRATEGY, less on PLAN
- ▶ Keep an eye on the future and preparing for it?
  - ▶ Expansion/Collapse of Medicaid?
  - ▶ Payment changes?
- ▶ Written goals and objectives WITH timelines
- ▶ Implement the plan

## ▶ 7. Tell the Health Center's Story



## Delineation Between CEO & Board

<b>Board Role</b>	<b>CEO's Role</b>
Develop Mission Statement	Communicate Mission Statement
Guide Strategic/Long-Range Planning	Implement Strategic/Long-Range Planning
Establish/Approve Policy	Implement Policy
Select and Evaluate Qualified Chief Executive Officer	Ensure Timely and Accurate Reporting to Board on Achievement of Organizational Goals and Objectives
Evaluate Center Operations	Manage Center Operations
Review Quality of Care	Monitor Quality of Care
Represent Community Interest	Represent Health Center Needs

# FRAMEWORK FOR VIBRANT HCH BOARDS



# OTHER EVIDENCE THAT A BOARD IS HIGH PERFORMING!

- ▶ Agility to foster dissent
- ▶ Willingness to address/resolve conflict
- ▶ Clear understanding of the respective roles of Board and management
- ▶ Everyone needs to leave EGO's at the door
- ▶ Chair/CEO relationship
- ▶ Individual accountability
- ▶ Annual Board self evaluation

## ASKING:

- ▶ What values will guide our decision making?
- ▶ What is strategic - and what is operational?
- ▶ What are the deepest aspirations that we have for the mission of the organization that we govern?
- ▶ Being a Board member is a unique privilege and responsibility

# Helpful Resources

## NHCHC Board Resources

*A Quick Guide on Board Composition for Health Care for the Homeless Projects:* <http://www.nhchc.org/wp-content/uploads/2015/01/hch-board-composition-quick-guide-final-formatted.pdf>

*A Quick Guide on Consumer Engagement in Governance of HCH Projects:* <https://www.nhchc.org/wp-content/uploads/2016/11/quick-guide-on-consumer-engagement-formatted.pdf>

Archived Webinar: Consumer Involvement in Governance:  
<https://www.nhchc.org/2014/03/webinar-consumer-involvement-in-governance/>

Archived Webinar: Public Entity Co-Applicant Arrangements:  
<https://www.nhchc.org/2013/02/public-entity-hch-grantees-and-co-applicant-arrangements/>

## Consumer Advisory Board Resources

Consumer Advisory Board Manual: [http://www.nhchc.org/wp-content/uploads/2011/09/NCAB\\_Manual-rev-Jan10.pdf](http://www.nhchc.org/wp-content/uploads/2011/09/NCAB_Manual-rev-Jan10.pdf)

Summary of HCH Consumer Governance Requirements:  
<http://www.nhchc.org/wp-content/uploads/2011/09/ConsumerGovernSumm.pdf>

## Helpful Resources (External)

### HRSA Governance PIN

<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>

HRSA Draft Health Center Compliance Manual (see Chapter 19-20):

<https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>

### NACHC Governance Materials

- ▶ <http://www.nachc.org/trainings-and-conferences/governance/>
  - ▶ NACHC Health Center Governing Board Workbook
  - ▶ NACHC Public Centers Governance Monograph 2014
  - ▶ Create an account with NACHC (free) to download resources





# **TAB 3**

## **Request to approve Updated Sliding Fee Scale Policy**



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 12, 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 TO APPROVE REVISIONS TO THE SLIDING FEE DISCOUNT PROGRAM & POLICY

One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014.

The Operational Site Visit (OSV) Report from the March 2015 OSV found we did not meet the SFDP Requirement, and we received a subsequent grant condition on the requirement. The request is that "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."

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

"Collection of outstanding amounts will be handled in accordance with the HCH/FH Billing & Collection Policy Approved August 11, 2016."

Attached to this Action Request is a copy of the current SFDP Policy as approved June 9, 2016, the redline document of the proposed revisions, and a final draft documents with all of the changes incorporated.

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

## Attachments:

Proposed Revisions in Redline Document



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

SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Fiscal	Effective Date: October 20, 2014
Subject: Sliding Fee Discount Program (SFDP)	Revised Date: <del>June 09, 2016</del> <u>October 12, 2017</u>
Title of Policy: Sliding Fee Discount Policy	Approved by: Co-Applicant Board

**1. Rationale or background to policy:**

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

**2. Policy Statement:**

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

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

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

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

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

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

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

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

### 3. Procedures:

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

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

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

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

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

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

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

The SFDS includes the following elements:

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

5. The patient's account is updated in the EHR according to health center procedures.
6. The discount is applied to medical and specialty services provided at HCH/FH sites according to the following:
  - a. The discount cannot be applied to any service unless the form is complete, and the patient meets the above criteria.
  - b. The discount also applies to prescriptions filled by a HCH/FH contracted pharmacy under 340B on or after the patient's eligibility has been confirmed.
7. If a patient is in the process of applying for another coverage program such as MediCal or Medicare, s/he will be offered temporary sliding fee scale discounts based on their household income and size, but only if all other documentation is complete.
8. Patients who are denied other coverage, or have yet to apply for other coverage, will be evaluated by the eligibility unit staff and offered assistance in applying for other programs available through private and public sectors. If the patient is deemed eligible for services and does not apply within 30 days, they will be charged full price until the appropriate applications are completed and submitted.
9. Collection of outstanding amounts will be handled in accordance with the HCH/FH [Billing & Collection Policy Approved August 11, 2016](#). ~~Collection Policy, currently being developed.~~
10. The Sliding Fee Scale Discount Application form must be completed with updated household income and size documentation every year or sooner if financial circumstances change.
11. No patient will be denied healthcare services due to an individual's inability to pay for such services. See policy on Waiver of Fees, currently being developed, for further information.

Approved \_\_\_\_\_

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

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

**TAB 4**

**Request to  
Approve Job  
Descriptions**

DATE: October 12, 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 TO APPROVE POSITION DUTIES & RESPONSIBILITIES

Based on the Board's approval for two (2) positions at the last Board meeting, and the Board's request for details on the positions' duties and responsibilities, we are provided that requested information, and requesting the Board's approval to move forward with the positions.

Attached is a summary of the identified duties and responsibilities for both positions:

- HCH/FH Program Developer/Planner
- HCH/FH Clinical Support/Coordination

The first position (Developer/Planner) appears fairly straight forward. However, the later position (Clinical Support/Coordination) was found to be much more complex in preparing the requested information. The actual duties the HCH/FH Program has a need for in the clinical arena are also pretty much defined as part of the HCH/FH Medical Director position description. And, in practice, those duties appear to require significantly more available time than our current arrangement for Medical Director provides.

Based on this, Program is recommending that the Board approve increasing re approved Medical Director Position to a Full-Time FTE (1.0). We believe this will provide the bandwidth required to have the necessary duties and functions of the Medical Director position completed, and that this will address the current needs for the Clinical Support/Coordination. Having a full-time Medical Director also puts the Program in a position to move in many different directions going forward.

While there are other potential configurations, our evaluation shows them to be at least as expensive – often more so – and to create a much more limited framework for future activities.

Attachments:

- Duties of Clinical Position
- Medical Director Job description
- Duties of Program Development/Planner Position





## **DUTIES OF CLINICAL SUPPORT/COORDINATION POSITION**

- Review, analysis & implementation of Quality Assurance/Improvement plans, measures, data and activities; development & implementation of clinical policy for homeless & farmworker patients; development of policies, protocols, guidelines & procedures for medical services for HCH/FH patients
- Acts as liaison with internal (SMC) and external medical care resources developing linkages to promote improved patient care and encourage support for homeless & farmworker health care, including non-medical services
- Provides education and support to the HCH/FH staff, medical providers, and other staff on the medical needs of the homeless and farmworkers within San Mateo County;
- Build and establish relationships, and acts as a liaison, between HCH/FH and SMMC clinics & programs, SMC Health System programs, and other hospitals, clinics, and health care services to address the medical needs of the homeless and farmworker population in San Mateo County. In particular, liaisons with the Behavioral Health Recovery Services of San Mateo Health System to coordinate HCH/FH Services with the Mental Health, Alcohol and Other Drugs (AODS) and Homeless and Farmworker Programs

# **HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM**

## **HCH/FH Medical Director**

### **JOB DESCRIPTION**

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

#### **Job Summary**

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

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

#### **Specific Duties & Responsibilities**

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

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

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

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

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

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

## **DUTIES OF PROGRAM DEVELOPMENT/PLANNER POSITION**

Under direction, plan, organize and direct the development and implementation of the HCH/FH Program Strategic Plan; direct the development of evidence-based and performance-based homeless & farmworker health programs in San Mateo County; develop and maintain collaborations and partnerships with other county divisions, departments and outside agencies.

Lead strategic planning efforts; foster partnerships with community groups and organizations; lead the development of plans or recommendations to improve existing health programs or substantiate the need for additional programs; analyze and develop policy initiatives. Plan, organize, administer, conduct and evaluate individual health programs.

Provide direction to community development work related to the planning, implementation and coordination of homeless & farmworker health service delivery programs; establish basic programmatic policies and coordinate functions with other program areas.

- Plan and direct the implementation of the HCH/FH strategic plan.
- Lead large-scale homeless and farmworker health initiatives, including building partnerships and coalitions, coordinating work with staff, community programs, contractors, consultants and volunteers, and gathering relevant data to enable initiative or program evaluation.
- Facilitate and mobilize community and departmental support for planning, development and implementation of priority health initiatives.
- Assist in creating and maintaining cooperative relationships with community organizations, educational institutions, health care providers, social service agencies and others.
- Manage technical assistance services to contractors and others whose work addresses the goals and objectives in the Strategic Plan.
- Provide consultation and technical assistance on HCH/FH Strategic Plan to Health System divisions, including involvement in program assessment, planning, and policy development.
- Work in cooperation with outside agencies to provide leadership, guidance and technical/program assistance on HCH/FH Strategic Plan.
- Convene and participate in local and regional planning and provide leadership and direction to community groups, public and private agencies, advisory boards and volunteers in planning and implementing programs.
  
- Plan and direct the development of the HCH/FH strategic plan.
- Identify health needs, priorities and trends within and across the homeless and farmworker communities throughout the County, including improving the use of various sources of data to evaluate and address the health needs of the homeless and farmworkers and developing homeless and farmworker health policy recommendations and action plans.
- Develop and implement planning and research methodology that serves to identify service needs and priorities including the development of survey instruments for use in data collection.
- Collect and analyze data and develop a community profile on specific programs.
- Analyzes changes in federal, state and county policies, regulations, and legislation; evaluates the impact upon program operations and drafts policy and procedural changes as required.

**TAB 5**  
**Requests to**  
**Approve**  
**New Board**  
**Member**

DATE: October 12, 2017

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

FROM: Board Membership/Recruitment Committee  
HCH/FH Program

SUBJECT: BOARD NOMINATION FOR STEVEN KRAFT

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

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

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

Mr. Kraft is currently homeless, residing in Permanent supportive housing at the Vendome and is a current patient of San Mateo Medical Center. Prior to his residence at Vendome he was residing on the streets for two years. He is a former police officer (10 years) for Los Altos Police Department and currently is employed with Fletch's Hot Dogs.

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

ATTACHMENT:  
· STEVEN KRAFT APPLICATION



Board Composition Committee

Nomination to Board

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

**1. What is your name and contact information?**

Steven Kraft  
650 678 5021  
Steven.h.kraft@gmail.com

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

Mr. Kraft is a resident of The Vendome Permanent Supportive Housing Facility in San Mateo and works at Fletch's Hot Dogs in City of Sa Mateo.

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

Mr. Kraft was homeless for two years prior to moving to The Vendome. When homeless, he slept near the Starbucks on 4<sup>th</sup> Avenue in San Mateo. During this time, he received health care services (and continues to receive health care services) from the San Mateo Medical Center. He suffers a chronic condition that causes tendon damage in the hand. He has also been diagnosed as having diabetes. He is also alcoholic.

Mr. Kraft is 57. He is a former police officer (10 years) for Los Altos Police Department (thus he also has a law enforcement perspective).

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

Mr. Kraft is a consumer of health care services and is interested in seeing health care services improved for all homeless individuals

**5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker?**

See above. Formerly homeless.

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

Mr. Kraft lives in City of San Mateo, in San Mateo County.

**7. Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.**

Mr. Kraft has no conflicts of interest.

~~Board~~ Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board. (45 CFR Part 74.42 and 42 CFR Part 51c.304b)

**TAB 6**  
**QI Report**  
**Request to**  
**Approve**  
**QI Plan**



DATE: October 12, 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 REQUEST TO APPROVE QI PLAN

The San Mateo County HCH/FH Program QI Committee has finalized the 2017-2018 QI Plan. The final document is included for review by the HCH/FH Co-Applicant Board. Upon Board approval, the 2017-2018 QI Plan will be implemented starting in November 2017.

ATTACHED:

- 2017-2018 QI Plan

**SAN MATEO COUNTY  
HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM  
Program Policy**

<b>Policy Area:</b> Quality Improvement	<b>Effective Date:</b>
<b>Subject:</b> Quality Improvement Plan for 2017-2018	<b>Approved Date:</b> <b>Revision Date:</b>
<b>Title of Policy:</b> Health Care for Homeless/Farmworkers Health Care QI Plan (2017-2018)	<b>Approved by:</b> HCH/FH Co-Applicant Board

**I. Purpose**

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, achieve success in meeting utilization targets, meet or exceed clinical and financial performance objectives, and provide the highest levels of patient satisfaction.

The HCH/FH Program QI Plan covers a 1 year period. Each annual Plan will be approved by the HCH/FH Co-Applicant Board prior to implementation by the HCH/FH QI Committee. For the 2017-2018 QI Plan, 5 Medical, 1 Mental Health and 1 Enabling Services Outcome Measures will be evaluated with data collected. Data from the Outcome Measures will be evaluated quarterly. The present document describes the proposed timetable and Outcome Measures for the 2017-2018 HCH/FH Program QI Plan.

**II. 2017-2018 HCH/FH Program QI Plan**

**A. QI Plan Timetable**

The proposed timetable for approval and implementation of the 2017-2018 QI Plan is as follows:

<b>2017-2018 HCH/FH Program QI Plan Time table</b>														
<b>EVENT</b>		<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>
HCH/FH QI Committee meeting	bi-monthly	x		x		x		x		x		x		x
Approval of QI Plan Outcome Measures by HCH/FH Program Co-Applicant Board			x											
Enabling services contractors begin to collect patient referral list				x	x	x								
1st Quarter data evaluation and report to HCH/FH Program Co-Applicant Board	quarterly			x										
2nd Quarter data evaluation and report to HCH/FH Program Co-Applicant Board	quarterly					x								
3rd Quarter data evaluation and report to HCH/FH Program Co-Applicant Board	quarterly							x						
4th Quarter data evaluation and report to HCH/FH Program Co-Applicant Board	quarterly											x		

**B. QI Plan Outcome Measures**

The HCH/FH Program areas evaluated by the QI Plan include Medical Care, Mental Health and Enabling Services. The Medical Care and Mental Health Outcome Measures reflect current HRSA measures as well as measures important to primary care of homeless and farmworker patients. Data for the Medical Care and Mental Health Outcome Measures will be collected for the entire population of homeless and farmworker patients served by the San Mateo County Health System through reports from San Mateo Medical Center Business Intelligence Service. Data for the Enabling Services Outcome Measure will be collected from each Enabling Services agency contracted with the HCH/FH Program. The 2017-2018 QI Plan Outcome Measures are as follows:

a. Medical Care:

1. Cervical cancer screening
2. Adult patients diagnosed with Diabetes Mellitus with HgbA1c < 8% or > 9%
3. Adult patients diagnosed with Hypertension with Blood Pressure controlled <140/90
4. Adult weight assessment
5. Child weight assessment

b. Mental Health:

1. Depression screening utilizing PHQ-9 questionnaire

c. Enabling Services:

1. Proportion of new adult patients referred to Primary Care by Enabling Services agencies that attend 2 or more Primary Care Medical visits in the 12 months following referral date.
  - Each contracted Enabling Service agency will provide demographic data and date of referral for patients referred to Primary Care over a 3 month period.

C. QI Plan Patient Satisfaction Survey

- a. Patient Satisfaction Survey will next be performed with the 2018-2019 QI Plan.
- b. The HCH/FH Program Needs Assessment will be performed in place of the Patient Satisfaction Survey for the 2017-2018 QI Plan time period.

D. Reports to HCH/FH Program Co-Applicant Board

- a. HCH/FH Program Medical Director will give monthly QI Plan status reports on progress.
- b. HCH/FH Program Medical Director and Administrative Staff will report QI Plan Outcome Measure data, results and conclusions quarterly.

E. HCH/FH Program Changes and 2018-2019 QI Plan

1. The HCH/FH Program Co-Applicant Board will make recommendations for HCH/FH Program changes based on results of the QI Plan.
2. Programmatic changes recommended by the Co-Applicant Board will be implemented by the contracting agencies with oversight by the HCH/FH Program QI Committee.
3. Results from the 2017-2018 QI Plan will be considered as the 2018-2019 QI Plan is created.

Approved \_\_\_\_\_

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

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

**TAB 7**  
**Consumer**  
**Input**  
**NHCHC report**  
**back**

## Report on the National Health Care for the Homeless Conference.

### Mother Champion

#### Workshops:

- Caring for the Homeless Patient with Mental Illness:
- Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities
- Leap of Faith

First I'd like to say what a wonderful opportunity to be sent to a conference with such knowledgeable people. I was happy to meet Mr. Bobby Watts Chief Executive Officer of the conference. Mr B. Watts wanted to get to the some of the root causes of homelessness, and the vehicle that he used was through some of the speakers.

I wish I had a tape recorder, there was so much information to write down and to learn. The think tanks were the best. I asked so many questions, but at the same time I didn't want to take all the time. Portland Oregon had a model to look at. What I know is that no one agency can do it alone.

- Becky Wikinson MSW hospital outreach worker, and Drew Grabhame, a social worker, outreach social worker.

The next class I went to was about Constructing Powerful Stories a quote "Storytelling has the power to build empathy, connect people and share experiences of our consumers and our organizations". To me, this one to get financial assistance. We had a lot of story tellers in this class.

#### Caring for the Homeless Patient with Mental Illness:

This was a sad but informational class, on how to deal or two way to deal with mental ill homeless, patient and it showed us to different processes on they dealt with two different patients.

- Rose Garcia, MD, MPA and Carrie Kowalski, MPAP, PA C,

#### Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulnerable Populations in our Communities

After this class I went to the speakers and collected their cards so I could call and ask more questions.

#### The next class was a Leap of Faith

- Mr. Matt Bennett, MBA MA was just great again I got a lot of information to take home and read, his story was his on journey.

When he finished the teaching part of the class we all sat in a circle and we talked about our on story. That was great.

After this class, I went to SOME, means So Others Might Eat. What a great experience.

Michelle  
Avans

Attending the National Health Care for the Homeless Conference for the first time was a great learning experience. Listening to all the different speakers on how each of their organizations operate to help their homeless community was interesting to hear.

**Dr. Jeffery Brenner** was the keynote speaker on the first day. He is NJ area family physician and Senior Vice President of Integrated Health and Human Services at **UnitedHealthcare**. Dr. Brenner's speech was very motivating and really got you excited and ready for the conference.

During the first day I went to a work shop called **A Community Outreach Program to Engage Alcohol Abusers in Treatment**. During this workshop we learned how an agency in Lafayette Park used different strategies to work with hospitals, clinics and police to work with their alcohol abuser clients better. One thing I thought was interesting was when the outreach team and the police went out in the field, the police wore regular clothes rather than uniforms. The agency found that the clients responded more positively with the police in regular clothes rather than uniforms. Most clients get intimidated by the police uniforms.

During another workshop I sat in on was called **Caring for the Homeless Patient with Mental Illness: General Treatment and the Use of Integrated Team Approaches to Client - Centered**. During this workshop we learned an outreach agency in Long Beach worked with Mental health clients. During the workshop we learned about different mental health diagnosis, and we also learned about different medications the you take for the different mental health issues. The workshop also went into practicing harm reduction therapy. I thought this part of the workshop was interesting because we don't use that type of therapy at the shelter I work at. Overall I thought the conference was great learning experience and would love to go back again.

Lorena  
Bellamy

I had a great time attending the National Health Care for The Homeless Conference. I got a chance to see how the rest of the US helps the Homeless out by offering care and helping with housing, which also is a part of care. There were lots of great topics at the conference to choose from and go to, my first session was **When Medicaid and Housing Data Meet**. The speaker was very informative on the data collected in regards to how housing an individual could dramatically change their health outcomes.

The speaker at this Session, **Sam Taylor** has an expertise in Data collection related to house individuals with chronic health condition and Homeless individuals with chronic health conditions. Learning about this made me think that this information is directly related to the work I do. As the benefits specialist with HCH, I help people get health benefits they qualify for and other benefits as well. With helping these people get the health care coverage they need, this helps them to get the medical care they need to live healthier lives. Also, by getting some income benefits they can become housed and have better health outcomes because of it.

Being housed will help these individuals suffering from chronic illnesses be able to maintain and take better care of themselves. We all know that having chronic health conditions is a lot to take care of, but imagine having to do it without a place to live, ten times harder. I see a direct relation to my work and this session as it discussed how both housing and medical services are vital in improving life for people facing homelessness in this country.

The other session I attended was **Patient Navigators in the Care Team**, the speakers were **Serena Rajabiun, Maurice Evans and Precious Jackson**. I like this session because it gave an insight on how important it is to have care navigators for the population we served. They

Lastly, I went to my fellow co-workers presentation, which is **San Mateo County Street and Field Medicine: A Private/Public Partnership reaching Vulnerable Populations**, presenters were, **Chloe Molla, Dashika Woodridge, Christopher King and Sarah Beth Bailey**. I was excited to see my fellow co-workers sharing with others at the conference on what we do and how we help our clients whom are facing homelessness. It was good for me to get a chance to experience this conference, because now I have a sense of everyone around the United States is faced with this issue of homelessness, and agencies and community partners are out there doing what needs to be done to help the most vulnerable people in their time of need.



## NHCHC 2017 Summary

Chloe Molla

This year's conference was very engaging and informative. I was able to attend many workshops that apply to the work we do here at LifeMoves, as well as present on our own Street Medicine program in order to help or improve other clinic models.

The First workshop I attended was **Sober Circle: A Community Outreach Program to Engage Alcohol Abusers in Treatment** ran by **Annie Nicol, FNP, director of homeless services at Petaluma Health Center and Randy Clay, Lead outreach specialist**. Randy spoke to the audience about lived experience, the model of Sober Circle and the steps clients had to take to be a part of the program and where his role came in. His role in particular sounded very similar to what our HOT case managers as well as the IMAT program do, except that Sober Circle were centered on treatment and recovery and had a shelter designated to clients who were trying to get clean. The model that they presented at this workshop would be very beneficial for San Mateo county residents, outreach combined with direct access and stream lining in to a recovery shelter. An interesting suggestion Randy made was when officers ever need to be out in the field with the outreach workers, they as PD to dress down (out of uniform) because it makes the clients feel much more comfortable.

Another interesting workshop I attended was entitled, **Caring for the Homeless Patient with Mental Illness: General treatment and the Use of Integrated Team approaches to Client-Centered Care**. This workshop looked at two different approaches to treating homeless clients suffering from mental illness, the clinic based model and the field model. The first half of the presentation was very focused on the best kind of prescriptions and methods for doctors to practice out of the clinic for homeless clients, but the second half was all about street and field psychiatry. This was very interesting as it directly applied to our work here at LifeMoves and Street Medicine. They have the same values as our team, it is important for relationships and trust to be established with the client initially, as well as explaining their day to day routine which included regular morning meetings to discuss difficult cases. They explained that if the client agrees, treating the client with psychiatric injectable medication is the most efficient way of treating mental illness in the field. They shared a lot of success stories that highlighted the use of injectable medication and psychotherapy in the field.

**Utilizing Medicaid and Health Resources for Housing Subsidies and Development** was a very informative workshop ran by **Christine Campbell and Russell Bennett with the National AIDS Housing Coalition**. This workshop was more of a think tank than a presentation. The presenters spoke a little about their organization and the drastic differences in homeless health from being on the street verses being housed, they also provided some statistics from their own programing. The discussion mainly centered on how can housing be provided for the homeless? Where can we look to for financial support for housing? and what are best strategies to practice once you get that funding? A lot of people had

good information to share, such as providing incentives for landlords when our clients become stably housed and are receiving Medicaid. A representative from HRSA was in the audience and shared information about grants that they offer for housing programs for HCH, also for raising pilot programs, working with hospitals and landlords together. EMS was suggested as a big advocate for housing support because having that would reduce ER/EMS calls for homeless patients.

These workshops were very informative and I felt like we could bring a lot of these models back to San Mateo County!

Paige Retter

### **The Sober Circle: A community Outreach Program to Engage Alcohol Abusers in Treatment**

Presenters: Annie Nicol, Director of Homeless Services, Randy Clay, Lead Outreach Specialist

This presentation was about the program that was started in Petaluma, CA in addressing the need to help facilitate individuals into AOD treatment centers and to have a safe place for them to return to after. Because the shelter that the presenters came from is a dry shelter, the clients were being kicked out if they were using drugs or alcohol but there was no program that was helping them go to treatment, if they were ready. The program was started as a pilot and brought together many different entities in order to address the alcohol and other drugs issue in the community.

Because AOD conditions are very prevalent in our clients as well, it was interesting to hear how Petaluma was addressing theirs. Some things we could bring back to our program is to work very closely with already established treatment centers in providing on-going support to the clients as well as having a safe place for the person to return to after their treatment has ended (a secure shelter bed, home, etc.).

### **Updates Addiction Medicine 2016**

Presenters: Barry Zevin, MD and Joanna Eveland, MD

This workshop reviewed the new and existing medications that assist clients with addiction disorders. The presenters, who were doctors from San Francisco's Street Medicine Team, discussed different medications that are helping with the current Opioid problem along with alcohol assistance treatments and others. This workshop was extremely interesting in exploring a harm-reduction model when working with clients that have chronic addiction disorders. They addressed the common idea of "replacing one addiction or another" when using medications such as methadone and buprenorphine.

I think that we should definitely look more into having these medications available to our clients either through their primary care doctor or Street Medicine. The presenters have seen great success of their clients when they are given these options and provided the right amount of support and education about the medication.

### **Are We Doing Enough to End Homelessness?**

Jim O'Connell, MD, Kevin Lindamood, MSW, Barbara DiPietro, PhD

This was a panel like discussion with different questions that were asked of the panel about what was being done to end homelessness and if we were doing enough. There was also much discussion and questions from the audience. One of the panelist commented that we need to define "we" in the question are we doing enough. She noted that we, as a group of providers, are doing as much as we can with the resources we are given but, we as a society, are not doing enough and there needs to be a bigger push for ending homelessness for all people not just subsets. There was much discussion about

breaking homeless up into subsets such as Veteran homelessness, women and children homelessness, etc. The discussion about this is that that is not doing enough that is more of an easy way out or a band aid to the problem.

The key take-away from this discussion was that we need to find ways to effectively discuss policy changes with the people in congress. Many like to discuss the positive financial outcomes that ending homelessness will bring, which is great but there also needs to be a bigger emphasis on how ending homelessness is the right and moral thing to do and that's what we need to put forth the adequate funding and resources into the issue. Housing and Health Care are Human Rights!

**TAB 8**  
**Discussion on**  
**Board**  
**attendnace/**  
**puntuality**

DATE: October 12, 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

SUBJECT: DISCUSSION ON BOARD ATTENDANCE/PUNCTUALITY

**According to the Co-Applicant Bylaws**

**PAGE 5: Section B- Responsibilities and Rights of Members**

1. All voting members of the Board must attend all Board meetings

**Page 6. Article 9: Removal**

Any member of the Board may be removed whenever the best interests of the County or the Board will be served by the removal. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this Article by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

**TAB 9**  
**Director's**  
**Report**

DATE: October 12, 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 CALENDAR

Program activity update since the September 14, 2017 Co-Applicant Board meeting:

1. Health Center Program Funding

As you may be aware, since there was no congressional action, Health Center (mandatory) funding expired on September 30th. This had colloquially been referred to as the "Health Center Funding Cliff". Below is the current statement from HRSA on continuing funding/payments:

**Status of the Health Center Program Continuation Awards**

As you are aware, Congress passed and the President signed a Continuing Resolution that funds U.S. Government discretionary programs through Dec. 8. Mandatory funding, which represents approximately 70% of Health Center Program funding, expired on Sept. 30. The FY 2018 President's Budget request includes \$3.6 billion in annual mandatory funding for FY 2018 and FY 2019, totaling \$7.2 billion over the two-year period. At this time, HRSA anticipates providing short-term continuation awards (e.g., monthly prorated grant awards) using available FY 2018 discretionary appropriations and any remaining mandatory funds until such funding is exhausted. HRSA will begin awarding Health Center Program annual continuation grants on Jan. 1, 2018. We will keep you up to date as new information becomes available. If you have questions related to your specific funding, please contact your Health Center Program project officer. If you have general questions, please contact the BPHC Helpline [online](#) or by phone: 877-974-BPHC (2742).

Our grant period runs January 1 to December 31 each year. Based on the NOAs we have received, we have committed funding through December 31, 2017. As is clear in the statement above, HRSA does not know for certain what will happen, and they have not made clear how long their discretionary and remaining mandatory funding will last.

There is movement in congress for action to approve ongoing funding for the program, and there is generally cross-party support for the Health Center Program. So there probably will be continuation of funding completed at some point.



2. Operational Site Visit & Grant Conditions

Program has continued to move forward with the planned efforts to achieve compliance with the HRSA Program Requirements. The updated status report is attached.

3. Automation

The County has continued moving forward with the Care/Case Management System project. It currently appears that there is one primary RFP proposal that is preferred by the County programs looking for a true case management system, and a second, different system preferred by the Public Health Programs. There are still no firm cost estimates for the potential solutions yet.

4. RFP

The initial response date for the HCH/FH services RFP is today. We will be organizing and providing the proposals by subject areas for the initial review groups.

5. Seven Day Update

ATTACHED:

- Program Calendar
- Grant Condition Status Spreadsheet

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

EVENT	DATE	NOTES
<ul style="list-style-type: none"> <li>Board Meeting (October 12, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Annual conflict of statement signed by Board members</li> <li>Board training</li> <li>International Street Medicine Symposium, Pennsylvania (Oct 19-21)</li> <li>Provider Collaborative Meeting</li> </ul>	October	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (November 9, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Board Chair/Vice Chair Nominations/Elections</li> <li>QI Committee meeting</li> </ul>	November	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (December 14, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Contracts go before BOS for 2018</li> </ul>	December	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (January 11, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Board training</li> <li>QI Committee meeting</li> </ul>	January	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (February 8, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>UDS first submission</li> <li>Western Forum for Migrant &amp; Community Health, Seattle, WA (Feb 22-24)</li> </ul>	February	@San Mateo Medical Center
<ul style="list-style-type: none"> <li>Board Meeting (March 8, 2017 from 9:00 a.m. to 11:00 a.m.)</li> <li>Final UDS submission</li> </ul>	March	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
Project	Deadline
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
Board Chair/Vice Chair Elections	Winter
Board review annual HR report on OLCs	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

**ALL PLANS APPROVED BY HRSA. SUBMISSION DEADLINE FOR ALL ITEMS IS 11/07/17.**

Condition	Site Visit Findings	Action Steps	Status/notes
<b>#3 Staffing (Credentialing and Privileging Policies, Procedures and Documentation)</b>			<b>Plan completed for submission to HRSA.</b>
	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.  Language change is on the MEC agenda for their June 13th meeting.  <b>Completed &amp; ready to go.</b>
	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	<b>Completed &amp; ready to go.</b>
	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)	Met with SMMC HR. They agreed to provide a monthly report on the OLCPs statuses. Planned to begin including for Board approval with the July 2017 meeting.  Checked with HR on 08/01 re: status.  Checked with HR Sept. 19 re: status of report  <b>HR Report received Oct 2nd; placed on Board agenda for 10/12 meeting.</b>  <b>Following meeting; Completed and ready to go.</b>
<b>#6 Hospital Admitting Privileges &amp; Continuum of Care</b>			<b>Plan completed for submission to HRSA.</b>
	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 mangagement to review and place appropriate contract for amendment.  Counsel reviwng the availability of HPSM contracts for review.  Forwarded additional information to Counsel on 08/01  Checked with Counsel on status 09/19:  <b>Checked with HPSM to see if sample language was in their contract(s).</b>
<b>#2 Required or Additional Services</b>			<b>Plan completed for submission to HRSA.</b>
	• 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?	Checked in w/ Ambulatory 08/01 re: status for policies.  Forwarded condition specifics to Ambulatory 08/21:  Checked with Ambulatory on status 09/19:  <b>Received DRAFT Ambulatory policy 09/28. Appears to be appropriate &amp; acceptable. Referred to policy process for review, signature &amp; publishing.</b>
	• 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 ?  DRAFT Nurse Triage agreement completed.  Checked in with Sam 08/01 re: status of agreement.  Advised by SAM that the necessary individual was back from vacation at HPSM.  Checked with Sam on 09/19 re: status:  <b>Followed up with Sam; HPSM still considering how to respond.</b>
	• Obtain formal agreements/arrangements for transportation and translation services.	Jonathan - translation services contract - County - Taxi contracts  All HCH/FH Care Coordination contratcs have language for the provision of transportation & translation servcies.	2 taxi contracts (expire 6/30/2017) saved at: G:\Budget\Taxi vouchers\Taxi Contract; Translation contracts obtained.  HCH/FH contracts in-hand.  New county taxi contracts in hand.  <b>Completed &amp; ready to go.</b>
<b>#12 Financial Management and Control Policies</b>			<b>Plan completed for submission to HRSA.</b>

Submission planned for 10/12-20.

Condition	Site Visit Findings	Action Steps	Status/notes
	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.	<b>Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary.</b>	<p>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.</p> <p>Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A &amp; 9D).</p> <p>Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.</p> <p>Update provided by BI on 08/10.</p> <p>Checked with BI on 09/19 re: status:</p> <p><b>Received DRAFT Revenue Report 09/29. Appears to appropriately show patient revenue year-to-date.</b></p> <p><b>Received Revenue Report for 2017 through 09/30.</b></p> <p><b>Received DRAFT Expense Report and 2017 Expense Report through 09/30 year-to-date on 10/05. They appear to be appropriate. Added contract expenditures.</b></p> <p><b>Revenue and Expense Reports placed on Board meeting agenda for 10/12.</b></p> <p><b>Following meeting;</b> <b>Completed &amp; ready to go.</b></p>
	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.	<b>Already receive routine draw-down reports</b>	<p>Draw-down reports in hand.</p> <p><b>Completed &amp; Ready to go.</b></p>
	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.		<p>Met with Counsel to discuss issue of enhanced FQHC reimbursement for Non-homeless/farmworker patients. Meeting set with Dabe McGrew and Steve Rousso to discuss questions relating to FQHC enhanced reimbursements.</p> <p><b>Drafted response for counsel on County/HCH-FH position.</b></p>
	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.		<p>See above.</p> <p><b>Completed &amp; ready to go.</b></p>
	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.		<p>See above.</p> <p><b>Completed &amp; ready to go.</b></p>
	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.	<b>GL Org level reports in hand for grant funds. Service activity to be collected via Revenue &amp; Expense Reports.</b>	<p>See above.</p> <p><b>Completed &amp; ready to go.</b></p>
<b>#13 Billing and Collections Policies and Procedures</b>			<b>Plan completed for submission to HRSA.</b>
	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.	Meet with SMMC Fiscal Management and operations staff as needed. Include BI/IT staff as necessary.	<p><b>Working on scheduling meetings.</b></p> <p><b>Drafted updated SFDP Policy to reflect Board approval of Billing &amp; Collection Policy</b></p> <p><b>SFDP Policy updated for edit. On Board agenda for 10/12</b></p> <p><b>Following Board meeting;</b> <b>Completed &amp; ready to go.</b></p>
	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.		<p><b>Discussions with Billing Manager.</b></p>
<b>#14 Budget</b>			<b>Plan completed for submission to HRSA.</b>
	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.	<b>This condition is being worked with the Financial Management and Control Policies condition (#12)</b>	<p>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.</p> <p><b>Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A &amp; 9D).</b></p> <p>Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.</p> <p>See above.</p> <p><b>Following Board meeting;</b> <b>Completed &amp; Ready to go.</b></p>

**Submission planned for 10/12-20.**

Condition	Site Visit Findings	Action Steps	Status/notes
	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.		See above. Completed & ready to go.
	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.	Grant expenditures report in hand; monitored for progress and projected unexpended funds.	Grant Report in hand. Completed & Ready to go.
<b>#15 Program Data Reporting Capacity</b>			Plan completed for submission to HRSA.
	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.	HCH/FH has an expected set of routine reports. Meet with BI/IT to review and re-affirm.	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.  Met with Financial Servcies. They will work with HIT to automate reports form our UDS suite (8A & 9D).  Checked in with Ilhwan 08/01 re: status. Ilhwan met with BI 08/02. Additional information provided for their meeting.  See above.  Following Board meeting; Completed & ready to go.
	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	Meet with BI/IT to ensure routine production of UDS-centered reports on at leats a quarterly basis throughout the year.	Met with Srivatsa (BI) to review scheduling of production of quarterly UDS reports.  Q1 & Q2 reports delivered.  Completed & ready to go.
	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.	Meet with BI/IT to develop a report focused on a Financial Performance Measure.	Working on scheduling meetings.

**TAB 10**  
**Budget &**  
**Finance Report**

DATE: October 12, 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 September 30, 2017 – currently reported as \$ 1,481,024.

As we have been reporting, the HCH/FH Program continues to underspend its total available budget. The major components of this are: contracts are projected to eventually underspend the contract value by \$250,000 (15%); Staff Benefits to underspend by \$95,000 (38%); unallocated contracting budget \$63,000 (100%); and Staff Salaries underspend by \$45,000 (9%). The total anticipated unexpended funds for the year is \$432,000 (17%).

We do anticipate being able to allocate some of the funding to small funding requests, but these historically have only totaled around \$50-75,000.

One area where we may be able to allocate some or most of the remaining unexpended funds is towards a Care/Case Management System. The RFP process is continuing ahead on the project and there may be the possibility of having a decision made prior to the end of the year, with the possibility of paying for HCH/FH portions of the cost prior to 12/31/17. We will keep the Board updated on this process and possibility.

This month we are also introducing to the Board two (2) new reports: an Expense Report (YTD) and a Revenue Report (YTD). As new items, they are separately addressed on today's agenda, but in future months will be included here in the Budget & Finance Report.

Attachment:

- GY 2017 Summary Report

**GRANT YEAR 2017**

Details for budget estimates	Budget [SF-424]	To Date (09/30/17)	Projection for GY (+~13 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>338,297</u>	<u>455,000</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>114,177</u>	<u>155,000</u>	<u>250,000</u>
<u>Travel</u>				
National Conferences (1500*4)		10,384	22,354	9,000
Regional Conferences (1000*5)		3,084	4,500	7,000
Local Travel		987	1,500	2,000
Taxis		3,415	4,900	4,000
Van		411	800	3,000
	<u>25,000</u>	<u>18,281</u>	<u>34,054</u>	<u>25,000</u>
<u>Supplies</u>				
Office Supplies, misc.	10,500	1,347	4,000	10,500
Small Funding Requests				
	<u>10,500</u>	<u>1,347</u>	<u>4,000</u>	<u>10,500</u>
<u>Contractual</u>				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	481,185	695,000	898,004
Current 2017 MOUs	811,850	461,150	675,000	800,000
---unallocated---/other contracts	63,369			
	<u>1,733,004</u>	<u>996,607</u>	<u>1,424,272</u>	<u>1,698,004</u>
<u>Other</u>				
Consultants/grant writer	20,000	3,700	25,000	60,000
IT/Telcom		3,500	8,000	8,000
New Automation			0	-
Memberships			4,000	4,000
Training		915	3,250	2,000
Misc (food, etc.)		4,200	5,500	2,500
	<u>41,500</u>	<u>12,315</u>	<u>45,750</u>	<u>76,500</u>
TOTALS - Base Grant	<u>2,550,004</u>	<u>1,481,024</u>	<u>2,118,076</u>	<u>2,550,004</u>
HCH/FH PROGRAM TOTAL	<u>2,550,004</u>	<u>1,481,024</u>	<u>2,118,076</u>	<u>2,550,004</u>
PROJECTED AVAILABLE BASE GRANT			431,928	0
				based on est. grant of \$2,550,004



DATE: October 12, 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: NEW HCH/FH PROGRAM FISCAL REPORTS

In response to current grant conditions, and to provide broader and more complete program financial information to the Board, we are introducing two (2) new financial reports to the Board this month. Specifically, these are the Expense Report (Year-To-Date) and the Revenue Report (YTD). Both reports represent data for the calendar year through September 30, 2017.

The expense report uses the UDS Table 8 definitions and formatting to provide the data on the total costs for delivery of services to the homeless and farmworker population, primarily focused on the SMMC cost portion of the HCH/FH Program.

The Revenue Report also closely follows the UDS format (Table 9D), and shows the revenue by source that has been received from coverage programs for services provided to HCH/FH patients/clients.

These reports are the first and primary responses to the grant conditions revolving around HRSA Program Requirements 12, 13, 14 & 15. Those grant conditions were cited as the result of the lack of available fiscal information about the overall HCH/FH Program (not just the grant funds). Meeting these Program Requirements (Financial Reporting, Budget, Billing & Collection, and Data Reporting) will provide the broad foundation of fiscal information required by the Board for financial planning and decision making. Full discussion and utilization of these reports is expected to occur going forward with the Board Finance Committee, but the reports will be provided every month as part of the Program's Budget & Finance Report.

Going forward we anticipate both making improvements in these reports as we identify areas where that will be beneficial, as well as the potential development of additional reporting should the Board identify additional fiscal data that it wishes to have.

Attachments:

Expense Report (YTD)  
Revenue Report (YTD)

Expense Report (YTD)

reporting_			allocation_of_fa	accrued_and_allo	allocation_non_c	allocation_fac_and_no	HCH/FH		
year	line_no	line_desc	accrued_cost	c_cost	cated_fac_cost	lin_supp_serv	n_clin_supp_serv	Contracts	TOTAL
2017 1		Medical Staff	4,723,655.77	503,479.11	5,227,134.88	2,829,612.13	8,056,747.00	529,370.00	8,586,117.00
2017 2		Lab and X-ray	755,991.63	80,578.69	836,570.32	452,861.76	1,289,432.08		1,289,432.08
2017 3		Medical/Other Direct	1,553,748.55	165,609.01	1,719,357.56	930,742.19	2,650,099.75		2,650,099.75
		<b>TOTAL MEDICAL CARE SERVICES</b>	<b>7,033,395.95</b>	<b>749,666.80</b>	<b>7,783,062.75</b>	<b>4,213,216.08</b>	<b>11,996,278.84</b>	<b>529,370.00</b>	<b>12,525,648.84</b>
2017 5		Dental	253,289.40	26,997.29	280,286.69	151,727.98	432,014.68	89,200.00	521,214.68
2017 6		Mental Health	967,849.32	103,159.91	1,071,009.23	579,770.90	1,650,780.13		1,650,780.13
2017 7		Sustance Abuse		-	-	-	-		-
2017 08a		Pharmacy not including pharmaceuticals	658,311.85	70,167.32	728,479.17	394,348.63	1,122,827.80		1,122,827.80
2017 08b		Pharmaceuticals	150,785.92				150,785.92		150,785.92
2017 9		Other Professional	46,389.65	4,944.52	51,334.17	27,788.80	79,122.97		79,122.97
2017 09a		Vision	92,779.29	9,889.04	102,668.33	55,577.59	158,245.92		158,245.92
		<b>TOTAL OTHER CLINICAL SERVICES</b>	<b>2,169,405.43</b>	<b>215,158.09</b>	<b>2,233,777.60</b>	<b>1,209,213.91</b>	<b>3,593,777.42</b>	<b>89,200.00</b>	<b>3,682,977.42</b>
2017 11a		Case Management							-
2017 11b		Transportation							-
2017 11c		Outreach							-
2017 11d		Patient and Community Education							-
2017 11e		Eligibility Assistance							-
2017 11f		Interpretation Services							-
2017 11g		Other Enabling Services							-
2017 11		Total Enabling Services Cost	-					378,037.00	378,037.00
2017 12		Other Related Services	-						-
		<b>TOTAL ENABLING &amp; OTHER SERVICES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>378,037.00</b>	<b>378,037.00</b>
2017 14		Facility	964,824.89						
2017 15		Non Clinical Support Services	5,422,429.99						
2017 18		Value of Donated Facilities, Services, and Supplies							
		<b>TOTAL</b>	<b>15,590,056.26</b>	<b>964,824.89</b>	<b>10,016,840.35</b>	<b>5,422,429.99</b>	<b>15,590,056.26</b>	<b>996,607.00</b>	<b>16,586,663.26</b>

SMMC Care Costs	
Total Medical Care Services	7,033,396
Total Other Clinical Services	2,169,405
Total Enabling and Other Services	-
Less Pharmaceuticals	(150,786)
	<u>9,052,015</u>

Revenue Report (YTD)

Year	Line	Payor_Category	Allowance	Amount Collected	Bad Debt Write Off	Collection of Reconciliation/Wrap Around Current Year	Full Charges
2017	1	Medicaid Non-Managed Care	725,904.94	1,003,766.90		878,828.03	1,667,251.90
2017	02a	Medicaid Managed Care (capitated)	5,001,810.49	1,889,714.02	2,538.62	1,054,085.86	7,052,133.07
2017	4	Medicare Non-Managed Care	731,935.53	431,298.14	9,437.86	100,675.16	1,696,111.44
2017	05b	Medicare Managed Care (fee-for-service)	599,132.19	471,090.49		149,419.51	1,518,800.73
2017	7	Other Public including Non-Medicaid CHIP (Non Managed Care)	273,450.80	36,273.92	10.00	2,350.88	292,106.64
2017	10	Private Non-Managed Care	2,246.40	2,866.66		460.67	20,108.12
2017	11a	Private Managed Care (capitated)	710.09	304.91		225.19	2,859.00
2017	11b	Private Managed Care (fee-for-service)	66.00				
2017	13	Self Pay	2,572,161.17	32,484.33	9,436.15	730.61	2,813,075.24
<b>Total</b>			<b>9,907,417.61</b>	<b>3,867,799.37</b>	<b>21,422.63</b>	<b>2,186,775.91</b>	<b>15,062,446.14</b>

**TAB 11**

**Contractors  
report 2nd  
Quarter**

DATE: October 12, 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 2 Report (January 1, 2017 through June 30, 2017)

**Program Performance**

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2017 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 second quarter:

HCH/FH Performance <i>01/01/2017 – 06/30/2017</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	100	33%	900	584	65%
Legal Aid Society of San Mateo County	20	0	0%	30	0	0%
LifeMoves (care coord)	550	244	44%	1500	455	30%
LifeMoves (eligibility)	50	25	50%			
LifeMoves (O/E)	40	12	30%			
LifeMoves (Street Medicine)	160	58	36%	300	217	72%
Project WeHope	230	43	19%	300	43	14%
Public Health Mobile Van	1300	661	51%	2500	1,089	44%
Public Health- Expanded Services	272	149	55%	544	182	33%
Public Health- Street Medicine	125	91	73%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	103	69%	530	257	48%
Puente (O/E)	180	111	62%			
Ravenswood (Primary Care)	600	455	76%	1900	1,132	60%
Ravenswood (Dental)	200	182	91%	600	416	69%
Ravenswood (Care Coordination)	400	326	82%	1200	767	64%
Samaritan House	175	158	90%	300	277	92%
Apple Tree Dental	115	42	37%	345	95	28%
<b>Total HCH/FH Contracts</b>	<b>4,867</b>	<b>2,760</b>	<b>57%</b>	<b>10,949</b>	<b>5,514</b>	<b>50%</b>



HCH/FH Performance 01/01/2017 – 6/30/2017	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	\$325/patient	300	100	\$ 32,500	\$97,500	33%
Legal Aid Society of San Mateo County	Provider Outreach	\$ 2,100	NA		\$ 1,000	\$42,500	7%
	Farmworker Outreach	\$ 6,900	NA		\$ 2,000		
	Legal Services	\$1,675/patient	20	0	\$ -		
LifeMoves (care coord & eligibility)	Care Coordination	\$265/patient	500	235	\$ 62,275	\$179,150	43%
	Intensive Care Coordination	\$525/patient	50	9	\$ 4,725		
	SSI/SSDI Eligibility Assistance	\$320/patient	50	25	\$ 8,000		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	\$110/patient	40	12	\$ 1,320		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$516/patient	160	58	\$ 29,928	\$82,560	36%
Project WeHope	Care Coordination	\$230/patient	230	43	\$ 9,890	\$52,900	19%
Public Health Mobile Van	Primary Care Services	\$225/patient	1300	661	\$ 148,725	\$312,000	48%
Public Health- Expanded Services	Primary Care Services to formerly incarcerated & homeless	\$675/patient	272	149	\$ 100,575	\$183,600	55%
Public Health- Street/Field Medicine	Primary Care Services	\$1,750/patient	125	91	\$ 159,250	\$218,750	73%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$360/patient	100	98	\$ 35,280	\$118,050	61%
	Intensive Care Coordination	\$525/patient	50	5	\$ 2,625		
Puente (O/E)	Health Coverage Eligibility Assistance	\$310/patient	180	111	\$ 34,410		
Ravenswood (Primary Care)	Primary Care Services	\$160/patient	600	455	\$ 72,800	\$96,000	76%
Ravenswood (Dental)	Dental Services	\$260/patient	200	182	\$ 47,320	\$52,000	91%
Ravenswood (Care Coordination)	Care Coordination	\$205/patient	400	326	\$ 66,830	\$82,000	82%
Samaritan House	Care Coordination	\$340/patient	150	149	\$ 50,660	\$63,500	87%
	Intensive Care Coordination	\$500/patient	25	9	\$ 4,500		
Apple Tree Dental	Dental Services	\$775/patient	115	42	\$ 32,550	\$89,125	37%
<b>Total HCH/FH Contracts</b>			<b>4,867</b>	<b>2,760</b>	<b>\$ 907,163</b>	<b>\$1,669,635</b>	<b>54%</b>

## Health Care for the Homeless/Farmworker Health Program

### Selected Outcome Measure Review (Contracts); Second Quarter (January through June 2017)

Agency	Outcome Measure	2nd Quarter Progress
<b>Apple Tree Dental</b>	<ul style="list-style-type: none"> <li>• At least 50% will complete their treatment plans.</li> <li>• At least 75% will complete their denture treatment plan.</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• 23% completed their treatment plans.</li> <li>• 9 completed their denture treatment plan.</li> </ul>
<b>Behavioral Health &amp; Recovery Services</b>	<ul style="list-style-type: none"> <li>• At least 75% (225) screened will have a behavioral health screening.</li> <li>• At least 55% (165) will receive care coordination services.</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• 100 clients (100%) had a behavioral health screening</li> <li>• 100 received care coordination services</li> </ul>
<b>Legal Aid</b>	<ul style="list-style-type: none"> <li>• Outreach to at least 50 Farmworkers and Providers</li> <li>• Host 8 outreach and education events targeting farmworkers</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• Outreach to 15 Farmworkers and Providers</li> <li>• Host 1 outreach and education events targeting farmworkers</li> </ul>
<b>LifeMoves</b>	<ul style="list-style-type: none"> <li>• Minimum of 50% (250) will establish a medical home.</li> <li>• At least 30% (150) of homeless individuals served have chronic health conditions.</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• 44% established a medical home</li> <li>• 62% of individuals served have a chronic health condition.</li> </ul>
<b>LifeMoves-CHOW/Street Medicine</b>	<ul style="list-style-type: none"> <li>• 20% served will establish medical home, that don't currently have one</li> <li>• 80% of clients with a scheduled primary care appointment will attend at least 1 appointment</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• 15% served will establish medical home, that don't currently have one</li> <li>• 31% of clients with a scheduled primary care appointment will attend at least 1 appointment</li> </ul>
<b>Public Health Mobile Van</b>	<ul style="list-style-type: none"> <li>• At least 20% of patient encounters will be related to a chronic disease.</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• 132 individuals with a chronic health condition</li> <li>• 218 of patient encounters will be related to a chronic disease.</li> </ul>
<b>PH- Mobile Van-Expanded Services</b>	At least 75% (166) of individuals will receive comprehensive health screening. At least 75% of clients with mental health and/or AOD issues will be referred to BHRS	During the second quarter: <ul style="list-style-type: none"> <li>• 149 of individuals will receive comprehensive health screening.</li> <li>• 100% of clients with mental health and/or AOD issues will be referred to BHRS</li> </ul>
<b>PH- Mobile Van-Street/Field Medicine</b>	<ul style="list-style-type: none"> <li>• At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• At least 50% of street homeless/farmworkers seen will be referred to Primary Care</li> </ul>	During the second quarter: <ul style="list-style-type: none"> <li>• 85% of street homeless/farmworkers seen will have a formal Depression Screen performed</li> <li>• 30% of street homeless/farmworkers seen will be referred to Primary Care</li> </ul>

<p><b>Project WeHOPE</b></p>	<ul style="list-style-type: none"> <li>• At least 90% of individuals will receive individualized care case plan.</li> <li>• At least 50% will receive appropriate referrals for health care services.</li> </ul>	<p>During the second quarter:</p> <ul style="list-style-type: none"> <li>• 18% of individuals received individualized care case plan</li> <li>• 86% received appropriate referrals for health care services</li> </ul>
<p><b>Puente de la Costa Sur</b></p>	<ul style="list-style-type: none"> <li>• At least 85 farmworkers served will receive care coordination services.</li> <li>• At least 25 served will be provided transportation and translation services.</li> <li>• At least 70% (105) will participate in at least 1 health education class/ workshop.</li> </ul>	<p>During the second quarter:</p> <ul style="list-style-type: none"> <li>• 103 farmworkers received care coordination services.</li> <li>• 33 were provided transportation and translation services.</li> <li>• 17 participated in at least 1 health education class/ workshop.</li> </ul>
<p><b>RFHC – Primary Health Care</b></p>	<ul style="list-style-type: none"> <li>• At least 60% will receive a comprehensive health screening.</li> <li>• At least 250 (50%) will receive a behavioral health screening.</li> </ul>	<p>During the second quarter:</p> <ul style="list-style-type: none"> <li>• 77% received a comprehensive health screening.</li> <li>• 52 received a behavioral health screening.</li> </ul>
<p><b>RFHC – Dental Care</b></p>	<ul style="list-style-type: none"> <li>• At least 30% (39) will complete their treatment plans.</li> <li>• At least 85% will attend their scheduled treatment plan appointments.</li> <li>• At least 40% will complete their denture treatment plan.</li> </ul>	<p>During the second quarter:</p> <ul style="list-style-type: none"> <li>• 9% completed their treatment plans.</li> <li>• 71% attended their scheduled treatment plan appointments.</li> <li>• 60% completed their denture treatment plan.</li> </ul>
<p><b>RFHC – Enabling services</b></p>	<ul style="list-style-type: none"> <li>• At least 95% will receive care coordination services and will create health care case plans</li> <li>• 80% of patients with hypertension will have blood pressure levels below 140/90</li> </ul>	<p>During the second quarter:</p> <ul style="list-style-type: none"> <li>• At least 28% will receive care coordination services and will create health care case plans</li> <li>• 47% of patients with hypertension will have blood pressure levels below 140/90</li> </ul>
<p><b>Samaritan House- Safe Harbor</b></p>	<ul style="list-style-type: none"> <li>• All 100% (175) will receive a healthcare assessment.</li> <li>• At least 70% will complete their health care plan.</li> <li>• At least 70% (122) will schedule primary care appointments and attend at least one.</li> </ul>	<p>During the second quarter:</p> <ul style="list-style-type: none"> <li>• 158 receive a healthcare assessment.</li> <li>• 44 complete their health care plan.</li> <li>• 22% (34) will schedule primary care appointments and attend at least one.</li> </ul>

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

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



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

- **Apple Tree Dental** states collaboration with Puente is working well.
  - 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** collaboration between Puente, Rotacare in HMB and LIBRE partners.
  - Immigration fears causing mental distress regarding anxiety about being picked up by immigration authorizes.
- According to **LifeMoves** reports lots of success in keeping clients engaged and connected to medical services with relationship with Street Medicine Team and WPC.
  - Obtaining PC appointments through New Patient services line is difficult, as well as patients feeling like they are not being heard by their Providers.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Hospital Discharge, LifeMoves, HOT teams, Puente) and Service Connect.
  - Starting to see more patients with cancer.
  - Clinics not seeing patients without insurance.
- **Puente** states that they are happy that clients are beginning to receive notifications of their future renewal dates.
  - Transportation issues with the vendor their use MV transport, as they are late for pick up.
  - Services for their illiterate clients are limited.
- Project WeHOPE states that collecting contact information has been helpful for client follow up.
  - Mistreatment of homeless by some providers seems to be getting worse.
- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments and start of Street/Shelter medicine program on Wednesdays has been successful. Opening of pharmacy on site has helped with clients not needing to pick up at various pharmacies. .
  - Senior clients struggling to obtain affordable housing.
  - Trend of seeing more female homeless clients of all ages/ethnicities.
  - Patients seeking diabetic health resources and difficulties with medication compliance.
- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Health education on encouraging client to eat fresh food and not processed sugary products, lack of lunch food options in EPA- want a lunch program.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Struggles with transportation, access to shelter and food.
- **Samaritan House/Safe Harbor** states that partnership with Mobile Health Van, Street Medicine and WPC have worked well in assisting clients obtain comprehensive access to care.
  - Some clients are still experiencing long wait for primary care and dental appointments.