

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

Mission Hospice & Home Care| San Mateo
December 13, 2018, 9:00 A.M - 11:00 A.M.

AGENDA

A. CALL TO ORDER	Robert Anderson		9:00 AM
B. CHANGES TO ORDER OF AGENDA			9:05 AM
C. PUBLIC COMMENT			9:08 AM
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.			
D. BOARD ORIENTATION/CONSUMER INPUT			
<i>i.</i> Consumer input on UnMet Needs	Francine -Hospital Consortium of SMC		
<i>ii.</i> Homeless memorial day / One Day count		TAB 1	9:10 AM
E. CLOSED SESSION			
1. There is no Closed Session this meeting			
F. MEETING MINUTES	Linda Nguyen	TAB 2	9:27 AM
1. Meeting minutes from November 8, 2018			
G. BUSINESS AGENDA:			
Docs for the following item will be available for review at meeting w/ time for review prior to consideration/action by Board.			
1. Ravenswood contract	Jim Beaumont		9:30 AM
<i>i.</i> Action Item- Request to amend RFHC contracts			
2. Discussion on Public Health Planning & Policy contracts	Jim Beaumont		9:40 AM
3. Grant conditions fiscal policies	Jim Beaumont	TAB 3	9:50 AM
<i>i.</i> Action Item- Request to amend fiscal policies			
4. Travel request	Linda/Jim	TAB 4	9:55 AM
<i>i.</i> Action item- Request to approve travel request- Steve Carey			
5. Discussion on Changing Feb meeting for UDS	Linda/Jim		10:00 AM
H. REPORTING AGENDA:			
1. Grant conditions update	Jim Beaumont		10:05 AM
2. Program Progress update	Jim/Irene/Danielle		10:15 AM
3. Board sub-committee oral reports	Irene/Danielle/Linda		10:30 AM
4. HCH/FH Program QI Report	Frank Trinh	TAB 5	10:40 AM
5. HCH/FH Program Director's Report	Jim Beaumont	TAB 6	10:45 AM
6. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 7	10:50 AM
7. Contractors report- 3 rd quarter	Linda/Jim	TAB 8	10:55 AM
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 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 nd Thursday of the month (unless otherwise stated) <i>Next Regular Meeting January 10, 2018; 9:00 A.M. – 11:00 A.M. LifeMoves Menlo Park</i>			
H. ADJOURNMENT	Robert Anderson		11:00 AM

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.smchealth.org/smmc-hfhfh-board>.

TAB 1
Consumer Input

Honoring Lives Lost on Homeless Persons' Memorial Day: December 21st



The National Health Care for the Homeless Council, our National Consumer Advisory Board, and the National Coalition for the Homeless call on our constituents to organize or take part in Homeless Persons' Memorial Day (HPMD) events on or around **December 21st**, the first day of winter and the longest night of the year.

At these events each year, we remember those who have died, and we strengthen our resolve to work for a world where no life is lived or lost in homelessness. We state clearly, together with others in scores of communities across our nation, that no person should die for lack of housing.

Each Homeless Persons' Memorial Day event is unique to its community, but the events often include readings of names, candles, prayers, personal remembrances, marches, and moments of silence. They are often held outdoors, sometimes – fittingly – in the bitter cold. These events honor those who have paid the ultimate price for our collective failure to adequately address homelessness, and often include calls to address the systemic causes of tragically avoidable deaths.

A succinct [Organizing Manual for HPMD](#) is available on our website. The manual includes guidelines for planning remembrances, sample documents, and suggestions for addressing policy issues related to homeless deaths. Please use it to borrow ideas from others and to help create a moving and powerful local event.

<https://www.nhchc.org/wp-content/uploads/2017/12/nhpmd-manual-rev-2017.pdf>

2019 One Day Homeless Count

VOLUNTEERS NEEDED!



Thursday, January 31st
5 am to 10 am

Sign up today! Volunteers play a critical role tallying and administering surveys for the San Mateo County One Day Homeless Count.

To sign up, visit: surveymonkey.com/r/OneDayCount2019

Questions? Email HSA_OneDayCount@smcgov.org

Collecting strong data on the number, characteristics, and service needs of those experiencing homelessness in our community is a critical component for local planning and program development. For more information on the One Day Homeless Count please visit <https://hsa.smcgov.org/2019-one-day-homeless-count>



COUNTY OF SAN MATEO
HUMAN SERVICES AGENCY

TAB 2
Meeting Minutes

Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (Nov 8, 2018)
SMMC**

Co-Applicant Board Members Present

Brian Greenberg, Chair
Dwight Wilson
Kathryn Barrientos
Robert Anderson- Vice Chair
Steven Kraft
Mother Champion
Steve Carey
Tayischa Deldridge
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

County Staff Present

Linda Nguyen, Program Coordinator
Frank Trinh, Medical Director
Danielle, Hull, Clinical Coordinator
John Nibbelin, County Counsel
Irene Selverstov, Program Implementation Coordinator
Andrea Donahue, SMMC

Members of the Public

Eric Debone- Abundant Grace

Absent: Christian Hansen, Gary Campanile. Adonica Shaw

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at <u>9</u> A.M. Everyone present introduced themselves.	
Nominations/Elections of Board Chair and Vice Chair	<p>Nominations:</p> <p><u>Board Chair votes:</u> Steve Carey -1 Robert Anderson- 0 Dwight Wilson- 0 Brian Greenberg- 7</p> <p><u>Vice Chair</u> Steve Carey -4 (withdrew nomination) Robert Anderson- 4 Dwight Wilson- 0 Steven Kraft -0</p>	<p>Election results: <u>Chair-</u> Brian Greenberg</p> <p><u>Vice Chair-</u> Robert Anderson</p>
Regular Agenda Public Comment	No Public Comment at this meeting.	
Consumer Input- Board presentation Coastside clinic	Director of Abundant Grace – Eric Debone presented on his work with homeless population in Half Moon Bay (HMB). His organization offers free breakfast and employment programs, serves both homeless and farmworker populations of HMB. He currently works with encampments, discussed the Half Moon Bay encampment that was disbanded recently. Also works closely with the street medicine team. Because of the disbanding of the HMB encampment, it is difficult to find the homeless people that resided there. There is a need for more people to advise the city on encampments. He has had discussions on the populations mental health issues with BHRS Coastside staff. Mental health and recovery services both challenging issues with this population. Alcohol and Meth are main issues with the population. Currently working with LifeMoves and Coastside Hope to help this population. He also does work with the Homeless Housing Collaborative to look into housing: request city to attend meetings and plan mixed unit housing for extremely low income (ECI), planning on 14 units with the help of Horsley’s office (B.O.S.).	
Public charge	On October 10th the current Administration published a proposed rule that would change a longstanding immigration policy for people seeking to enter the United States or apply for legal residency. “Public Charge” is a term used to determine if people are (or likely will be) dependent on the government as their main source of support. The existing rule looks only at cash assistance programs (such as SSI/SSDI, TANF, etc.), while the new proposal expands the provision to include	

	<p>participation in safety-net programs such as Medicaid, SNAP/food stamps, Section 8/housing vouchers, and other vital programs. The full text of the proposed rule is published on the Federal Register, but you can also get information at this FAQ. Public comments on this rule are due Monday, December 10.</p> <p>There was a discussion on how this proposed rule would affect our farmworker population and might discourage them further from seeking services such as health care.</p> <p>Please refer to TAB 1</p>	
No Closed session		
Regular Agenda Consent Agenda	<p>All items on Consent Agenda (meeting minutes from Oct 10, 2018) were approved.</p> <p>Please refer to TAB 2</p>	<p>Consent Agenda was <u>MOVED</u> by Steven Kraft <u>SECONDED</u> by Mother Champion, and APPROVED by all Board members present.</p>
Contract Approval Action Item- Request to approve StarVista Contract	<p>The HCH/FH Program received a proposal from StarVista in response to our outreach for potential service providers to address the required services in the Substance Use Disorder-Mental Health (SUD-MH) Expanded Services award received from the Health Resources and Services (HRSA). With the receipt of the HRSA award on September 13, 2018, Program has been working with StarVista in the development of a contract for the SUD-MH services. After final discussions with StarVista staff on November 07, 2018, we have jointly agreed-upon contract terms for the services, as presented in Exhibits A & B for the final contract.</p> <p>The agreement is for two (2) years, from January 1, 2019 through December 31, 2020, for a total of \$330,000. This includes \$150,000 in on-going funding each year and \$30,000 of one-time funding in the first year. The award provides for \$130,250 in ongoing funding each year, so the agreement ongoing funding is supplemented by award one-time funding in year 1 and base grant funding in year 2.</p> <p>Action item: Request to approve StarVista contract</p>	<p>Request to Approve contract StarVista Contract <u>MOVED</u> by Robert <u>SECONDED</u> by Steve K., Abstained- Steve C. and APPROVED by all Board members present (Mother Champion, Brian, Kat, Tay, Robert, Dwight)</p>
OSV Report	<p><u>Director reported:</u> As reported to the Board at October's meeting, we have received the Operational Site Visit (OSV) Report from HRSA. This report is provided to bring the Board fully up-to-speed and the contents of the report, the resultant grant conditions, choices being faced, the various potential resolutions for the conditions and current program plans and activities related to the findings and conditions.</p> <p>The OSV process measures Health Centers across 88 specific elements within 18 categories (there is a 19th category for the Federal Tort Claim Act (FTCA) process, however, we do not participate in FTCA, so it is not evaluated). Attached is the compliance summary showing that we were found out of compliance on 11 elements within a total of six (6) of the categories. All of the elements are measured very specifically against the standards as stated in the Health Center Compliance Manual. There will be updates as the Grant Conditions are issued.</p> <p><i>Please refer to TAB 3 on the Board meeting packet</i></p>	

Discussion on annual/quarterly report	Discussion on annual report and quarterly report requests. Staff will work with Adonica on annual report format, who made the request. Report to include successes, barriers, data, services, pictures, HOT outreach. Report at SMMC board meeting after UDS submission. Staff as drafted a written invitation for guest speakers and will confirm with guest speakers on what they discussed to ensure meeting minutes accurately capture what was discussed on unmet needs.	Agenda at next Board mtg
Subcommittees reports	Discussed past focus group of shelter homeless at Maple Street: questions, lessons learned. Will hold future focus group for street homeless and farmworkers to try to recruit board members.	
Regular Agenda: HCH/FH Program QI Report	Medical Director reported out on QI Committee met on October 23, 2018 and gave updates on: <ul style="list-style-type: none"> • Diabetes Action Plan – HRSA has approved plan and staff is working to implement • QI Award- working to identify training for staff to spend award funding • Enabling Services outcome- evaluating results of primary care referrals and successes • Shelter homeless and farmworkers disparity group- working on ensuring accurate documentation • Credentialing and Privileging – QI committee will review policies annually and report to Board The next HCH/FH QI Committee meeting will be on December 20, 2018. <i>Please refer to TAB 4 on the Board meeting packet</i>	
Regular Agenda: HCH/FH Program Directors report	Director reported on: <ul style="list-style-type: none"> • OSV report- Program has continued to review the OSV Report. HRSA issued the grant conditions from the report on October 16. As with past conditions, we have 90 days (to January 14, 2019) to come into compliance or submit a plan for coming into compliance. • HRSA review- On November 1, 2018, we received notice of a final report from HRSA determining that the Board's approved policies were sufficient to bring us into compliance. • Management Analyst position- still reviewing resumes and will keep announcement open. • SUD-MH Award/StarVista Agreement- Based on the SUD-MH award, Program has negotiated an agreement with StarVista to provide the ongoing services, along with some of the one-time service elements, for the SUD-MH award services. <i>Please refer to TAB 5 on the Board meeting packet.</i>	
Regular Agenda: HCH/FH Program Budget & Financial Report	Preliminary grant expenditures through October 31, 2018, total an estimated \$1,999,863. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges. Discussion on streamlining process of contracting, suggestion to discuss in future. Ad hoc committee for contracts? <i>Please refer to TAB 6 on the Board meeting packet.</i>	
Adjournment	Time <u> 11am </u>	Brian Greenberg



San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: November 08, 2018

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR STARVISTA FOR SERVICES UNDER THE SUD-MH EXPANDED SERVICES AWARD

The HCH/FH Program received a proposal from StarVista in response to our outreach for potential service providers to address the required services in the Substance Use Disorder-Mental Health (SUD-MH) Expanded Services award received from the Health Resources and Services (HRSA).

With the receipt of the HRSA award on September 13, 2018, Program has been working with StarVista in the development of a contract for the SUD-MH services. After final discussions with StarVista staff on November 07, 2018, we have jointly agreed-upon contract terms for the services, as presented in Exhibits A & B for the final contract.

The agreement is for two (2) years, from January 1, 2019 through December 31, 2020, for a total of \$330,000. This includes \$150,000 in on-going funding each year and \$30,000 of one-time funding in the first year. The award provides for \$130,250 in ongoing funding each year, so the agreement ongoing funding is supplemented by award one-time funding in year 1 and base grant funding in year 2.

This request is for the Board to approve the recommended agreement with StarVista for services supported by the SUD-MH Expanded Services award. It requires a majority vote of the Board members present to approve this action.

Attachments:
StarVista Exhibit A & B



STARVISTA

Exhibit A

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

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

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with StarVista for expansion of outreach and engagement services, including engagement to MAT services, for a minimum of 150 unique unduplicated homeless and/or farmworker clients, and expansion of outreach and substance abuse and mental health services for a minimum of 75 unique unduplicated homeless and/or farmworker youth (under 21 years of age) clients. Both services shall include intake of client information and assessment of clients' needs, development of potential care plan, warm handoffs whenever possible, transportation to services, training in evidence-based practices for program staff, and therapeutic services. A unique unduplicated individual is one who have not been previously served and invoiced for during each reporting period. The individuals served under this agreement must meet the Bureau of Primary Health Care's (BPHC) definition as a homeless or migrant seasonal farmworker individual.

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

OBJECTIVE 1: Contractor shall employ a minimum of one additional FTE by April 1, 2019 dedicated to the fulfilling of the service requirements of this agreement.

OBJECTIVE 1.1: Contractor shall provide training on County approved evidence-based strategies to staff delivering services under this agreement.

OBJECTIVE 2: Engage in expanded and increased outreach activities leveraging existing StarVista AOD services primarily provided through First Chance's Sobering Station and provide initial assessments, healthcare planning and on-going **care coordination/case management** services to a minimum of **150** unique unduplicated homeless or farmworker individuals during each reporting period in order to better access substance abuse (including MAT services), mental health and primary care services as needed. At least 90% of the individuals engaged will have a potential care plan developed.

OBJECTIVE 2.1: Of the individuals engaged, provide brief therapeutic services of 1 to 3 sessions to a minimum of 75 of the individuals each reporting period.

OBJECTIVE 2.2: Of the individuals engaged, provide access and transportation to MAT services for a minimum of 15 of the individuals each reporting period.

OBJECTIVE 2.3: Of the individuals engaged, provide a referral to appropriate substance abuse and/or mental health services, including MAT services to 100% of the individuals each reporting period.

OBJECTIVE 2.4: Of the individuals engaged, determine the establishment of their medial home and provide referrals to an appropriate SMMC Primary Care Clinic for those without an established medical home.

OBJECTIVE 3: Engage in expanded and increased mental health and substance abuse services to homeless and farmworker youths and young adults, primarily provided through StarVista's Daybreak and Your House South programs, including assessment of needs for mental health, substance abuse, medical and supportive (enabling) services, including ongoing **care/coordination/case management** and transportation, for a minimum of **75** unique unduplicated individuals aged 12 to 21 each reporting period in order to better access mental health, substance abuse and medical services. At least 90% of the individuals engaged will have an agreed upon care plan developed.

OBJECTIVE 3.1: Of the individuals engaged, provide therapeutic services to a minimum of 25 unique individuals each reporting period, / sessions each reporting period.

OBJECTIVE 3.2: Of the individuals engaged, provide access and transportation to identified mental health, substance abuse and/or medical services for a minimum of 250 transportation trips (one-way) each reporting period.

OBJECTIVE 3.3: Of the individuals engaged, determine the establishment of their medical home and provide referrals to an appropriate SMMC Primary Care Clinic for those without an established medical home.

Care Coordinator/Case Management definition- Acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement. BPHC presently defines an enabling service encounter as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in care coordination encounters.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Contractor must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless or farmworker individual receiving contract services from Contractor during the term of the Agreement. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless or farmworker individuals for whom the Contractor is not reimbursed.** Homeless and farmworker status shall be as defined by BPHC.

If Contractor charges for services provided in this contract, a **sliding fee scale policy** must be in place and approved by the HCH/FH Program.

Any **revenue** received from services provided under this contract must be reported.

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

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

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

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

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all individuals in this same time period will be submitted to the HCH/FH Program by the 10th day of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

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

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

Contractor will provide County with notice (within 10 calendar days) of staff changes involving services provided under this Agreement, and a plan on how to ensure continuity of services. Contractor will facilitate HCH/FH staff meeting with new staff members soon after they have started to orient them with the Agreement and program, including contracting and related staff.

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

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

Participate in community activities that address homeless and farmworker issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide active involvement in the BPHC Office of Performance Review Process.

Any and all printed or published articles or materials related to services under this agreement must contain the following mention: "This project/these services is/are/was/were supported by an agreement with the San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program of the San Mateo Medical Center (SMMC), utilizing funding received by the HCH/FH Program from the federal Health Services and Resources Administration (HRSA) under their Health Center Program authorized under Section 330 of the Public Health Act.

Exhibit B

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

County shall pay contractor a single payment of \$10,000 upon invoice for the completion of employing a minimum of one (1) additional FTE dedicated to the completion of services under this agreement. Employment must occur prior to April 1, 2019 to be eligible for this payment.

County shall pay Contractor at a rate of \$350.00 for each unduplicated homeless or farmworker individual invoiced for outreach, engagement and assessment services up to the maximum of 150 individuals during each reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$200.00 for each unduplicated homeless or farmworker individual invoiced for brief therapeutic services up to the maximum of 75 individuals during each reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of \$650.00 for each unduplicated homeless or farmworker individual invoiced for delivery of assessment and care coordination/case management services for youth and young adult clients engaged

through the Daybreak and Your House South programs, up to the maximum of 75 during each reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay Contractor at a rate of \$750.00 for each unduplicated homeless or farmworker individual invoiced for therapeutic services for youth and young adults up to the maximum of 25 individuals during each reporting period, limited as defined in Exhibit A for “unique unduplicated.”

County shall pay contractor a single payment of \$20,000 upon invoice for the completion of County approved training on evidence-based strategies for staff engaged in delivering services under this agreement as well as additional Contractor staff as space may be available, A separate training event spreadsheet will be provided on completion of the training. Contractor may also include non-contractor employees in the training on a space available basis with County approval. Training must be completed and invoiced prior to November 30, 2019.

County shall pay contractor at a rate \$50.00 per unduplicated one-way trip for homeless or farmworker individuals invoiced during each reporting period for the delivery of transportation services, up to a maximum of 300 trips during each reporting period. A separate transportation encounter spreadsheet will also be provided monthly.

Contractor will invoice the HCH/FH Program by the 10th day of the month after rendered services with the number of homeless individuals and encounters for the previous month.

The term of this Agreement is January 1, 2019 through December 31, 2020. Maximum payment for services and deliverables provided under this Agreement will not exceed THREE HUNDRED THIRTY THOUSAND DOLLARS (\$330,000).

Budget Overview

	Service	Unduplicated Maximum	Payment per Unit
Each reporting period Must be unduplicated between Adult and Youth/Young Adult Services	Adult Outreach & Engagement	150 patients	\$350/patient
	Adult Brief Therapeutic Services	75 patients	\$200/patient
	Youth/Young Adult Assessment & Care Coordination/Case Management	75 patients	\$650/patient
	Youth/Young Adult Therapeutic Services	25 patients	\$750/patient
Each reporting period Can be invoiced in addition to other services	Transportation	300 trips	\$50/trip
One-time payment	Staff addition of a minimum of one (1) FTE	1	\$10,000
One-time payment	Delivery of staff training on Evidence-Based strategies	1	\$20,000

TAB 3
Request to
amend fiscal
policies



DATE: December 13, 2018

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO REVIEW AND ACCEPT THE SLIDING FEE DISCOUNT PROGRAM EVALUATION AND APPROVE THE RECOMMENDATION FOR NO CHANGES TO THE PROGRAM

As directed by the HCH/FH Sliding Fee Discount Program (SFDP) Policy, and as required by HRSA, we review the SFDP at least once every three (3) years to ensure that it does not create barriers to care for our patients/clients and is meeting their needs.

Program reviewed the utilization of the SFDP over the past three (3) years (2015-2017). Over this period, fewer than two dozen patients utilized the SFDP. The availability of MediCal (Medicaid) coverage and the County's ACE program both provide better cost benefits to homeless and farmworker patients and are universally utilized by them.

Because the utilization rate is so low, there is an insufficient sample size on which to make actual determinations on the effectiveness of the program and whether it creates any barriers to care for our patients. Since the County clinics have a policy of not refusing services to anyone based on ability to pay, the high acceptance rate for the MediCal and ACE programs by the homeless and farmworkers, and no reported issues with denials of service or inability to access services based on ability to pay, we have concluded from our evaluation that the SFDP is acceptable as it is currently structured.

Based on this, Program is recommending to the Board that the SFDP continue in its current format.

This request is for the Board to review and accept the Program's evaluation of the Sliding Fee Discount Program and approve the recommendation to continue the SFDP without changes. It requires a majority vote of the Board members present to approve this action.





SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: December 13, 2018

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE UPDATED SLIDING FEE DISCOUNT PROGRAM (SFDP) POLICY

One of the findings of the most recent HRSA Operational Site Visit (OSV) of the Program was that there were not sufficient assurances that entities providing services for the Program under agreements had appropriate Sliding Fee Discount Programs.

Attached is an updated SFDP Policy that specifically references the requirement for such SFDPs to be HRSA compliant, and tasking Program with the review and determination that they are compliant. Future contract language will also reflect these changes.

This request is for the Board to approve the updated SFDP Policy. It requires a majority vote of the Board members present to approve this action.

Attached:
Updated Sliding Fee Discount Program Policy



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: October 12, 2017
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, HRSA compliant Sliding Fee Discount Program if they ever change patients/clients for services rendered under the agreement. Program staff shall review any such Sliding Fee Discount Programs to ensure that they meet all HRSA requirements.

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.

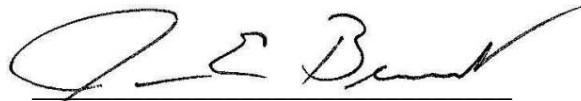
5. The patient's account is updated in the EHR according to health center procedures.
6. The discount is applied to medical and specialty services provided at HCH/FH sites according to the following:
 - a. The discount cannot be applied to any service unless the form is complete, and the patient meets 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.
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 10/12/17

Board Chair



Program Director



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

DATE: December 13, 2018

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

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

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE PROGRAM AGREEMENT POLICY

As part of our recent Operational Site Visit (OSV) findings, the HCH/FH Program was found to be out of compliance in the area of Contacts and Subawards. Specifically, they findings cited lack of required compliance with Federal procurement requirements and Federal Cost Principles. In addition, for contracts for services, it was found that the Board was not making the specific determination on whether agreements were contracts or sub-recipient awards.

While already having a Policy on Contract Oversight, the Board and the Program had no policy on establishing agreements. Attached to this request is a draft Agreement Policy. The policy defines the standards and processes for the establishment of agreements and for the purchase or procurement of services, supplies, equipment or other items. Very specifically, this policy calls for the Board to make a determination, on review of a Program recommendation, on whether service agreements are contracts or sub-recipient agreements and creates a specific form for completion with the approval of every service agreement. It also calls for staff review of all purchase and procurement efforts to ensure compliance with all Federal and County requirements.

This request is for the Board to approve the Agreement Policy. It requires a majority vote of the Board members present to approve this action.

Attachments:
DRAFT Agreement Policy



SAN MATEO COUNTY

HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM

Program Policy

Policy Area: Contracts/Agreements	Effective Date: December 13, 2018
Subject: Contracts, MOUs and Other Agreements	Approved Date: December 13, 2018 Revision Date:
Title of Policy: Agreement Policy	
<p>1. Rationale or background to policy:</p> <p>As part of ensuring effective, efficient and complete program services and operations, it may become necessary for the HCH/FH Program to form agreements with other entities. To that end, it is incumbent on the HCH/FH Program to ensure that all such agreements conform to all Federal and County requirements in solicitation, selection and execution.</p> <p>2. Policy Statement:</p> <p>It is the policy of the San Mateo County HCH/FH Program to identify and approve, as appropriate and necessary, agreements with other entities for the procurement of services, equipment, staff, supplies or other items to ensure accessible, high-quality services and cost-efficient and effective program operations.</p> <p>All contracts and/or subrecipient agreements, including all non-service-based purchases and procurements, are executed in accordance with San Mateo County’s Procurement and Purchasing Policies and Procedures which incorporate and/or exceed Federal Procurement Requirements, in accordance with procurement procedures at 45 CFR Part 75.329 and consistent with Federal Cost Principles (45 CFR Subpart E: Cost Principles). This also specifically includes San Mateo County Administrative Memorandum B-1, which includes requirements for efforts to solicit proposals from small businesses, women and minority owned businesses. The Board specifically endorses and supports these efforts as policy of the HCH/FH Program.</p> <p>3. Procedures:</p> <p>In accordance with the Board’s approved Program Sites, Services and Hours, and the Board</p>	

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

To the extent that the services may best be delivered by another entity, the staff analysis will include recommendations for contracts or agreements with community-based organizations and/or public agencies, including proposed scope of work, payment terms, required reporting and proposed monitoring/evaluation measures for each contracted entity to the Co-Applicant Board for approval. As part of the recommendation, Program will inform the Board if they believe the agreement is a contract or a sub-recipient agreement based on review of HRSA policy and 45 CFR 75.351(c). As part of their approval, the Board shall make their final determination on if the agreement is a contract or a sub-recipient agreement utilizing the Agreement Determination Form attached to this policy.

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

Agreements for purchase and procurement of equipment and supplies shall be reviewed by HCH/FH Program Staff for compliance with federal requirements as cited above, and otherwise follow County procurement policies and practices.

Approved _____

Board Chair
Date: _____

Program Director
Date: _____

AGREEMENT DETERMINATION FORM

This form is to be completed for every service contract approved by the San Mateo County Health Care for the Homeless/Farmworker Health Program Co-Applicant Board. The intent is for the Board to make a determination on whether the agreement being approved constitutes a contract or a sub-recipient agreement.

Based on a review of the proposed agreement, Health Resources and Services Administration (HRSA) policy, Uniform Guidance 200.300, and federal guidance at 45 CFR 75.351(c), HCH/FH staff will make a recommendation to the Board for classification of the agreement as either a contract or a sub-recipient agreement.

The Co-Applicant Board, as part of its contract approval process, shall make the final determination on the classification of the agreement.

Staff Recommendation:

Contract _____

Sub-Recipient Agreement _____

Co-Applicant Board Determination:

Contract _____

Sub-Recipient Agreement _____

Board Action Taken _____

Board Chair

Date: _____

Program Director

Date: _____

TAB 4
Travel request

DATE: December 13, 2018

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

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

SUBJECT: BOARD MEMBER /STAFF TRAVEL REQUESTS

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (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) and according to the policy:

To address this situation, and to try and provide appropriate fairness to all of the members of the Board, the Board established the policy for the determination of which Board members travel (or portion thereof) will be reimbursed by the Program. This policy addresses the potential benefits that may accrue to the Board and/or Program by the travel, benefits that may be accrued to others who might also be able to support said travel, the number of events that may be of interest, the number of Board members who may be interested in attending said events, available funding in the Program budget for all potential events, and other issues as determined as relevant by the Board.

The following is the Program policy for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:

- For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.

So far the program has received a request from one Board member for the upcoming 2019 Migrant Conference in Portland, Oregon (February 20-22); by Steve Carey.

Travel budget request below:

Name	request (ex: registration)	Request amount
Steve Carey	registration	\$ 300.00
	flight	\$ 368.40
	hotel	\$ 537.00
	per diem	\$ 359.00

total \$ **1,564.40**



TAB 5
QI Report



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: December 7th, 2018

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

The San Mateo County HCH/FH Program QI Committee did not meet in November. Below is an update on several QI efforts.

1. Diabetes Action Plan (DAP): HCH/FH Program staff has met with Brighton Ncube, Deputy Director of Ambulatory Services, Sumita Kalra, Department Chair of Primary Care, Ann Marie Silvestri, Dental Director, and Primary Care QI to inform management of multiple sectors and gather input on how implementation of the plan should proceed. Staff also presented to the Primary Care Department on December 5th, 2018, and gained traction with the Chief Medical Officer, Susan Fernyak. Staff will work with multiple sectors to put together workgroup for planning and protocol development.
2. Patient Registration Accuracy: HCH/FH Program staff met with Brighton Ncube, Deputy Director of Ambulatory Services, to discuss how to improve homeless/farmworker designation during patient registration. Hospital LEAP support to be brought in to support workgroup effort to pilot a registration improvement event.

The next HCH/FH QI Committee meeting will be on December 20th, 2018.

TAB 6
Director's
Report

DATE: December 13, 2018

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 November 08, 2018 Co-Applicant Board meeting:

1. Grant Conditions/Operational Site Visit (OSV) Report

Program has continued working on addressing the compliance issues from the July Operational Site Visit (OSV), which are now grant conditions.

There is a more complete report on the OSV finding and the grant conditions elsewhere on today's Board agenda.

2. Management Analyst Position

Program requested Human Resources to extend the position announcement for the Management Analyst position. Since the last report to the Board we have received five (5) applications and four (4) interviews were conducted on Friday, December 7, 2018.

3. Seven Day Update

ATTACHED:

- Program Calendar

Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2018 Calendar (Revised December 2018)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (December 13, 2018 from 9:00 a.m. to 11:00 a.m.) QI Meeting 	December	@Mission Hospice in San Mateo
<ul style="list-style-type: none"> Board Meeting (January 10, 2019 from 9:00 a.m. to 11:00 a.m.) Provider Collaborative meeting 	January	@ Life Moves in Menlo Park
<ul style="list-style-type: none"> Board Meeting (February 14, 2019 from 9:00 a.m. to 11:00 a.m.) 2019 Western Migrant Conference- Feb 20-22nd in Portland, OR UDS initial submission date – February 15th QI Meeting 	February	@ RFHC in East Palo Alto
<ul style="list-style-type: none"> Board Meeting (March 14, 2019 from 9:00 a.m. to 11:00 a.m.) UDS final deadline– March 31st 	March	@ San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (April 12, 2019 from 9:00 a.m. to 11:00 a.m.) Review UDS submission on Board agenda QI Meeting SMMC annual audit review Provider Collaborative meeting 	April	
<ul style="list-style-type: none"> Board Meeting (May 9, 2019 from 9:00 a.m. to 11:00 a.m.) 2019 NHCHC conference in DC- May 22-25 	May	

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

TAB 6
Director's
Report

DATE: December 13, 2018

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 November 08, 2018 Co-Applicant Board meeting:

1. Grant Conditions/Operational Site Visit (OSV) Report

Program has continued working on addressing the compliance issues from the July Operational Site Visit (OSV), which are now grant conditions.

There is a more complete report on the OSV finding and the grant conditions elsewhere on today's Board agenda.

2. Management Analyst Position

Program requested Human Resources to extend the position announcement for the Management Analyst position. Since the last report to the Board we have received five (5) applications and four (4) interviews were conducted on Friday, December 7, 2018.

3. Seven Day Update

ATTACHED:

- Program Calendar

Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2018 Calendar (Revised December 2018)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> Board Meeting (December 13, 2018 from 9:00 a.m. to 11:00 a.m.) QI Meeting 	December	@Mission Hospice in San Mateo
<ul style="list-style-type: none"> Board Meeting (January 10, 2019 from 9:00 a.m. to 11:00 a.m.) Provider Collaborative meeting 	January	@ Life Moves in Menlo Park
<ul style="list-style-type: none"> Board Meeting (February 14, 2019 from 9:00 a.m. to 11:00 a.m.) 2019 Western Migrant Conference- Feb 20-22nd in Portland, OR UDS initial submission date – February 15th QI Meeting 	February	@ RFHC in East Palo Alto
<ul style="list-style-type: none"> Board Meeting (March 14, 2019 from 9:00 a.m. to 11:00 a.m.) UDS final deadline– March 31st 	March	@ San Mateo Medical Center
<ul style="list-style-type: none"> Board Meeting (April 12, 2019 from 9:00 a.m. to 11:00 a.m.) Review UDS submission on Board agenda QI Meeting SMMC annual audit review Provider Collaborative meeting 	April	
<ul style="list-style-type: none"> Board Meeting (May 9, 2019 from 9:00 a.m. to 11:00 a.m.) 2019 NHCHC conference in DC- May 22-25 	May	

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

TAB 7
Budget &
Finance Report

DATE: December 13, 2018

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

Preliminary grant expenditures through November 30, 2018, total an estimated \$2,188,293. This will increase slightly as the County processes month-end transactions, but we have included known contractual expenditures (even if they are not yet reflected as an expenditure by the county), and an estimate of routine county monthly charges.

At this point it has become clear that there will be an unexpended funds balance around \$300,000. We currently estimate the final amount to be around \$315,000. This represents 11% of the grant. Overall Administrative expenses, including salaries & benefits, will approximately expend their budgeted amounts in aggregate. However, our contractual obligations have an overall utilization rate in the mid 80% for the year. While 2018 contracts are performing better with utilization rates averaging in the low 90%, the final month(s) of 2017 – paid under the this year's grant – had very low expenditures. But even with a utilization rate in the low 90%, contractual obligations will account for over 60% of the unexpended funds. The remainder is mostly attributable to the AIMS Expanded Services award, which had a very late start in the year and will expend only a marginal amount. However, the ongoing portions of this award will be able to be carried forward into our next grant year.

While we were hoping to be able to utilize the pending the Case Management system as an avenue to minimize unexpended funds, that is no longer an option.

Attachment:

- Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (11/30/18)	Projection for GY (+~4 wks)	Projected for GY 2019
<u>Salaries</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	540,000	421,413	470,000	588,000
<u>Benefits</u>				
Director				
Program Coordinator				
Medical Director				
Management Analyst new position, misc. OT, other, etc.				
	200,000	157,579	172,000	225,000
<u>Travel</u>				
National Conferences (2500*4)		5,213	5,500	15,000
Regional Conferences (1000*5)		3,135	3,250	5,000
Local Travel			1,500	1,000
Taxis		2,996	3,500	3,000
Van & vehicle usage		2,039	2,500	2,500
	25,000	13,383	16,250	26,500
<u>Supplies</u>				
Office Supplies, misc.	10,500	5,333	5,500	10,000
Small Funding Requests		27,674	50,000	20,000
	10,500	33,007	55,500	30,000
<u>Contractual</u>				
2017 Contracts		34,825	34,825	
2017 MOUs		14,900	14,900	
Current 2018 contracts	967,030	783,292	826,130	870,000
Current 2018 MOUs	872,000	693,170	757,000	820,000
---unallocated---/other contracts	118,073		20,000	200,000
	1,957,103	1,526,187	1,652,855	1,890,000
<u>Other</u>				
Consultants/grant writer	31,667	23,525	75,000	30,000
IT/Telcom	5,930	8,514	12,000	12,000
New Automation			0	-
Memberships	4,000	2,000	4,000	2,000
Training			3,250	3,000
Misc (food, etc.)	5,500	2,685	3,500	4,000
	47,097	36,724	97,750	51,000
TOTALS - Base Grant	2,779,700	2,188,293	2,464,355	2,810,500
HCH/FH PROGRAM TOTAL	2,779,700	2,188,293	2,464,355	2,810,500
PROJECTED AVAILABLE	BASE GRANT		\$ 315,345.00	11,932
				based on est. grant of \$2,822,432

TAB 8
Contractors
3rd quarter
Report

DATE: November 8, 2018

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 3 Report (January 1, 2018 through September 30, 2018)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with five community-based providers, plus two County-based programs for the 2018 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 through the third quarter:

HCH/FH Performance <i>01/01/2018 – 09/30/2018</i>	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	185	90	49%	900	336	37%
LifeMoves (care coord)	550	421	77%	1500	727	48%
LifeMoves (SSI/SSDI)	50	43	57%			
LifeMoves (eligibility)	40	21	70%			
LifeMoves (Street Medicine)	160	80	57%	300	532	177%
LifeMoves (Transportation)	N/A	N/A	N/A	344 rides	340 rides	98%
Public Health Mobile Van & Expanded Services	1,210	928	77%	2,420	1,429	59%
Public Health- Street Medicine	135	97	72%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	200	216	108%	590	555	94%
Puente (O/E)	170	158	93%			
Ravenswood (Primary Care)	700	449	64%	2100	1,196	57%
Ravenswood (Dental)	275	183	67%	780	473	61%
Ravenswood (Care Coordination)	500	280	56%	1200	589	49%
Samaritan House	210	209	100%	360	364	101%
Sonrisas Dental	115	76	66%	460	222	48%
Total HCH/FH Contracts	4,330	3,251	78%	10,610	6,423	61%



HCH/FH Performance 01/01/2018 – 9/30/2018	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svcs	Care Coordination	<May: \$300/pt; >June \$500/pt	185	90	\$32,600	\$90,000	36%
Legal Aid Society of San Mateo County	Provider Outreach	\$ 1,100	NA		\$ 1,100	\$14,000	43%
	Farmworker Outreach	\$ 4,900	NA		\$ 4,900		
	Experience Study	\$ 8,000	NA		\$ -		
LifeMoves (care coord, SSI/SSDI, eligibility, Transportation)	Care Coordination	\$275/patient	500	376	\$103,400	\$298,030	71%
	Intensive Care Coordination	\$525/patient	50	45	\$23,625		
	SSI/SSDI Eligibility Assistance	\$420/patient	75	43	\$18,060		
	Health Coverage Eligibility Assistance	\$110/patient	30	21	\$2,310		
	Transportation	\$45/ride	344 rides	340 rides	\$15,300		
LifeMoves (Street Medicine)	Intensive Care Coordination	\$600/patient	140	80	\$48,000		
Public Health Mobile Van & Expanded Services	Primary Care Services	\$330/patient	1,000	735	\$242,550	\$532,250	79%
	Primary Care Services to formerly incarcerated & homeless	\$725/patient	210	193	\$139,925		
Public Health (Street Medicine)	Primary Care Services	\$1,850/patient	135	97	\$179,450	\$249,750	72%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	\$500/patient	180	191	\$90,000	\$183,500	97%
	Intensive Care Coordination	\$850/patient	20	25	\$17,000		
Puente (O/E)	Health Coverage Eligibility Assistance	\$450/patient	170	158	\$71,100		
Ravenswood (Primary Care)	Primary Care Services	\$153/patient	700	449	\$68,697	\$107,100	64%
Ravenswood (Dental)	Dental Services	\$199/patient	275	183	\$36,417	\$54,725	67%
Ravenswood (Care Coordination)	Care Coordination	\$194/patient	500	280	\$54,320	\$97,000	56%
Samaritan House	Care Coordination	\$380/patient	200	209	\$76,000	\$81,000	94%
	Intensive Care Coordination	\$500/patient	10	0	\$ -		
Sonrisas Dental	Dental Services	\$1,145/patient	115	76	\$87,020	\$131,675	66%
Total HCH/FH Contracts			3,985	3,251	\$1,311,774	\$1,839,030	71%

Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); First Quarter (Jan 2018 - September 2018)

Agency	Outcome Measure	3rd quarter progress
Behavioral Health & Recovery Services	<ul style="list-style-type: none"> •At least 100% screened will have a behavioral health screening. •At least 70% will receive individualized care plan. 	Year to date: <ul style="list-style-type: none"> • 92 clients (100%) had a behavioral health screening • 87 received individualized care plan
LifeMoves/CHOW (street med)	<ul style="list-style-type: none"> • Minimum of 50% (250) will establish a medical home. • At least 90% of homeless individuals served for CC services will have documented care plan. • At least 30 will complete submission for health coverage. 	Year to date: <ul style="list-style-type: none"> • 41% established a medical home • 100% of individuals served for CC services will have documented care plan. • 21 complete submission for health coverage.
Public Health Mobile Van/expanded services	<ul style="list-style-type: none"> • At least 80 % will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease. 	Year to date: <ul style="list-style-type: none"> • 80 % served received a comprehensive health screening for chronic disease and other health conditions. • 6 % individuals with a chronic health condition
PH- Mobile Van-Street/Field Medicine	<ul style="list-style-type: none"> • At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care 	Year to date: <ul style="list-style-type: none"> • 41% of street homeless/farmworkers seen will have a formal Depression Screen performed • 21% of street homeless/farmworkers seen will be referred to Primary Care
Puente de la Costa Sur	<ul style="list-style-type: none"> •At least 90% served care coordination services will receive individualized care plan. •At least 25 served will be provided transportation and translation services. 	Year to date: <ul style="list-style-type: none"> • 47% farmworkers served cc services received care plan. • 188 were provided transportation and translation services.
RFHC – Primary Health Care	<ul style="list-style-type: none"> • 100% will receive a comprehensive health screening. •At least 300 will receive a behavioral health screening. 	Year to date: <ul style="list-style-type: none"> • 98% received a comprehensive health screening. • 24 received a behavioral health screening.

<p>RFHC – Dental Care</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 80% will attend their scheduled treatment plan appointments. • At least 50% will complete their denture treatment plan. 	<p>Year to date:</p> <ul style="list-style-type: none"> • 16% completed their treatment plans. • 77% attended their scheduled treatment plan appointments. • 40% completed their denture treatment plan.
<p>RFHC – Enabling services</p>	<ul style="list-style-type: none"> • At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9. 	<p>Year to date:</p> <ul style="list-style-type: none"> • 38% will received care coordination services and will create health care case plans • 68% of diabetic patients have hbA1c levels below 9.
<p>Samaritan House-Safe Harbor</p>	<ul style="list-style-type: none"> •At least 95% of patients will receive individualized health care case plan. •At least 70% will complete their health care plan. •At least 70% will schedule primary care appointments and attend at least one. 	<p>Year to date:</p> <ul style="list-style-type: none"> • 43% received individualized health care case plan • 67%complete their health care plan. • 31% will schedule primary care appointments and attend at least one.
<p>Sonrisas Dental</p>	<ul style="list-style-type: none"> • At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan. 	<p>Year to date:</p> <ul style="list-style-type: none"> • 41% completed their treatment plans. • 14% completed their denture treatment plan.

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

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

Contractor successes & emerging trends:

- **BHRS** states that referrals for most clients through ACCESS and first psychiatrist appointments for P90 have been timely.
 - Staff also reports that some clients are having difficulty with finding affordable housing in SMC.
- According to **LifeMoves** reports that improved transportation resources has helped as well as working with SMMC to determine status of Medi-Cal insurance.
 - Improved dental care is an expressed need, as the wait times can be quite long.
- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Safe Harbor, LifeMoves, HOT teams) and Service Connect, being on-site makes access for clients easier.
 - Seeing more patients with cancer and elderly homeless clients over 62.
- **Puente** held some events recently that include soccer game and backpack distribution , helped with confirming health insurance status. Pursuing a tool to text patients on program updates.
 - The news rhetoric is difficult for their clients with discussion on changing requirements on Public Charge and negative news in general is taking a toll on the well-being of patients. Transportation has been an issue with MT transit being late and had a meeting in response.
- **Ravenswood Primary Care** continues to see patients at Project WeHope shelter and Street Medicine clinic program. Manager coordinates with Emergency Rooms, Santa Clara and San Mateo counties.
 - Trends include requests from patients for resources to help them manage their diabetes. Patients losing their medications and the homeless demographic changing to all ages/genders/ethnicities and many wanting to be screened for STIs.
- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as providing high level of hands-on support to help fill out forms and complete health coverage in timely manner.
 - Trends include request for dentures and education that is needed to provide. Hearing that other dental providers extract teeth rather than try to preserve.
- **Ravenswood Enabling services-** great partnerships with LifeMoves, Center on Homelessness, and Abode Services to assist clients and find housing. They operate a food pantry and clothing closet to distribute items to clients as well as just launching their annual winter coat drive
 - Increased requests to seek employment assistance and supplies for babies to distribute to at risk families with children.
- **Samaritan House/Safe Harbor** states that they have expanded more programs around nutrition and education including Yoga..
 - Receiving more fragile and older clients in the shelters via CES program that can’t go on top bunk but also getting able bodied young clients as well.
- **Sonrisas Dental** states that relationship with Puente is working well with consistent dental staffing and improved communication with Puente.
 - Farmworkers having difficult time getting time off of work for dental appointment, despite providing services closer to where they live/work.