# HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

## Co-Applicant Board Meeting

San Mateo Medical Center| Classroom 1 San Mateo
June 14, 2018, 9:00 A.M - 11:00 A.M.

## AGENDA

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| **A.** | **CALL TO ORDER** | Brian Greenberg | | **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.

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| **D.** | **CLOSED SESSION** | | | **9:10 AM** |
| | 1. Closed Session this meeting | | | |
| | ***i. Action Item- Request to Approve Credentialing/Privileging list of LIPs*** | | | |
| | ***ii. Program Director evaluation*** | | | |
| **E.** | **MEETING MINUTES** | Linda Nguyen | **TAB 1** | **9:35 AM** |
| | 1. Meeting minutes from May 10, 2018 | | | |
| **F.** | **BOARD ORIENTATION** | | | |
| | 1. Board Orientation on OSV and Board Evaluations | Linda Nguyen | **TAB 2** | **9:37 AM** |
| **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.**

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| | 1. AIMS contract with BHRS | Jim Beaumont | | **9:55 AM** |
| | ***i. Action Item- Request to Approve AIMS contract*** | | | |
| | 2. BHRS (ARM) Amendment | | **TAB 3** | **10:00 AM** |
| | ***i. Action Item- Request to Amend contract*** | Jim Beaumont | | |
| | 3. SMMC Audit | | **TAB 4** | **10:05 AM** |
| | ***i. Action Item- Request to Approve SMMC Audit*** | Jim Beaumont | | |
| **H.** | **STRATEGIC/TACTICAL PLAN DISCUSSION** | Jim Beaumont | | **10:10 AM** |
| **I.** | **REPORTING AGENDA:** | | | |
| | 1. Discussion on NHCHC Opioid letter to Congress | Linda/Jim | **TAB 5** | **10:12 AM** |
| | 2. Consumer Input/Report back from NHCHC | Linda/Elli | **TAB 6** | **10:20 AM** |
| | 3. Board recruitment/membership report | Brian/Linda | | **10:30 AM** |
| | ***i. Discussion on meeting time change*** | | | |
| | 4. HCH/FH Program QI Report | Frank Trinh | **TAB 7** | **10:35 AM** |
| | 5. HCH/FH Program Director's Report | Jim Beaumont | **TAB 8** | **10:40 AM** |
| | 6. HCH/FH Program Budget/Finance Report | Jim Beaumont | **TAB 9** | **10:45 AM** |
| | 7. Contractors report- First quarter report | Elli/Jim/Linda | **TAB 10** | **10:50 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 2nd Thursday of the month (unless otherwise stated)

***Next Regular Meeting July 12, 2018; 9:00 A.M. – 11:00 A.M. SMMC***

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| **H.** | **ADJOURNMENT** | Brian Greenberg | | **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

## Meeting Minutes

# Request to Approve

**Healthcare for the Homeless/Farmworker Health Program (Program)**
**Co-Applicant Board Meeting Minutes (May 10, 2018)**
**SMMC**

<u>Co-Applicant Board Members Present</u>
Dwight Wilson
Kathryn Barrientos
Robert Anderson- Vice Chair
Gary Campanile
Allison Ulrich
Tayischa Deldridge
Steve Carey
Christian Hansen
Steven Kraft
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

<u>County Staff Present</u>
Elli Lo, Management Analyst
Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel
Frank Trinh, Medical Director

<u>Members of the Public</u>

Absent: Mother Champion, Brian Greenberg

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|---|---|---|
| Call To Order | Robert Anderson called the meeting to order at 9:02 A.M. Everyone present introduced themselves. | |
| Regular Agenda Public Comment | No Public Comment at this meeting. | |
| Closed session<br><br>**Request to Approve C&P list** | **Action item: *Request to Approve* Credentialing and Privileging List** | Motion to Approve C&P list <u>MOVED</u> by Kat <u>SECONDED</u> by Steve K., and APPROVED by all Board members present. |
| Regular Agenda Consent Agenda | All items on Consent Agenda (meeting minutes from March 8, 2018) were approved.<br><br>Please refer to TAB 1 | Consent Agenda was <u>MOVED</u> by Tay <u>SECONDED</u> by Christian, and APPROVED by all Board members present. |
| Board orientation/Evaluation | Staff discussed the upcoming site visit as well as important documents to review. There was a discussion on visit by consultant discussing upcoming site visit.<br>Discussion on what would be useful for Board on future orientations, such as implicit bias training.<br>Analysis of Board self-evaluation and Director evaluation will be conducted at June meeting. | |
| Business Agenda:<br><br>Strategic plan discussion | Staff is in the process of interviewing and hiring the 2 staff positions that have been approved. | |

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| **AIMS- Request to Approve AIMS contract** | **Tabled for June meeting** | **Request to Approve AIMS contract**<br>MOVED by<br>SECONDED by,<br>and APPROVED by all Board members present |
| **Change of Scope: Request to Approve Change of Scope** | The Scope of the HCH/FH Program is defined to include the approved service sites, services, providers, service area(s) and target population(s) which are supported (wholly or in part) under the total budget approved for the health center. This includes any additional service sites or changes in service site addresses.<br>In order to provide space for additional capacity, the Daly City Youth Health Center is planning to move from their current location at 2780 Junipero Serra Blvd, Daly City, CA 94015-1634 to 350 90th St., 3rd Floor Daly City CA 94015-1880. The new site increases available space from 1500 s.f. to 8400 s.f., providing a significant increase in capacity. In addition, while it has its own street address and access, it is located in the same physical building as North County Mental Health, providing better access to mental health services.<br>This Action Request is for the Co-Applicant Board to approve submission of a Change in Scope (CIS) request for the move of the Daly City Youth Health Center to its new address<br><br>**Action item: Request to Approve Change of Scope**<br><br>*Please refer to TAB 3 on the Board meeting packet* | **Request to Approve Change of Scope**<br>MOVED by<br>SECONDED by,<br>and APPROVED by all Board members present |
| Reporting Agenda: Consumer Input | Staff presented on the results of San Mateo County Homeless One Day Count that was conducted January 24, 2018.<br>Results indicated 467 unsheltered people experiencing homelessness in these areas, an increase of 16% from 2017 when 402 people were counted. Specific findings show that the number of people experiencing unsheltered street homelessness has decreased, while the number sleeping in cars, tents and RVs has increased. No unsheltered families with children were observed during the count.<br>Conversation about the results of validity of, as well as the methodology.<br><br>*Please refer to TAB 4 on the Board meeting packet* | |
| Board recruitment report<br>Discussion on change of time<br>BOS appreciation event | Oral report by Board recruitment/membership committee on efforts to recruit farmworkers. Many said that the time that Board meetings currently meet is prohibitive. Staff informed Board of the upcoming appreciation event for County Boards/commission members.<br>Discussion on moving Board meetings to the evening to increase Board and to eliminate barriers for those unable to attend meetings during the day.<br>Suggestions included:<br>• Having altering times for Board meetings, meeting evening every other month.<br>• Have Skype capability for those that may want to be part of meeting along the coast. | Staff will survey current Board members for their availability to meet during the evening on the days and times that are preferred. |

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| Regular Agenda:<br>HCH/FH Program<br>QI Report | No new updates.<br>The San Mateo County HCH/FH Program QI Committee will meet on May 24th 2018.<br><br>*Please refer to TAB 5 on the Board meeting packet* | |
| Regular Agenda:<br>HCH/FH Program<br>**Directors report** | • Both new Program positions were announced and initially closed on April 23rd, and we have begun interviewing the best candidates.We have been very pleased with the candidates for the Planning & Implementation Coordinator position and will likely make our selection from that candidate pool shortly. We hope to have that individual onboard by early June.<br>• We continue to work on the Case Management System Project with other Health System agencies.We have been continuing to refine the Scope fo Work for the contract and hope that it will be finalized in the near future.<br>• There has been no new information on our OSV. It is still scheduled for July 24-26th. Please try to be available for various meetings during that time period if at all possible. We are planning on doing a small Mock Site Visit to cover a few of the Compliance areas where we may be most at risk.<br>• SMMC has held a number of information sessions related to upcoming construction projects. It appears likely that the HCH/FH Offices will be re-located to Redwood City (into a new County Office Building #3) sometime in late 2020.<br>• There was a discussion on if there were Board retreats that have been held and if we should hold one in the future.<br>*Please refer to TAB 6 on the Board meeting packet.* | |
| Regular Agenda:<br>HCH/FH Program<br>*Budget & Financial Report* | As we progress farther into the grant year, we are able to make better annual estimates for some of the expenditure categories. Currently, our contracts and MOUs appear to be expending at a rate to reach the mid-to-high 90% utilization. Delays in the hiring process has reduced the expected staff expenditures slightly. At present, we project to expend 95% of our total grant, with unexpended funds projected to be around $141,000. This will provide for the possibility of some additional adds for new efforts, adds to contracts, etc., as we get into mid-year.<br><br>*Please refer to TAB 7on the Board meeting packet.* | |
| Needs Assessment Report | Staff presented on the results of the Needs Assessment report that was conducted by Jsnow consultants.<br>• Farmworker and homeless respondents differed in housing and income levels.<br>• Medi-Cal coverage appears to have increased with 68% of respondents indicating Medi-Cal coverage in 2017 compared with 63% in 2015.<br>• "Takes too long to get an appointment," was the most frequently reported barrier to care across both populations (27%), followed by, "I can't afford health care bills," at 18%.<br><br>*Please refer to TAB 9on the Board meeting packet.* | |
| Adjournment | Time _11:02am_________ | Robert Andersen |

# TAB 2

# Board orientation

**San Mateo County Health Care for the Homeless/Farmworker Health Program**
**Governing Board Self-Assessment: 2018**

**Summary of Responses: N=11**

Health Center Governing Boards are an essential part of ensuring excellent health center services. Boards function as a team to represent the community and bring a range of expertise to the governance of the health center. Boards are responsible for establishing the health center mission, guiding strategy, evaluating achievements, ensuring compliance with laws and regulations, setting key policies and hiring evaluating and (if necessary) dismissing the Executive Director. This self-assessment is designed to assist the Governing Board determine areas where it is operating effectively as well as areas needing improvement. The results of the assessment can be used to change Board operations and/or plan for Board education.

Please read the following questions and indicate whether you feel the Board adequately functions in each of these areas. For areas you feel need improvement, please provide recommendations.

| Questions | Yes | Needs Improvement | Don't Know | Comments/ Recommendations/ Questions |
|---|---|---|---|---|
| **A. Mission/Purpose** | | | | |
| 1.) Board members can articulate and understand the health center's mission? | 6 | 5 | 0 | a. Primary goals of the program have been discussed, but further discussing mission and the future thereof could be useful.<br><br>b. This is something that should be reviewed. |
| **B. Board Composition** | | | | |
| **2.)** Board membership is in compliance with the bylaws and section 330 regulations? | 7 | 2 | 2 | a. Education on Section 330 regs would be helpful. |
| **3.)** Expertise on the Board is diverse and adequate to carry out responsibilities? | 4 | 7 | 0 | a. Need more input from Farmworkers. Otherwise we are definitely able to carry out responsibilities<br><br>b. Additional finance and farmworker expertise would be useful. |
| **4.)** No Board member is an employee or family member of an employee of the Homeless and Farmworker Health Program or SMMC? | 8 | 0 | 3 | a. I have no way of knowing. I am not an employee and have no family working there. |
| **5.)** The Board receives sufficient input from patients? | 0 | 10 | 1 | a) We have consumer advocates and their input is helpful but we have little to no input from patients besides those from Lifemoves.<br><br>b) Not sure how we gather patient feedback. |
| **C. Board Meetings and Structure** | | | | |
| **6.)** Board meetings monthly | | | | |

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| with a quorum at each meeting? | 10 | 1 | 0 | No Comments |
| **7.)** Appropriate committees are in place and functioning effectively? | 8 | 3 | 0 | a. Committees are functioning but the processes for change are unbearably slow. |
| **8.)** Board members evidence commitment by regularly attending Board and committee meetings? | 10 | 1 | 0 | a. This apparently has been an ongoing topic. Meeting time does present its challenges.<br><br>b. I have difficulty due to my work schedule and could benefit from an alternate meeting schedule/options. |
| **9.)** Board meetings start and end on time? | 11 | 0 | 0 | No Comments |
| **10.)** Board meetings follow the agenda and are operated under agreed upon rules? | 11 | 0 | 0 | No Comments |
| **11.)** Adequate material/information is distributed in advance of meetings and members come prepared to discuss issues? | 11 | 0 | 0 | a. Staff does a great job on this! |
| **12.)** Key management staff are present and report at meetings and act as resources for Board decisions? | 11 | 0 | 0 | No Comments |
| **13.)** Minutes are recorded and distributed for all Board meetings? | 10 | 1 | 0 | a. Minutes are lacking detail. |
| **Board Development** | | | | |
| **14.)** The Board has a good process, following the bylaws, for identifying and recruiting new board members? | 5 | 6 | 0 | a. The director of the program and individual board members could be more active in this process. |
| **15.)** There is a comprehensive orientation package and process for integrating new members? | 9 | 2 | 0 | a. Given the make-up of the board I believe the process in place is adequate. |
| **16)** The Board retains members for their elected term? | 7 | 2 | 1 | One blank response. No Comments |
| **17)** Annual training and development opportunities are provided for all Board members? | 10 | 1 | 0 | No Comments |
| **18)** The Board conducts a self-assessment at least annually? | 7 | 3 | 1 | a. It is my understanding this is the first self-assessment done by the board. |
| **Board Authority** | | | | |
| 19) The Board reviews and | | | | |

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| approves as needed key policies (at least every 3 years):<br>**a)** Siding fee discount program including any nominal fee (s)<br>**b)** Billing and collections (fee reduction/waiver and refusal to pay)<br>**c)** Quality Improvement? | 9 | 1 | 1 | No Comments |
| **20)** The Board approves:<br>**a)** The annual health center program budget<br>**b)** Grant applications and changes in the Scope of Project<br>**c)** Services, locations, hours of operation, including decisions to sub-award or contract for services? | 9 | 0 | 1 | One person answered separately for each item as follows:<br>a) Approves Budget – Yes<br>b) Approves Grants and Changes – Yes<br>c) Approves services, locations hours and contracting decisions – No<br><br>No Comments |
| **21)** The Board selects evaluates (and if necessary) dismisses the CEO/Project Director. All other staff are hired by the CEO or her/his delegate? | 8 | 2 | 1 | No Comments |
| **22)** The Board evaluates the performance of the health center and ensures appropriate follow-up action related to:<br>**a)** Project objectives<br>**b)** Service utilization<br>**c)** Quality of care<br>**d)** Efficiency and effectiveness<br>**e)** Patient satisfaction including patient grievances? | 3 | 5 | 3 | a. The board seems to approve and evaluate programs at the time of the renewal of their grants. I haven't seen a consistent process for program performance. |
| **23)** The Board ensures strategic planning is conducted (at least every 3 years) and monitors progress? | 8 | 0 | 3 | No Comments |
| **24)** The Board monitors the financial status of the health center? | 2 | 7 | 2 | a. I have heard nothing about this.<br>I am not sure the board is equipped to perform this function. |
| **25)** The Board has written policies regarding conflict of interest? | 11 | 0 | 0 | No Comments |

**Questions for individual Board members**

**1**) Do you feel you have adequate understanding of your obligations, responsibilities and opportunities for growth as a Board member?

Yes 9 No 1 Blank 1 *If no,* What additional information/training would help you to better function as a Board member?

No comments

**2)** Do you feel you have adequate understanding of the goals of the federal Community Health Center Program and of the health center's mission and long term plans?

Yes 9 No 1 Blank 1
*If no,* What additional information would help you improve your understanding?

a. Attention on long-term planning would be helpful.

**3)** What do you feel are **your strongest areas** of expertise based on your background and experience?

**Note: Ten (10) board members completed this section.**

Budget/Finance 1 Legal Affairs 1 Health (medical/Dental) 4

Community Needs/Affairs 5 Planning 3 Marketing/Public Relations 1

Government Relations 4 Social Services 9 Homelessness 7

Farmworkers 0 Business 2 Managed Care 2

Human Resources& Labor Relations 2 Public Relations 0 Social Media 1
Law Enforcement 4 Fundraising 4

Other (specify) None specified

**4)** What area of skill/expertise and background do you think the Board could use most?

**Note: Ten (10) board members completed this section.**

Budget/Finance 8 Legal Affairs 2 Health (medical/Dental) 2

Community Needs/Affairs 3 Planning 2 Marketing/Public Relations

Government Relations 4 Social Services 3 Homelessness 3

Farmworkers 6 Business 1 Managed Care 2

Human Resources& Labor Relations 1 Public Relations 0 Social Media 5

Law Enforcement 0 Fundraising 2

Other (specify) None specified

**San Mateo County Health Care for the Homeless/Farmworker Health Program**
**(HCH/FH Program )**
**2018 Governing Board Self-Assessment**

**Observations and Recommendations**
**Prepared by: Patricia Fairchild, John Snow Inc.**

General Observations:

1. All board members (N=11) completed the self-assessment, although a few answers were left blank.

2. Question 4 in the second section of the assessment asks **"**What area of skill/expertise and background do you think the Board could use most?" It was unclear from the answers whether people were answering this question to note the expertise they felt was currently missing from the board or what the board needs overall asnd may currently have in place. For future assessments, the question could be clarified to be "What area of skill/expertise do you think are missing from current board membership?"

3. Also in the second section of the assessment, questions 3 and 4 list both Public Relations and Marketing/Public Relations as areas of expertise. One should be removed.

**Assessed Strengths:**

Board meetings and structure (e.g. material provided, attendance, following the agenda etc.) were rated very highly with 10-11 members responding "yes" to most questions in this section (Q. 6-13). The only area for possible improvement may be in how committees are functioning.

**Assessed as Needing Improvement:**

Two key areas needing improvement were cited by most members.

**1. Board member expertise**. Farmworker expertise was noted as a significant gap both in the section on board composition (Q.3) as well as the section asking board members what expertise the board needed. No members responded that they currently have expertise related to farmworkers. To a lesser extent, budgeting and finance expertise were cited as gaps, although some members responded that they have this expertise.

**Comment/recommendation**: As a recipient of funding to serve farmworkers, HCH/FH Program is required to have at least one board member who represents the farmworker population. The person may be a farmworker, retired farmworker, farmworker family member or a person who provides services and/or advocates for farmworkers. The board understands and agrees with this requirement but has had difficulty identifying and recruiting members with knowledge and/or experience related to farmworkers. Some possible strategies for recruiting someone with this expertise include:

o Talk to health centers in neighboring counties that serve farmworkers about their successful recruitment strategies. Salud Para La Gente in Watsonville, CA has a large farmworker population and several board members from the farmworker community.

o Identify other San Mateo County agencies (public and private) that may work with farmworkers such as agricultural, labor, education, and legal service units. Have staff contact them about staff or clients who maybe interested in serving on the board.

o Examine course offerings at local colleges to see if any faculty or instructors have knowledge about farmworker communities.

- o Discuss with agencies or potential members the best times for them to attend Board meetings. Even though difficult under the Brown Act, explore ways to enable people to participate by phone if located at a distance from meeting locations.
- o As a last resort, consider requiring any agency that receives funding from the program to serve farmworkers to identify potential board members.

Recruiting members with budgeting/finance expertise is an on-going consideration. However, because the HCH/FH Program currently has this expertise, recruiting additional members does not have the same priority as recruitment for farmworker expertise. Most health center boards typically have 2-3 members with financial expertise.

**2. Patient input**. Ten (10) members indicated that they do not feel the board gets sufficient input from patients (Q.10). The other member was unsure.

**Comment/recommendation:** While board members universally perceive this as an area needing improvement, the HCH/FH Program does currently receive input from patients and is in compliance with the HRSA waiver for having a patient majority on the board.. However, the board clearly wants to hear more from patients. Two additional approaches are recommended to augment information currently provided.

- o Conduct focus group or individual in-depth interviews with patients to augment the needs assessment that is already conducted. This could be done either by program staff or, if resources permit, by consultants experienced in interviewing diverse populations.
- o Consider establishing patient advisory board(s): Advisory boards have some advantages such as: they can be scheduled less frequently and at different times than the governing board to encourage participation; if allowed by the County, they could potentially include people living outside San Mateo County to expand the pool of potential members; they can focus on very specific issues of interest to members (i.e. they do not have to fulfill the same required functions that the governing board must address); they can serve as a recruitment pool for governing board members. Challenges related to advisory boards include: to succeed, they require staff support almost at the same level as a governing board (e.g.for maintaining membership, organizing, preparing and recording meetings); members may lose interest if they do not see their input directly impacting the program or policies

A few other areas were assessed as needing improvement by several members but were not universally rated as needing improvement. These issues could be further discussed in board meetings to determine the needs for additional action.

- Mission/purpose of the program
- Board member recruitment
- Evaluating the program on an on-going basis including financial status.

**BOARD PURPOSE**

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).

**HCH/FH MISSION**:

The mission of the HCH/FH Program is to serve homeless and farmworker individuals and families by providing access to comprehensive health care, in particular, primary health care, dental health care, and behavior health services in a supportive, welcoming, and accessible environment

**To prepare for upcoming site visit (July 24-26th), be familiar with the following documents:**

- Co-applicant Agreement: established the Co-applicant Board, shared responsibility between BOS
- Bylaws: describes Boards purpose and responsibilities, including membership, office etc.
- Compliance manual link (new)- formerly 19 program requirements https://bphc.hrsa.gov/programrequirements/compliancemanual/introduction.html
- Site visit protocol (new) - https://bphc.hrsa.gov/programrequirements/svprotocol.html

**Board Approve/review:**

- Forms 5A and 5B- description of scope of services, sites and hours of operation approve annually
- Sliding fee discount policy: to ensure that there are no barriers to care, updated annually to reflect FPL
- Billing and collections policy: specifically waiving/reducing fees and, if applicable, limiting/denying service for refusal to pay.
- QI process- evaluate the performance of the health center based on QI and other information to assess; conducted by quarterly reports of contractors. Approving annual QI plan from committee.
- Board Director evaluation- Evaluate the performance of Board Director annually
- Budget and grant applications- Review and approve annually
- Strategic Plan – method for Board to provide direction for long range planning

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.

# TAB 3
# Request to Amend BHRS contract

**COUNTY OF SAN MATEO**
HEALTH SYSTEM

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

DATE: June 14, 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 AMENDMENT FOR BEHAVIORAL HEALTH AND RECOVERY SERVICES

Program currently has a three-year agreement with Behavioral Health and Recovery Services (BHRS) for Enabling Services for the Homeless. The current MOU focuses on providing behavioral health assessment and care coordination (nee case management), and facilitating access to full range of behavioral health, primary care, and other supportive services available.

BHRS has requested an amendment to the MOU to the contract due to 1) the increasing intensive engagement and subsequent contacts the clients require given their mental health needs over the last few years, and 2) staff changes from community mental health worker retirement, new hire and maternity leave. Below is a detailed explanation from BHRS:

> *After reviewing the past four years of data pertaining our HCH goals we noticed that the current set targets are not a realistic reflection of the work we can achieve with our current two full time employees. The goal has been previously set to meet 300 new client contacts each year.*
> *However we feel that a goal of about 185 new client contacts with current staffing is a more realistic goal. The reason is that each successful contact comes with a very intensive engagement process and subsequent contacts given the clients mental health needs. This is reflected in the data since we surpass our visit goals every year. It requires our staff to assist the client to go to multiple appointments. They often stay with the client throughout the duration of the appointments which can take up the better part of the day. For instance at the DMV or Social Security office for or when they are initially unwilling to enter the clinic or hospital because of ongoing delusions or paranoid ideations. For these stated reasons we request to amend the contract to reflect the new initial contact goal of 185 clients a year.*
> *In addition we wanted to notify the review board that Fatima Olivares our community mental health worker has entered maternity leave on 5/03/2018 and is scheduled to return to the office in December. Although we will make any reasonable efforts to cover during her legal scheduled absence we are certain that it will affect our target for this year. We cannot hire to fill behind her given that this is a legal absence and subsequently still incur the full cost of employment.*

Program has looked into past data in the last four years and noticed that while the number of unduplicated clients served declined over the years, their encounter numbers have always exceeded the target encounter numbers by 13% to 69%. In addition, their funding and rate of payment per client have not been adjusted or increased in the last four years. After discussion with BHRS, Program is looking to amend the current MOU with a revised target number of patients and rate of payment for the same amount of total funding. This request is for the Board to take action to approve the execution of this amendment with BHRS. New proposed budget overview:

| Date | Unduplicated Maximum | Payment per Unit | Maximum funding per year |
|---|---|---|---|
| January 1, 2018 to May 31, 2018 | 180 patients | $300/patient | $90,000 |
| June 1, 2018 to December 31, 2018 | | $500/patient | |
| January 1 to December 31, 2019 | 180 patients | $500/patient | $90,000 |
| January 1 to December 31, 2020 | 180 patients | $500/patient | $90,000 |

Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for three (3) years through December 31, 2020. The total value of the contract is unchanged at $270,000.

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

Attachments:
BHRS MOU Amendment for Enabling Services

Memorandum of Understanding Between
San Mateo Medical Center
And
Health System, Behavioral Health and Recovery Services

The purpose of this Memorandum of Understanding (MOU) is to describe and make explicit the agreement between the San Mateo Medical Center (SMMC) and the Behavioral Health and Recovery Services (BHRS) Division of the San Mateo County Health System, regarding the provision of Behavioral Health Care Services as defined by U.S. Department of Health and Human Services, Health Resources and Services Administration through the Health Care for the Homeless/Farmworker Health Program funding.

## I. Background Information

SMMC is a 509-bed public hospital and clinic system fully accredited by The Joint Commission. SMMC operates outpatient clinics throughout San Mateo County, an acute-care hospital, and long-term care facilities in San Mateo and Burlingame. SMMC serves the health care needs of all residents of San Mateo County, with an emphasis on education and prevention, and without regard for ability to pay. SMMC is part of the San Mateo County Health System and receives financial support from the San Mateo County Health Foundation.

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program is a program within SMMC. The HCH/FH Program oversees the provision of primary health care, dental health care, and behavioral health care services to individuals and families who are homeless or at-risk of being homeless, and the farmworker community in San Mateo County. In order to ensure access to a continuum of services for homeless individuals, the HCH/FH Program provides federal (330(h)) funding to the Division of Behavioral Health and Recovery Services for the purpose of providing Behavioral Health Care Services to individuals who are homeless in San Mateo County.

## II. Goals and Objectives

**Goal:** To stabilize homeless individuals by providing behavioral health assessment and care coordination services, and facilitating access to the full range of behavioral health, primary care, and other supportive services available in San Mateo County.

Care Coordinator/Manager 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.

**Objective 1:** In each contract year (January through December), the Division of Behavioral Health and Recovery Services will provide behavioral health services to 300 unduplicated individuals who are homeless residing at a shelter, in a transitional housing program, or on the street, and those who are in danger of becoming homeless, through 900 visits.

**Outcome Measure a)** In each contract year, 100% (300) of the homeless individuals seen will receive a behavioral health screening as documented in each client's BHRS chart.

**Outcome Measure b)** In each contract year, at least 75% (225) of the homeless individuals served by BHRS will have behavioral health issues (or absence thereof) documented as identified by the behavioral health screening and noted in the client's BHRS chart.

**Objective 2:** In each contract year, at least 95% (285) of the screened homeless individuals will receive care coordination services.

**Outcome Measure a)** In each contract year, of those clients receiving behavioral health case management services, at least 70% (210) of these individuals will receive an individualized case management/care plan.

**Outcome Measure b)** In each contract year, of those clients receiving behavioral health case management services, at least 60% (180) of these individuals will complete their behavioral health case management plan.

**Outcome Measure d)** In each contract year, of those clients receiving behavioral health care coordination services, at least 60% (180) will establish a medical home if they do not already have one (defined by a minimum of two attended visits) for primary medical care and/or behavioral health services as documented on the monthly spread sheet submitted to HCH/FH Program staff.

**Objective 3:** In each contract year document patients connected to behavioral health treatment services).

**Outcome Measure a)** Document number of patients assessed as severally mentally ill being connected to County behavioral health treatment services.

**Outcome Measure b)** Document number of patients referred to private provider network –ACCESS, for behavioral health treatment services.

## III. Term of Agreement

This MOU shall be in effect from January 1, 2018 through December 31, 2020.

## IV. Responsibilities

A. The HCH/FH Program is responsible for the following under this MOU:

1. Monitor the performance of the Division of Behavioral Health and Recovery Services to assure it is meeting its contractual requirements with the HCH/FH Program.

2. Review, process, and monitor monthly invoices.

3. Review quarterly reports to assure that goals and objectives are being met. If, as determined within the sole discretion of the HCH/FH Program, goals and objectives are not being met and/or the contract expenditures are not on pace to likely meet the goals and objectives, the HCH/FH Program may at any point in the contract term require the Division of Behavioral Health and Recovery Services to amend the contract to reduce the goal and objective targets and correspondingly reduce to total contract amount.

4. Provide technical assistance to the Division of Behavioral Health and Recovery Services related to program development, data collection, or other HCH/FH Program related issues as needed.

B. The Division of Behavioral Health and Recovery Services is responsible for the following under this MOU:

1. All demographic information will be obtained from each homeless individual receiving enabling services by the Division of Behavioral Health and Recovery Services during the agreement period. This data will be submitted to the HCH/FH Program with the monthly invoice. **This may include homeless individuals for whom the Contractor is not reimbursed**. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

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

3. Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract. If at any point in the contract term the HCH/FH Program determines the goals and objectives are not being met and/or the contract expenditures are not on pace to likely meet the goals and objectives, the Division of Behavioral Health and Recovery Services shall agree to an amendment to the contract to reduce the goal and objective targets and corresponding total contract amount as proposed by the HCH/FH Program.

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

5. Participate in HCH/FH Provider Collaborative Meetings, Quality Improvement Committee meetings, and other workgroups as requested.

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

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

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

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

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

## V. Amount and Source of Payment

The Division of Behavioral Health and Recovery Services will receive $300.00 (THREE HUNDRED DOLLARS) from January 1 to May 31, 2018, and will receive $500.00 (FIVE HUNDRED DOLLARS) June 1, 2018 to December 31, 2020 for each unduplicated individual who meets the homeless criteria and receives behavioral health services up to the maximum per agreement year of 180 individuals.

The total amount of HCH Funding allocated to the Division of Behavioral Health and Recovery Services for this agreement will not exceed $270,000 (TWO HUNDRED SEVENTY THOUSAND DOLLARS). This total not-to-exceed amount may be reduced via amendment at the discretion of the HCH/FH Program per Sections IV.A.3 and IV.B.3 herein.

The Division of Behavioral Health and Recovery Services will invoice the HCH/FH Program by the 10th of each month for the prior month's efforts. Each invoice will indicate the number of unduplicated individuals served in the prior month.

**Budget Overview**

<table>
<tr><th>Date</th><th>Unduplicated Maximum</th><th>Payment per Unit</th><th>Maximum funding per year</th></tr>
<tr><td>January 1, 2018 to May 31, 2018</td><td rowspan="2">180 patients</td><td>$300/patient</td><td rowspan="2">$90,000</td></tr>
<tr><td>June 1, 2018 to December 31, 2018</td><td>$500/patient</td></tr>
<tr><td>January 1 to December 31, 2019</td><td>180 patients</td><td>$500/patient</td><td>$90,000</td></tr>
<tr><td>January 1 to December 31, 2020</td><td>180 patients</td><td>$500/patient</td><td>$90,000</td></tr>
</table>

SIGNATURES

| | |
|---|---|
| Jim Beaumont<br>Director of Health Care for the<br>Homeless/Farmworker Health Program<br>San Mateo Medical Center | Date |
| David McGrew<br>Chief Financial Officer<br>San Mateo Medical Center | Date |
| Chester J. Kunnappilly, MD<br>Chief Executive Officer<br>San Mateo Medical Center | Date |
| John Klyver<br>Financial Services Manager II<br>Division of Behavioral Health and Recover Services | Date |
| David Young<br>Director<br>Behavioral Health and Recover Services | Date |

# TAB 4
# Request to Approve SMMC Audit

**COUNTY OF SAN MATEO**

Single Audit Reports

Year Ended June 30, 2017

Certified
Public
Accountants

**COUNTY OF SAN MATEO**
Single Audit Reports
Year Ended June 30, 2017

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**Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards***

To the Board of Supervisors of
the County of San Mateo
Redwood City, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County of San Mateo (County) as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated November 22, 2017. Our report contains a reference to other auditors who audited the financial statements of the Housing Authority of the County of San Mateo, the San Mateo County Employees' Retirement Association, the First 5 San Mateo County, and the Health Plan of San Mateo, as described in our report on the County's financial statements. The financial statements of the Health Plan of San Mateo were not audited in accordance with *Government Auditing Standards*. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported separately by those auditors.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Macias Gini & O'Connell LLP
2121 N. California Boulevard, Suite 750
Walnut Creek, CA 94596

## Compliance and Other Matters

As part of obtaining reasonable assurance about whether the County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Macias Gini & O'Connell LLP

Walnut Creek, California
November 22, 2017

Certified
Public
Accountants

**Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance; and Report on State of California Department of Community Services and Development, Community Services Block Grant, Schedules of Revenues and Expenditures**

To the Board of Supervisors of
the County of San Mateo
Redwood City, California

**Report on Compliance for Each Major Federal Program**

We have audited the County of San Mateo's (County) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2017. The County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

The County's basic financial statements include the operations of the Housing Authority of County of San Mateo (Housing Authority), which expended $74,551,320 in federal awards that are not included in the accompanying schedule of expenditures of federal awards during the year ended June 30, 2017. Our audit, described below, did not include the operations of the Housing Authority because the Housing Authority engaged other auditors to perform an audit in accordance with the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of the County's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Uniform Guidance. Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the County's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the County's compliance.

Macias Gini & O'Connell LLP
2121 N. California Boulevard, Suite 750
Walnut Creek, CA 94596

### *Opinion on Each Major Federal Program*

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

### Report on Internal Control Over Compliance

Management of the County is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the County's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the County's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

### Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance and Report on State of California Department of Community Services and Development, Community Services Block Grant, Schedules of Revenues and Expenditures

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated November 22, 2017, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of

federal awards and the State of California Department of Community Services and Development, Community Services Block Grant, schedules of revenues and expenditures are presented for purposes of additional analysis as required by the Uniform Guidance and the State of California Department of Community Services and Development, respectively, and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards and the State of California Department of Community Services and Development, Community Services Block Grant, schedules of revenues and expenditures are fairly stated in all material respects in relation to the basic financial statements as a whole.

Macias Gini & O'Connell LLP

Walnut Creek, California
March 29, 2018

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# COUNTY OF SAN MATEO
## Schedule of Expenditures of Federal Awards
### Year Ended June 30, 2017

| Federal Grantor/Pass-Through Grantor/Program Title | Catalog of Federal Domestic Assistance Number (CFDA) | Federal Expenditures | Amount Provided to Subrecipients | Pass-Through Identifying Number |
|---|---|---|---|---|
| **U.S. DEPARTMENT OF AGRICULTURE** | | | | |
| Passed Through State of California, Department of Food and Agriculture: | | | | |
| Plant and Animal Disease, Pest Control, and Animal Care | 10.025 | $ 222,389 | $ - | 16-0517-SF |
| Plant and Animal Disease, Pest Control, and Animal Care | 10.025 | 23,878 | - | 16-0399-SF |
| Plant and Animal Disease, Pest Control, and Animal Care | 10.025 | 340,528 | - | 16-0053 |
| Plant and Animal Disease, Pest Control, and Animal Care | 10.025 | 34,865 | - | 15-0476-SF |
| Plant and Animal Disease, Pest Control, and Animal Care | 10.025 | 73,180 | - | 16-0540-SF |
| Plant and Animal Disease, Pest Control, and Animal Care | 10.025 | 3,272 | - | 16-0679-SF |
| Total Plant and Animal Disease, Pest Control, and Animal Care | | 698,112 | - | |
| Senior Farmers Market Nutrition Program | 10.576 | 10,000 | 10,000 | None |
| Passed Through State of California, Department of Social Services: | | | | |
| SNAP Cluster: | | | | |
| State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (SNAP) | 10.561 | 8,132,860 | - | None |
| State Administrative Matching Grants for SNAP | 10.561 | 187,743 | - | 13-20532 |
| State Administrative Matching Grants for SNAP | 10.561 | 551,255 | - | 16-10141 |
| Subtotal of SNAP Cluster | | 8,871,858 | - | |
| Passed Through State of California, Department of Education: | | | | |
| Child Nutrition Cluster: | | | | |
| School Breakfast Program | 10.553 | 59,525 | - | 41-10413-6045223-01 |
| National School Lunch Program | 10.555 | 89,938 | - | 41-10413-6045223-01 |
| Subtotal of Child Nutrition Cluster | | 149,463 | - | |
| Passed Through State of California, Department of Public Health: | | | | |
| Special Supplemental Nutrition Program for Women, Infants, and Children | 10.557 | 2,893,383 | - | 15-10112 |
| Subtotal of Pass-Through Programs | | 12,622,816 | 10,000 | |
| TOTAL U.S. DEPARTMENT OF AGRICULTURE | | 12,622,816 | 10,000 | |
| **U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT** | | | | |
| Direct Programs: | | | | |
| Community Development Block Grants / Entitlement Grants | 14.218 | 3,116,826 | 1,291,722 | -- |
| Emergency Solutions Grant Program | 14.231 | 207,057 | 182,544 | -- |
| Home Investment Partnerships Program | 14.239 | 606,762 | 414,554 | -- |
| Continuum of Care Program | 14.267 | 80,489 | - | -- |
| Subtotal of Direct Programs | | 4,011,134 | 1,888,820 | |
| Passed Through City and County of San Francisco: | | | | |
| Housing Opportunities for Persons with AIDS | 14.241 | 629,082 | 576,125 | None |
| TOTAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT | | 4,640,216 | 2,464,945 | |
| **U.S. DEPARTMENT OF JUSTICE** | | | | |
| Direct Programs: | | | | |
| Paul Coverdell Forensic Sciences Improvement Grant Program | 16.742 | 16,480 | - | -- |
| Edward Byrne Memorial Justice Assistance Grant Program | 16.738 | 22,119 | - | -- |
| DNA Backlog Reduction Program | 16.741 | 197,609 | - | -- |
| Equitable Sharing Program | 16.922 | 154,810 | - | -- |
| Subtotal of Direct Programs | | 391,018 | - | |
| Passed Through State of California, Corrections Standards Authority: | | | | |
| Juvenile Accountability Block Grants | 16.523 | 8,499 | - | CSA 181-09 |
| Passed Through State of California, Emergency Management Agency: | | | | |
| Crime Victim Assistance | 16.575 | 597,444 | - | VW16350410 |
| Crime Victim Assistance | 16.575 | 198,754 | - | XV15010410 |
| Crime Victim Assistance | 16.575 | 133,743 | - | XC16010410 |
| Subtotal of Crime Victim Assistance | | 929,941 | - | |
| Passed Through State of California, Board of State and Community Corrections: | | | | |
| Edward Byrne Memorial Justice Assistance Grant Program | 16.738 | 19,265 | - | 2016-46 |
| Edward Byrne Memorial Justice Assistance Grant Program | 16.738 | 17,412 | - | 2017-44 |
| Edward Byrne Memorial Justice Assistance Grant Program | 16.738 | 263,282 | - | BSCC-638-15 |
| Edward Byrne Memorial Justice Assistance Grant Program | 16.738 | 486,366 | - | BSCC-638-17 |
| Subtotal of Edward Byrne Memorial Justice Assistance Grant Program | | 786,325 | - | |
| Subtotal of Pass-Through Programs | | 1,724,765 | - | |
| TOTAL U.S. DEPARTMENT OF JUSTICE | | 2,115,783 | - | |
| **U.S. DEPARTMENT OF LABOR** | | | | |
| Direct Program: | | | | |
| Homeless Veterans Reintegration Program | 17.805 | $ 6,944 | $ - | -- |
| TOTAL U.S. DEPARTMENT OF LABOR | | 6,944 | - | |

See notes to the schedule of expenditures of federal awards

# COUNTY OF SAN MATEO

## Schedule of Expenditures of Federal Awards (continued)

### Year Ended June 30, 2017

| Federal Grantor/Pass-Through Grantor/Program Title | Catalog of Federal Domestic Assistance Number (CFDA) | Federal Expenditures | Amount Provided to Subrecipients | Pass-Through Identifying Number |
|---|---|---|---|---|
| **U.S. DEPARTMENT OF TRANSPORTATION** | | | | |
| Direct Programs: | | | | |
| Job Access and Reverse Commute Program | 20.516 | 6,743 | - | -- |
| Airport Improvement Program | 20.106 | 568,192 | - | -- |
| Subtotal of Direct Programs | | 574,935 | - | |
| Highway Planning and Construction Cluster: | | | | |
| Passed Through State of California, Department of Transportation: | | | | |
| Highway Planning and Construction | 20.205 | 6,171,742 | - | BRLO-5935(053) |
| Highway Planning and Construction | 20.205 | 207,467 | - | BRLO-5935(052) |
| Subtotal of Highway Planning and Construction Cluster | | 6,379,209 | - | |
| Passed Through San Mateo County Transit District: | | | | |
| Job Access and Reverse Commute Program | 20.516 | 138,913 | - | None |
| Subtotal of Pass-Through Programs | | 6,518,122 | - | |
| TOTAL U.S. DEPARTMENT OF TRANSPORTATION | | 7,093,057 | - | |
| **U.S. ENVIRONMENTAL PROTECTION AGENCY** | | | | |
| Passed Through State of California, Water Resources Control Board: | | | | |
| Capitalization Grants for Clean Water State Revolving Funds | 66.458 | 222,372 | - | C-06-7810-110 |
| TOTAL U.S. ENVIRONMENTAL PROTECTION AGENCY | | 222,372 | - | |
| **U.S. DEPARTMENT OF EDUCATION** | | | | |
| Passed Through State of California, Department of Rehabilitation: | | | | |
| Rehabilitation Services - Vocational Rehabilitation Grants to States | 84.126 | 76,289 | - | 29823 |
| Rehabilitation Services - Vocational Rehabilitation Grants to States | 84.126 | 669,210 | - | 29829 |
| TOTAL U.S. DEPARTMENT OF EDUCATION | | 745,499 | - | |
| **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** | | | | |
| Direct Programs: | | | | |
| Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care) | 93.224 | 2,126,251 | - | -- |
| Substance Abuse and Mental Health Services - Projects of Regional and National Significance | 93.243 | 92,744 | - | -- |
| Subtotal of Direct Programs | | 2,218,995 | - | |
| Passed Through State of California, Department of Aging: | | | | |
| Special Programs for the Aging - Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation | 93.041 | 7,414 | - | AP-1617-08 |
| Special Programs for the Aging - Title VII, Chapter 2 - Long-Term Care Ombudsman Services for Older Individuals | 93.042 | 44,280 | 44,280 | AP-1617-08 |
| Special Programs for the Aging - Title III, Part D - Disease Prevention and Health Promotion Services | 93.043 | 41,969 | 41,969 | AP-1617-08 |
| Aging Cluster: | | | | |
| Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers | 93.044 | 797,692 | 699,496 | AP-1617-08 |
| Special Programs for the Aging - Title III, Part C - Nutrition Services | 93.045 | 1,335,132 | 1,179,647 | AP-1617-08 |
| Nutrition Services Incentive Program | 93.053 | 179,872 | 179,872 | AP-1617-08 |
| Subtotal of Aging Cluster | | 2,312,696 | 2,059,015 | |
| National Family Caregiver Support, Title III, Part E | 93.052 | 351,326 | 316,779 | AP-1617-08 |
| State Health Insurance Assistance Program | 93.324 | 135,232 | 122,879 | HI-1617-08 |
| Passed Through Health Plan of San Mateo: | | | | |
| Medical Assistance Program | 93.778 | 288,163 | - | None |
| Passed Through State of California, Department of Community Services and Development: | | | | |
| Community Services Block Grant | 93.569 | 11,527 | 11,527 | 14F-3103 |
| Community Services Block Grant | 93.569 | 276,269 | 276,269 | 16F-5040 |
| Community Services Block Grant | 93.569 | 32,078 | 32,078 | 16F-5554 |
| Community Services Block Grant | 93.569 | 216,615 | 216,615 | 17F-2040 |
| Subtotal of Community Services Block Grant | | 536,489 | 536,489 | |
| Passed Through State of California, Department of Health Care Services: | | | | |
| Disabilities Prevention | 93.184 | 673,887 | - | San Mateo (41) |
| Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program | 93.505 | 1,080,417 | - | 15-10170 San Mateo |
| Immunization Cooperative Agreements | 93.268 | 279,711 | - | 15-10450 |
| Children's Health Insurance Program | 93.767 | 433,674 | - | None |
| Medical Assistance Program | 93.778 | 1,716,067 | - | None |
| Medical Assistance Program | 93.778 | 105,374 | - | 14-10068 |
| Maternal and Child Health Services Block Grant to the States | 93.994 | 1,009,060 | - | 201641 San Mateo |

See notes to the schedule of expenditures of federal awards

# COUNTY OF SAN MATEO

## Schedule of Expenditures of Federal Awards (continued)

## Year Ended June 30, 2017

| Federal Grantor/Pass-Through Grantor/Program Title | Catalog of Federal Domestic Assistance Number (CFDA) | Federal Expenditures | Amount Provided to Subrecipients | Pass-Through Identifying Number |
|---|---|---|---|---|
| **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (Continued)** | | | | |
| Passed Through State of California, Department of Public Health: | | | | |
| Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements | 93.074 | $ 946,136 | $ - | 14-10540 |
| Project Grants and Cooperative Agreements for Tuberculosis Control Programs | 93.116 | 216,103 | - | None |
| Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities | 93.817 | 22,195 | - | 15-10384 |
| HIV Care Formula Grants | 93.917 | 281,528 | - | 15-11026 |
| Preventive Health Services - Sexually Transmitted Diseases Control Grants | 93.977 | 1,798 | - | 15-10267 |
| Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency | | | | |
| Preventive Health and Health Services Block Grant | 93.991 | 36,844 | - | 15-10833 |
| Disabilities Prevention | 93.184 | 133,783 | - | San Mateo |
| Passed Through State of California, Department of Mental Health: | | | | |
| Projects for Assistance in Transition from Homelessness (PATH) | 93.150 | 141,182 | 141,182 | None |
| Block Grants for Community Mental Health Services | 93.958 | 1,072,653 | 269,469 | None |
| Passed Through State of California, Department of Social Services: | | | | |
| Guardianship Assistance | 93.090 | 255,705 | - | None |
| Promoting Safe and Stable Families | 93.556 | 368,658 | 246,194 | None |
| Temporary Assistance for Needy Families | 93.558 | 24,050,290 | 1,159,633 | None |
| Refugee and Entrant Assistance - State Administered Programs | 93.566 | 27,999 | - | None |
| Stephanie Tubbs Jones Child Welfare Services Program | 93.645 | 342,050 | - | None |
| Foster Care - Title IV-E | 93.658 | 10,678,288 | 1,005,973 | None |
| Foster Care - Title IV-E | 93.658 | 1,588,636 | - | 2024.00.01 |
| Subtotal of Foster Care - Title IV-E | | 12,266,924 | 1,005,973 | |
| Adoption Assistance | 93.659 | 2,769,848 | - | None |
| Social Services Block Grant | 93.667 | 353,852 | - | None |
| Chafee Foster Care Independence Program | 93.674 | 152,976 | 84,420 | None |
| Medical Assistance Program | 93.778 | 10,872,614 | - | None |
| Passed Through State of California, Department of Child Support Services: | | | | |
| Child Support Enforcement | 93.563 | 7,491,142 | - | None |
| Passed Through State of California, Department of Education: | | | | |
| Child Care Mandatory and Matching Funds of the Child Care and Development Fund | 93.596 | 389,685 | 389,685 | CAPP-6055 |
| Passed Through State of California, Alcohol and Drug Programs: | | | | |
| Block Grants for Prevention and Treatment of Substance Abuse | 93.959 | 4,867,744 | 3,445,799 | None |
| Passed Through City and County of San Francisco: | | | | |
| HIV Emergency Relief Project Grants | 93.914 | 1,170,773 | 210,182 | H89HA00006 |
| HIV Prevention Activities - Health Department Based | 93.940 | 294,894 | - | 5U62PS003638-05 |
| HIV Prevention Activities - Health Department Based | 93.940 | 204,726 | - | 6 NU62PS003638-05-03 |
| Subtotal of HIV Prevention Activities - Health Department Based | | 499,620 | - | |
| Subtotal of Pass-Through Programs | | 77,747,861 | 10,073,948 | |
| TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 79,966,856 | 10,073,948 | |
| **OFFICE OF THE EXECUTIVE PRESIDENT** | | | | |
| Direct Program: | | | | |
| High Intensity Drug Trafficking Areas Program | 95.001 | 3,835,848 | - | -- |
| TOTAL OFFICE OF THE EXECUTIVE PRESIDENT | | 3,835,848 | - | |
| **U.S. DEPARTMENT OF HOMELAND SECURITY** | | | | |
| Passed Through City and County of San Francisco: | | | | |
| Homeland Security Grant Program | 97.067 | 3,466,336 | - | 2015-00078 |
| Homeland Security Grant Program | 97.067 | 2,071,173 | - | 2016-0102 |
| Passed Through State of California, Emergency Management Agency: | | | | |
| Disaster Grants - Public Assistance (Presidentially Declared Disasters) | 97.036 | 15,996 | - | FEMA-4308-DR-CA |
| Emergency Management Performance Grants | 97.042 | 281,235 | - | 2016-0010 |
| Homeland Security Grant Program | 97.067 | 1,320,982 | - | 2015-00078 |
| Homeland Security Grant Program | 97.067 | 387,373 | - | 2016-0102 |
| Subtotal of Pass-Through Programs | | 7,543,095 | - | |
| TOTAL U.S. DEPARTMENT OF HOMELAND SECURITY | | 7,543,095 | - | |
| TOTAL EXPENDITURES OF FEDERAL AWARDS | | $ 118,792,486 | $ 12,548,893 | |

See notes to the schedule of expenditures of federal awards

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## COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2017

### 1. GENERAL

The schedule of expenditures of federal awards (Schedule) includes the federal grant activity of the County of San Mateo (County). All federal financial assistance received directly from federal agencies as well as federal financial assistance passed through other agencies are included in this Schedule, except for assistance related to Medical Assistance (Medi-Cal) and Medicare Hospital Insurance (Medicare) (Note 5) and the Housing Authority of the County of San Mateo (Housing Authority) (Note 6).

### 2. BASIS OF ACCOUNTING

The accompanying Schedule is presented using the modified accrual basis of accounting for program expenditures accounted for in the governmental funds and the accrual basis of accounting for program expenditures accounted for in the proprietary funds as described in Note 2.B of the County's basic financial statements. Such expenditures are recognized following the cost principles contained in OMB Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The County did not elect to use the 10% de minimis cost rate as covered in §200.414 Indirect (F&A) costs.

### 3. RELATIONSHIP TO FEDERAL FINANCIAL REPORTS

Amounts reported in the accompanying Schedule agree or can be reconciled with amounts reported in the related federal financial assistance reports.

### 4. RELATIONSHIP TO BASIC FINANCIAL STATEMENTS

Federal award expenditures agree or can be reconciled with the amounts reported in the County's basic financial statements.

### 5. MEDI-CAL AND MEDICARE

Direct Medi-Cal and Medicare expenditures are excluded from the Schedule. These expenditures represent fees for services and are not included in the Schedule or in determining major programs. The County assists the State of California in determining eligibility and provides Medi-Cal and Medicare services through County-owned facilities. However, administrative costs related to Medi-Cal and Medicare are included in the Schedule under the Medical Assistance Program (Federal CFDA number 93.778).

## COUNTY OF SAN MATEO

Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2017

### 6. HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

Housing Authority federal expenditures are excluded from the Schedule and are separately audited by other auditors. Federal expenditures for the Housing Authority programs are taken from the separately issued single audit report for the year ended June 30, 2017. The federal programs of the Housing Authority are as follows:

| Program Title | CFDA Number | Federal Expenditures |
|---|---|---|
| Moving To Work Demonstration Program: | | |
| Low Rent Operating Subsidy | 14.881 | $ 16,087 |
| Capital Fund | 14.881 | 261,865 |
| Housing Choice Vouchers | 14.881 | 65,370,208 |
| Other Programs: | | |
| Shelter Plus Care | 14.238 | 26,051 |
| Continuum of Care | 14.267 | 5,243,694 |
| Housing Choice Vouchers | 14.871 | 3,322,915 |
| ROSS-FSS Coordinator | 14.896 | 310,500 |
| Total | | $ 74,551,320 |

## 7. CALIFORNIA DEPARTMENT OF AGING (CDA) SINGLE AUDIT REPORTING REQUIREMENTS

The terms and conditions of agency contracts with CDA require agencies to display state-funded expenditures discretely along with the related federal expenditures. For state grants not involving federal funding, the amounts are to be displayed separately. The following schedule is presented to comply with these requirements.

| Federal Grantor<br>Pass-through Grantor<br>Program Title | CFDA No. | Grant/ Contract Number | Expenditures State | Expenditures Federal |
|---|---|---|---|---|
| **U.S. Department of Health and Human Services** | | | | |
| *Passed through California Department of Aging* | | | | |
| Special Programs for Aging-Title VII, Chapter 3 Programs for Prevention of Elder Abuse, Neglect, & Exploitation | 93.041 | AP-1617-08 | $ - | $ 7,414 |
| Special Programs for Aging-Title VII, Chapter 2 Long Term Care Ombudsman Services for Older Individuals | 93.042 | AP-1617-08 | - | 44,280 |
| Special Programs for Aging-Title III, Part D Disease Prevention and Health Promotion Services | 93.043 | AP-1617-08 | - | 41,969 |
| Special Programs for Aging-Title III, Part B Grants for Supportive Services and Senior Centers | 93.044 | AP-1617-08 | 27,963 | 797,692 |
| Special Programs for Aging-Title III, Part C Nutrition Services (*) | 93.045 | AP-1617-08 | 174,254 | 1,335,132 |
| National Family Caregiver Support | 93.052 | AP-1617-08 | - | 351,326 |
| Nutrition Services Incentive Program | 93.053 | AP-1617-08 | - | 179,872 |
| Health Insurance Counseling and Advocacy Program (HICAP) | 93.324 | HI-1617-08 | 178,315 | 135,232 |
| Total Expenditures of CDA and Federal Awards | | | 380,532 | $ 2,892,917 |
| State Awards-California Department of Aging: | | | | |
| Ombudsman State Health Facilities Citation Penalties Account | | AP-1617-08 | 30,518 | |
| Ombudsman Skilled Nursing Facility Quality & Accountability Fund | | AP-1617-08 | 53,130 | |
| Ombudsman Public Health & Licensing and Certification Fund | | AP-1617-08 | 11,185 | |
| Total Expenditures of CDA Awards | | | $ 475,365 | |

* Federal expenditure amounts include a portion incurred by the San Mateo Medical Center, a major fund of the County of San Mateo. These amounts are shown below:

| Federal Grantor<br>Pass-through Grantor<br>Program Title | CFDA No. | Grant/ Contract Number | Expenditures State | Expenditures Federal |
|---|---|---|---|---|
| Special Programs for Aging-Title III, Part C Nutrition Services | 93.045 | AP-1617-08 | $ - | $ 63,596 |
| Total Expenditures of CDA and Federal Awards | | | $ - | $ 63,596 |

# COUNTY OF SAN MATEO
Notes to the Schedule of Expenditures of Federal Awards
Year Ended June 30, 2017

## 8. PROGRAM TOTALS

The following table summarizes programs funded by various sources whose totals are not shown on the Schedule.

| | CFDA no. / Program Title / Federal Grantor or Pass-Through Grantor | Pass Through Identifying Number | | Federal Expenditures |
|---|---|---|---|---|
| (1) | **CFDA no. 16.738 - Edward Byrne Memorial Justice Assistance Grant Program** | | | |
| | U.S. Department of Justice | None | $ | 22,119 |
| | State of California, Board of State and Community Corrections | BSCC-638-15 | | 263,282 |
| | State of California, Board of State and Community Corrections | BSCC-638-17 | | 486,366 |
| | State of California, Board of State and Community Corrections | 2016-46 | | 19,265 |
| | State of California, Board of State and Community Corrections | 2017-44 | | 17,412 |
| | | Program Total | $ | 808,444 |
| (2) | **CFDA no. 20.516 - Job Access and Reverse Commute Program** | | | |
| | U.S. Department of Transportation | None | $ | 6,743 |
| | San Mateo County Transit District | None | | 138,913 |
| | | Program Total | $ | 145,656 |
| (3) | **CFDA no. 93.184 - Disabilities Prevention** | | | |
| | State of California, Department of Health Care Services | San Mateo (41) | $ | 673,887 |
| | State of California, Department of Public Health | San Mateo | | 133,783 |
| | | Program Total | $ | 807,670 |
| (4) | **CFDA no. 93.778 - Medical Assistance Program (Medicaid: Title XIX)** | | | |
| | State of California, Department of Health Care Services | None | $ | 1,716,067 |
| | State of California, Department of Health Care Services | 14-10068 | | 105,374 |
| | State of California, Department of Social Services | None | | 10,872,614 |
| | Health Plan of San Mateo | None | | 288,163 |
| | | Program Total | $ | 12,982,218 |
| (5) | **CFDA no. 97.067 - Homeland Security Grant Program** | | | |
| | City and County of San Francisco | 2015-00078 | $ | 3,466,336 |
| | City and County of San Francisco | 2016-0102 | | 2,071,173 |
| | State of California, Emergency Management Agency | 2015-00078 | | 1,320,982 |
| | State of California, Emergency Management Agency | 2016-0102 | | 387,373 |
| | | Program Total | $ | 7,245,864 |

## 9. SCHEDULES OF STATE OF CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT EXPENDITURES

The following schedule represents expenditures for U.S. Department of Justice grants passed through the State of California Emergency Management Agency (CalEMA) as well as CalEMA funded grant expenditures for the year ended June 30, 2017. This information is included in the County's single audit report at the request of CalEMA.

| Program Title and Expenditure Category | Grant Number Grant Period | Budget | Cumulative through June 30, 2016 | Actual 7/1/16-6/30/17 Non-match* | Actual 7/1/16-6/30/17 Match | Cumulative through June 30, 2017 |
|---|---|---|---|---|---|---|
| Victim Witness Assistance Program | | | | | | |
| Personnel Services | VW16350410 | $ 962,681 | $ - | $ 597,444 | $ 205,547 | $ 802,991 |
| Operating Expenses | 7/1/16-9/30/17 | - | - | - | - | - |
| Equipment | CFDA no. 16.575 | - | - | - | - | - |
| Total | | $ 962,681 | $ - | $ 597,444 | $ 205,547 | $ 802,991 |
| Underserved Victim Advocacy and Outreach Program | | | | | | |
| Personnel Services | XC16010410 | $ 792,938 | $ - | $ 133,743 | $ 1,296 | $ 135,039 |
| Operating Expenses | 7/1/16-6/30/18 | - | - | - | - | - |
| Equipment | CFDA no. 16.575 | - | - | - | - | - |
| Total | | $ 792,938 | $ - | $ 133,743 | $ 1,296 | $ 135,039 |
| Underserved Victim Advocacy and Outreach Program | | | | | | |
| Personnel Services | XV15010410 | $ 437,500 | $ 74,610 | $ 198,754 | $ 49,690 | $ 323,054 |
| Operating Expenses | 4/1/16-3/31/18 | - | - | - | - | - |
| Equipment | CFDA no. 16.575 | - | - | - | - | - |
| Total | | $ 437,500 | $ 74,610 | $ 198,754 | $ 49,690 | $ 323,054 |

* Actual non-match expenditures are reported as federal expenditures in the Schedule under the designated CFDA numbers.

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## Section I – Summary of Auditor's Results

Financial Statements:

| | |
|---|---|
| Type of auditor's report issued on whether the financial statements audited were prepared in accordance with accounting principles generally accepted in the United States of America: | Unmodified |
| Internal control over financial reporting: | |
| • Material weakness(es) identified? | No |
| • Significant deficiency(ies) identified? | None reported |
| Noncompliance material to financial statements noted? | No |

Federal Awards:

| | |
|---|---|
| Internal control over major programs: | |
| • Material weakness(es) identified? | No |
| • Significant deficiency(ies) identified? | None reported |
| Type of auditor's report issued on compliance for major programs: | Unmodified |
| Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? | No |

Identification of major programs:

| Program Title | CFDA Number |
|---|---|
| Highway Planning and Construction Program | 20.205 |
| Aging Cluster Program | 93.044, 93.045, 93.053 |
| Temporary Assistance for Needy Families | 93.558 |
| Medical Assistance Program | 93.778 |
| Homeland Security Grant Program | 97.067 |

| | |
|---|---|
| Dollar threshold used to distinguish between Type A and Type B programs: | $3,000,000 |
| Auditee qualified as low-risk auditee? | No |

## Section II – Financial Statement Findings

No findings are reported.

## Section III – Federal Awards Findings and Questioned Costs

No findings are reported.

**COUNTY OF SAN MATEO**
OFFICE OF THE CONTROLLER

**Juan Raigoza**
Controller

**Shirley Tourel**
Assistant Controller

**County Government Center**
555 County Center, 4th Floor
Redwood City, CA 94063-1665
650-363-4777
http://controller.smcgov.org

## COUNTY OF SAN MATEO
Schedule of Prior Year Findings and Questioned Costs
Year Ended June 30, 2017

### Prior Year Findings and Questioned Costs

**Financial Statement Findings:**

| | |
|---|---|
| **Reference Number:** | **2016-001** |
| Audit Finding: | Schedule of Expenditures of Federal Awards Completeness |
| Status of Corrective Action: | Corrective action was implemented. |
| **Reference Number:** | **2016-002** |
| Audit Finding: | Internal Controls Over Financial Reporting |
| Status of Corrective Action: | Corrective action was implemented. |
| **Reference Number:** | **2016-003** |
| Audit Finding: | Terminated Employees with User Access |
| Status of Corrective Action: | Corrective action was implemented. |

**Federal Awards Findings:**

None reported.

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## SUPPLEMENTARY INFORMATION

# COUNTY OF SAN MATEO

State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 16F-5040
Schedule of Revenues and Expenditures
For the Period July 1, 2016 to December 31, 2016

| REVENUES | Fiscal Year 2015/16 | Fiscal Year 2016/17 | Total Audited Costs | Total Reported Expenses | Total Budget |
|---|---|---|---|---|---|
| Grant Revenue* | $ 174,996 | $ 276,269 | $ 451,265 | $ - | $ 451,265 |
| **EXPENDITURES** | | | | | |
| **Administrative Costs** | | | | | |
| Salaries and Wages | $ 10,229 | $ 4,271 | $ 14,500 | $ 14,500 | $ 14,500 |
| **Program Costs** | | | | | |
| Sub-Contractors | 164,767 | 271,998 | 436,765 | 436,765 | 436,765 |
| **Total Expenditures**** | $ 174,996 | $ 276,269 | $ 451,265 | $ 451,265 | $ 451,265 |

* Revenue represents advances/reimbursements of federal funds through the year ended June 30, 2016 and for the year ended June 30, 2017.

** Expenditures are reported in the Schedule of Expenditures of Federal Awards under the designated CFDA and pass-through entity numbers.

# COUNTY OF SAN MATEO

State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 17F-2040
Schedule of Revenues and Expenditures
For the Period January 1, 2017 to June 30, 2017

| REVENUES | Fiscal Year 2016/17 | Total Audited Costs | Total Reported Expenses | Total Budget |
|---|---|---|---|---|
| Grant Revenue* | $ 216,615 | $ 216,615 | $ - | $ 451,265 |
| | | | | |
| **EXPENDITURES** | | | | |
| **Administrative Costs** | | | | |
| Salaries and Wages | $ - | $ - | $ - | $ 14,500 |
| **Program Costs** | | | | |
| Sub-Contractors | 216,615 | 216,615 | 216,615 | 436,765 |
| **Total Expenditures**** | $ 216,615 | $ 216,615 | $ 216,615 | $ 451,265 |

* Revenue represents advances/reimbursements of federal funds for the year ended June 30, 2017.

** Expenditures are reported in the Schedule of Expenditures of Federal Awards under the designated CFDA and pass-through entity numbers.

**COUNTY OF SAN MATEO**
State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 16F-5554
Schedule of Revenues and Expenditures
For the Period July 1, 2016 to May 31, 2017

| REVENUES | Fiscal Year 2016/17 | Total Audited Costs | Total Reported Expenses | Total Budget |
|---|---|---|---|---|
| Grant Revenue* | $ 32,078 | $ 32,078 | $ - | $ 32,078 |
| **EXPENDITURES** | | | | |
| **Administrative Costs** | | | | |
| Salaries and Wages | $ - | $ - | $ - | $ - |
| **Program Costs** | | | | |
| Sub-Contractors | 32,078 | 32,078 | 32,078 | 32,078 |
| **Total Expenditures**** | $ 32,078 | $ 32,078 | $ 32,078 | $ 32,078 |

* Revenue represents advances/reimbursements of federal funds for the year ended June 30, 2017.

** Expenditures are reported in the Schedule of Expenditures of Federal Awards under the designated CFDA and pass-through entity numbers.

## COUNTY OF SAN MATEO

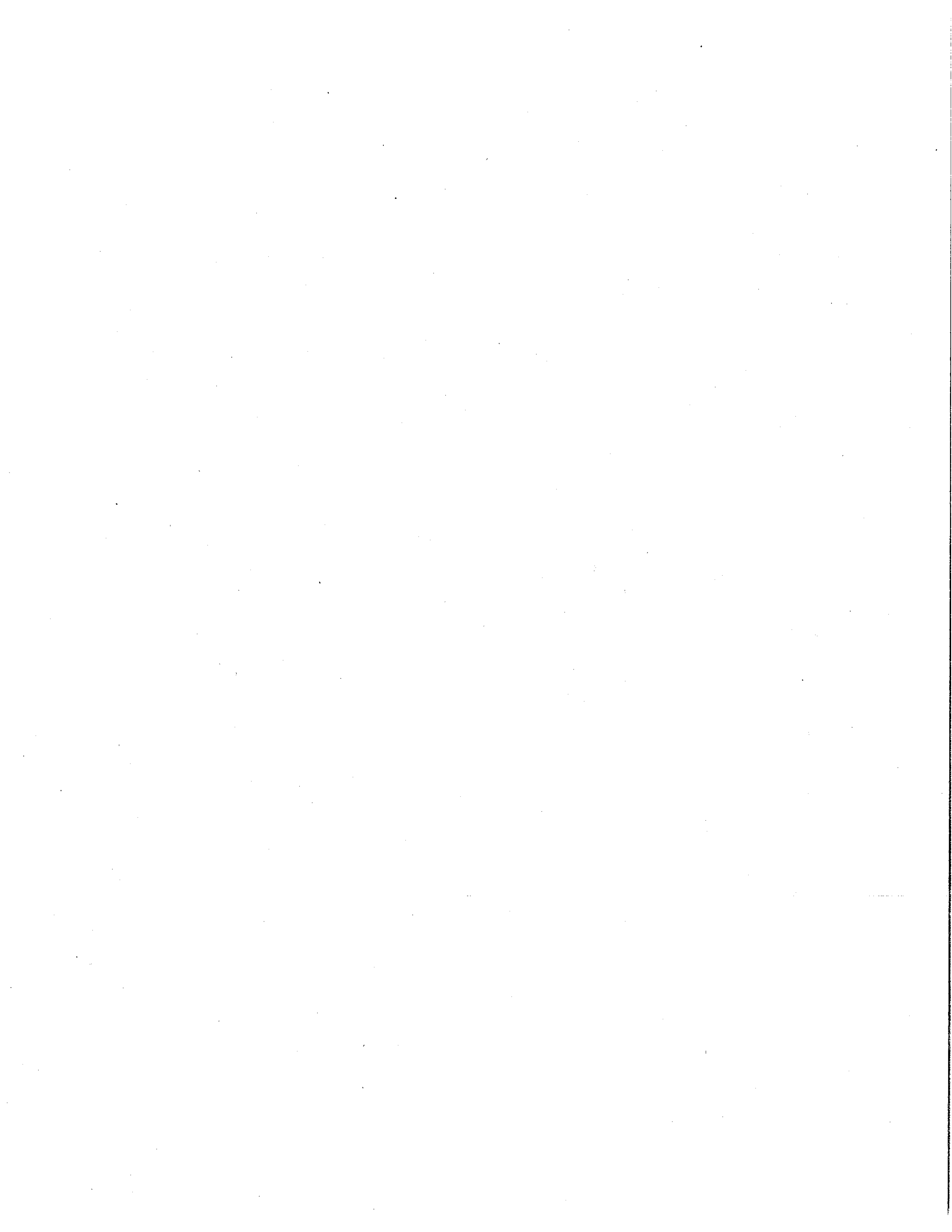
State of California Department of Community Services and Development
Community Services Block Grant (CSBG) – CFDA No. 93.569

Contract No. 14F-3103
Schedule of Revenues and Expenditures
For the Period July 1, 2016 to December 31, 2016

| REVENUES | Through Fiscal Year 2015/16 | Fiscal Year 2016/17 | Total Audited Costs | Total Reported Expenses | Total Budget |
|---|---|---|---|---|---|
| Grant Revenue* | $ 51,197 | $ 11,527 | $ 62,724 | $ - | $ 62,724 |
| **EXPENDITURES** | | | | | |
| **Administrative Costs** | | | | | |
| Salaries and Wages | $ 2,520 | $ - | $ 2,520 | $ 2,520 | $ 2,520 |
| **Program Costs** | | | | | |
| Sub-Contractors | 48,677 | 11,527 | 60,204 | 60,204 | 60,204 |
| **Total Expenditures**** | $ 51,197 | $ 11,527 | $ 62,724 | $ 62,724 | $ 62,724 |

* Revenue represents advances/reimbursements of federal funds through the year ended June 30, 2016 and for the year ended June 30, 2017.

** Expenditures are reported in the Schedule of Expenditures of Federal Awards under the designated CFDA and pass-through entity numbers.



# TAB 5
# Discussion
# NHCHC
# Opiod Letter

Policy Committee, we are seeking organizations to sign our letter to Congress. **Please respond to this email and let me know if your organization will sign on**. Thank you to everyone who has already signed.

We need signatures and support from the HCH community to bring attention to this letter. Right now our lawmakers in DC have all eyes on this epidemic. As organizations on the front lines **now** is the time to ***show up*** and ***stand up*** for *housing* and *harm reduction services* as critical in the fight. Please sign your organization on to this letter or forward it to someone in your organization that has the power to do so.

We will discuss this and more ways for you to get involved- see forwarded email below!- at our policy committee meeting next Thursday.

Yours in justice,
Regina

If you're having trouble viewing this email, you may see it online.

**Share this:**

# An Action Agenda to Combat the Opioid Crisis

The Health Care for the Homeless (HCH) community has borne witness to the damaging effects of opioid addiction for decades, and it is imperative for us to speak out on the changes needed to prevent and treat addiction and end overdose deaths. Currently the opioid issue is taking center stage in Washington, D.C., presenting a long-overdue window of opportunity for making improvements to our health care system.

There are more than 60 active proposals in Congress to address the epidemic, and more expected over the next few weeks. Congressional leaders are hoping to pass a large package of bills before August recess—**NOW is the time to Take Action.** The HCH community has significant expertise on this issue—let's use it to leverage change nationally, and back at home.

*"As consumers, clinicians, and administrators on the front lines of this devastating epidemic, it's crucial we are heard by policymakers in the debate about what is needed now to mitigate overdose deaths. We need to share our stories and ask Congress to help us increase our ability to respond aggressively."*

Jessie Gaeta, MD
Chief Medical Officer
Boston Health Care for the Homeless Program

## Here's How We Can Engage:

- **Sign on to the** Council's letter to Congress by emailing your organization's name (exactly as you wish it to be listed on the letter) to our National Health Policy Organizer Regina Reed at rreed@nhchc.org. The National HCH Council is seeking sign-ons from both local and national organizations. **The deadline for** sign-ons **is Thursday, June 14th.**

NATIONAL
HEALTH CARE
*for the*
HOMELESS
COUNCIL

June 15, 2018

| The Honorable Lamar Alexander | The Honorable Patty Murray |
|---|---|
| Chairman | Ranking Member |
| United States Senate Committee on Health, Education, Labor, and Pensions | United States Senate Committee on Health, Education, Labor, and Pensions |
| 455 Dirksen Senate Office Building | 428 Dirksen Senate Office Building |
| Washington, DC 20510 | Washington, DC 20510 |

**RE: Policy Priority Areas to Combat the Opioid Epidemic**

Dear Chairman Alexander and Ranking Member Murray:

Thank you for your leadership in introducing and supporting measures to improve the current health care system, particularly to address addiction in general and opioid use disorders specifically. The undersigned organizations are members of the National Health Care for the Homeless Council and partner organizations who are concerned about people experiencing homelessness and how their needs are reflected in the current discussion about the opioid epidemic.

While many proposals have been introduced for consideration, below are our priorities and recommendations in five key areas: increase capacity for emergency overdose response, increase capacity for harm reduction programs, expand access to evidence-based addiction treatment, expand workforce opportunities, and allocate additional funding for housing. We select these issues because they represent the most tangible solutions at the patient and provider level that will improve health and stability among those struggling with addiction.

1. **Increase capacity for emergency overdose response.** First and foremost, we must increase the capacity for emergency overdose response in order to stem the epidemic of deaths occurring from opioid addiction.

    - **Decrease cost and expand access to the overdose antidote naloxone.** Increasing numbers of overdoses (especially those involving fentanyl) are requiring multiple units of naloxone, but at tremendous cost to state and local public health systems. Frontline providers need greater access at lower prices in order to provide effective first response to those experiencing a life-threatening overdose. All communities should have “standing orders” that allow members of the public to access naloxone as well.

- **Increase funding and training for naloxone distribution among first responders.** Law enforcement, fire, EMT responders, transit workers, and others in a position to respond to an overdose should be provided training on how to administer naloxone as well as have ready access to this life-saving antidote. Such trainings can also reduce stigma, and lead to more effective community engagement practices.

2. **Increase capacity for harm reduction programs.** Reducing the risks associated with opioid addiction must be a key component to stopping overdose deaths and reducing transmission of communicable disease. Including harm reduction as a principle of care throughout the health care field would also help reduce stigma and engage a greater number of people in treatment.

   - **Expand syringe exchange programs.** Providing access to clean needles reduces disease transmission and offers an opportunity for service providers to conduct outreach and engagement with people struggling with injection drug use disorders, leading to a greater willingness to consider treatment. Increasing funding and support for syringe exchange programs will enable more public health departments (or other health care providers) to reach vulnerable populations and connect them to care.

   - **Establish pilot supervised consumption sites (SCS).** There are now nearly 100 SCS programs (also called "safe injection facilities") in 65 cities all over the world, but none in the United States. These programs have been demonstrated through peer-reviewed, evidence-based research to reduce overdose deaths, facilitate entry into treatment, reduce disease transmission, and save public health care costs (among other benefits). It is well past time that harm reduction programs such as SCSs can be tested as part of a public health approach to overcoming the opioid epidemic.

3. **Expand access to evidence-based addiction treatment.** Primary care providers are at the forefront of treating opioid addiction but multiple barriers exist to accessing evidence-based treatment at all levels of care. Funding must be prioritized for treatment models that provide long-term clinical management of a chronic disease such as addiction.

   - **Expand and strengthen Medicaid in all states to individuals earning at or below 138% poverty.** Not only does health insurance pay for drug treatment, it also pays for medical and mental health care, which are often needed to address multiple health care conditions. Relying on ad hoc, grant-funded services does not provide the continuity of care and coordination needed to achieve good medical and behavioral health outcomes. The 19 states that have yet to expand Medicaid to single adults leave their most vulnerable citizens uninsured and unable to access needed comprehensive care. We also encourage Congress to incentivize greater use of 1115 waivers to add supportive services such as care coordination, case management, and housing support services to bolster the services needed to engage in care.

   - **Expand capacity for drug treatment at all levels of care.** Health care providers who are screening for and treating substance use disorders need to be able to refer patients quickly and easily to programs that offer an appropriate level of treatment. People with private insurance generally have a wider range of treatment options than Medicaid participants. We must ensure equity in access to treatment, and we must be able to secure placement for our patients in programs that will deliver the appropriate clinical level of evidence-based care. We recommend removing the policy barriers that prevent Medicaid beneficiaries from accessing residential treatment, and we cannot emphasize more strongly the need for

stable housing as a critical part of effective treatment (see related recommendations below).

- **Eliminate Medication Assisted Treatment (MAT) barriers like patient caps and additional paperwork requirements.** Clinical providers are currently able to prescribe much more harmful medications than buprenorphine, yet this drug is regulated more than any other. Removing current limits on the number of patients allowed to be treated by an individual provider will allow more people to access care. Removing the requirement to keep patient logs will reduce regulatory burdens without decreasing quality of care. Eliminating both these measures will increase the number of providers willing to prescribe MATs.

- **Improve MAT provider training to be more effective.** Providers need support and training to effectively treat patients with addiction disorders; however, many providers in the field question the utility and efficacy of the current 8- and 24-hour trainings specifically required for prescribing buprenorphine. As larger changes to training in addiction medicine are being considered for primary care providers, MAT trainings should evolve to include more information about addiction treatment, pain management, and integration of care. This is especially true of the 24-hour training required of physician's assistants and nurse practitioners—the additional hours are a barrier to getting a waiver and thus reduce the number of providers authorized to prescribe buprenorphine.

- **Expand MAT access and improve continuity of care for both rural and incarcerated populations.** Allowing payments for telemedicine would enhance access to MATs, especially for people living in rural or underserved areas where transportation is limited and/or providers may not be accessible. Jails and detention centers should be required to provide MAT as part of health care services for those who are incarcerated, and should not be permitted to discontinue treatment already initiated by community providers.

- **Require Medicare and Medicaid to cover at least one form of buprenorphine and eliminate prior authorizations for prescribing any form of MAT.** Buprenorphine is no longer an experimental intervention. Its use over the last 20 years has demonstrated it is an effective treatment without adverse consequences, yet many insurance plans continue to require prior authorizations. Limited formularies and delays caused by administrative processes such as these only impede entry into treatment and raise the chances of an overdose. It's past time to make buprenorphine an integrated part of primary care, especially in the midst of an opioid crisis.

- **Continue expanding funding for SAMHSA and HRSA.** Safety net providers, especially in states that have not expandedf Medicaid, need additional resources to care for people who remain uninsured. Even in Medicaid expansion states, not all services are reimbursed through Medicaid. Funding from previous legislation (e.g., the Comprehensive Addiction and Recovery Act) was a good start, but will not meet the extensive need for treatment and support in our communities. We urge ongoing investments in these programs.

4. **Expand workforce opportunities.** As demand for treatment continues to grow, we need to ensure we have a highly trained workforce ready and able to meet those needs—particularly for people with unique needs such as those who are homeless and battling addiction.

- **Increase funding for peer specialists, case managers, care coordinators, outreach workers, community health workers, and other social support roles.** Successful treatment requires coordinated care and support beyond the exam room and therapy sessions. These health care disciplines are critical parts of interdisciplinary teams that engage clients in care, and help support them in recovery. Many of these roles can be filled by people who are themselves in recovery, thereby creating additional employment opportunities.

- **Expand the National Health Service Corps.** Every state needs a greater number of primary care and behavioral health specialists working in underserved areas. The loans and scholarships available through the NHSC are vital for growing a workforce that is dedicated to vulnerable populations in safety net settings.

5. **Expand funding for housing.** Housing must be a part of the package of solutions in order to make treatment effective and reduce the overall levels of opioid addiction. **Homelessness makes entering treatment more difficult and presents nearly impossible odds of staying in recovery. High rates of relapse are understandable when one is living on the street or in emergency shelters.** Expanding access to treatment must be accompanied by addressing housing needs.

   - **Dedicate more funding for stable housing.** Federal housing programs administered by HUD are chronically underfunded and the need for housing continues to grow. Only 1 in 4 people who qualify for housing assistance currently receive it, and those with addiction are at a much higher risk for housing instability and homelessness. Housing is a crucial component to enabling individuals to enter treatment, and be successful in recovery. Providing drug treatment only to discharge into homelessness is not helpful for individuals with addiction (and may serve as a disincentive to enter treatment), and is not an effective use of health care resources. Congress must increase investments in housing so that vulnerable people have a stable, affordable, and accessible place to live.

   - **Ensure a broad range of housing options are available.** Recovery housing, transitional housing, supportive housing, and other housing models are all needed in the continuum of treatment. Each model has its advantages and disadvantages, but for those with the greatest addiction problems, programs need to be non-time limited, low-barrier and provide the supports needed for individuals and families to live in an environment that supports their recovery.

**Finally, current proposals to restrict access and reduce federal funding for Medicaid, food assistance (SNAP), and housing only undermine the goals related to preventing and treating opioid addiction, and facilitating successful recovery.** We are encouraged by the attention being given to the wide range of changes needed to address the opioid crisis that has claimed far too many lives, but **limiting access to basic human needs through the implementation of work requirements, time limits, and other barriers is entirely counterproductive.** While some exemptions are being made for those in treatment, we emphasize that only 1 in 10 people with an addiction disorder are receiving treatment. As lawmakers consider solutions to the opioid crisis, these issues should not be considered in isolation from one another.

## Endorsing Organizations

Community-based organizations providing health care services to people who are homeless:

National organizations:

# TAB 6
# Consumer Input

COUNTY OF SAN MATEO
HEALTH SYSTEM

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DATE: June 14, 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: 2018 National Health Care for the Homeless Conference & Policy Symposium attendance in Minneapolis, Minnesota

Attendance at this year's National Health Care for the Homeless Conference & Policy Symposium was well attended by Program staff (Linda and Elli), Board members (Kat and Tay) as well as Denise Chun, social worker from San Mateo Medical Center.

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

Some of the workshops attended by Linda and Elli:

- Demonstrating the Value and Impact of Health Care for the Homeless through Data Trends
- Best Practices for Shelter Based Care
- Health Resources & Services Administration Update
- Partnership between Health Plan, Hospitals and Homeless Service Agency to House the Most Vulnerable
- **Milieu Mastery at Medical Respite—Strategies to Maximize Patient Success**
- What's new in homeless health care? A no-jargon summary of the latest research
- What's Trending: A Space for Administrators to Vent about HCH Issues
- Beyond the Emergency of Homelessness: Planning and Responding Strategically to Disasters & Emergencies
- What is an Ideal Health System Partner? A Health System's Journey to Create and Implement a Healthcare for the Homeless Scorecard
- Slowing the Revolving Door: Hospitals and Homeless Services Collaboration to Disrupt the Hospital-Homeless Cycle
- **Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens**
- They work for US! – Congressional Advocacy 101 for the HCH Community
- The Road to Meeting the National Medical Respite Standards
- Point of Care Ultrasound in Homeless Medicine: A Practice Changing, Patient Centered Tool

Link to archived materials: https://www.nhchc.org/hch2018-archived-session-materials/

Attached- report back on conference by Staff Linda Nguyen and Elli Lo, and SMMC social worker Denise Chun

**2018 National Health Care for Homeless Conference- MN 2018**
**Write up by Linda Nguyen**

Workshop:

**Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens**

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

- Lauryn Berner, MSW, MPH (Project Manager, NHCHC)
  Darlene M. Jenkins, DrPH (Senior Director of Programs, National Health Care for the Homeless Council)
  Lawanda Williams (Director of Housing Services, Health Care for the Homeless)
  Eowyn Rieke, MD, MPH (Associate Medical Director of Primary Care, Central City Concern)
  Derek A Winbush, n/a (NCAB Co-Chair, Boston Health Care for the Homeless)
  Pascale L Leone (Associate Director, CSH)

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

Individuals experiencing homelessness have a high burden of chronic diseases, including diabetes. Social and environmental factors influence the management of chronic conditions as individuals may not have access to nutritious foods, appropriate medication, and transportation to a health care provider. Additionally, individuals who are homeless may lack a safe, sanitary place to use and store their medication. Health Care for the Homeless providers are in the unique position to address these social and environmental factors to help their consumers manage their own health. This session will highlight lessons learned from health centers who are emphasizing diabetes self-management among their patients.

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

The work I conduct related to UDS reporting as well as to the QI Committee ensuring that our clinical measures are meeting national standards and improving.

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

Examples of recommendations we can use to add to our Diabetes plan required for upcoming site visit, such as:

- Trainings -DEEP (Diabetes empowerment education program)programs- is a diabetes self-management curriculum that has been shown to be successful in helping participants take control of their disease and reduce the risk of complications. DEEP™ was developed for use in low-income, racial and ethnic minority populations. It includes a training-of-trainers curriculum designed to engage community residents.
  https://mwlatino.uic.edu/program-description-2/
- Medication management/adherence
- Exploring nutrition and the food that is available to patients, pantries, shelters and food centers
- Motivational talking- what matters to patients, identify with them on what is important and tie to adhering to their care plan, get on clients agenda to understand priorities, figure out top 5 priorities

Powerpoint copy: https://www.nhchc.org/wp-content/uploads/2018/05/beyond-the-medical-model_csh-5-16.pdf

**2018 National Health Care for the Homeless Conference & Policy Symposium**
**Write up by Elli Lo**

**Milieu Mastery at Medical Respite—Strategies to Maximize Patient Success**

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

- Leslie Enzian, MD (Medical Director, Edward Thomas House Medical Respite Program, Harborview Medical Center and Attending Physician, Pioneer Square Clinic, Harborview Medical Center)
- Sarah W Ciambrone, MS (Director of Clinical Innovations, Boston Health Care for the Homeless Program)

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

- Factors influencing the social environment at medical respite center: organization, environment, practices and individual
- Active substance use disorders, uncompensated mental health symptoms, patient conflicts and the possession of weapons are commonly encountered concerns in medical respite settings. These issues can compromise patient retention and present safety risks. Administrative discharges can result in medical complications and hospital readmissions.
- Example of space planning: a respite center has installed a motion sensor in the bathroom. The sensor is triggered once the bathroom door is closed. If sensor detects no motion in two minutes after the door is closed, alarm will be triggered. This is to prevent patient overdose in the bathroom.

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

- Learned about the potential risks that front line staff faces at medical respite centers in preparation for our future respite programs
- Better understanding of the support respite programs need in enhancing safety and optimizing medical respite patients' completion of needed medical care

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

- Weapon Management
  - Searching belongings
  - What to do with found weapons
  - Role of security in respite
  - Weapons Management Policy
- Addressing Patient's characteristics
  - Screen for risks and behavioral appropriateness, formal/accessible behavioral plans
  - Pre-admin/admin education: no weapons, admission agreements to set expectations, readmission criteria lists, pre-admit screening/agreements
  - Be on alert on altered mental status
  - Data gathering about behavior on unit, documentation & effective communication about problematic behavior

**Powerpoint:** https://www.nhchc.org/wp-content/uploads/2018/05/milieu-mastery-at-medical-respite-strategies-to-maximize-patient-success.pdf

**2018 NATIONAL HEALTH CARE FOR THE HOMELESS, CONFERENCE & SYMPOSIUM**

SUMMARY

**Speakers of interest**: Dr. Howard Pinderhughes made interesting connections to violence and health care challenges; and Phillip W. Brickner, lawyer for Social Justice – the number of housing units beginning with 2 to involving multiple states and thousands of units and in different states.

**Key Points of the Training**: my interest was medical respite models. I have been developing a model based on my experience as a SW III, Discharge Planner/Cs Mgr for the San Mateo Medical Center, Med Surg unit, where my primary responsibility was the safe and timely discharge of patients to an appropriate level of care; the removal of barriers and social barriers to discharge including the reticence of providers to take the homeless, to take medi-cal; and how that necessitated creative problem solving involving clinical participation on a case by case basis with payers or agencies to create an income stream, to pay for housing and care; and the creation of secondary discharge plans, to longer term housing for handoff to CBOs who handle housing. Two primary models were proffered in the training (Tuesday) and throughout the training (Wed/Thurs). **Two primary models are Shelter based with patients coming from hospitals (advantages and disadvantages), and what appears to be the development of hospital initiated and sponsored medical respite programs, e.g., SF General Respite Program, a free standing residential program.**
I opened a 3rd type in 2002, Medical Respite combination long term psychiatric care Adult Residential Facility (an RCFE), with contracts through the City but funding at the Federal level to State and from State to Local (San Francisco), with multiple social access points for psychiatric patients but only SF General for homeless HIV, for medical respite.

**ACOs the new kids on the block**: this is a cost savings arm under contract to the state that coordinates insurers and providers alike for cost effective services, right type, right place and right time. ACOs are focused on medi-cal. California is currently not a participant of ACOs, but any incentive for cost savings is great since we are a medical expansion state with a very expensive real estate and large medi-cal populations.

**How does this connect to my work** with the homeless, farmworkers and HCH/FH Program? My work experience with the homeless began in 2002, when as a Start Up Administrator, I opened an RCFE (free standing residential program), 35 bed facility for medical respite for homeless HIV patients; combined with a program for long term psychiatric care. I opened this facility, developed and implemented the administrative infrastructure, operations and workflow according to licensing provisions, with a medical respite program headed by a physician and medical support staff; and a psychiatric care program headed by a psychiatrist with clinical support staff. Medical respite patients were admitted for conditions that were expected to resolve within 60 days or less. We accepted patients from SF General.

In 2008-20012, I was a clinician with Ravenswood FHC, providing MH and recovery services. My primary patient profile was low/fixed income; homeless or marginally housed; patients were mild to moderate for MH, AOD, and chronic medical conditions; with correctional background and unemployed and without benefits. What I gained (informally) was knowledge and skills working with homeless with comorbidities and recognizing that housing (even temporary AOD residential) had a stabilizing influence and these patients did much better than street homeless with same problems.

In 2014 to present, I am employed as a SWKR III, with the San Mateo Health System. On a case-by-case basis I have collaborated, coordinated with providers, insurers and agencies to create "medical respite" for homeless patients to improve their health outcomes and prevent readmission. This means I have resolved social and other barriers to a safe and timely discharge to an appropriate level of care based on the prescriptive discharge and post discharge treatment plan based on a multi-disciplinary input (hospital rounds).

**What is the technical knowledge you gained**? An understanding of the structural (systemic) problems across the country in major and not so major US cities; the proffered solutions (delivery of service system of health care to the homeless), each models advantages and disadvantages; and medical respite improving the health outcomes of homeless patients, especially when paired long term housing, as part of the discharge plan from medical respite. How to manage the milieu of respite and the possibility of ACOs being employed in California and what impacts that may have on the quality and delivery of services system.

**List of workshops you attended**:

1. Tuesday, May 15: Medical Respite
2. Wednesday, May 16:
    - Expanding Medical Respite Services, Program Development & Implementation
    - Building Hospital & Supporting Housing Partnerships
    - Beyond the Medical Model: Managing Diabetes and Chronic Disease through a Social Determinants Lens
    - Hep C: Working Towards a Cure as a Community

Thursday, May 17:

- Medicaid Accountable Care Organizations: A Fancy New Care Model Tries to Improve Health
- Milieu Mastery at Medical Respite: Strategies to Maximize Patient Success
- The Road to Meeting the National Medical Respite Standards
- If you are not at the Table, You're on the Menu – Voter Registration and Engagement for People Experiencing Homelessness

By, Denise M. Chun, MACP MFT, MPA
Social Worker III, San Mateo Health System

# TAB 7
# QI Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
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www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: June 14, 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 met on May 24, 2018.

The Patient Satisfaction Surveys for this year were finalized and will be distributed to all contracted agencies in August 2018 after they are translated into Spanish and Tongan.

One focus of the upcoming HRSA Operational Site Visit will be establishment of a Diabetes Action Plan with the goal of improving Diabetes management in the Homeless and Farmworker communities. The QI Committee discussed potential elements for San Mateo County's Plan. One proposed element would be expansion of Point-of-Care Hemoglobin A1c testing, which currently is being utilized by the PHPP Mobile Health Clinic. Second, a Nutrition component to the Plan including implementation of the CalFresh Restaurant Program and coordination with the Maple Street Shelter Dietician to target Diabetic shelter residents. Finally, special attention will be paid to the Shelter Homeless and Farmworker populations, which have been identified as disparity groups with regard to Diabetic control.

The QI Committee will be tracking referrals to Primary Care from contracted Enabling Services Agencies for the Non-Medical outcome measure. The Committee is awaiting the referral lists from Ravenswood Family Health Center and Samaritan House.

Finally, as mentioned above, the Shelter Homeless and Farmworker populations have been identified as Medical disparity groups. The QI Committee continues to discuss strategies for evaluating barriers to Medical care for these populations. At this point, the Committee is still identifying potential programs and agencies to engage in the discussion.

The next QI Committee meeting will be in August 2018.

San Mateo Medical Center
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COUNTY OF SAN MATEO CALIFORNIA

# TAB 8
# Director's Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
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DATE: June 14, 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 May 10, 2018 Co-Applicant Board meeting:

1. Staffing

Program has offered the Planning & Implementation Coordinator position to Irene Seliverstov, and she has accepted. Her current planned start date is July 30, 2018.

Irene comes to us with a B.S. from Berkley, four years of experience at Genentech and having just received her Master's in Public Health from Columbia University. We are very excited to bring Irene on board.

We are looking at one possible candidate for the Clinical Coordinator position, but are also still soliciting applications.

2. Operational Site Visit (OSV)

We have received the official notice for our OSV, including the members of the review team. It is still scheduled for July 24-26th. Please try to be available for various meetings during that time period if at all possible.

We have arranged through our consultant contract with J Snow to have two (2) experienced consultants perform a partial "mock" OSV in the coming weeks to help us prepare, focusing on the areas where we believe we may be most at risk. That may also be followed by some Technical Assistance (TA) provided by HRSA through our Project Officer to further help us prepare.

3. Upcoming Funding Opportunity

HRSA typically has a funding opportunity announced during the late spring/early summer. Based on information we have received, we expect it to be announced within the next few weeks, with a focus on Substance Abuse and Mental Health, however, we do not have any further specifics. It will be available to all health center programs, which generally means there will be a formula allocation that can be requested. We expect our allocation to be around $275 - $300K, about 60% of it as one-time funding and 40% as ongoing funding. HRSA hopes to be able to increase the ongoing funding in year two. We are beginning our discussion of potential efforts to utilize the funding. We expect that there will be a very short turnaround time to make the request.

4. Seven Day Update

ATTACHED:

- Program Calendar

# Health Care for the Homeless & Farmworker Health (HCH/FH) Program

## 2018 Calendar (*Revised June 2018*)

| EVENT | DATE | NOTES |
|---|---|---|
| • **Board Meeting (June 14, 2018 from 9:00 a.m. to 11:00 a.m.)**<br>• Site visit with contractors | June | @San Mateo Medical Center |
| • **Board Meeting (July 12, 2018 from 9:00 a.m. to 11:00 a.m.)**<br>• Site visit with HRSA July 24-26th<br>• QI Committee meeting<br>• Provider Collaborative meeting | July | @San Mateo Medical Center |
| • **Board Meeting (August 9, 2018 from 9:00 a.m. to 11:00 a.m.)**<br>• Patient Satisfaction Surveys administered<br>• Site visit with contractors | August | @San Mateo Medical Center |
| • **Board Meeting (September 13, 2018 from 9:00 a.m. to 11:00 a.m.)**<br>• QI Committee meeting | September | @San Mateo Medical Center |
| • **Board Meeting (October 11, 2018 from 9:00 a.m. to 11:00 a.m.)**<br>• **Amend contracts**<br>• Medical Respite training symposium (NHCHC) Oct. 1-2 in Phoenix, AZ | October | @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 OLCPs | WInter |
| Program Director annual review | Fall /Spring |
| Sliding Fee Scale (FPL)- review/approve | Spring |

# TAB 9
# Budget & Finance Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

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DATE: June 14, 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 May 31, 2018, total an estimated $1,020,304. 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.

As we progress farther into the grant year, we are able to make better annual estimates for some of the expenditure categories. Currently, our contracts and MOUs appear to be expending at a rate to reach the mid-to-high 90% utilization. Delays in the hiring process has reduced the expected staff expenditures slightly. At present, we project to expend 95% of our total grant, with unexpended funds projected to be around $166,407. Much of this is from the delays in the AIMS effort. This does provide for the possibility of some additional adds for new efforts, adds to contracts, etc., as we get into mid-year.

Attachment:

- Preliminary GY 2018 Summary Report
- Full Program Expenditures through April 2018 (Form 8A)
- Full Program Revenues through April 2018 (Form 9D)

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COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2018

| Details for budget estimates | Budget [SF-424] | To Date **(05/31/18)** | Projection for GY (+~35 wks) | Projected for GY 2019 |
|---|---|---|---|---|
| Salaries | | | | |
| Director | | | | |
| Program Coordinator | | | | |
| Medical Director | | | | |
| Management Analyst | | | | |
| new position, misc. OT, other, etc. | | | | |
| | 540,000 | 174,916 | 500,000 | 590,000 |
| Benefits | | | | |
| Director | | | | |
| Program Coordinator | | | | |
| Medical Director | | | | |
| Management Analyst | | | | |
| new position, misc. OT, other, etc. | | | | |
| | 200,000 | 72,487 | 203,000 | 250,000 |
| Travel | | | | |
| National Conferences (2500*4) | | | 7,500 | 20,000 |
| Regional Conferences (1000*5) | | 2,340 | 7,500 | 5,000 |
| Local Travel | | | 1,500 | 2,000 |
| Taxis | | 901 | 7,500 | 5,000 |
| Van & vehicle usage | | 1,050 | 1,000 | 1,000 |
| | 25,000 | 4,291 | 25,000 | 33,000 |
| Supplies | | | | |
| Office Supplies, misc. | 10,500 | 268 | 4,500 | 12,500 |
| Small Funding Requests | | 25,370 | 50,000 | 50,000 |
| | 10,500 | 25,638 | 54,500 | 62,500 |
| Contractual | | | | |
| 2016 Contracts | | 34,825 | 34,825 | |
| 2016 MOUs | | 14,900 | 14,900 | |
| Current 2017 contracts | 967,030 | 378,802 | 900,000 | 900,000 |
| Current 2017 MOUs | 872,000 | 309,260 | 832,000 | 825,000 |
| ---unallocated---/other contracts | 118,073 | | | |
| | 1,957,103 | 737,787 | 1,781,725 | 1,725,000 |
| Other | | | | |
| Consultants/grant writer | 31,667 | | 30,000 | 45,000 |
| IT/Telcom | 5,930 | 1,850 | 6,250 | 6,000 |
| New Automation | | | 0 | - |
| Memberships | 4,000 | 2,000 | 4,000 | 4,000 |
| Training | | | 3,250 | 4,000 |
| Misc (food, etc.) | 5,500 | 1,335 | 5,500 | 5,500 |
| | 47,097 | 5,185 | 49,000 | 64,500 |
| TOTALS - Base Grant | 2,779,700 | 1,020,304 | 2,613,225 | 2,725,000 |
| HCH/FH PROGRAM TOTAL | 2,779,700 | 1,020,304 | 2,613,225 | 2,725,000 |
| PROJECTED AVAILABLE | BASE GRANT | | 166,475 | 25,004 |
| | | | | based on est. grant of $2,750,004 |

| reporting_ year | line_no | line_desc | accrued_cost | allocation_of_ fac_cost | accrued_and_ allocated_fac_cost | allocation_non_clin_ supp_serv | allocation_fac_and_ non_clin_supp_serv |
|---|---|---|---|---|---|---|---|
| 2018 | 01 | Medical Staff | 1,496,351.35 | 74,810.36 | 1,571,161.71 | 723,190.99 | 2,294,352.70 |
| 2018 | 02 | Lab and X-ray | 220,208.46 | 19,900.32 | 240,108.78 | 110,519.82 | 350,628.60 |
| 2018 | 03 | Medical/Other Direct | 522,795.92 | | 522,795.92 | 240,638.05 | 763,433.97 |
| 2018 | 05 | Dental | 83,144.08 | | 83,144.08 | 38,270.44 | 121,414.52 |
| 2018 | 06 | Mental Health | 555,615.39 | | 555,615.39 | 255,744.55 | 811,359.94 |
| 2018 | 07 | Sustance Abuse | | | | | |
| 2018 | 08a | Pharmacy not including pharmaceuticals | 212,382.28 | 6,857.95 | 219,240.23 | 100,914.22 | 320,154.45 |
| 2018 | 08b | Pharmaceuticals | 40,377.74 | | 40,377.74 | 18,585.49 | 58,963.23 |
| 2018 | 09 | Other Professional | 17,629.24 | 10,511.33 | 28,140.57 | 12,952.84 | 41,093.41 |
| 2018 | 09a | Vision | 26,443.86 | | 26,443.86 | 12,171.86 | 38,615.72 |
| 2018 | 11a | Case Management | | | | | |
| 2018 | 11b | Transportation | | | | | |
| 2018 | 11c | Outreach | | | | | |
| 2018 | 11d | Patient and Community Education | | | | | |
| 2018 | 11e | Eligibility Assistance | | | | | |
| 2018 | 11f | Interpretation Services | | | | | |
| 2018 | 11g | Other Enabling Services | | | | | |
| 2018 | 12 | Other Related Services | | | | | |
| 2018 | 14 | Facility | 362,509.51 | | | | |
| 2018 | 15 | Non Clinical Support Services | 1,512,988.26 | | | | |
| 2018 | 18 | Value of Donated Facilities, Services, and Supplies | | | | | |
| | | | 5,050,446.09 | | | | 4,800,016.54 |

| Year | Line | Payor_Category | Allowance | Amount Collected | Bad Debt Write Off | Collection of Reconciliation/Wrap Around Current Year | Full Charges |
|---|---|---|---|---|---|---|---|
| 2018 | | | | | | | 2596.20 |
| 2018 | 01 | Medicaid Non-Managed Care | 250,722.02 | 321,853.17 | | 295,064.94 | 510,734.53 |
| 2018 | 02a | Medicaid Managed Care (capitated) | 1,600,742.73 | 610,893.14 | 427.00 | 317,604.34 | 2,181,780.19 |
| 2018 | 04 | Medicare Non-Managed Care | 251,226.66 | 262,480.05 | 462.54 | 51,635.92 | 513,643.23 |
| 2018 | 05b | Medicare Managed Care (fee-for-service) | 273,896.58 | 221,387.15 | | 65,511.97 | 519,915.92 |
| 2018 | 07 | Other Public including Non-Medicaid CHIP (Non Managed Care) | 59,953.42 | 8,753.35 | | | 76,885.79 |
| 2018 | 10 | Private Non-Managed Care | 2,952.45 | 2,893.32 | | (1.28) | 1,178.00 |
| 2018 | 11a | Private Managed Care (capitated) | 45.21 | 345.79 | | | 154.00 |
| 2018 | 13 | Self Pay | 765,185.67 | 11,005.46 | 816.00 | 750.96 | 786,967.05 |

1,439,611.43

# TAB 10
# Contractors
# 1st Quarter
# Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
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San Mateo, CA 94403
650-573-2222 T
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DATE: May 10, 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 1 Report (January 1, 2018 through March 31, 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 for the first quarter:

<table>
<tr><th>HCH/FH Performance<br>01/01/2018 – 03/31/2018</th><th>Yearly Target # Undup Pts</th><th>Actual # YTD Undup Pts</th><th>% YTD</th><th>Yearly Target # Visits</th><th>Actual # YTD Visits</th><th>% YTD</th></tr>
<tr><td>Behavioral Health & Recovery Svs</td><td>300</td><td>43</td><td>14%</td><td>900</td><td>112</td><td>12%</td></tr>
<tr><td>LifeMoves (care coord)</td><td>550</td><td>63</td><td>11%</td><td rowspan="3">1,375</td><td rowspan="3">137</td><td rowspan="3">10%</td></tr>
<tr><td>LifeMoves (SSI/SSDI)</td><td>75</td><td>8</td><td>11%</td></tr>
<tr><td>LifeMoves (eligibility)</td><td>30</td><td>6</td><td>20%</td></tr>
<tr><td>LifeMoves (Street Medicine)</td><td>140</td><td>37</td><td>26%</td><td>300</td><td>145</td><td>48%</td></tr>
<tr><td>LifeMoves (Transportation)</td><td>N/A</td><td>N/A</td><td>N/A</td><td>344 rides</td><td>79 rides</td><td>23%</td></tr>
<tr><td>Public Health Mobile Van & Expanded Services</td><td>1,210</td><td>394</td><td>33%</td><td>2,420</td><td>492</td><td>20%</td></tr>
<tr><td>Public Health- Street Medicine</td><td>135</td><td>39</td><td>29%</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Puente de la Costa Sur (CC & Intensive CC)</td><td>200</td><td>115</td><td>58%</td><td rowspan="2">590</td><td rowspan="2">284</td><td rowspan="2">48%</td></tr>
<tr><td>Puente (O/E)</td><td>170</td><td>63</td><td>37%</td></tr>
<tr><td>Ravenswood (Primary Care)</td><td>700</td><td>240</td><td>34%</td><td>2100</td><td>428</td><td>20%</td></tr>
<tr><td>Ravenswood (Dental)</td><td>275</td><td>92</td><td>33%</td><td>780</td><td>178</td><td>23%</td></tr>
<tr><td>Ravenswood (Care Coordination)</td><td>500</td><td>152</td><td>30%</td><td>1200</td><td>254</td><td>21%</td></tr>
<tr><td>Samaritan House</td><td>210</td><td>92</td><td>44%</td><td>360</td><td>158</td><td>44%</td></tr>
<tr><td>Sonrisas Dental</td><td>115</td><td>43</td><td>37%</td><td>460</td><td>72</td><td>16%</td></tr>
<tr><td>Total HCH/FH Contracts</td><td>4,440</td><td>1,387</td><td>31%</td><td>10,485</td><td>2,260</td><td>22%</td></tr>
</table>

| HCH/FH Performance *01/01/2018 – 3/31/2018* | Contracted Services | Cost | Yearly Target # Undup Pts | Actual # YTD Undup Pts | YTD Spent | HCH/FH Funding | % YTD |
|---|---|---|---|---|---|---|---|
| Behavioral Health & Recovery Svs | Care Coordination | $300/patient | 300 | 43 | $ 13,500 | $90,000 | 15% |
| 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 | 39 | $ 10,725 | $298,030 | 18% |
| | Intensive Care Coordination | $525/patient | 50 | 24 | $ 12,600 | | |
| | SSI/SSDI Eligibility Assistance | $420/patient | 75 | 8 | $ 3,360 | | |
| | Health Coverage Eligibility Assistance | $110/patient | 30 | 6 | $ 660 | | |
| | Transportation | $45/ride | 344 rides | 79 rides | $ 3,555 | | |
| LifeMoves (Street Medicine) | Intensive Care Coordination | $600/patient | 140 | 37 | $ 22,200 | | |
| Public Health Mobile Van & Expanded Services | Primary Care Services | $330/patient | 1,000 | 324 | $ 106,920 | $532,250 | 30% |
| | Primary Care Services to formerly incarcerated & homeless | $725/patient | 210 | 70 | $ 50,750 | | |
| Public Health (Street Medicine) | Primary Care Services | $1,850/patient | 135 | 39 | $ 72,150 | $249,750 | 29% |
| Puente de la Costa Sur (CC & Intensive CC) | Care Coordination | $500/patient | 180 | 104 | $ 52,000 | $183,500 | 49% |
| | Intensive Care Coordination | $850/patient | 20 | 11 | $ 9,350 | | |
| Puente (O/E) | Health Coverage Eligibility Assistance | $450/patient | 170 | 63 | $ 28,350 | | |
| Ravenswood (Primary Care) | Primary Care Services | $153/patient | 700 | 240 | $ 36,720 | $107,100 | 34% |
| Ravenswood (Dental) | Dental Services | $199/patient | 275 | 92 | $ 18,308 | $54,725 | 33% |
| Ravenswood (Care Coordination) | Care Coordination | $194/patient | 500 | 152 | $ 29,488 | $97,000 | 30% |
| Samaritan House | Care Coordination | $380/patient | 200 | 92 | $ 34,960 | $81,000 | 43% |
| | Intensive Care Coordination | $500/patient | 10 | 0 | $ - | | |
| Total HCH/FH Contracts | | | 4,100 | 1,387 | $ 560,831 | $1,839,030 | 30% |

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

| Agency | Outcome Measure | 1st -Quarter Progress |
|---|---|---|
| **Behavioral Health & Recovery Services** | •At least 100% screened will have a behavioral health screening.<br>•At least 70% will receive individualized care plan. | During the 1st quarter:<br>• 100% clients had a behavioral health screening<br>• 100% received individualized care plan |
| **LifeMoves/CHOW (street med)** | • Minimum of 50% (250) will establish a medical home.<br>• At least 90% of homeless individuals served for CC services will have documented care plan.<br>• At least 30 will complete submission for health coverage. | During the 1st quarter:<br>• 100% established a medical home<br>• 47% of individuals served for CC services will have documented care plan.<br>• 14 complete submission for health coverage. |
| **Public Health Mobile Van/expanded services** | • At least 80 % will receive a comprehensive health screening for chronic disease and other health conditions.<br>• At least 20% of patient encounters will be related to a chronic disease. | During the 1st quarter:<br>• 100 % served received a comprehensive health screening for chronic disease and other health conditions.<br>• 22% individuals with a chronic health condition |
| **PH- Mobile Van- Street/Field Medicine** | • At least 75% of street homeless/farmworkers seen will have a formal Depression Screen performed<br>• At least 50% of street homeless/farmworkers seen will be referred to Primary Care | During the 1st quarter:<br>• 100% of street homeless/farmworkers seen will have a formal Depression Screen performed<br>• 0% of street homeless/farmworkers seen will be referred to Primary Care |
| **Puente de la Costa Sur** | •At least 90% served care coordination services will receive individualized care plan.<br>•At least 25 served will be provided transportation and translation services. | During the 1st quarter:<br>• 35% farmworkers served cc services received care plan.<br>• 81 were provided transportation and translation services. |
| **RFHC – Primary Health Care** | • 100% will receive a comprehensive health screening.<br>•At least 300 will receive a behavioral health screening. | During the 1st quarter:<br>• 96 % received a comprehensive health screening.<br>• 11 received a behavioral health screening. |

| | | |
|---|---|---|
| **RFHC – Dental Care** | • At least 50% will complete their treatment plans.<br>• At least 80% will receive comprehensive oral health screenings.<br>• At least 50% will complete their denture treatment plan. | During the 1st quarter:<br>• 16% completed their treatment plans.<br>• 79% attended their scheduled treatment plan appointments.<br>• 50% completed their denture treatment plan. |
| **RFHC – Enabling services** | • At least 85% will receive care coordination services and will create health care case plans<br>• 65% of homeless diabetic patients will have hbA1c levels below 9. | During the 1st quarter:<br>• 38 % received care coordination services and will create health care case plans<br>• 68% of diabetic patients have hbA1c levels below 9. |
| **Samaritan House- Safe Harbor** | •At least 95% of patients will receive individualized health care case plan.<br>•At least 70% will complete their health care plan.<br>•At least 70% will schedule primary care appointments and attend at least one. | During the 1st quarter:<br>• 54% received individualized health care case plan<br>• 76%complete their health care plan.<br>• 30% will schedule primary care appointments and attend at least one. |
| **Sonrisas Dental** | • At least 50% will complete their treatment plans.<br>• At least 75% will complete their denture treatment plan. | During the 1st quarter:<br>• 40 %  completed their treatment plans.<br>• 0%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 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.

- According to **LifeMoves** reports lots of success in keeping clients engaged and connected to medical services with relationship with Street Medicine Team and WPC. Transportation is also better with revisions to taxi voucher policy to refer patients outside of SMMC.
  - Obtaining PC appointments through New Patient services line (4 months) and Dental van has long wait times.

- **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.
  - Lack of a medical nurse/case management for service coordination.

- **Puente** states that they have been able to schedule renewals in a timely manner and their access to Health Plan of San Mateo Provider Portal has been helpful showing the if clients have an active status.
  - Patients wish there was more availability in the dental clinic, discussing long wait times.
  - Difficulty of explaining how the family size and FPL determines eligibility.

- **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. .
  - 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 as well as seniors.

- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Trends include request for dentures and education that is needed to provide. Hearing that other dental providers extract teeth rather than try to preserve. Would like to see more healthy food alternatives.

- **Ravenswood Enabling services**- great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Increased requests to seek employment assistance and supplies for babies to distribute to at risk families with children. Patients struggle with transportation to specialty clinics in San Mateo.

- **Samaritan House/Safe Harbor** states that response times for SSI referrals are improving.
  - Long wait for dental clinic, primary care access. Trying to trouble shoot how to transport non HPSM clients to their appointments.

- **Sonrisas Dental** states that relationship with Puente is working well.
  - No shows can be difficult to deal with due to work schedules; means another patient cannot be seen.