HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting
San Mateo Medical Center| Board Room San Mateo
May 10, 2018, 9:00 A.M - 11:00 A.M.
AGENDA

A.	**CALL TO ORDER**	Brian Greenberg	**9:00 AM**
B.	**CHANGES TO ORDER OF AGENDA**		**9:05 AM**
C.	**PUBLIC COMMENT**		**9:10 AM**

Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

D. CLOSED SESSION **9:12 AM**

1. Closed Session this meeting
   - *i. Action Item- Request to Approve Credentialing/Privileging list of LIPs*
   - *ii. Board Chair evaluation*

E.	**MEETING MINUTES**	Linda Nguyen	**TAB 1 9:45 AM**
1.	Meeting minutes from April 12 , 2018		
F.	**BOARD ORIENTATION**		
1.	Board Orientation on OSV and Board Evaluations	Linda Nguyen	**TAB 2 9:47 AM**

G. BUSINESS AGENDA:

Documents for the following item will be available for review at the meeting with time for review prior to consideration and action by the Board.

1. AIMS contract with BHRS — Jim Beaumont — **10:05 AM**
   - *i. Action Item- Request to Approve AIMS contract*
2. Change of Scope
   - *i. Action Item- Request to Approve change of scope for DCYHC* — **TAB 3 10:10 AM**

H. STRATEGIC/TACTICAL PLAN DISCUSSION Jim Beaumont **10:15 AM**

I. REPORTING AGENDA:

1.	Consumer Input	Linda Nguyen	**TAB 4 10:20 AM**
2.	Board recruitment/membership report	Brian/Linda	**TAB 5 10:30 AM**
	i. Discussion on meeting time change		
	ii. BOS Appreciation event		
3.	HCH/FH Program QI Report	Frank Trinh	**TAB 6 10:35 AM**
4.	HCH/FH Program Director's Report	Jim Beaumont	**TAB 7 10:40 AM**
5.	HCH/FH Program Budget/Finance Report	Jim Beaumont	**TAB 8 10:45 AM**
6.	Needs Assessment Report	Elli/Jim/Linda	**TAB 9 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 June 14, 2018; 9:00 A.M. – 11:00 A.M. SMMC

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 (April 12, 2018)
SMMC

Co-Applicant Board Members Present	County Staff Present	Members of the Public
Brian Greenberg, Chair	Elli Lo, Management Analyst	
Kathryn Barrientos	Linda Nguyen, Program Coordinator	
Robert Anderson		
Gary Campanile		
Mother Champion		
Tayischa Deldridge		
Steve Carey		
Christian Hansen		
Steven Kraft		
Jim Beaumont, HCH/FH Program Director (Ex-Officio)		

Absent: Dwight Wilson, Allison Ulrich

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:00 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	No Public Comment at this meeting.	
Closed session **Request to Approve C&P list**	**Action item: *Request to Approve* Credentialing and Privileging List**	Motion to Approve C&P list MOVED by Tay SECONDED by Mother Champion, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from March 8, 2018) were approved. Please refer to TAB 1	Consent Agenda was MOVED by SECONDED by, and APPROVED by all Board members present.
Board orientation/ TA with consultant on OSV	Consultant from JSI went over what to expect for upcoming OSV and Board orientation: • Going over the new Compliance manual, site visit protocol. • Review Board meeting minutes within the last year. • Adopt Board Resolution- health care does not include service agency, not include define. • Have consumer member (farmworker or advocate) • Add to disclosure- no relative that is health system staff • Inquire about regular/special meeting after meeting with site visit team	Staff- go over HRSA website, Compliance manual with Board

Business Agenda: Strategic plan discussion	Staff working on 2 new hires.	
Sliding Fee Scale Policy- Request to Amend SFS Policy	One of the Federal Program Requirements is having an approved Sliding Fee Discount Program (SFDP). This Board approved policy for the SFDP in October 2014 and was later updated on June 9, 2016 based off of OSV report recommendations. The latest update to the SFDP was in February, 2018 to incorporate the 2018 Federal Poverty Guidelines (FPG). As we have been working with the Health Coverage Unit on the implementation of the SFDP in advance of our Operational Site Visit, we have identified that the current "discount" in cumbersome and difficult to understand. Currently the SFDS provides for discounts of 98%, 95% and 80% across three income groupings between 100% and 200% of FPG. This requires an individual calculation of potential/actual cost for each service based on the listed charges for that service. To address this, and in light of the fact that most coverage and insurance programs use flat co-pays to provide discounts across multiple services, we are recommending the Board revise the San Mateo HCH/FH Program Sliding Fee Schedule to utilize flat co-payments to represent the discounts on services. The recommended revised scale is attached to this memo. It provides for co-pays of $20, $25, and $30 across the three income groupings previously having percentage discounts. This revision will make the SFDP much easier to understand for patients and for staff to administer. In addition, it will clearly make the County's ACE program a better resource for our homeless and farmworker patients. Discussion on nominal fees as a barrier to care, currently our SFS does not have a nominal fee. **Action item: Request to Amend SFS Policy** *Please refer to TAB 2 on the Board meeting packet*	**Request to Amend SFS Policy** MOVED by Steve Kraft SECONDED by Kat, and APPROVED by all Board members present
New Board member request: Request to Approve Board Member	The Board Composition Committee has interviewed a candidate it wishes to present to the Board.Summaries of Board Composition Committee evaluation and recommendation for each candidate accompany this TAB. Ms. Shaw Porter is currently employed at San Francisco's first and largest homeless shelter (Raphael House) as a Marketing and Communications Manager. She is a philanthropist, TEDx speaker, social/digital media strategist with experience in public relations, brand management and marketing. She has created and managed digital and social media marketing projects for numerous brands, start-ups, nonprofits, and products in the United States. She specializes in managing social and digital media strategy for brands and large corporations with a global reach. **Action item: Request to Approve Board member** *Please refer to TAB 3 on the Board meeting packet*	**Request to Approve Board member** MOVED by Tay SECONDED by Steve C, and APPROVED by all Board members present Add meeting time change to next agenda for discussion

AIMS Proposal	Staff handed out a draft proposal of services for the AIMS funding: • At the July 2017 Board meeting, the Board has approved the Program to submit a supplemental funding application for the Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding Opportunity. • Staff has been working with County staff at BHRS to draft a scope of work to provide Mental Health and Substance Abuse Services to homeless and farmworker patients on the Coastside. We will continue to work with BHRS staff to develop a contract to review at the next Board meeting.	Staff will work with BHRS staff to develop contract for approval at next Board meeting.
Reporting Agenda: Consumer Input	Staff spoke about Diabetes Day and how it effects the populations we serve: Today, March 27, join the National HCH Council in recognizing Diabetes Alert Day. Diabetes affects over 30 million Americans, and nearly 1 in 4 adults with diabetes are unaware that they have the disease.People experiencing homelessness face multiple **challenges in managing chronic illnesses such as** diabetes. Inadequate access to refrigeration for medication storage and a lack of proper nutrition are some of the obstacles that people without homes encounter when trying to control their diabetes. Board member Kat also spoke about her experience speaking at a conference in San Francisco on Respite Care provided at Safe Harbor shelter. *Please refer to TAB 4 on the Board meeting packet*	
Regular Agenda: HCH/FH Program QI Report	Staff reported on QI: • The San Mateo County HCH/FH Program QI Committee met in March 2018. • The QI Committee is preparing to implement the Patient Satisfaction Survey in the Summer of 2018. In anticipation for this, the Medical, Dental, Behavioral Health, and Enabling Services Patient Satisfaction Survey forms were reviewed and edited. • The QI Committee is collecting the Primary Care referral lists from Enabling Services agencies contracted with the HCH/FH Program. The Committee has received referral lists from 2 agencies, with the responses from the other agencies pending. • Regarding the Medical Outcome Measures, initial Hypertension control data was reviewed. The initial data is attached to this report. The QI Committee will be further evaluating the Hypertension data at the next Committee meeting in May 2018. *Please refer to TAB 5 on the Board meeting packet*	
Regular Agenda: HCH/FH Program **Directors report**	Report included: • UDS submission on March 9, 2018. • AIMS- staff continues to work with BHRS on proposal/contract • Quality Award- The San Mateo County HCH/FH Program received recognition as a Health Center Quality Leader. This represents our average ranking in the utilized clinical quality measures placed us among the top 30% of all HRSA-supported Health Centers. We have also received a seal that we can display representing this recognition.	

	• Staffing- program continues to work with HR on hiring new staff • HPSM on Respite care- Program was informed of an initiative from the HPSM on respite/recuperative care. We met with their staff on March 21st and look forward to working cooperatively with HPSM on this effort. • Automation- On March 15th, the Homeless and Farmworker information collected during clinic visit registration began being ported to and displayed in eCW. This is a great culmination of our DISHII grant efforts and something program has been working for over numerous years. *Please refer to TAB 6 on the Board meeting packet.*	
Regular Agenda: HCH/FH Program *Budget & Financial Report*	Preliminary grant expenditures through March, 2018, total $471,727. This will increase a little as the County processes month-end transactions, but we have included known contractual expenditures, 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. *Please refer to TAB 7on the Board meeting packet.*	
Small Funding Request Report	In accordance with the HCH/FH Program Policy on Small Funding Requests, Program shall provide the Board a summary of the status of the small funding requests from the prior 6-12 months. Small funding requests targeted at one-time small scale projects that that would benefit the health of the homeless and/or farmworker population, or otherwise improve their health status or reduce future health risks. In 2017, Program received a total $56,624 worth of requests from five agencies, approved a total of $40,435 worth of requests for all agencies, and successfully reimbursed a total of $33,632 on Small Funding Requests. *Please refer to TAB 8on the Board meeting packet.*	
Final UDS report/Submission	Program staff submitted the final Uniform Data System (UDS) report on March 9, 2018. The UDS is a standard data set that is reported annually and provides consistent information about health centers. It includes patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues that document how San Mateo Health System as well as HCH/FH contractors perform. Over the years there have been fluctuations in both the homeless and farmworker populations. The criteria for the clinical outcome measures have also changed significantly; this is reflected in the UDS trend charts showing data on eight years of UDS reporting (2010-2017). *Please refer to TAB 9on the Board meeting packet.*	
Adjournment	Time 11:08am	Brian Greenberg

TAB 2

Board orientation

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 main responsibilities

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

HRSA Operational Site Visit (OSV): What a Health Center Board Needs to Know

Pat Fairchild

April 9, 2018

WHAT IS AN OSV?

- Purpose is to assess and verify a health center's compliance with requirement of the Health Center Program as defined in the law (section 330) and regulations
- Requirements are defined in the "Health Center Program Compliance Manual"
- Also looks at 340b, Federal Tort Claim Act (FTCA) coverage (when applicable) and assesses clinical performance (diabetes)
- Conducted at least once during a project period, generally 18 months into a typical three-year project period

HOW IS IT CONDUCTED?

- 2 ½ day site visit by team of 3 consultants: administration/governance, clinical and fiscal. HRSA also usually sends a person
- Team uses a Site Visit Protocol which is aligned with the Compliance Manual to answer MANY questions
- Extensive preparation. Lots of documents to assemble and items to review
- Team gives verbal report at Exit. HRSA makes final determination on compliance and issues written report (6-8 weeks). Findings of non-compliance result in grant conditions

ROLE OF THE BOARD IN AN OSV

Before

- Become generally familiar with key documents – Compliance Manual, Co-applicant Agreement, Bylaws
- Address staff requests to modify/adopt policies or other items; identify areas Board feels should be addressed

During:

- Be engaged! Attend and participate in the OSV Team's meeting with the Board. If possible, attend Entrance and Exit conferences

After:

- Review report
- Work with staff to resolve any conditions within allotted time

Requirements related to the Board

Key clarifications/additions from previous requirements, noted in red.

BOARD AUTHORITY REQUIREMENTS (CHAPTER 19)

ALL health center Boards must

- Have a governing board. Public Centers typically have a "co-applicant" Board. Public Centers must have a written co-applicant agreement between the co-applicant Board and the public agency which serves as the grantee. Boards may NOT relinquish any required authorities to another person or entity including to a public agency grantee.
- Develop bylaws. Compliance manual (p.73) defines specific elements that Bylaws or other documents must address
- Ensure health center compliance with applicable Federal, State, and local laws and regulations
- Hold monthly meetings and record in meeting minutes the board's attendance, key actions, and decisions

BOARD AUTHORITY REQUIREMENTS (CHAPTER 19) CONTINUED

ALL health centers Boards must

- Approve the selection and termination/dismissal of the health center's Project Director; evaluate Director's performance
- Establish or adopt policies and update these when needed. For Public Centers co-applicant boards must establish policies for

❑ eligibility for services including sliding fee discount program (sfdp) including any nominal charges for people below 100% federal povery guidelines;

❑ quality assurance/improvement;

❑ billing and collections (specifically waiving/reducing fees and, if applicable, limiting/denying service for refusal to pay).

- For Public Centers, Financial Management and Personnel Policies may be established by the Public Agency but the Board must still monitor the financial status of the health center, review the annual audit and ensuring follow-up actions are taken.

BOARD AUTHORITY REQUIREMENTS (CHAPTER 19) CONTINUED

ALL health centers Boards must

- Adopt health care policies:

❑ Scope and availability of services to be provided including decisions to subaward or contract for a substantial portion of the services;

❑ Service site location(s);

❑ Hours of operation of service sites.

- Review and approve the annual health center program budget and grant applications related to the health center project

BOARD AUTHORITY REQUIREMENTS (CHAPTER 19) CONTINUED

ALL health centers Boards must

- Develop its overall plan for the health center
- Provide direction for long-range planning including but not limited to identifying health center priorities and adopting a three-year *plan for financial management and capital expenditures*
- Evaluate the performance of the health center based on QI and other information to assess *achievement of project objectives, service utilization patterns, productivity [efficiency and effectiveness] of the center, and patient satisfaction and ensure follow-up action is taken.*
- Ensure the program has a process for hearing and resolving patient grievances

BOARD COMPOSITION REQUIREMENTS (CHAPTER 20)

The health center's governing Board must consist of:

- At least 9 and no more than 25 members
- A majority [at least 51 percent] patients served by the health center who, as a group, represent the individuals served by the health center in terms of demographic factors, such as race, ethnicity, and gender.**
- Non-patient Board members who are representative of the communities served and are selected for their expertise in relevant subject areas
- For health centers that receive an award under one or more of "special populations" sections of the law (farmworkers, homeless and/or public housing residents), representative(s) from or for each of the applicable special populations.

** *In cases where a health center receives an award under section 330(g),330(h) and/or 330(i) and does not receive an award/designation under section 330(e), the health center may request approval from HRSA for a waiver of the patient majority board composition governance requirement by showing good cause. Waivers are discussed on pp. 79-80 in Compliance Manual*

BOARD COMPOSITION REQUIREMENTS (CHAPTER 20) CONTINUED

- Of the non-patient Board members, no more than one-half may derive more than 10 percent of their annual income from the health care industry

- A Board member may not be an employee of the center, or spouse child, parent, brother or sister by blood, marriage or adoption of an employee. *This is verified periodically by the Board. For Public Centers the restriction applies to the component of the public agency that is implementing the health center program.*

- The Project Director (and others) may be a non-voting, ex-officio member of the Board.

- The bylaws (or other governing rules) prescribes the process for selection and removal of all Board members. The selection process ensure that the Board is representative of the health center patient population. The process does not permit any other entity, committee or individual (other than the Board) to select either the board chair or the majority of health center board members, including a majority of the non-patient board members. *The selection process is subject to approval by HRSA.*

HOW OSV ASSESSES COMPLIANCE WITH GOVERNANCE REQUIREMENTS

- Document review – e.g. bylaws, organizational charts, co-applicant agreement, CEO evaluation, Strategic Plan, Board and committee minutes (12 months or more), Board information packets, approved HRSA waiver (if applicable),
- Interviews with staff and Board members

QUESTIONS FOR THE BOARD FROM SITE VISIT PROTOCOL

Related to Accessible Hours/Locations:

- What considerations led to selection of a site location(s)? Instruction is to ask about 1-2 in scope sites or 1 new site).
- How are hours responsive to patient needs?

Related to Sliding Fee Scale

- What process was used for developing sliding fee discount program (sfdp) including setting the nominal fee(s). Did the Board review data by payer class to see if barriers to SF patients exist? Did they consider patient input in setting nominal fees?

Related to Board Authority

- What processes does the Board use to evaluate policies?
- How does the Board "direct" strategic planning? i.e. how are they involved?

HISTORIC OSV ISSUES FOR SAN MATEO HOMELESS AND FARMWORKER PROGRAM

Model of Care is Unusual:

- All contracted services – hard for reviewers to "see" the program
- Leads to issues in several areas: Accuracy of Form 5A, 5B and 5C which define services and sites; question of whether services are via contract or to subrecipients; confusion on who is a health center patient, confusion on who constitutes the health center clinical staff

Authority of Board and Project Director in SMMC Structure

- Concern that health center Project Director does not have ability to directly and efficiently change/implement policies and procedures for homeless and farmworker patients or the program to ensure compliance
- Related concern that other staff needed to lead the program (finance, IT, clinical) do not have sufficient time commitment

Discussion & Questions

TAB 3
Request to Approve Change of Scope

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: May 10, 2018

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

FROM: Jim Beaumont, Program Director HCH/FH Program

SUBJECT: REQUEST TO APPROVE SUBMISSION OF CHANGE IN SCOPE REQUEST FOR MOVE OF DALY CITY YOUTH HEALTH CENTER

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.

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.

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.

A majority vote of the members present is necessary and sufficient to approve the request.

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

TAB 4
Consumer Input

SAN MATEO COUNTY 2018 ONE DAY UNSHELTERED COUNT IN SELECT AREAS

March 2018

COUNTY OF SAN MATEO
HUMAN SERVICES AGENCY

2018 ONE DAY UNSHELTERED COUNT IN SELECT AREAS

EXECUTIVE SUMMARY

This report provides the findings from the 2018 San Mateo County One Day Unsheltered Count in Select Areas ("count"). The 2018 observational count was conducted on January 24, 2018, in each census tract of South San Francisco, Pacifica, Half Moon Bay, Redwood City including the North Fair Oaks area[1], East Palo Alto, and the unincorporated Coastside areas. 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.

OVERVIEW

This brief report provides the findings from the 2018 San Mateo County One Day Unsheltered Count in Select Areas ("count"). The San Mateo County Human Services Agency (HSA) coordinated the count in collaboration with community and County partners. The count was conducted in the early morning hours of January 24, 2018. Approximately 85 volunteers consisting of community-based providers, partners and County staff fanned out by foot and car to conduct an observational count of homeless persons observed in each census tract in each of six cities and/or geographic areas: South San Francisco, Pacifica, Half Moon Bay, Redwood City including the North Fair Oaks area, East Palo Alto, and the unincorporated Coastside area. The County conducted this count to help plan with its partners and to assess how to best serve homeless households and assist them with returning to housing as quickly as possible.

METHODOLOGY

The count took place during the early morning hours of January 24, 2018. Volunteers for this counting effort consisted of service providers, County staff and community partners who serve homeless individuals and required minimal training. A total of 57 tracts within the six areas were canvassed by the volunteers. Volunteers collected data using a tally sheet, on which they indicated the number of homeless individuals and/or families observed in their assigned tract (they also noted data on gender and age if possible). In cases where people could not be directly observed, volunteers made note of the number of cars, RVs, and tents/encampments that were likely to have people sleeping inside. Both the count of observed people and the count of cars, RVs, and tents/encampments contribute to provide information about the locations where unsheltered people slept on the previous night. HSA staff collected the completed tally sheets and provided them to Focus Strategies for data entry and analysis.

[1] The Redwood City area for the count included the North Fair Oaks area, so all references to the Redwood City area in this report include the North Fair Oaks area

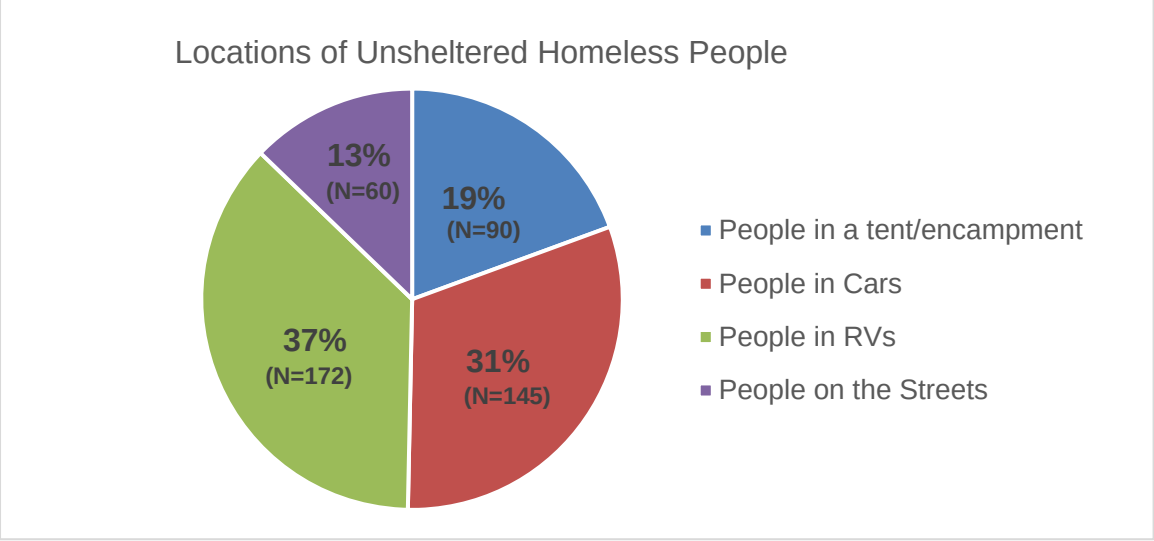
NUMBER OF UNSHELTERED PEOPLE

The table below aggregates information from the tally sheets collected by the volunteers. Tally sheets collected data on vehicles that appeared to be occupied, tents/encampments, and people sleeping on the streets, indicating whether they were single adult households or households with children.

In order to estimate the total number of people who may be sleeping in each of the cars, RVs, and tents/encampments, multipliers developed for the 2017 San Mateo County One Day Count were applied to these data. Specifically, 97% of cars, RVs, and tents counted were designated as adult only households with 1.05 adults, and 3% of cars, RVs, and tents were designated as family households with 4 people in each.[2] It is important to note that no family households with children were observed on the street, and because the methodology involves using a multiplier that estimates 3% of households living in vehicles and tents are family households with children, the result did include very few families with children in vehicles and tents.

The table below shows the total number of people living on the streets as collected from the tally sheets and the estimated number of people living in vehicles and encampments after applying the multiplier. The total number of homeless people across the geographic areas and sleeping locations was 467; just over two-thirds of the people counted are sleeping in either a car (31%) or RV (37%).

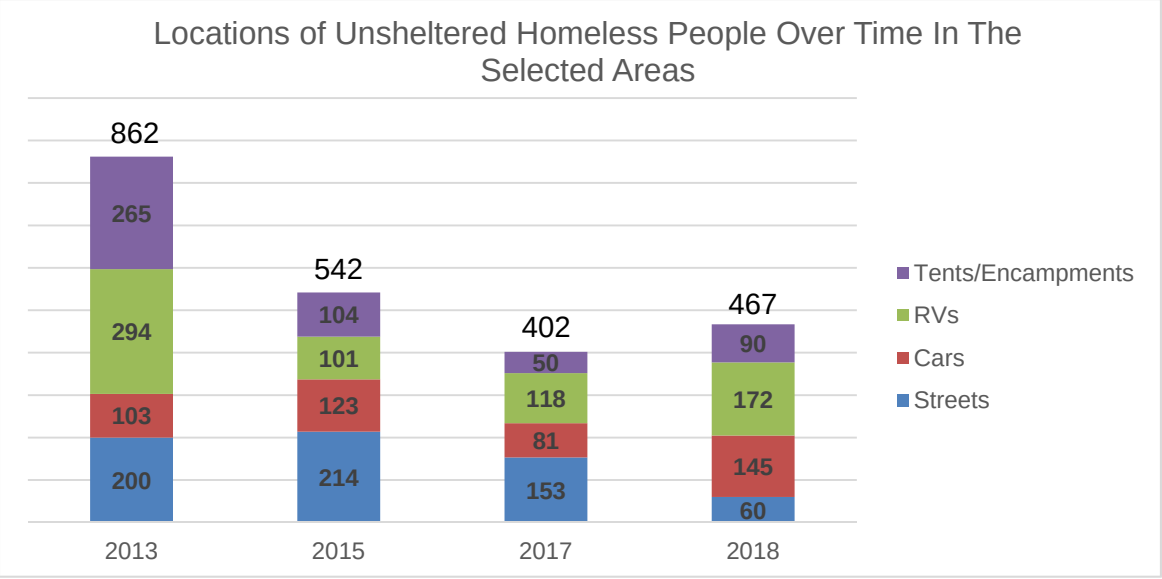
Region	Location			
	# of People on the Street	# of People in Cars	# of People in RVs	# of People in Tents / Encampments
South San Francisco	4	4	9	2
Pacifica	12	39	46	11
Half Moon Bay	14	7	2	8
Redwood City	18	31	51	43
East Palo Alto	12	48	36	26
Coast - unincorporated	0	16	28	0
Total Number of People	**60**	**145**	**172**	**90**



[2] Due to safety concerns, volunteers did not go inside homeless encampments or disturb anyone inside vehicles to separately count the people in them.

The next table compares the number of people counted in these sleeping locations in 2017 with data from this 2018 count. First, the total number of unsheltered people has increased by 16% from 2017, from 402 people to 467. The data also indicate that there was a shift in where they slept, with a much lower number of people sleeping on the streets (decreased by 61%), while there were more people sleeping in each of cars (79%), RVs (46%), and tents/encampments (80%).

Region	# of People on the Street Streets		# of People in Cars		# of People in RVs		# of People in Tents / Encampments	
	2017	2018	2017	2018	2017	2018	2017	2018
South San Francisco	32	4	0	4	1	9	0	2
Pacifica	21	12	45	39	28	46	18	11
Half Moon Bay	20	14	4	7	7	2	12	8
Redwood City	29	18	15	31	36	51	14	43
East Palo Alto	37	12	10	48	45	36	6	26
Coastside - unincorporated	14	0	7	16	1	28	0	0
Total Number of People	**153**	**60**	**81**	**145**	**118**	**172**	**50**	**90**
2017-18 Percent Change		**-61%**		**79%**		**46%**		**80%**

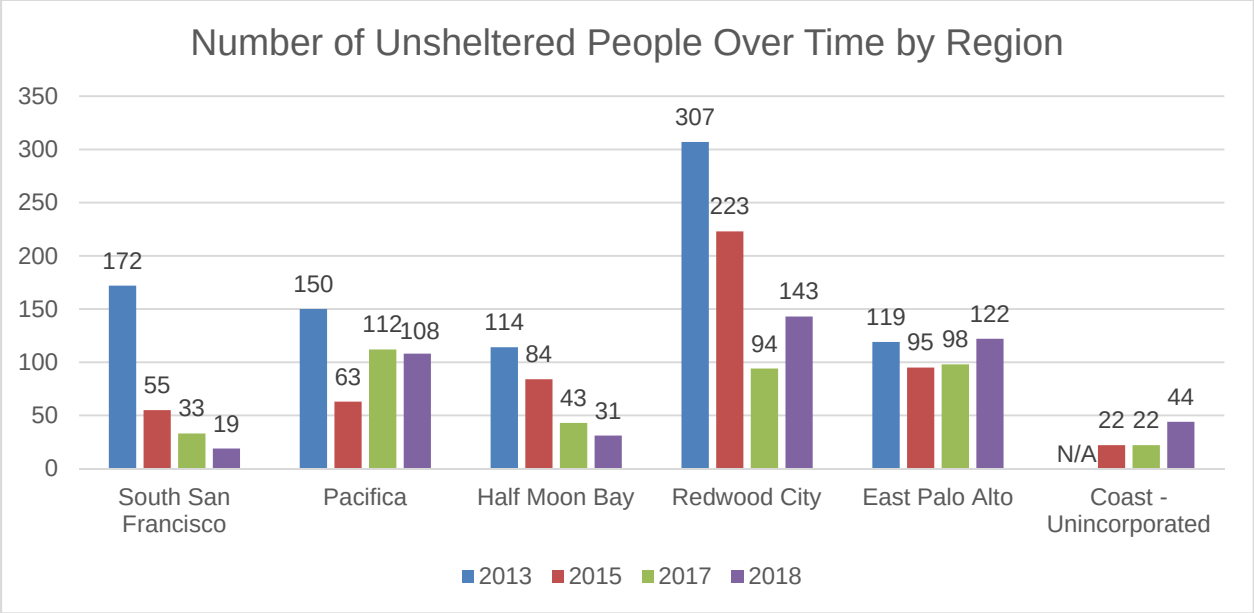


TOTAL NUMBER OF UNSHELTERED PEOPLE IN SELECT AREAS SINCE 2013

A count of people experiencing unsheltered homelessness in South San Francisco, East Palo Alto, Redwood City, Pacifica, Half Moon Bay, and the unincorporated Coastside areas determined that there were 467 unsheltered homeless people on the morning of January 24, 2018. As the data in the table below show, the total number of people counted in 2018 has increased from 2017, although remains lower than the total number counted in previous years.

Region	2013 One Day Count	2015 One Day Count	2017 One Day Count	2018 Mini One Day Count	% Change 2017 - 2018	% Change 2013 - 2018
South San Francisco	172	55	33	19	-43%	-89%
Pacifica	150	63	112	108	-4%	-28%
Half Moon Bay	114	84	43	31	-28%	-73%
Redwood City	307	223	94	143	52%	-53%
East Palo Alto	119	95	98	122	24%	3%
Coast - unincorporated	N/A	22	22	44	100%	N/A
Total	**862**	**542**	**402**	**467**	**16%**	**-46%**

The next graph illustrates the patterns associated with the total number of people counted in each geographic region since 2013. The data suggest that in South San Francisco and Half Moon Bay, the number of unsheltered people has steadily declined. Redwood City, East Palo Alto and the unincorporated Coast have all varied over time.



CONCLUSION

The number of unsheltered homeless persons counted in six geographic regions increased from 2017 to 2018 by 16%, or 65 people. The increases are a result of increases in the number of people sleeping in cars, RVs, and tents/encampments; the number of people counted on the street declined by a substantial amount. The County and its partner agencies will continue to implement strategies identified in the strategic plan to end homelessness, using data from the count and many other data sources to help guide implementation. The County's Strategic Plan to End Homelessness can be found through the link at the bottom of the page here: http://hsa.smcgov.org/center-homelessness.

Published by the County of San Mateo Human Services Agency.
Data analysis by Focus Strategies.

TAB 5
Board recruitment-membership report

Feel free to copy/paste the link **and** the image below. I hope you can attend as well. Thank you!

https://www.eventbrite.com/e/boards-and-commissions-appreciation-event-tickets-42916292787

Thank you,
Sherry

Sherry Golestan,
Deputy Clerk of the Board of **S**upervisors
Executive Assistant to Deputy County Managers Peggy Jensen and Iliana Rodriguez
San Mateo County Manager's Office | 400 County Center, First Floor | Redwood City, CA 94063
Phone: (650) 363-4609 | Email: sgolestan@smcgov.org

COUNTY OF SAN MATEO

TAB 6
QI Report

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: May 11, 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

No new updates.

The San Mateo County HCH/FH Program QI Committee will meet on May 24th 2018.

TAB 7
Director's Report

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: May 10, 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 April 12, 2018 Co-Applicant Board meeting:

1. Staffing

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.

The Clinical Services Coordinator position has some good candidates, but we determined it would be in our best interest to see if there are some additional candidates available. That position has been re-opened as 'Continuous until filled'. We are continuing to interview the best candidates from the original pool and will assess the quality of new candidates as they submit their resumes. We hope to have someone onboard for this position no later than July.

2. Automation

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.

San Mateo Connected Care – the County Health Information Exchange – went live on April 30th. SMC Connected Care is a platform for the electronic sharing of health-related information of patients and clients who receive services from the Health System. For the HCH/FH Program, we hope this will provide us a great deal more insight into the other Health System connections made by our homeless and farmworker patients/clients.

3. Operational Site Visit (OSV)

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.

4. SMMC/Health System/County Construction

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.

5. Seven Day Update

ATTACHED:

- Program Calendar

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

2018 Calendar (*Revised May 2018*)

EVENT	DATE	NOTES
· Board Meeting (May 10, 2018 from 9:00 a.m. to 11:00 a.m.) · National Health Care for Homeless Conference, Minneapolis, MN (May 15-18) · Boards/Commissions Appreciation event 5/22 @5-6:30pm in RWC · QI Committee meeting · Site visit with contractors	May	@San Mateo Medical Center
· Board Meeting (June 14, 2018 from 9:00 a.m. to 11:00 a.m.) · Site visit with contractors	June	@San Mateo Medical Center
· Board Meeting (July 12, 2018 from 9:00 a.m. to 11:00 a.m.) · Site visit with HRSA July 24-26th · QI Committee meeting · Provider Collaborative meeting	July	@San Mateo Medical Center
· Board Meeting (August 9, 2018 from 9:00 a.m. to 11:00 a.m.) · Patient Satisfaction Surveys administered · Site visit with contractors	August	@San Mateo Medical Center
· Board Meeting (September 13, 2018 from 9:00 a.m. to 11:00 a.m.) · QI Committee meeting	September	@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 8
Budget & Finance Report

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: May 10, 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 April 12, 2018, total almost $850,000. This will increase a little 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 $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.

Attachment:
Preliminary GY 2018 Summary Report

GRANT YEAR 2018

Details for budget estimates	Budget [SF-424]	To Date (04/30/18)	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	145,734	530,000	590,000
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	200,000	58,739	190,000	250,000
Travel				
National Conferences (2500*4)			10,000	20,000
Regional Conferences (1000*5)		2,340	10,000	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	30,000	33,000
Supplies				
Office Supplies, misc.	10,500	191	4,500	12,500
Small Funding Requests		25,370	50,000	50,000
	10,500	25,561	54,500	62,500
Contractual				
2016 Contracts		34,825	34,825	
2016 MOUs		14,900	14,900	
Current 2017 contracts	967,030	317,751	920,000	900,000
Current 2017 MOUs	872,000	243,320	815,000	825,000
---unallocated---/other contracts	118,073			
	1,957,103	610,796	1,784,725	1,725,000
Other				
Consultants/grant writer	31,667		30,000	45,000
IT/Telcom	5,928	1,345	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	420	5,500	5,500
	47,095	3,765	49,000	64,500
TOTALS - Base Grant	2,779,698	848,886	2,638,225	2,725,000
HCH/FH PROGRAM TOTAL	2,779,698	848,886	2,638,225	2,725,000
PROJECTED AVAILABLE	BASE GRANT		141,473	25,004

based on est. grant of $2,750,004

TAB 9
Needs Assessment Report

San Mateo County Health Care for the Homeless and Farmworker Health Program

2017 Needs Assessment

Prepared January 2018 for San Mateo Medical Center

Abstract

As part of an effort to improve access to and quality of health care for two of San Mateo County's vulnerable populations, the Health Care for the Homeless and Farmworker Health Program (HCH/FH) conducted a health needs and health utilization survey among homeless and farmworker residents. A total of 431 surveys were completed, with 88 respondents (20%) classified as farmworkers and 343 respondents as homeless (80%). Key findings of the assessment include:

- Farmworker and homeless respondents differed in housing and income levels. Farmworkers mostly reported staying in an apartment/home or farmworker housing (71%) while two-thirds (66%) of homeless reported staying in a homeless shelter or outside. Homeless respondents also reported lower incomes than farmworker respondents.

- Medi-Cal coverage appears to have increased with 68% of respondents indicating Medi-Cal coverage in 2017 compared with 63% in 2015. Similarly, percent uninsured decreased from 15% in 2015 to 11% in 2017.

- Only a third of respondents (34%) indicated that they knew where to find alcohol and drug services, and less than half (45%) indicated that they knew where to find mental health services.

- Farmworkers continue to have a need for dental care—81% reported dental care as a need, the highest percentage of all health care needs listed.

- "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%.

- Compared with the homeless, farmworkers were more likely to cite affordability, inability to take time off work, and immigration concerns as barriers to accessing care. Homeless were more likely to cite "I am not treated with respect" as a barrier.

Introduction

The San Mateo Medical Center provides health services for San Mateo County's 764,797 residents. Almost half of the county's residents (46%) speak a language other than English at home, and 4.7% of the population under 65 years of age lives with a disability. Although per capita yearly income is just over $50,000, 6.6% of the county's residents live in poverty.[1]

The San Mateo County's Health Care for the Homeless and Farmworker Health Program (HCH/FH) provides care for two of the county's vulnerable and underserved populations. As part of an effort to improve access to and quality of health care for these populations, HCH/FH conducted a health needs and health utilization survey among homeless and farmworker residents. The aim of the survey is to gather information on how these populations access care and the kind of care and services they need. Results inform decisions on health care planning and delivery. A copy of this survey has been provided (Appendix A). This survey is an update to a similar needs assessment completed with the same target populations in San Mateo County in 2015.

Methods

Surveys were delivered to 10 different agencies in San Mateo County. Surveys were administered from June through August 2017. A total of 338 English language, 91 Spanish language surveys, and 2 Tongan language surveys were distributed and completed with assistance from service providers of homeless patients and farmworkers. Responses from 431 surveys conducted at ten agencies were ultimately collected and recorded. Table 1 below identifies which service sites contributed recorded surveys.

Additional surveys were collected from another agency, but due to concerns about data validity, these surveys were excluded from the analysis.

[1] "San Mateo County, California." *QuickFacts*. United States Census Bureau, 2017. <http://www.census.gov/quickfacts/table/US/PST045217>

Table 1: Participating agencies and recorded surveys

Agencies	Number	Percent
Ravenswood Family Health Center	94	22%
Safe Harbor Shelter	89	21%
Public Health Mobile Clinic (SMC)	60	14%
LifeMoves	55	13%
Puente de la Costa Sur	58	13%
Fair Oaks Community Center	36	8%
Mobile Dental Van (SMC)	20	5%
Apple Tree Dental	15	3%
Legal Aid	4	1%
Total	**431**	**100%**

Self-reported survey data was entered into Microsoft Excel and analyzed with the same program using the survey questions and previous findings as a guide for analysis.

Findings

Demographics

Survey respondents ranged in age from eight to 97 years old with a median age of 49. The majority of respondents were male, non-Veteran English speakers. Respondents identifying as Hispanic were 38% of those surveyed. Nearly two thirds (61%) of all survey respondents reported having no other members of their household/ family. Eighty-eight participants (20%) were classified as farmworkers for this report as they responded affirmatively to Question 7, "In the past 2 years, have you or a family member worked as a farmworker (agriculture/plant nursery)?" (See Table 2 below). Homeless are all those responding negatively, or with no response to this question. There were 337 negative responses and 6 blank responses. Complete participant demographic data can be found in Table 3 below.

Table 2: Farmworker and Homeless

	Number n=431	Percent
Farmworker	88	20%
Homeless	343	80%

Table 3: Respondent Demographics

	Farmworkers		Homeless		Overall	
	Number n=88	Percent	Number n=343	Percent	Number n=431	Percent
Gender						
Male	51	58%	197	57%	248	58%
Female	34	39%	136	40%	170	39%
Blank	2	2%	6	2%	8	2%
Decline to answer	0	0%	3	1%	3	1%
Other	1	0%	1	0%	2	0%
Ethnicity						
Hispanic	66	75%	96	28%	162	38%
Non-Hispanic	18	20%	239	70%	257	60%
No response	4	5%	8	2%	12	3%
Race						
White/Caucasian	14	16%	123	36%	137	32%
Black/African American	5	6%	82	24%	87	20%
More than one race	4	5%	43	13%	47	11%
Don't want to answer	15	17%	26	8%	43	10%
Asian/Pacific Islander	2	2%	33	10%	35	8%
Native American	3	3%	18	5%	21	5%
No response	45	51%	18	5%	63	15%
Language Spoken*						
English	26	30%	300	87%	328	76%
Spanish	67	76%	58	17%	128	30%
Other	5	6%	9	3%	14	3%
Number of people in household/family						
1 person	21	24%	240	70%	261	61%
2 people	12	14%	38	11%	50	12%
3 people	12	14%	23	7%	35	8%
4 people	16	18%	5	1%	21	5%
5 people	12	14%	5	1%	17	4%
6 or more people	11	13%	7	2%	18	4%
Blank	4	5%	25	7%	29	7%
Veteran						
Yes	3	3%	22	6%	25	6%
No	75	85%	310	90%	385	89%
Don't know	3	3%	3	1%	6	1%
No answer	7	8%	8	2%	15	3%

**Some respondents reported multiple answers.*

Survey respondents were more heavily male than the county population (63% male respondents, compared to 50% male population within the county). Respondents identifying

as Hispanic, African American, or Native American were disproportionately represented in the survey compared to countywide census data, while those identifying as Asian American or Pacific Islanders were underrepresented.

Respondents also identified a diverse array of languages spoken including Tongan, Tagalog, Swahili, French, Portuguese, Hindi, Mixteco, Farsi, and Samoan. Respondents were also asked how they identify themselves. While the majority of respondents identified as male or female there were also 2 respondents who identified as "other" and specified their gender as asexual and two-spirit. Only 3 participants declined to answer.

Housing, Work, and Income

Respondents were asked where they sleep, phrased as "Where did you stay last night" in order to get a better picture of the current housing of respondents. Nearly half (47%) of respondents across all agencies listed a homeless shelter as the place they slept, followed by an apartment or house (15%) and outside (9%). The aggregated responses across all agencies are displayed in Table 4 below. Most (70%) of farmworker respondents indicated on Question 8, "Where did you sleep last night?" that they lived in either an apartment/house (rent/own/lease) (51 respondents) or in farmworker housing (11 respondents) as shown in Table 5.

Table 4: Current Housing Overall

	Number n=431*	Percent
Homeless shelter	202	47%
Apartment/house (rent/own/on lease)	76	18%
Outside	44	10%
Treatment program	40	9%
Car/Van/Boat/RV	30	7%
Couch surfing/shared housing (paying no/little rent)	30	7%
Transitional housing	22	5%
Bus, train station, airport	21	5%
Hotel/motel	18	4%
Farmworker housing	13	3%
Garage/Shed/Attic/Basement	9	2%

**Some respondents reported multiple answers.*

Table 5: Farmworker Current Housing

	Number n=88*	Percent
Apartment/house (rent/own/on lease)	51	58%
Farmworker housing	11	13%
Outside	8	9%
Homeless shelter	7	8%
Bus, train station, airport	6	7%
Treatment program	3	3%
Car/Van/Boat/RV	3	3%
Transitional housing	2	2%
Couch surfing/shared housing (paying no/little rent)	1	1%
Hotel/motel	1	1%
Garage/Shed/Attic/Basement	0	0%

**Some respondents reported multiple answers.*

Ten of the 13 total respondents that reported living in farmworker housing completed the survey with Puente de la Costa Sur. While only 13 respondents across all agencies reported living in farmworker housing, 20% of all survey respondents (88) reported that they or a family member had worked as a farmworker in the past two years (agriculture or plant nursery). Only 18% of total respondents reported that they live in an apartment or house that they rent, own, or lease. Two agencies reported percentages much higher than the 18% countywide average: Apple Tree Dental (73%) and Puente de la Costa Sur (66%).

Table 6: Homeless Current Housing

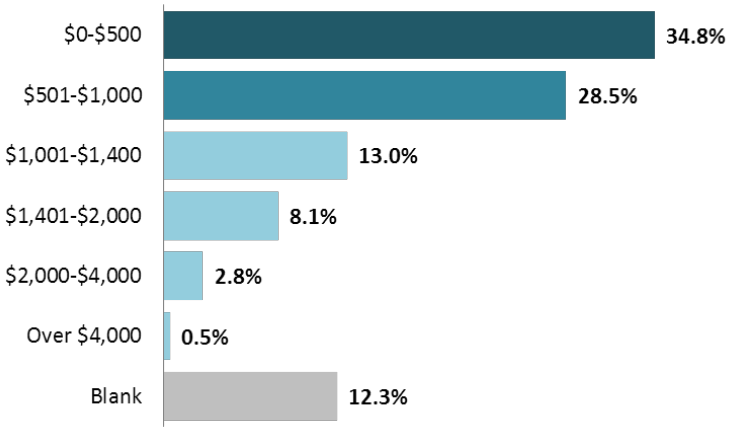
	Number n=343	Percent
Homeless shelter	192	56%
Outside	36	10%
Treatment program	36	10%
Couch surfing/shared housing (paying no/little rent)	29	8%
Car/Van/Boat/RV	27	8%
Apartment/house (rent/own/on lease)	23	7%
Transitional housing	20	6%
Hotel/motel	17	5%
Bus, train station, airport	15	4%
Garage/Shed/Attic/Basement	9	3%
Farmworker housing	2	1%

**Some respondents reported multiple answers.*

Countywide, 47% of respondents reported that they slept in a homeless shelter last night. Among homeless participants, 56% slept in a shelter, as shown in Table 6 above. Three agencies reported over half of their respondents having stayed in a homeless shelter: 67% of Safe Harbor's respondents, 53% of Ravenswood Family Health Clinic respondents, and 67% of LifeMoves respondents. 28 of the 40 respondents (30%) from Ravenswood Family Health Clinic reported that they sleep in a treatment program, much higher than the 9% county average.

Survey respondents were also asked about their monthly household income. Nearly two thirds (63%) of survey respondents across all agencies reported a monthly household income under $1,000 with a third stating that their household earns $0-$500 monthly (See Figure 1). A number of agencies had higher proportions of monthly household incomes below $500 including Ravenswood Family Health Clinic (43%), Dental Van (60%), and LifeMoves (44%). Only 2 survey respondents overall reported household income over $4,000.

Figure 1: 63% of respondents report ≤ $1,000 monthly income



Homeless respondents reported lower incomes than farmworker respondents: 39% of homeless respondents reported earning under $500 monthly while only 17% of farmworker respondents reported income $0-$500 monthly (See Table 7 and Figure 2 below). While only 19% of Homeless respondents reported incomes above $1,000, 43% of farmworker respondents reported monthly incomes above $1,000.

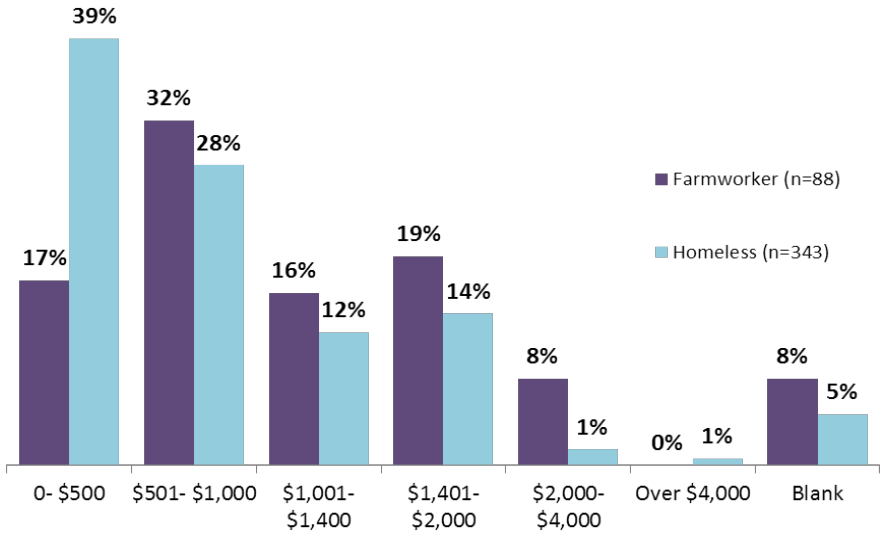
Survey respondents were also asked to indicate a source of income/money. Nearly a third (31%) of respondents overall reported income from a job. A higher percentage of Puente de la Costa Sur respondents (76%) reported job income. A quarter (24%) of respondents reported receiving no income at all and 43% of all survey respondents received some type of government assistance (disability, social security, general).

Other sources of income reported by survey respondents included child support, Employment Development Department (EDD), Food Stamps, freelance work, In Home Supportive Services (IHSS), manutención (maintenance), Temporary Assistance for Needy Families (TANF), Veteran's Affairs (VA), Veteran's Affairs (VA) disability, and workers compensation.

Table 7: Income

	Number n=431	Percent
Monthly Income (last month)		
$0-$500	150	35%
$501-$1000	123	29%
$1001-$1400	56	13%
$1401-$2000	35	8%
$2001- $4000	12	3%
Over $4000	2	0%
Source of Income*		
Job	132	31%
No income	104	24%
Social Security	96	22%
General Assistance	46	11%
Disability	41	10%
Other	16	4%

Figure 2: Farmworker and Homeless Monthly Income



Health Care and Insurance

Survey respondents were asked to identify both the source of their health care and the provider of their health insurance. Many respondents reported multiple answers for both questions. Over two thirds (68%) reported that Medi-Cal was their source of insurance representing a 5% increase from the 63% reported in the 2015 survey. Medi-Cal was the source of insurance for over 70% of respondents at 7 out of the 9 agencies surveyed, the highest at Ravenswood Family Health Center (84%) and LifeMoves (84%). ACE coverage was concentrated at Puente (41%). A third of the survey respondents who reported being uninsured were Spanish speaking (33%). Three-quarters of homeless reported Medi-Cal as a source of insurance. Within the farmworker population, numbers were more evenly distributed with a third stating that Medi-Cal was a source of insurance and a third stating that ACE was a source of insurance. Percentages of uninsured respondents were similar among both populations with 15% of farmworkers reporting being uninsured, and 10% of the homeless. Private insurance was more prevalent among farmworkers (13%) than the homeless (5%).

Table 8: Source of Insurance Overall

	Number n=431	Percent
Health Insurance*		
Medi-Cal	291	68%
Medicare	59	14%
ACE	45	10%
No Insurance	49	11%
Private insurance	27	6%

Table 9: Farmworker and Homeless Source of Insurance

	Farmworker		Homeless	
	Number n=88	Percent	Number n=343	Percent
Health Insurance*				
Medi-Cal	29	33%	262	**76%**
Medicare	3	3%	56	16%
ACE	32	36%	13	4%
No Insurance	13	15%	36	10%
Private insurance	11	13%	16	5%

**Some respondents reported multiple answers.*

Table 10: Source of Health Care

	Farmworkers		Homeless		Overall	
	Number n=88	Percent	Number n=343	Percent	Number n=431	Percent
Source of Health Care*						
San Mateo County Clinics	29	33%	138	**40%**	167	**39%**
San Mateo County ER	21	24%	70	20%	91	21%
Ravenswood Family Health Center	7	8%	71	21%	78	18%
Mobile Dental Clinic San Mateo	13	15%	61	18%	74	17%
Public Health Mobile Clinic/Service	6	7%	68	20%	74	17%
Kaiser, Sequoia, Mills-Peninsula	12	14%	46	13%	58	13%
Pescadero/ Puente Coast Clinic	34	**39%**	4	1%	38	9%
Street & Field Medicine Team	7	8%	17	5%	24	6%
Apple Tree Dental	10	11%	4	1%	14	3%
Veterans Administration Hospital	1	1%	10	3%	11	3%
Other Emergency Room	5	6%	14	4%	19	4%
Somewhere else	10	11%	40	12%	50	12%

**Some respondents reported multiple answers.*

Survey respondents were asked to identify their source of health care and told to indicate all sources that applied. A total of 698 responses were recorded from the 431 surveys collected with 39% of respondents indicating that they received their health care from the San Mateo County Clinics. One-fifth (21%) of respondents reported the San Mateo County Emergency Room as a source of health care.

Only 1% of survey respondents overall reported the Veterans Administration hospital as a source of health care, almost all of which were concentrated at LifeMoves with 13% of their respondents identifying it as a source of health care. The emergency room was identified as a source of health care for roughly a quarter of respondents from LifeMoves (24%), Puente de la Costa Sur (24%), Dental Van (30%), Fair Oaks Community Center (31%), Public Health Mobile Clinic (31%), and Safe Harbor (31%).

When asked where they received their health care, respondents were asked to name a location for responses that indicated either San Mateo County clinics or somewhere else. Respondents gave the following answers:

- **San Mateo County clinics:** 39th, Adult Clinic San Mateo County Hospital, BHRS, Coastside Clinic, Daly City Clinic, Edison Clinic, Fair Oaks, San Mateo County Hospital, Health Plan of San Mateo (South City Clinic), North County, San Mateo General Hospital, San Mateo Medical Center, Senior Care, SMMC, South County Medical and Mental Health, South San Francisco Clinic

- **Somewhere else:** Alameda Alliance, Alameda County, Arch Street Medical, Blue Shield, Burlingame, Contra Costa Regional Medical Center, Dr. Perry MD PHD, Fremont, Los Angeles, Maguire Correctional, Methadone Clinic, OPC, Palo Alto Medical Foundation, Planned parenthood, Psych SF County , Purisima Family (Half Moon Bay), Richmond, RotaCare, Samaritan House, Santa Clara County Clinics, Seton Medical Center, South County, St. Anthony's Medical Clinic (SF), Caminar Clinic, Sutter

Knowledge and Awareness

Respondents were asked about knowledge of where to find various types of care framed as "I know where to get," with each response having the options to indicate yes, no, sometimes, or I don't need it. Respondents expressed the most confidence in their knowledge of where to find medical care with 83% of all survey respondents (358 out of 431) responding. Table 11 below contains aggregated results from this inquiry.

Table 11: Knowledge of where to find services

	Number n=431	Percent
Medical Care		
Yes	358	83%
No	31	7%
Sometimes	24	6%
I don't need it	4	1%
Dental Care		
Yes	254	59%
No	94	22%
Sometimes	17	4%
I don't need it	10	2%

Table 11: Knowledge of where to find services (continued)

	Number n=431	Percent
Mental Health		
Yes	192	45%
No	70	16%
Sometimes	19	4%
I don't need it	49	11%
Alcohol/Drug Services		
Yes	147	34%
No	73	17%
Sometimes	9	2%
I don't need it	76	18%

Only 11% of survey respondents across the county indicated that they did not need mental health services with only 45% expressing that they knew where to find them. A similar pattern emerged with regard to alcohol and drug services with 18% of respondents countywide indicating that they did not need these services and 34% stating that they knew where to find them.

Only 375 of the 431 surveys gave a response for the question regarding knowledge of where to find dental services. Over half (59%) of all respondents reported that they knew where to find Dental Care and 22% reported that they did not know where to find dental care. Three agencies had nearly a third of their respondents who did not know where to find dental care: LifeMoves (29%), Dental Van (35%), and Fair Oaks Community Center (39%). Two agencies providing Dental services, Dental Van and Apple Tree Dental, varied widely in the number of respondents reporting knowledge of where to find Dental services with 93% of respondents from Apple Tree Dental and only 55% of Dental Van's respondents responding "Yes" to this question.

Less than half of respondents at each agency and 34% overall reported knowing where to find alcohol and drug services. Nearly one fifth (18%) of respondents countywide indicated that they did not need alcohol and drug services. Of the 16% of respondents overall who indicated that they did not know where to find mental health services, higher percentages were reported at Apple Tree Dental (33%), Dental Van (25%) and Puente de la Costa Sur (26%). Both knowledge of where to find mental health and alcohol and drug services were identified as areas of need at 8 out of the 9 agencies.

Health Care Needs and Priorities

Respondents were asked to indicate their top health care needs in two separate columns choosing two from each column. The first column indicated areas of care (medical/health care, dental care, mental health, alcohol/drug services) and 742 responses were given in the 431 surveys. The second column was comprised of health care needs related to access and only 478 responses were given. The two most common priorities were medical/ health care, selected by 69% of all respondents, followed by dental care, selected by 65% of respondents.

Table 12: Patient-identified health care needs, farmworkers and homeless

	Farmworkers		Homeless		Overall	
	Number n=88	Percent	Number n=343	Percent	Number n=431	Percent
Medical/health care	69	**78%**	224	**65%**	298	**69%**
Dental care	71	**81%**	208	**61%**	281	**65%**
Getting medications, prescriptions, appointments, labs	37	**42%**	133	39%	172	**40%**
Getting health insurance/coverage	46	**52%**	79	23%	129	30%
Mental health (counseling)	15	17%	96	28%	104	24%
Managing medical care plan	12	14%	86	25%	99	23%
Health education & information	16	18%	60	17%	78	18%
Alcohol/drug services	12	14%	46	13%	59	14%

Just under a quarter of survey respondents countywide indicated that mental health was a priority area (24%). A number of agencies had over 30% of their respondents indicating it as a need including Dental Van (30%) Fair Oaks Community Center (33%), LifeMoves (33%), and Ravenswood Family Health Center (35%). When asked about knowledge of where to find mental health services, only 11% of respondents stated that they did not need them while only 24% identified mental health as a health care need in the question referenced above.

Responses about alcohol and drug services saw a similar pattern with 18% reporting that they did not need them and only 14% identifying it as an area of need. These differences may reflect either that mental health and alcohol and drug services weren't a priority area or that respondents were less willing to identify these areas as areas of need. Additionally, the question regarding knowledge of services may have caused some confusion by having, "I don't

need it," as an answer choice alongside yes, no and sometimes as opposed to as an alternative to these responses.

In the other column of health care needs related to access, the most common area of need indicated was getting medications, prescriptions, appointments and labs with 40% overall reporting that it was an area of need. Over half of respondents at three agencies indicated this was a need including 53% at Apple Tree Dental (8 out of 15), 60% at Dental Van (12/20), and 58% at Fair Oaks Community Center (21 out of 36). The second most common area indicated was getting health insurance/coverage with 30% of all respondents indicating it as a need. This number was disproportionately high at Apple Tree Dental with 67% of their respondents saying it was an area of need and Puente de la Costa Sur with 59% of their respondents saying it was a need.

Barriers to Care

To further assess need, survey respondents were asked to identify reasons they have problems getting healthcare. The 9 options given and aggregate responses are shown in Table 13 below.

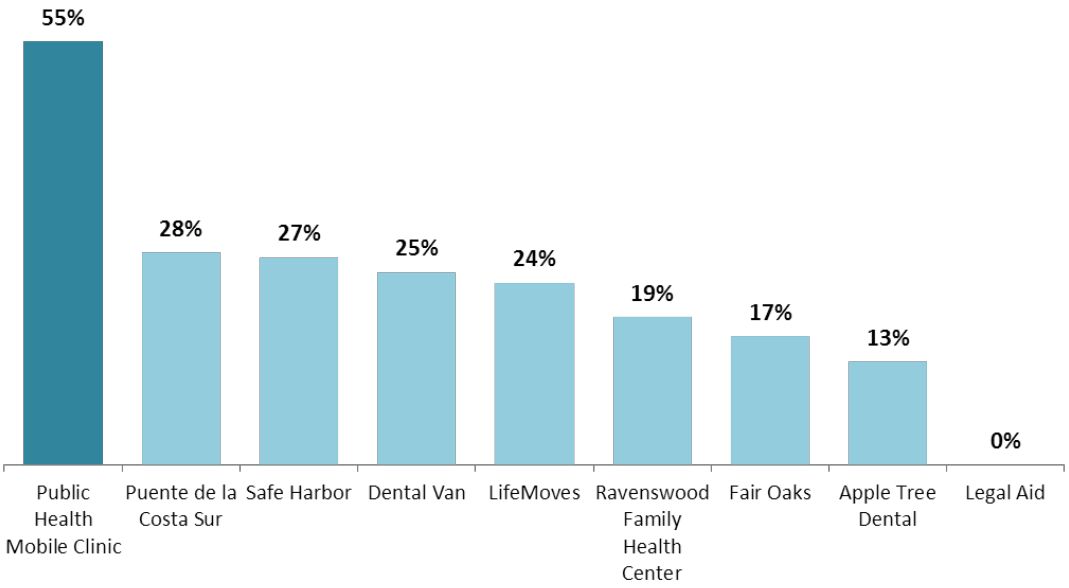
Table 13: Barriers to care

	Number n=431	Percent
Takes too long to get an appointment	117	27%
I can't afford healthcare bills	78	18%
I don't have health insurance/coverage	50	12%
I can't take time off work	50	12%
I am not treated with respect	29	7%
I don't want to leave possessions/afraid my things will be taken	29	7%
I am worried about being arrested	20	5%
I have immigration concerns	15	3%
I don't want to leave my pet/dog	13	3%
Other	104	24%

The most frequently identified barriers across the county were that it takes too long to get an appointment (27%) and inability to afford health care bills (18%). Public Health Mobile Clinic had the highest numbers of respondents identifying appointment wait time as a barrier (55%) with other agencies closer to a quarter of respondents (See Figure 3).

The number of respondents who selected that they are unable to afford health care bills neared a third at both Apple Tree Dental (33%) and Puente de la Costa Sur (29%). This was the only barrier respondents from all health centers identified.

Figure 3: Respondents indicating, "It takes too long to get an appointment" by reporting agency



Higher percentages of respondents from Puente de la Costa Sur identified barriers including 28% who stated that it takes too long to get an appointment, 29% who said they are unable to afford health care bills, and 26% who said they can't take time off work. Eleven of the 15 respondents who identified immigration concerns as a barrier to care were also from Puente de la Costa Sur. Twenty-nine respondents across all agencies expressed that not being treated with respect was a barrier to their care ranging from 5-10% within each agency identified. No respondents at Apple Tree Dental, Legal Aid, or Puente indicated that this was a barrier for them.

Compared with the homeless, farmworkers were more likely to cite affordability, inability to take time off work, and immigration concerns as barriers to accessing care (See Table 14 below).

Table 14: Farmworker and Homeless Barriers to Care

	Farmworker		Homeless	
	Number n=88	Percent	Number n=342	Percent
Takes too long to get an appointment	25	28%	92	27%
I can't afford healthcare bills	24	27%	54	16%
I can't take time off work	17	19%	33	10%
I have immigration concerns	12	14%	3	1%
I don't have health insurance/coverage	11	13%	39	11%
I am worried about being arrested	8	9%	12	4%
I don't want to leave possessions/afraid my things will be taken	6	7%	23	7%
I don't want to leave my pet/dog	4	5%	9	3%
I am not treated with respect	1	1%	28	8%
Other	18	20%	86	25%

Respondents were also asked separately about transportation as a barrier including trouble getting transportation to any doctor and to labs and pharmacy specifically in the last 3 months. Across all agencies, 25% of respondents indicated that they had trouble getting to a doctor and 22% responded that they had trouble getting transportation to labs & pharmacy. The survey asked respondents to fill in any other relevant barriers. Frequent responses included difficulty getting to appointments including mobility and transportation issues, forgetting appointments, and gaps in coverage.

Trends 2015-2017

The 2015 and 2017 needs assessments are not fully comparable due to changes in the format of questions asked as well as data collection from differing sets of agencies. Trends may reflect these differences. Medi-Cal coverage appears to have increased with 68% of respondents indicating Medi-Cal coverage in 2017 compared with 63% in 2015. Similarly, percent uninsured decreased from 15% in 2015 to 11% in 2017. In 2017, fewer respondents reported an income of less than $500 a month (35% versus 48% in 2015). In 2017, 18% of respondents reported living in a house or apartment they own or rent, up from 12% in 2015.

Appendix A: Survey

Your answers will help to improve health care access for homeless individuals and farmworkers in San Mateo County.
All surveys are private and confidential.

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1. My top health care needs are:

Pick 2 on this column	*Pick 2 on this column*
☐ Medical/Health Care	☐ Getting health insurance/coverage
☐ Dental Care	☐ Health education & info (ie. Diet, exercise)
☐ Mental Health (counseling)	☐ Getting medications, prescriptions, appointments, labs
☐ Alcohol/drug services	☐ Managing medical care plan (Health goals made by you & doctor)

2. Right now I get my health care from (Check all that apply):

- ☐ San Mateo County Clinics (Please name clinic:_____)
- ☐ San Mateo County Emergency Room
- ☐ Mobile Dental Clinic (San Mateo)
- ☐ Public Health Mobile Clinic/Service Connect
- ☐ Street & Field Medicine Team
- ☐ Pescadero Clinic/Puente Coast Clinic
- ☐ Ravenswood Family Health Center (RFHC)
- ☐ Apple Tree Dental
- ☐ Veterans Administration hospital
- ☐ Kaiser, Sequoia, Mills-Peninsula, Stanford, Gardner, North East Medical Services
- ☐ Other Emergency Room
- ☐ Somewhere else (Please name clinic:_____ _____)

3. I know where to get:

Medical Care (Doctor)	☐ Yes	☐ No	☐ Sometimes	☐ I don't need it
Dental Care	☐ Yes	☐ No	☐ Sometimes	☐ I don't need it
Mental Health	☐ Yes	☐ No	☐ Sometimes	☐ I don't need it
Alcohol/Drug Services	☐ Yes	☐ No	☐ Sometimes	☐ I don't need it

4. I have problems getting healthcare because (Check all that apply):

- ☐ Takes too long to get an appointment
- ☐ I am worried about being arrested
- ☐ I have immigration concerns
- ☐ I don't have health insurance/coverage
- ☐ I can't afford healthcare bills
- ☐ I can't take time off work
- ☐ I am not treated with respect
- ☐ I don't want to leave my pet/dog
- ☐ I don't want to leave possessions/afraid my things will be taken
- ☐ Other (fill in)_____

5. I had trouble getting transportation to any doctor appointment in last 3 months:

☐ Yes ☐ No ☐ Sometimes

6. I had trouble getting transportation to labs & pharmacy in last 3 months:

☐ Yes ☐ No ☐ Sometimes

7. In the past 2 years, have you or a family member worked as a farmworker (agriculture/plant nursery)?

☐ Yes ☐ No

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Please return this form to Linda Nguyen. Phone (650) 573-2966. Fax (650) 573-2030.
Email: linguyen@smcgov.org. San Mateo County PONY: HOS316AD

8. **Where do you sleep?** (Where did you stay last night?) **Check all that apply:**
   - ☐ Apartment / House (rent/own/lease)
   - ☐ Bus, train station, airport
   - ☐ Car/Van/Boat/RV
   - ☐ Couch surfing/Shared housing (paying no rent or very little)
   - ☐ Garage/Shed/Attic/Basement
   - ☐ Homeless shelter
   - ☐ Hotel/Motel
   - ☐ Housing for farmworkers
   - ☐ Outside (tent, under freeway / bridge, park, street)
   - ☐ Transitional housing (permanent/transitional supportive housing)
   - ☐ Treatment program (alcohol, drug, mental health program)

9. **Your Health Insurance:**
   ☐ MediCal ☐ Medicare ☐ ACE ☐ No Insurance ☐ Private Insurance (Kaiser, Blue Cross)

10. **Source of income/money** (Last Month, Check all that apply)**:**
    ☐ Job ☐ Social Security ☐ No income ☐ Disability Insurance ☐ General Assistance ☐ Other_____

11. **<u>Monthly</u> Household Income** (Last Month)**:**
    ☐ 0-$500 ☐ $501-$ 1,000 ☐ $1,001-$1,400 ☐ $1,401-$2,000 ☐ $2,000-$4,000 ☐ Over $4,000

12. **How many are in your household/family?** _____
    Fill in #

13. **Language you speak** ☐ English ☐ Spanish ☐ Other:_____

14. **Are you Latino/Hispanic?** ☐ Yes ☐ No

15. **What is your race? (Check all that apply):**
    ☐ Black/African American ☐ Asian/Pacific Islander ☐ White/Caucasian ☐ Native American
    ☐ More than one race ☐ I don't want to answer

16. **How do you identify yourself?**
    ☐ Female ☐ Male ☐ Transgender Male (Female to Male) ☐ Transgender Female (Male to Female)
    ☐ I don't want to answer ☐ Other gender category (specify)_____

17. **Year you were born:** _____ ___ ___ ___

18. **Are you a Veteran?**
    ☐ Yes ☐ No ☐ I don't know

Thank you for taking the survey!

Please return this form to Linda Nguyen. Phone (650) 573-2966. Fax (650) 573-2030.
Email: linguyen@smcgov.org. San Mateo County PONY: HOS316AD