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

Co-Applicant Board Meeting Agenda

San Mateo Medical Center | 222 W. 39th Ave. 2nd floor (Board Room) San Mateo

March 14, 2019; 9:00 - 11:00am

AGENDA	SPEAKER(S)	TAB	TIME
A. CALL TO ORDER	Brian Greenberg		9:00am
B. CHANGES TO ORDER OF AGENDA			9:02am
C. PUBLIC COMMENT			9:05am

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. CONSUMER INPUT/GUEST SPEAKER			
a. ***Western Migrant conference***	Danielle/Sofia	**Tab 1**	9:07am
E. BOARD ORIENTATION			
a. ***SUD Needs Assessment***	HCH/FH Staff	**Tab 2**	9:30am
b. ***Funding Opportunities***			
F. CLOSED SESSION- There is no closed session at this meeting.			
G. MEETING MINUTES			
1. Meeting minutes from February 7. 2019	Linda Nguyen	**Tab 3**	9:58am
H. BUSINESS AGENDA			
1. Travel request	Linda/Jim	**Tab 4**	10:00am
a. Action item Request to approve travel requests			
2. Board Recruitment/membership committee plan	Irene/Steve	**Tab 5**	10:05am
a. Action item Request to approve plan			
The following item will be available for review at meeting prior to consideration/action by Board. 3. Ravenswood Family Health Center Contract	Jim Beaumont		10:15am
a. Action item -Request to amend contract			
G. REPORTING AGENDA			
1. Contractors quarterly report- Q4	Linda/Sofia	**Tab 6**	10:25am
2. Annual Report discussion	Adonica/Irene		10:35am
3. HCH/FH Program QI Report	Frank/Danielle	**Tab 7**	10:45am
4. HCH/FH Program Director's Report	Jim Beaumont	**Tab 8**	10:50am
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	**Tab 9**	10:55am

H. 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.

1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)
    a. Next Regular Meeting April 12, 2019; 9:00AM – 11:00AM at SMMC || San Mateo

I. ADJOURNMENT 11:00am

TAB 1

Consumer Input: Western Migrant conference report back

2019 Western Forum for Migrant and Community Health
Write up by Sofia Recalde

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

- Roger Rosenthal, Executive Director, Migrant Legal Action Program
- Martha Moore Monroy, REACH Program Director and Lecturer at University of Arizona
- Sonia Lee and Liam Spurgeon, Health Outreach Partners
- Lorena Sprager and Elizur Bellow, Nuestra Comunidad Sana of The Next Door, Inc.

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

- Status of policies affecting foreign-born patients and their access to healthcare and other social services.
    - CA SB 54: curtail use of state and local resources from engaging in deportations and create safe spaces, including schools, health facilities and courthouses
    - CA SB 244: prohibits state and local agencies from sharing personal information during enrollment of public services
    - Gavin Newsom wants to increase the Medi-Cal age cut off to 26, which would include young immigrants without legal status.
- Community assessment strategies to address health aging (or healthy anything)
- Understanding SODH and how to deliver more holistic care and advocate for vulnerable communities using a structural competency lens
- Factors to consider when forming advisory groups - fear of congregating and language barriers (indigenous languages) in addition to fear of government, transportation, time, etc.

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

- Farmworkers in CA today are older, have more chronic conditions and are more female than they were 10 years ago, which is important to consider alongside our efforts to address the challenges of caring for the aging homeless.
- As a new HCH/FH staff person, my understanding of farmworkers and their relationship to the healthcare system was minimal. This conference provided general context of the issues farmworkers face in accessing healthcare and other resources, as well as how the farmworker demographics have changed in the past 10-15 years.
- Many resources were shared that can guide our approach to outreach and the formation of a farmworker advisory board

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

- Many tools and resources
    - Resources for how to talk to children about difficult topics (deportation, death, divorce, etc): www.fsustress.org
    - The Silent Crisis (related to farmworker outreach): http://outreach-partners.org/wp-content/uploads/2015/09/Silent-Crisis.pdf
    - MHP Salud educational resources for understanding and supporting immigrants: https://mhpsalud.org/free-resource-portfolio/

Powerpoint:
Welcoming and serving all patients, including the foreign-born
Understanding and Supporting Immigrants
Healthy Aging in Place
Structural Competency

2019 Western Migrant Forum
Write-up by Danielle Hull

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

- Public Charge
  - **Public charge is *not* retroactive**, meaning it will not punish past use of newly included programs, such as Medicaid, housing assistance and SNAP (Food Stamps) if they were used before the final rule goes into effect.
- Ag Worker 2020 ACCESS Campaign: Increasing access to quality health care for Migratory and Seasonal Agricultural Workers
  - Task force convened to help develop strategies for federally funded health centers to improve quality of healthcare for migrant and seasonal agricultural workers:
    1. Identifying Agricultural Workers: take measures to accurately identify the population being served and reported (i.e. misidentification during registration)
    2. Access for unserved agricultural workers: open doors and increase access for pockets of overlooked agricultural workers by identifying new ways to engage farmworkers
    3. Building and Increasing Capacity: consider using additional or increased funding to assure integration of outreach, case management, patient navigation, and bilingual services as critical elements of a standard practice management system
- Overview of agricultural history and policy changes that have led to an increased migrant/seasonal farmworker population in the US
  - Highlight: NAFTA dropped price of corn subsidized by US tax dollars
    - Destroyed corn market in Mexico by dropping sale price lower than cost of production
- H-2A Workers and Labor Laws
  - The H-2A guest-worker program allows agricultural employers to hire workers from other countries on temporary work permits for agricultural jobs that last ten months or less
  - To bring in H-2A guest-workers, employers must first show that they have tried and are unable to find U.S. workers to meet their labor needs
  - Although the H-2A program includes *some basic requirements to protect U.S. workers from negative effects on their wages and working conditions*, as well as protect foreign workers from exploitation, the structure of the H-2A program, including the dependence of H-2A workers on their employers, is inherently flawed and leads to a system that it *is rife with abuse of both foreign and domestic workers*
- Diabetes Education
  - Traditional education methods for patients with diabetes may "fit" the migrant/seasonal farmworker population
    - Indigenous diets of migrant populations may be healthy, consider looking at the portion size and quantity consumed
    - Look for other avenues of identifying diabetes
      - Dental – gum disease
      - Optometry – diabetic retinopathy
    - Limit takeaway messages to a maximum of five main points; use supportive messaging and not scare tactics
- Specialty Care for Agriculture Workers: Innovative Community Solutions
  - Consider the use of telehealth in community settings such as community centers, parishes or religious centers
  - Unidas: example program that used community mobilization strategy to build a plan to bring skin cancer treatment to a rural area
  - Access Points and Outreach
    - "Hooks": leverage other existing efforts
    - Promatoras/Community Health Workers (trusted members of communities)
    - Traditional Media (radio, television)

        - Alternate Media (social media, iPhone, Instagram, etc)
    - Language Access Strategies
        - Poor or lack of translation services may increase readmissions into emergency rooms within 30 days
        - Multitude of indigenous South American languages and Spanish dialects
            - Those who speak indigenous languages may not speak or understand Spanish
        - Patient education materials in Spanish should use proper Spanish and refrain from use of slang or colloquialisms
        - Lack of translation services for non-English speaking patients in a clinical setting can be stressful or traumatizing

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

Below are the questions I would like to try to answer or understand about the agricultural workers in San Mateo County:

- What kind of interpretation services are offered at SMMC and satellite clinics? How many languages?
- Oregon recently proposed a bill requiring prescriptions on bottles to be available in patient's preferred languages: is California looking into passing something similar?
    - Do we offer prescriptions in preferred languages at SMMC and other local pharmacies like CVS and Walgreens?
- What are the California interpreter regulations? Are providers that waive the use of translation services assessed for their proficiency in Spanish/other languages?
- Do we offer basic English classes for patients so they may better understand hospital or clinic staff they interact with that are English-speaking only?
- There is a Head Start program located in Half Moon Bay and Pescadero; however it is not listed as a Migrant Head Start. If it does not identify as Migrant and Seasonal Head Start Program, can we begin a discussion to integrate the program?
- What kind of technology does Puente use to outreach to patients?
- In what ways do the services we contract for and leverage accommodate the work hours of agricultural workers?
- What kind of agricultural workers do we have in San Mateo County? What kind of working conditions do they have, such as ability to seek urgent care when needed?
-

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

- Health Outreach Partners: Able to provide in-person trainings and can tailor an outreach training session for rural agricultural workers
- Received Hesperian developed patient education materials for Diabetes: approval to use them and provide feedback after piloting
- Bureau of Labor Statistics can provide information on agricultural worker injuries
- MHP Salud: offers free toolkits online aimed at rural health improvement

d. List of workshops attended and speakers

- A Popular Education Approach to Teaching the Pathophysiology of Diabetes
    - Francisco Ronquillo, University of New Mexico, Health Sciences Center's Office for Community Health
- Promotor@s Addressing SDOH: Physical Activity in Rural Worker Communities
    - Jennifer Bishop and Onaney Hernandez, MHP Salud
- Community Health Workers Taking the Lead: Social Determinants of Health Screening & Action Models
    - Luis Lagos, Family Medicine Residency of Idaho; Lucia Garcia-Martinez, Kevin Alfaro Martinez & Guadalupe Sanchez, Virginia Garcia Memorial Health Center
- Agricultural Worker Health 101: Understanding Unique Needs, Patterns, and Systems
    - Patricia Horton, National Center for Farmworker Health; Kristen Stoimenoff, Health Outreach Partners; Jennifer Bishop, MHP Salud

- Enhancing Agricultural Worker Access to Specialty Care: Innovative Community Solutions
    - Alexis Guild, Farmworker Justice; Herminia Ledesma, Vista Community Clinic
- Let Us Speak the Same Language: Language Access Strategies
    - Patricia Horton, National Center for Farmworker Health
- Strengthening the Partnership between Health Centers and Migrant Head Start
    - Alexis Guild, Farmworker Justice; Guadalupe Cuesta, National Migrant and Seasonal Head Start Collaboration Office
- Addressing Challenges in Providing Occupational Health & Safety Training to Indigenous Agricultural Workers
    - Valentin Sanchez, Oregon Law Center

TAB 2
SUD Needs Assessment Report

Funding Oppurtunities

San Mateo County
Substance Use Needs Assessment

February 2019

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

JSI

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EXECUTIVE SUMMARY

Substance use disorders impact the health and well-being of individuals, families, and entire communities across the country, and have been called “one of the critical public health problems of our time.” Nearly 21 million people in the United Stated have substance use disorders, and every day, 78 people die from an opioid overdose. On behalf of the San Mateo County Health Care for the Homeless/ Farmworker Health Program (HCH/FH), John Snow, Inc. (JSI) conducted a needs assessment to identify current capacity, availability of, and access to substance use disorder treatment services in San Mateo County, California. The positioning of the HCH/FH Program in the County structure allowed for easier access to information on and from County-contracted providers, though these providers are just one part of the substance use treatment system. Substance use disorder and the need for services is not limited to Medi-Cal and uninsured populations; a broad approach, inclusive of all providers, is needed to enhance the substance use treatment system in the County and meet the needs of the whole population. Based on the findings from this needs assessment, JSI has developed a set of recommendations for the County’s consideration.

Specific service gaps exist in the substance use treatment system, particularly access to men’s residential treatment and inpatient medical detox for Medi-Cal clients. Wait times for men’s residential treatment beds can be as long as a month, or longer for non-English speakers. The only inpatient medical detox in the County is not currently accessible to patients with Medi-Cal. There are no youth residential services in San Mateo County or sobering services available to youth outside the emergency room. The county contracts with two out-of-county youth residential substance use treatment providers which can be accessed by youth in the County; however, focus group participants and key informants expressed a desire for in-county residential treatment.

More providers need to be not only able, but willing to provide medication-assisted treatment for opioid use disorder. Though an increasing number of providers are waivered to prescribe buprenorphine, many psychiatrists and primary care providers are unwilling or uncomfortable with prescribing buprenorphine. They may feel that it is beyond the scope of their role, that they don’t have capacity to effectively manage another disease, or there may be stigma and fear around treating addiction.

There are gaps in coordination across the system and a lack of knowledge about what the full system looks like. Hospital-based providers and providers across the substance use treatment service spectrum reported being unsure about where to refer patients who need substance use treatment services (or need a different level of substance use treatment). Many providers do not have awareness of what the substance use treatment system looks like in San Mateo County, what the options are, or how to get a patient into care. There is also a gap in knowledge among Medi-Cal providers about what services are available for privately-insured patients, and vice-versa.

The IMAT Team is seen as a significant success and is making a positive impact. The Integrated Medication Assisted Treatment (IMAT) team offers outreach and engagement, psycho-education around MAT, and linkages to services across the system. They provide case managers in the emergency department almost around the clock, and provide care coordination for complex clients. The IMAT team is viewed as one of the great successes in the current system of substance use treatment in the County.

Housing and the cost of living in San Mateo County were identified as the greatest barriers to successful recovery among people experiencing homelessness. Clients described successfully completing treatment, "doing everything right," and then not being able to find a place to live upon leaving treatment. This is especially problematic for people on the prioritization list for affordable housing. The list is prioritized based on length of homelessness; a stay in residential treatment disrupts the length of homelessness and moves the patient down the list, creating a disincentive to seek treatment for those trying to get access to housing.

Geographic barriers, distrust or fear of government, and past trauma are barriers to care for farmworker populations. The absence of substance use services along many parts of the coast, where most farmworkers work and reside, and limited hours for services that exist inhibit access to care for many farmworkers. Those farmworkers who are undocumented may be afraid to come forward and seek treatment services and many do not have health insurance to cover the cost of treatment. Respondents also highlighted the importance of trauma-informed care for the farmworker community, as many individuals have experienced trauma that may play a role in their substance use.

The system could be better designed to meet patient needs. Clients identified a need for increased use of a harm reduction approach among providers, to reduce feelings of stigma, help patients feel comfortable, and to bring them into treatment in a non-judgmental way. There is also a desire for more varied, flexible, and trauma-informed treatment options to meet the diverse needs of clients. Designing services based on patient needs will ensure that the treatment system is ready to accept people and meet their needs when they are ready to seek care.

The implementation of the Drug Medi-Cal Organized Delivery System has been challenging for providers. Though the implementation of this new program has provided an opportunity to enhance the system of care in San Mateo County, it comes with increased paperwork and documentation requirements, creating an additional burden for service providers with already limited staff capacity.

RECOMMENDATIONS

- Improve timeliness of access to residential treatment beds for men.
- Increase availability of inpatient medical detox for individuals with Medi-Cal.
- Facilitate more connection and collaboration with schools around substance use, to improve engagement and connection to services among youth.
- Increase motivation and capacity for psychiatrists and primary care providers to prescribe buprenorphine.
- Enhance coordination and communication among County-contracted providers and between County-contracted and private providers.
- Reconsider the prioritization process for affordable housing for individuals who have completed residential substance use disorder treatment.
- Provide trauma-informed care and improve engagement with farmworker populations through consistent presence at community events and linkages to churches and other community-based organizations.
- Provide capacity building or additional administrative support around the implementation of the Drug Medi-Cal Organized Delivery System.
- Assess the need for capacity building around screening and motivational interviewing among primary care providers.

INTRODUCTION

On behalf of the San Mateo County Health Care for the Homeless/Farmworker Health Program (HCH/FH), John Snow, Inc. (JSI) conducted a needs assessment to identify current capacity, availability of, and access to substance use disorder treatment services in San Mateo County, California. The goals of the needs assessment were to:

- Assess the prevalence of substance use in San Mateo County;
- Identify the service and resource needs of consumers and providers; and
- Identify where gaps exist and how to strengthen the current substance use disorder treatment system in San Mateo County.

For the purposes of this assessment, “substance use” is defined to include the illicit use of drugs; opioids, marijuana, and alcohol, but does not include tobacco use. The assessment was conducted county- and population-wide, with a particular focus on homeless and farmworker populations.

This project was supported by the San Mateo County Health Care for the Homeless/Farmworker Health program, utilizing funding received from the federal Health Resources and Services Administration under the Health Center Program authorized under Section 330 of the Public Health Act.

METHODOLOGY

This needs assessment relied on four types of data sources: existing quantitative county-level data; key informant interviews with relevant stakeholders across the County; a provider survey; and client focus groups and interviews with the target populations. Data collection was conducted from October 2018 through January 2019. The data collection methodology for each source is described below. This research was approved by the JSI Institutional Review Board (IRB).

Existing Quantitative Data

The secondary data for this analysis was obtained from the following sources:

- SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014-2016
- California Health Interview Survey, 2015
- California Office of Statewide Health Planning and Development 2013-2015
- San Mateo Community Health Dashboard
- Fatality Analysis Reporting System 2012-2016
- Centers for Disease Control and Prevention (CDC) Wonder Mortality Data (2014-2016)
- Lisa Clemans-Cope, Marni Epstein, and Doug Wissoker. County-Level Estimates of Opioid Use Disorder and Treatment Needs in California. The Urban Institute. March 19, 2018
- University of Wisconsin Population Health Institute. County Health Rankings Key Findings 2017
- Controlled Substance Utilization Review and Evaluation System 2018
- San Mateo County Whole Person Care pilot program
- San Mateo County Health System Public Health Epidemiology

- San Mateo County Integrated Medication Assisted Treatment Report and Evaluation
- FY17-18 Drug Medi-Cal Organized Delivery System External Quality Review

Key Informant Interviews

In collaboration with JSI, HCH/FH Program staff identified a list of key stakeholders in San Mateo County who could provide insights into the needs and available services in the County, particularly among farmworker populations and people experiencing homelessness. These individuals included representatives from San Mateo County Health, San Mateo County Behavioral Health and Recovery Services, San Mateo Medical Center (SMMC), organizations providing substance use treatment services, other County departments and agencies, and organizations working with homeless and farmworker populations. These individuals were contacted by HCH/FH Program and other San Mateo County Health staff, and interviews were conducted by JSI over the phone or in person using a standardized interview guide. Through the course of these interviews, additional stakeholders were recommended as potential informants by interviewees, and additional interviews were conducted by JSI. In total, 32 key informants were interviewed.

Provider Survey

A web-based provider survey was developed to gather information from organizations and independent practitioners delivering one or more of the following substance use disorder treatment services:

- Withdrawal Management (Detoxification Services)
- Individual Outpatient Counseling
- Group Outpatient Counseling
- Intensive Outpatient Services
- Residential Treatment Services
- Medication Assisted Treatment for Opioid Use Disorder (methadone, buprenorphine, naltrexone)
- Medication Assisted Treatment for Alcohol Use Disorder (acamprosate, disulfiram, and naltrexone)

Questions asked in the survey were related to treatment locations and settings, services provided, ages served, populations served by level of care, payment accepted, staffing, training needs, average wait time, informational resources used and needed. Those invited to participate in the survey were notified that upon completion of the survey they could enter into a random drawing to receive one of ten $75 gift cards for their participation.

Survey participation was targeted to 1) substance use treatment service providers in San Mateo County who accept patients with private insurance or who pay out of pocket (hereafter referred to as “private providers”) and 2) County-contracted providers who primarily see patients with Medi-Cal insurance or uninsured patients.

Private providers: JSI identified survey recipients through online searches, directories of private insurance providers, referrals from HCH/FH Program staff, and referrals from other providers. Four providers had email addresses listed online, and JSI called the offices of other providers listed as

offering substance use disorder treatment in San Mateo County. Most providers did not answer the phone or said they were uninterested in taking the survey. JSI also requested referrals from all key informant interviewees, only one of whom had suggestions for private providers to contact. The survey was sent to five private providers in San Mateo County and was open from November 30, 2018 to January 9, 2019. Private providers received a link to an online survey via email and completed the survey on the web; those who had not completed the survey were sent reminder emails prior to the survey deadline.

County-contracted providers: Much of the information requested in the survey had already been collected for County-contracted providers by Behavioral Health Recovery Services (BHRS). In order to lower the burden of survey completion, this information was provided to JSI directly by BHRS staff. The remaining questions were included in a shorter online survey that was shared with nine BHRS provider organizations via an email from the Alcohol and Other Drug Service Manager for BHRS. The survey was open from December 16, 2018 to January 9, 2019, and JSI followed up on these emails with reminders prior to the survey end date.

Consumer Focus Groups and Interviews

Three focus groups were planned to capture the perspective of consumers or potential consumers of the substance use treatment system in San Mateo County:

- Non Medi-Cal population: participants were recruited through flyers placed at coffee shops, libraries, and other accessible community sites throughout San Mateo County (see Appendix 2 for recruitment flyer), as well as through an advertisement posted on Craiglist.org. Interested individuals were directed to a phone number, where they were screened for eligibility to participate in the focus group. Participants were eligible if they had private health insurance or no health insurance. Ten people were screened and found to be ineligible, and seven were invited to participate. Four eligible individuals (three females and one male, between the ages of 30 and 65) participated in the focus group. These individuals either received substance use treatment services in San Mateo County, or supported someone else in seeking services. All participants had private health insurance, though one had recently been uninsured for a short period of time.
- Homeless population: individuals experiencing homelessness were recruited by a partner organization to participate in a focus group held at a San Mateo County homeless shelter. Six individuals participated in the focus group (two females and four males), all of whom were selected because they had received or considered substance use treatment services in the County.
- Farmworker population: with support of a local nonprofit, a focus group was planned for a free breakfast event often attended by farmworkers. However, due to low attendance and the drop-in nature of the event, three individual interviews were conducted with male farmworkers in attendance instead of the focus group. All farmworkers in attendance (n=4) were invited to participate in an interview.

The two focus groups and three individual interviews were conducted using a standardized protocol and interview guide. Food and refreshments were offered at each group, and all participants received a $50 gift card to a grocery store to thank them for their time.

BACKGROUND

San Mateo County has a population of about 719,000 people, 137,379 of whom were eligible for Medi-Cal as of 2017.[1] The cost of living is extremely high, with a median house price of $1,463,000 according to the State Department of Housing and Community Development. San Mateo County Health is the county health department, which administers public health programs and provides clinical and supportive services to the community. Behavioral Health and Recovery Services (BHRS) is the division of San Mateo County Health responsible for providing a broad spectrum of services for children, youth, families, adults and older adults for the prevention, early intervention and treatment of mental illness and/or substance use conditions. BHRS contracts with a set of organizations (hereafter referred to as "County-contracted providers") to provide substance use treatment services for individuals who have active Medi-Cal in San Mateo County (with Health Plan of San Mateo), who are dually eligible for Medi-Cal and Medicare, who are uninsured, and in limited instances, individuals with private insurance.

Substance Use in the United States

The 2016 Surgeon General's Report on Alcohol, Drugs, and Health labeled substance use and substance use disorder as "one of the critical public health problems of our time."[2] Every day in the United States, 78 people die from an opioid overdose; this number has nearly quadrupled since 1999. In 2015, 20.8 million people in the United Stated had substance use disorders—more than 1.5 times the annual prevalence of cancer.[3] Substance use disorders impact the health and well-being of individuals, families, and entire communities. They also have economic impacts; the estimated impact of substance use and substance use disorder, exclusive of tobacco, is as high as $442 billion per year.[4]

Substance Use in San Mateo County

Trends in substance use and substance use disorder in San Mateo County are consistent with neighboring counties and California statewide trends. According to data from the Public Health, Policy, and Planning Department of San Mateo County Health, the age-adjusted annual mortality rate due to overdoses from all drugs was 6.78 per 100,000 in 2016 (vs. 12 statewide).[5] The age-adjusted emergency room rate due to substance misuse in San Mateo County is 14.1 per 10,000 people, compared to 18.6 statewide.[6]

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[1] *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017*. (United States Census Bureau / American FactFinder, 2017 Population Estimates Program, 2018). http://factfinder2.census.gov.
[2] U.S. Department of Health and Human Services (HHS), *Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (Washington, DC: HHS, November 2016).
[3] U.S. Department of Health and Human Services (HHS), *Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (Washington, DC: HHS, November 2016).
[4] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (Washington, DC: HHS, November 2016).
[5] Robert Wood Johnson Foundation County Health Rankings 2014-2016
[6] California Office of Statewide Health Planning and Development 2013-2015.

Seventeen percent (17%) of adults in San Mateo County reported binge or heavy drinking and 5.9% of individuals age 12 and over had alcohol use disorder, compared to 18% and 6.4% statewide, respectively.[7, 8] The age-adjusted emergency room visit rate per 10,000 people due to alcohol misuse (43.3 in San Mateo County) and the proportion of alcohol-impaired driving deaths (26% of driving deaths) were similarly aligned with, though slightly lower than, statewide figures (44.2 and 29%, respectively).[9,10] Among the Whole Person Care population in San Mateo County, alcohol-related disorders ranked first among the most common treat-and-release emergency room diagnoses among all emergency room visits, accounting for 10% of all emergency room visits among this population.[11] Alcohol-related disorders ranked third among most common inpatient stay diagnoses for this population, accounting for 8% of all inpatient stays in this population.

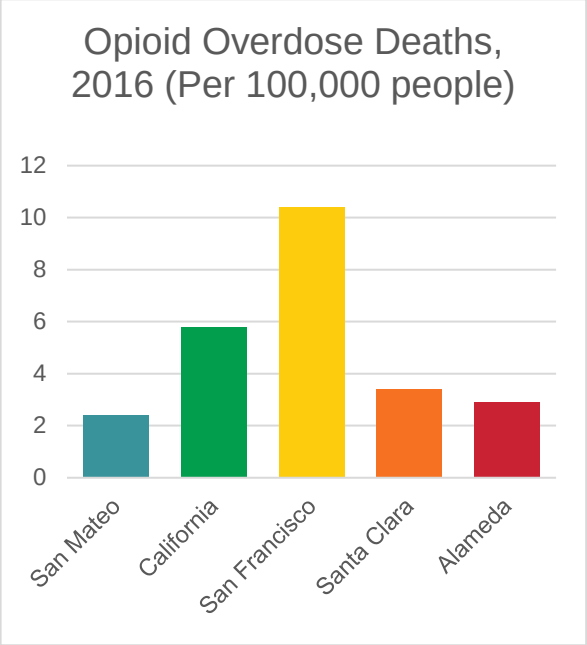


Figure 1: Opioid overdose death rates per 100,000 people in California and Bay Area Counties

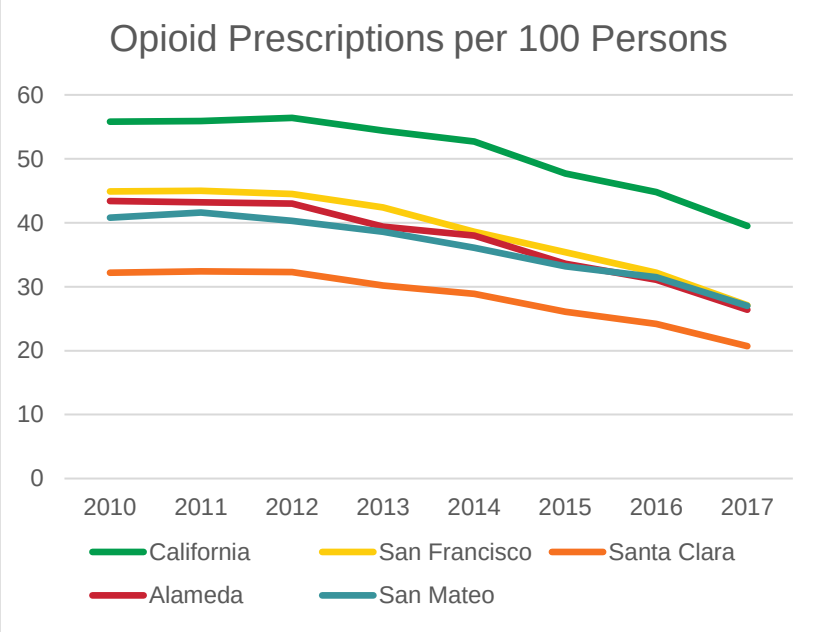


Figure 2: Opioid prescription rates per 100 people in California and Bay Area Counties

Opioid prescription rates have been declining in San Mateo, aligning with trends across the state and nearby counties (see Figure 2). San Mateo County has a lower death rate due to opioid overdose than other Bay Area counties and the state as a whole (see Figure 1).

A complete set of findings from the review of available data can be found in Appendix 1.

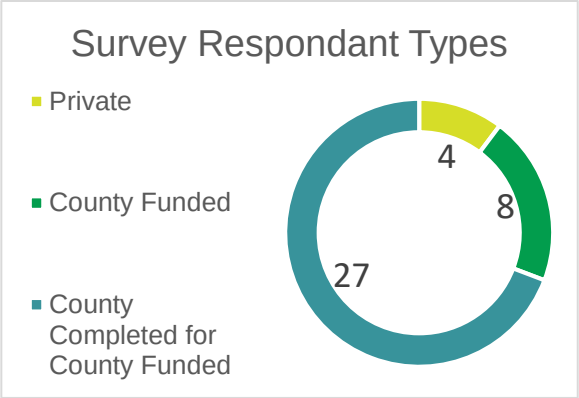
[7] Behavioral Risk Factor Surveillance System, 2016. https://www.cdc.gov/brfss/annual_data/annual_2016.html.
[8] *National Survey on Drug Use and Health*. (SAMHSA, Center for BH Statistics and Quality, 2014-2016).
[9] California Office of Statewide Health Planning and Development 2013-2015.
[10] Fatality Analysis Reporting System 2012-2016. www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars.
[11] Whole Person Care is a pilot program taking place in California counties under the State's 1115 Waiver. The pilot aims to coordinate health, behavioral health, housing, and social services for high users of the health system.

Substance Use in Homeless Populations

Substance use is known to be both a cause and effect of homelessness.[12] Data on substance use and substance use disorder among people experiencing homelessness were not available in San Mateo County. However, national data reveal that rates of substance use disorder and mortality by opioid overdose are higher among people experiencing homelessness.[13] A recent study in Boston found that drug overdoses were the leading cause of death among a cohort of people experiencing homelessness, accounting for one-third of deaths among those younger than 45 years.[14] Compared to people who were stably housed, individuals in this group were nine times more likely to die from an overdose.

[12] *Substance Abuse and Homelessness.* (Washington D.C., National Coalition for the Homeless, 2009). https://www.nationalhomeless.org/factsheets/addiction.pdf.
[13] Boyer, Alaina and Poe, Brett. *Addressing the Opioid Epidemic: How the opioid crisis affects homeless populations.* (National Health Care for the Homeless Council, May 2017). www.nhchc.org/opioidcrisis.
[14]Baggett TP, Hwang SW, O'Connell JJ, et al. *Mortality Among Homeless Adults in Boston: Shifts in Causes of Death Over a 15-Year Period*. (JAMA Intern Med., 2013).173(3):189–195.

The findings gathered through the survey are provided in two parts. Part One is relevant to private providers (n=4) and Part Two is relevant to County-contracted providers, including the County staff who submitted data on behalf of providers (n=27) and the County-contracted providers who completed their own responses to another portion of the survey questions (n=8).



Part One: Private Providers

There were a total of three responses to the survey among the private providers who were requested to complete it; one provider completed the survey for two service locations. The total number of private provider settings reported in these findings is four (4).[15] This included two individual practitioners who provide services independently, and two organizations consisting of more than one provider. Two of these providers serve the South Region of San Mateo County (including Redwood City, North Fair Oaks, Portola Valley, Woodside, Atherton, East Palo Alto, Menlo Park), and two serve the Central Region (including San Mateo, Belmont, Burlingame, Foster City, Hillsborough, Millbrae, San Carlos). As discussed under "Limitations", the small number of responses to the survey among private providers makes it difficult to make generalizations or complex quantitative analysis based on this data.

Table 1 below describes the levels of care offered by this set of private providers. Notably, higher levels of care (residential/inpatient treatment) and medication assisted treatment with methadone are not offered by this group of providers.

Table 1: Number of Private Providers Offering Specific Levels of Care[16]

Outpatient Withdrawal Management (Detoxification Services)	1
Residential (non-hospital) Withdrawal Management (Detoxification Services)	0
Inpatient (hospital) Withdrawal Management (Detoxification Services)	0
Individual Outpatient Counseling	4
Group Outpatient Counseling	1
Intensive Outpatient Services	1
Residential Treatment Services	0
Medication Assisted Treatment for OUD with methadone	0
Medication Assisted Treatment for OUD with buprenorphine	2
Medication Assisted Treatment for OUD with naltrexone	2
Medication Assisted Treatment for AUD with acamprosate	2
Medication Assisted Treatment for AUD with disulfiram	2
Medication Assisted Treatment for AUD with naltrexone	2

[15] The provider who sees patients in two different settings submitted a separate response for each setting; both responses are included in the data presented here.

[16] Treatment options are not exclusive in tables representing provider services data; a given site may provide multiple levels of care.

Two of these providers offer individual outpatient counseling for youth; the remaining services are provided to adults (18 years and older). Table 2 describes the specialty populations served by this group of private providers, though none of them identified services designed specifically for any of these groups.

Table 2: Populations Served by Private Providers

(Indicates they can be admitted and receive services)

Population	Number of providers who serve the population
Pregnant and parenting women	4
Military/Veterans	3
LGBTQ	3
Farmworkers	2
Homeless	2
Undocumented	1
Older Adults (65+)	3
Individuals on Medication Assisted Treatment	4
Other: Families	2

Table 3 lists the types of payment accepted at each level of care for the private providers surveyed. Some providers request that clients pay up front for services, and offer a sliding payment scale for a subset of patients. One provider identified challenges related to insurance reimbursements, including low rates and slow or missed payments; these challenges are significant enough that the provider is struggling to maintain their business.

Table 3: Forms of Payment by Level of Care for Private Providers

Level of Care	Types of Payment Accepted (# of Providers)
Outpatient withdrawal management	Self Pay (1)
Individual Outpatient Counseling	Medi-Cal (1) Medicare (1) Self pay (4) Blue Shield of CA (1) Anthem Blue Cross (1)
Group Outpatient Counseling	Self Pay (1)
Medication Assisted Treatment for OUD with buprenorphine	Medi-Cal (1) Medicare (1) Self Pay (2) Blue Shield of CA (1) Anthem Blue Cross (1)
Medication Assisted Treatment for OUD with naltrexone	
Medication Assisted Treatment for AUD with acamprosate	
Medication Assisted Treatment for AUD with disulfiram	
Medication Assisted Treatment for AUD with naltrexone	

Survey respondents identified current provider vacancies in their practices, which include:

- LCSW #13653
- MD, PhD, Psychiatrist / Addictionologist
- PsyD, Licensed Clinical Psychologist / Psychotherapist
- RN, Certified Substance Use Counselor

For each of the following training topics, one provider identified interest or need: American Society of Addiction Medicine (ASAM) Criteria, Trauma-Informed Care, Co-Occurring Disorders, Medication Assisted Treatment, Best Practice Approaches for Treatment of Special Populations, Cognitive Behavioral Therapy, Relapse Prevention, Psycho-Education, Chronic Pain, Co-Occurring Mental Health Disorders.

Table 4 describes the average wait time for each level of care offered by private providers. Most services have a one- to two-day wait time, with the longest wait for group outpatient counseling at an average of 24 days.

Table 4: Average Wait Time for Private Providers in Days by Level of Care

Level of Care	Average Wait Time in Days Across All Providers
Outpatient Withdrawal Management (Detoxification Services)	1
Inpatient (hospital) Withdrawal Management (Detoxification Services)	1
Individual Outpatient Counseling	2.3
Group Outpatient Counseling	24
Intensive Outpatient Services	7
Medication Assisted Treatment for OUD with buprenorphine	2
Medication Assisted Treatment for OUD with naltrexone	2
Medication Assisted Treatment for AUD with acamprosate	2
Medication Assisted Treatment for AUD with disulfiram	7
Medication Assisted Treatment for AUD with naltrexone	3

Part Two: County-Contracted Providers

Data provided in this portion of the report reflects the data shared by BHRS staff about County-contracted providers (N=27). A complete list of County-contracted providers can be found at www.smchealth.org/post/find-behavioral-health-providerprogram.

Table 5 lists the number of County-contracted providers offering each level of care. There are no inpatient medical withdrawal management services offered by County-contracted providers, and only one residential withdrawal management option of any type. There is also only one provider offering methadone. Four providers offer individual outpatient counseling for youth, and five providers offer group outpatient counseling for youth. The remainder of the listed services are offered for adults only (18 years and older).

Table 5: Number of County-Contracted Providers Offering Specific Levels of Care

Outpatient Withdrawal Management (Detoxification Services)	2
Residential (non-hospital) Withdrawal Management (Detoxification Services)	1
Inpatient (hospital) Withdrawal Management (Detoxification Services)	0
Individual Outpatient Counseling	10
Group Outpatient Counseling	13
Intensive Outpatient Services	4
Residential Treatment Services	9
Medication Assisted Treatment for OUD with methadone	1
Medication Assisted Treatment for OUD with buprenorphine	2
Medication Assisted Treatment for OUD with naltrexone	2
Medication Assisted Treatment for AUD with acamprosate	1
Medication Assisted Treatment for AUD with disulfiram	1
Medication Assisted Treatment for AUD with naltrexone	1
Other – Sobering Station	1

Table 6 outlines the gender-specific services offered by County-contracted providers. Of these services and programming, there are more designed for women, particularly among residential treatment services.

Table 6: Number of County-Contracted Providers Offering Gender-Specific Programming

	Number of providers who offer each level of care		
	Group Outpatient Counseling	**Intensive Outpatient Services**	**Residential Treatment Services**
This level of care is not offered	14	23	18
Gender-specific programming is not available for this level of care	11	1	1
Programming is available for gender-specific men	1	1	3
Programming is available for gender-specific women	1	2	6

As evidenced by Table 7, almost all providers are able to admit and serve farmworkers, people experiencing homelessness, undocumented individuals, and individuals receiving MAT.

Table 7: Populations Served by County-Contracted Providers

(Indicates they can be admitted and receive services).

Population	Number of providers who serve the population
Farmworkers	24
Homeless	26
Undocumented	25
Individuals on Medication Assisted Treatment (receiving MAT elsewhere)	26

Table 8 outlines the number of providers offering some programming specifically designed for the listed specialty populations at each level of care. Of this programming, one intensive outpatient services provider and three residential treatment services providers are primarily focused on pregnant and parenting women (at least 75% of their program is focused on this population).

Table 8: Programming Available for the Following Populations by Level of Care at Each County Clinic

	Group Outpatient Counseling	Intensive Outpatient Services	Residential Treatment Services
Pregnant/Parenting Women	5	1	6
Military/Veterans	5	1	7
Farmworkers	5	0	6
LGBTQ	12	3	9
Homeless	13	3	9
Undocumented	6	3	9
Older Adults (65 and older)	4	0	6
Individuals on Medication Assisted Treatment	9	2	9

Table 9 below describes the average wait time for each level of care, and the range of averages across providers. The longest average wait time is for MAT for alcohol use disorder, in part because there is only one provider offering this type of care. The largest range for wait time is for residential treatment, which includes a men's residential treatment facility with an average wait time of 28 days.

Table 9: Average Wait Time for County-Contracted Providers in Days by Level of Care

Level of Care	Average Wait Time in Days Across All Providers
Residential (non-hospital) Withdrawal Management (Detoxification Services)	1
Individual Outpatient Counseling	2.5 (range: 0 – 10 days)
Group Outpatient Counseling	2 (range: 0 – 10 days)
Intensive Outpatient Services	3.75 (range: 3 – 5 days)
Residential Treatment Services	5.2 (range: 0 – 28 days)
Medication Assisted Treatment for OUD with methadone	1
Medication Assisted Treatment for OUD with buprenorphine	4 (range: 1 – 7 days)
Medication Assisted Treatment for OUD with naltrexone	4 (range: 1 – 7 days)
Medication Assisted Treatment for AUD with acamprosate	7
Medication Assisted Treatment for AUD with disulfiram	7
Medication Assisted Treatment for AUD with naltrexone	7

The following data reflects the questions that were answered by County-contracted providers directly via a web-based survey (N=8). Half of these providers identified a desire for training on motivational interviewing, trauma-informed care, co-occurring disorders, and co-occurring mental health disorders. American Society of Addiction Medicine (ASAM) criteria, medication assisted treatment, relapse prevention, best practice approaches for treatment of special populations, cognitive behavioral therapy, and psycho-education were identified as additional training needs among a smaller number of providers.

Table 10 lists the types of payment and insurance accepted by County-contracted providers at each level of care. Medi-Cal is accepted at all levels of care

Table 10: Forms of Payment Accepted by County Providers by Level of Care

Level of Care	Types of Payment Accepted (Number of providers)
Residential (non-hospital) withdrawal management	Medi-Cal (1) Self pay (1)
Individual Outpatient Counseling Group Outpatient Counseling	Medi-Cal (4) Self pay (3) Western Health Advantage (1)
Intensive Outpatient Services	Medi-Cal (3) Self pay (2) Western Health Advantage (1)
Residential Treatment Services	Medi-Cal (3) Self pay (2) Western Health Advantage (1) Kaiser Permanente of CA (1)
Medication Assisted Treatment for OUD with methadone	Medi-Cal (1) Self pay (1)
Medication Assisted Treatment for OUD with buprenorphine	Medi-Cal (1) Medicare (1)
Medication Assisted Treatment for OUD with naltrexone	
Medication Assisted Treatment for AUD with acamprosate	
Medication Assisted Treatment for AUD with disulfiram	
Medication Assisted Treatment for AUD with naltrexone	

QUALITATIVE FINDINGS

Several key themes emerged consistently through the qualitative data collection process, which included key informant interviews, consumer focus groups, and open-ended survey questions.

Specific service gaps exist in the substance use treatment system, particularly access to men's residential treatment and inpatient medical detox for Medi-Cal clients. Informants universally reported a shortage of residential substance use treatment beds for men, with average reported wait times of 13 days for options through BHRS. One facility reported wait times of up to four weeks. There is even more limited capacity to serve monolingual Spanish speakers, resulting in longer waits for this subpopulation. Wait times can be "detrimental" to a person accessing treatment, as they may decide not to pursue treatment if they have to wait for it. Respondents identified only two private residential treatment facilities in the County; private providers reported referring clients to residential treatment options elsewhere in California. Respondents also reported a lack of access to inpatient medical detox as a major gap in the system of care. The only inpatient medical detox in the County is at Mills Peninsula Medical Center; providers reported attempting to connect Medi-Cal patients to Mills Peninsula for medical detox without success. Due to challenges in receiving payments from the California Department of Health Care Services, Mills Peninsula has not accepted Medi-Cal patients. Despite a reported need for this service among the Medi-Cal population, the detox beds at Mills Peninsula are often underutilized. San Mateo County Health is currently working with Mills Peninsula to explore options for getting County clients access to the Mills Peninsula detox beds.

Respondents also identified gaps in services for youth in San Mateo County. Though there seem to be sufficient outpatient services for youth, evidenced by the fact that the outpatient youth services are underutilized, there are no youth residential services in San Mateo County or sobering services available to youth outside the emergency room. BHRS contracts with two out-of-county youth residential substance use treatment providers which can be accessed by youth in the County; however, focus group participants and key informants expressed a desire for in-county residential treatment. There has also been a recent reduction in youth accessing outpatient treatment in the County, despite availability of outpatient facilities, a trend that mirrors national statistics.[17] Respondents identified a need for better connections with schools, both through substance use education and through the availability of treatment in the school setting.

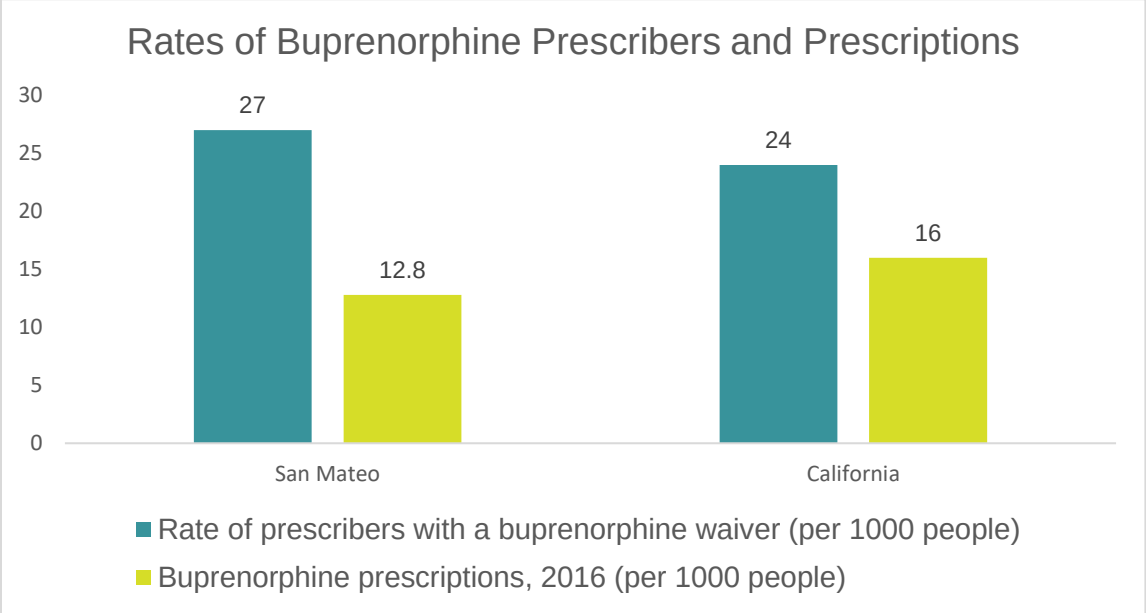
More providers need to be not only able, but willing to provide medication-assisted treatment for opioid use disorder. Recent efforts have been made in San Mateo County to get more psychiatrists waivered to prescribe buprenorphine. However, respondents felt that this has not led to a commensurate increase in the

[17] Bose, Hedden, Lipari and Park-Lee. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.* (Rockville, MD: SAMHSA, 2018).

number of buprenorphine prescriptions being written in the County. This trend is confirmed by statewide data, as seen in Figure 3 below. Rates of prescribers with a buprenorphine waiver are higher in San Mateo County than in California, yet rates of prescription for buprenorphine are lower.[18,19] Respondents believed that both psychiatrists and primary care providers are unwilling or uncomfortable with prescribing buprenorphine; they may feel that it is beyond the scope of their role, that they don't have capacity to effectively manage another disease, or there may be stigma and fear around treating addiction. Currently, the emergency department or psychiatric emergency services can initiate buprenorphine for a patient, but the patient often needs to wait weeks before they can get an appointment to continue that treatment in the community. Providers who do prescribe buprenorphine identified challenges in working with pharmacies to bill for MAT, and felt that more education is needed with pharmacists to ensure patients don't face gaps in medication.

> *"Addiction falls in a grey area between primary care and psychiatry, so somebody needs to step up to the plate."*
> - Key informant interviewee

Figure 3: Rates of buprenorphine prescribers and prescriptions in San Mateo County and statewide



There are gaps in coordination across the system and a lack of knowledge about what the full system looks like. Providers across the service spectrum reported being unsure about where to refer patients who need substance use treatment services (or need a different level of substance use treatment). Many providers do not have awareness of what the substance use treatment system looks like in San Mateo County, what the options are, or how to get a patient

[18] *California Opioid Overdose Surveillance Dashboard.* Buprenorphine prescriptions are by patient location and exclude Butrans. https://discovery.cdph.ca.gov/CDIC/ODdash/.
[19] Estimates based on *DEA Active Controlled Substances Act (CSA) Registrants database and Controlled Substance Utilization Review and Evaluation System (CURES).* https://classic.ntis.gov/products/dea-csa/.

into care. They often refer patients to the Access Line but aren't able to make a more direct connection for a patient, and their knowledge of what exists is based on their personal networks and word-of-mouth. Providers expressed a desire for real-time information on available substance use treatment and clear processes for connecting patients to the right level of care. There is also a gap in knowledge among Medi-Cal providers about what services are available for privately-insured patients, and vice-versa. Private substance use treatment providers are unsure about where to refer patients with Medi-Cal who come to them seeking services. Similarly, County-contracted providers reported referring non-Medi-Cal patients back to their insurance provider to identify treatment options.

> *"SMC BHRS and Contracting Agencies seem to lack a coordinated procedure to refer clients through the continuum of care. We need referral process to move clients from one agency to another."*
> - Survey respondent

Data tracking and coordination was identified as a specific weakness in the substance use treatment system in the County. Different providers within the County use different electronic health records, resulting in siloed systems and difficulties in accessing patient records or communicating about patients. Providers reported not being able to find out what happened to a patient once they dropped out of treatment or moved to another provider. Providers felt they didn't have a full picture of what a patient's treatment looks like, and didn't have the ability to track down people who had fallen out of care. Legal barriers, including federal confidentiality regulations, prevent information sharing around drug and alcohol use. Substance use treatment providers are not authorized to share data with primary care providers without explicit patient consent; this lack of data sharing can inhibit relationship building and create a risk of harm for the patient. The challenges around data sharing and care coordination are a focus of the Whole Person Care pilot program in San Mateo County.

The implementation of the Drug Medi-Cal Organized Delivery System has led to administrative challenges for Medi-Cal providers. San Mateo County was the first county in the Bay Area to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS), which it did in February 2017.[20] DMC-ODS is a pilot program under the California 1115 Waiver which expands, improves, and reorganizes substance use disorder treatment and services. It creates a pathway to provide and bill for residential treatment, case management, recovery services, and field-based services. Though the implementation of this program has provided an opportunity to enhance the system of care in San Mateo

> *"We need support around documentation requirements - this greatly impacts services to clients due to the administrative time it takes and the confusion around requirements."*
> - Survey respondent

[20] *FY17-18 Drug Medi-Cal Organized Delivery System External Quality Review: San Mateo DMC-ODS Report.* (Emeryville, CA: Behavioral Health Concepts, Inc., 2018).

County, it comes with increased paperwork and documentation requirements. This creates an additional burden for service providers that already have limited staff capacity (see finding below). This finding is echoed in assessments of DMC-ODS implementation in other California counties.[21] Additionally, DMC-ODS regulations prevent providers from serving patients with Medi-Cal from other counties. This is particularly problematic in a place like the Bay Area, where counties are geographically small and many people travel through multiple counties on a daily basis. DMC-ODS also restricts patients to two residential treatment stays per year, which may be a barrier for clients who move in and out of treatment more frequently. These findings are consistent with an evaluation of DMC-ODS in San Mateo County that was conducted in 2018.[22]

Hiring and retaining the right staff is difficult due to the limited availability of certified providers and the cost of living in San Mateo County. San Mateo County is one of the most expensive places to live in the country.[23] The high cost of living combined with availability of other high-paying jobs in the region makes it difficult to hire and retain quality staff in treatment settings, particularly entry-level or frontline staff. Respondents reported additional staffing challenges due to the increased paperwork burden resulting from implementation of the Drug Medi-Cal Organized Delivery System (see above). The required documentation may necessitate increased time from higher level staff, who are already overworked, contributing to challenges with staff retention. Respondents also reported a shortage of addiction specialists in the County, and challenges related to recruiting qualified providers who embrace serving clients.

> *"I have been recruiting for a substance use counselor for 6 months without a qualified applicant response."*
> - Survey respondent

SUBSTANCE USE TREATMENT SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS

People experiencing homelessness who have accessed substance use treatment services in San Mateo County described a system that supported them and linked them to the care they needed. They felt that services were accessible and that there were no barriers to receiving treatment other than personal choice. Housing and the cost of living in San Mateo County were identified as the greatest barriers to successful recovery in this population. Clients described successfully completing treatment, "doing everything right," and then not being able to find or afford a place to live when they leave treatment. This is especially problematic for people on the prioritization list for affordable housing. The list is prioritized based on length of homelessness, but a stay in residential treatment disrupts the length of homelessness and moves the patient down the priority list. This creates a disincentive to seek treatment for those trying to get access to housing.

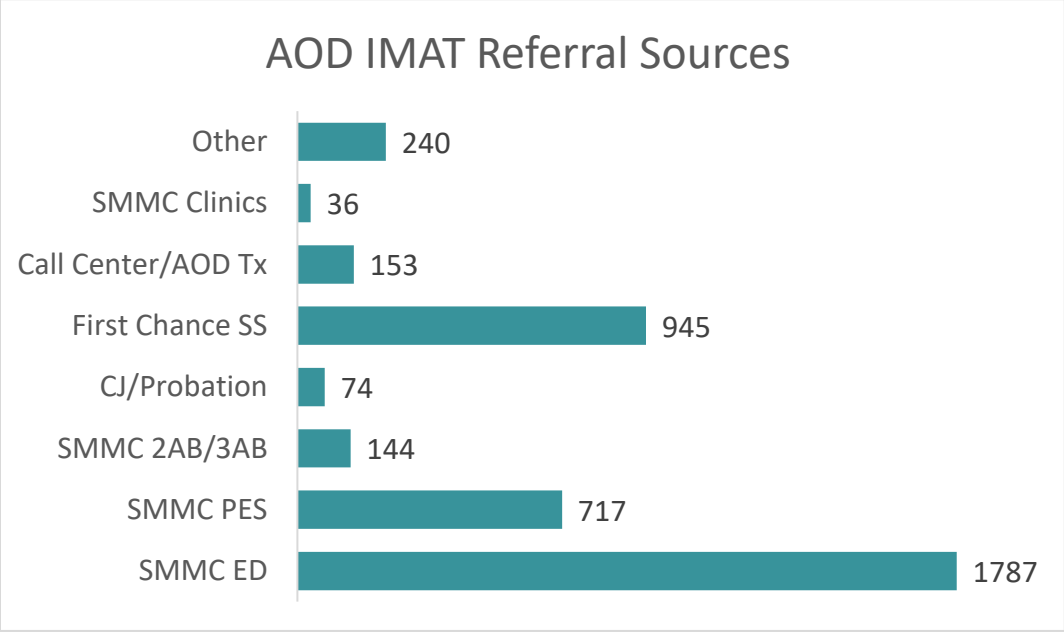
> *"There are a lot of people ready to help once you raise your hand and ask for help."*
> – Focus Group Participant

[21] Brassil, Backstrom, and Jones. *Medi-Cal Moves Addiction Treatment into the Mainstream: Early Lessons from the Drug Medi-Cal Organized Delivery System Pilots.* (CHCF, 2018).
[22] *FY17-18 Drug Medi-Cal Organized Delivery System External Quality Review: San Mateo DMC-ODS Report.* (Emeryville, CA: Behavioral Health Concepts, Inc., 2018).
[23] Zraick, Karen. *San Francisco Is So Expensive, You Can Make Six Figures and Still Be 'Low Income'.* (New York City; The New York Times, 2018).

The IMAT Team is seen as a significant success and is making a positive impact. The Integrated Medication Assisted Treatment (IMAT) team began operating in San Mateo County in 2015. The program offers outreach and engagement, psycho-education around MAT, and linkages to services across the system. They provide case managers in the emergency department almost around the clock, and care coordination for complex clients. Roughly half of all alcohol and other drug (AOD) referrals to the IMAT team have come from the San Mateo Medical Center emergency department (ED), followed by the sobering center and SMMC psychiatric emergency services (PES) (Figure 4 below). An evaluation of the program from 2015 – 2017 found that clients of the IMAT program had a 46% decrease in ED and PES visits and a 64% decrease in hospital admissions in the six months following their enrollment in the program.[24] Clients also had a 119% increase in outpatient visits and 48% decrease in health plan costs for the six-month post-enrollment period. Respondents identified the IMAT team as one of the great successes in the current system of substance use treatment in the County.

> *"[The IMAT team] gives us the ability to extend past what we do. It completely changes the way we are able to practice."*
> - Key informant interviewee

Figure 4: Number of AOD IMAT referrals by source, July 2015 – December 2018



The system could be better designed to meet patient needs. There is often a limited window when a patient is ready to seek services, and the system needs to be prepared to take advantage of the opportunity. Respondents identified a need for increased use of a harm reduction approach among providers, to reduce feelings of stigma, and help patients feel comfortable and bring them into treatment in a non-judgmental way. Some respondents

[24] Lu, Wu, Nhi Cap, and Horner. *Evaluation of San Mateo County Behavioral Health and Recovery Services (BHRS) FY 2016-17 Integrated Medication-Assisted Treatment (IMAT) Program.* (Washington DC: American Institutes for Research, 2018).

SUBSTANCE USE TREATMENT SERVICES FOR FARMWORKERS

Respondents described a high rate of alcohol use among farmworkers in San Mateo County, and increasing use of opioids on the South Coast. According to a household survey administered in the farmworker community in Half Moon Bay, 11% of farmworker households have one or more people who have a problem with drugs or alcohol. However, this population faces numerous barriers in accessing services. Respondents reported a shortage of Spanish-speaking providers, and substance use services along the coast, where most farmworkers work and reside, are very limited. This is particularly true for farmworkers on the South Coast, and is exacerbated by limited access hours for many services. Those farmworkers who are undocumented may be afraid to come forward and seek treatment services and many do not have health insurance to cover the cost of treatment. Respondents also highlighted the importance of trauma-informed care for the farmworker community, as many individuals have experienced trauma which may play a role in their substance use. This population can be difficult to access or to engage, and informants described the effort that providers need to put in to be present in the community and be viewed as trustworthy. Community events, religion, and church are important aspects of life in farmworker communities and should be considered as routes for engaging the population.

identified limited capacity in the County for individuals who want treatment but are not yet ready for abstinence, or who may not be ready to follow a rigorous residential program. They identified a need for more flexibility in residential services, and residential services for people who relapse or who are at different stages of change. Clients felt there was only "one flavor" of treatment in the County, and that more variety was needed. Clients experiencing homelessness in particular may struggle with the rigid structure of treatment after living on the street with very little structure. Informants also identified potential for change in the treatment philosophy at men's residential facilities. Women's treatment in the County tends to be more trauma-informed and more individualized, while men's facilities can be more "conflict-driven," using a "no excuses" penalizing system. Clients and providers alike described the struggle to balance flexibility and maintain connection between clients and providers with the need to create structure that clients can be held accountable to. Respondents also felt that the system could be improved if more substance use treatment programs engaged with patients and other providers outside the four walls of their building, improving their ability to "meet people where they are." The Street Medicine Team partially fills this gap for homeless and farmworker populations, by providing street outreach, access to medicines, and visits to farms, though their capacity is limited to weekly visits.

> *"There isn't a way for the system to accommodate the instability we see in our patients in early recovery."*
> - Key informant interviewee

Providers who see patients with private insurance face barriers in the provision of substance use treatment services. Respondents who treat patients with private insurance or who pay out of pocket reported patient engagement and uptake of services as being two of their main challenges. They reported having to consolidate or remove services they were providing because there weren't enough patients interested in receiving them. Finances were reported as a barrier for both patient and provider in the private treatment system. Providers who tried to offer flexibility in payment for their patients struggled to continue operating in a context of low patient uptake of services, delayed or missed reimbursements, and low reimbursement rates. Patients reported choosing lower level services or not seeking services at all because the costs were prohibitive.

Families and communities need more access to information on substance use and available services. A patient's family, friends, and support system may have a role to play in connecting a patient to substance use treatment; however, community members expressed a lack of understanding about what treatments are available and where to find more information. Families and support systems play a particularly important role among farmworkers, and substance use can be intergenerational in these communities. There may be value in sharing information and resources with family members of farmworkers, or identifying family education and engagement opportunities. Though there have been efforts to engage and support family members of individuals seeking substance use treatment who have private insurance, providers reported difficulty in engaging those support systems in a meaningful way. Focus group participants noted a desire for an easy way to access all their needed health information in one place.

Individual choice and personal readiness play a large role in whether or not someone accesses treatment. The availability of appropriate services is necessary but not sufficient for ensuring that everyone who needs substance use disorder treatment accesses it. Seeking treatment is a personal choice, and there are numerous reasons for why one might not seek help. Real or perceived stigma, not being ready to stop using substances, fears about how treatment would impact a job or personal relationships, and cost or lack of sufficient insurance are all documented personal barriers to seeking care.[25] Because it can be difficult for someone to decide to seek treatment, it's essential that the treatment system is ready to accept people and meet their needs when they are ready to seek care.

> *"You HAVE to be ready and really want to change your way of life."*
> - Focus group participant

LIMITATIONS

Though efforts were made to be as comprehensive as possible in this assessment, there are limitations to the data presented here.

- The positioning of the HCH/FH Program in the County structure allowed for easier access to information on and from County-contracted providers. Though the County-contracted providers are just one part of the substance use treatment system, access to private providers was limited. Unlike in other states and settings, there was no apparent unifying or organizing body for the private substance use providers in San Mateo County. The lack of coordination across systems noted above also made it difficult to use County-contracted providers to make connections to private providers. This resulted in limited perspectives from private providers for this assessment. This is a significant limitation for a County-wide assessment of substance use treatment services, as substance use disorder and the need for services is not limited to the Medi-Cal and

[25] Bose, Hedden, Lipari and Park-Lee. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.* (Rockville, MD: SAMHSA, 2018).

uninsured populations. A broad approach, inclusive of all providers, is needed to enhance the substance use treatment system in the County.

- Another result of the lack of access to private providers was the small sample size for the provider survey. Though some data was received for all County-contracted providers, the limited number of private provider respondents prohibits the ability to do comparisons or significant quantitative data analysis. It is also possible that the providers who responded to the survey are consistently different than those who did not (they may be more engaged in County services, for example), making it difficult to generalize much of their responses.

- County-specific quantitative data on substance use and unmet substance use treatment needs were not available for homeless and farmworker populations. This lack of data prevents an analysis or understanding of whether these populations are disproportionately impacted by substance use disorder in San Mateo County.

RECOMMENDATIONS

Based on the findings from this needs assessment, JSI has developed a set of recommendations for consideration by San Mateo County Health:

- Increase timeliness of access to residential beds for men and availability of inpatient medical detox for individuals with Medi-Cal.

- Facilitate more connection and collaboration with schools around substance use, to improve engagement and connection to services among youth. Use of outpatient substance use treatment by youth has declined in recent years, and BHRS has established a Youth Services Network to look for effective ways to promote services and attract more youth to treatment.

- Increase motivation and capacity for psychiatrists and primary care providers to prescribe buprenorphine. Though many providers are technically able to prescribe buprenorphine to their patients, the low number of prescriptions suggests that additional work is needed to educate and motivate providers, support them in seeing their role in the system of care, and reduce the stigma associated with substance use and providing care to those with substance use disorders.

- Facilitate coordination and communication among County-contracted providers and between County-contracted and private providers. Enhanced coordination at a system level could facilitate improved referral processes to appropriate care, increased understanding of patient outcomes, and better care for patients.

- Reconsider the prioritization process for affordable housing for individuals who have completed residential substance use disorder treatment. Clients are currently not incentivized to seek residential treatment if they are on a priority list for housing, as it will be considered a break in their length of homelessness and move them down the list.

- Provide trauma-informed care and improve engagement with farmworker populations through consistent presence at community events and linkages to churches and other community-based organizations.

- Provide capacity building or additional support for administrative needs related to the implementation of the Drug Medi-Cal Organized Delivery System. Though this new system provides an opportunity to enhance the system of care for substance use treatment in the County, providers need to be well equipped to manage the increased paperwork requirements and other changes.

- Explore increased engagement in the California Hub and Spoke System.[26] This state-funded program is designed to increase and improve access to MAT services throughout California. One provider described participating in this newly-implemented program, which may provide new opportunities for MAT funding in San Mateo County.

- Improve access to education and information around substance use and substance use treatment services in San Mateo County for providers, patients, and their families. This work has been started by the HCH/FH Program through a project to design online substance use disorder and mental health resources and patient education materials, including online referrals to services and patient education materials to support access to mental health and substance use disorder services across San Mateo County.

- Assess the need for capacity building around screening and motivational interviewing among primary care providers. Primary care providers can play a role in linking patients to substance use disorder treatment, but providers may not feel equipped to have conversations around substance use or conduct screenings for their patients. An assessment could be done to identify the need for training around motivational interviewing and SBIRT (Screening, Brief Intervention, and Referral to Treatment) among primary care providers.

[26] CA Hub & Spoke System. (CDHCS, 2018). https://www.dhcs.ca.gov/individuals/pages/ca-hub-and-spoke-system.aspx

APPENDICES

1. San Mateo County Substance Use Data Review
2. Substance Use Needs Assessment Data Collection Tools

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo County Health
225 37th Avenue, Office 106
San Mateo, CA

(650) 573-2018
smchealth.org

TAB 3

Meeting Minutes

Request to Approve

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (February 7, 2019)
RFHC- EPA

Co-Applicant Board Members Present	County Staff Present	Members of the Public
Brian Greenberg	Linda Nguyen, Program Coordinator	Anita Rees, Pacifica Resource Center
Tayischa Deldridge	Frank Trinh, Medical Director	Suzanne Moore
Christian Hansen	Danielle Hull, Clinical Coordinator	
Steve Carey	Andrea Donahue, County Counsel's Office	
Adonica Shaw	Irene Pasma, Program Implementation Coordinator	
Mother Champion	Sofia Recalde, Management Analyst	
Jim Beaumont, HCH/FH Program Director (Ex-Officio)	Melissa Rombaoa, PCMH Manager	

Absent: Gary Campanile, Robert Anderson, Steven Kraft

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9 A.M. Everyone present introduced themselves.	
Regular Agenda Public Comment	Anita Rees (Pacifica Resource Center) and Suzanne Moore (retired nurse) came to discuss the City of Pacifica's efforts to ban overnight parking of RVs' campers on city streets. Pacifica has a population of approximately 40,000 residents and has the largest homeless population in San Mateo County, and the vehicularly housed has increased in recent years yet there is no shelter located along the San Mateo County Coast. They support a Safe Car Program as well as rotating shelters to support the homeless population. The County explored a shelter along the coast and the safe car parking program, but the focus is on rapid rehousing. A lot of Pacifica residents do not support a safe car parking program. Anita and Susan asked for letters of support from HCH/FH as well as others to take to the city saying they do not support banning overnight parking.	
Consumer Input- Ravenswood Family Health Center (RFHC)	Discussion on One Day Homeless Count that occurred at the end of January. Michelle (UCSF staff located at RFHC) works with RFHC street medicine program that started 2 ½ years ago, to serve those living on the streets located at parking lots, McDonalds etc. Staff helps bridge gap with clients that do not want to go into a clinic for services. They work with frequent flier patients that are hardest to serve, and often inform these patients that they need to go to the ER. They serve as the face of the community, to encourage them to seek services in the RFHC clinic. They are planning a Suboxone treatment program. We see a prevalence of opioid and Meth use in the field.	
Board Orientation	HCH/FH Staff went over the last few slides from the last Orientation material presented at the January meeting, on what activities the program will focus on for the first half of the 2019 calendar year. Staff also discussed the 2019 budget that included all the contract funding.	
No Closed session		

Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from Jan 10, 2019) were approved. Please refer to TAB 1	Consent Agenda was MOVED by Tay SECONDED by Christian, and APPROVED by all Board members present.
Board membership **Action Item- Request to approve new Board member**	Board recruitment/membership sub-committee member Steve Carey interviewed Eric Debode. Steve reported that Eric will be a valuable asset to the Board. He serves as an Executive Director for Abundant Grace Coastside Worker and works full time with homeless and farmworker populations. He has an interest in improving mental health services for the homeless. He is engaged in the coast side community and will be a good liaison on the coast with homeless issues to the board. **Action item: Request to approve new Board member** Please refer to TAB 2	**Request to approve new Board member** MOVED by Steve C SECONDED by Tay, and APPROVED by all Board members present
Pacifica Safe Car Program **Action Item- Request to take action on safe parking program**	Anita Rees from CORE service agency- Pacifica Resource Center and retired Nurse Suzanne Moore contacted the program about supporting a safe car parking program as the City of Pacifica is considering a ban of overnight parking of RVs and campers on city streets. There was a discussion about the ban and how the Board can support any efforts to oppose such a ban and support any alternatives. HCH/FH's Program Director (Jim Beaumont) presented a draft of the letter and Board members reviewed and edited to clarify that their opposition to a ban on overnight parking is county-wide. **Action Item: Request to take action on safe parking program.**	**Request to take action on safe parking program** MOVED by Steve C SECONDED by Mother Champion, and APPROVED by all Board members present
Grant conditions update	In total there are eleven grant conditions with three remaining on Credentialing and Privileging. There are two grant conditions regarding scope of services and our project officer is discussing this issue with Policy staff. There is further information in the Director's report on this matter.	
Medical Respite update	Discussion and summary of the Respite meeting held on February 6. Take away points from the meeting include: keeping in mind economies of scale (larger facility instead of many small), Respite will not solve all problems of the health care system, consumer input should be included in the planning. Discussion on SB1152, including how the new policy will show a clear need for respite/recuperative care.	

Discussion on Annual report	HCH/FH Program is moving ahead on this effort and plan to present by spring time. Discussion on what to focus on including staff and subcommittees.	
Sub-committee reports	Board recruitment/membership sub-committee oral report on meeting: • Efforts to recruit members for a consumer advisory board for homeless and farmworkers are still on-going. • We are looking into having a possible farmworker advocate join the Board, this would be good to diversify the current Board. • Christian is no longer interested in serving on this committee.	Staff to take Christian off Board recruitment/membership committee.
Regular Agenda: HCH/FH Program **QI Report**	The San Mateo County HCH/FH Program QI Committee did not meet in January. The following are several QI effort updates. • QI Annual Plan: The HCH/FH Staff are continuing to work on the plan. • CalFresh Restaurant Meals Program: The HCH/FH Staff met with the CalFresh Outreach team of Human Services Agency. The Outreach team provided background on previous efforts to establish the Restaurant Meals Program, and discussed areas for collaboration. HCH/FH Program will check back in with the Outreach team in March. • Diabetes Action Plan/Data Improvement Plan: The HCH/FH Staff met with the SMMC Ambulatory Director to discuss and strategize next steps in the Diabetes Action Plan and Data Improvement Plan. The Data Improvement Plan will be led by SMMC LEAP, and will aim to improve homeless and farmworker data accuracy. The Diabetes Action Plan will first convene with internal clinic staff and reach out to stakeholders as necessary. The next HCH/FH QI Committee meeting will be on February 28th, 2019. *Please refer to TAB 3 on the Board meeting packet*	
Regular Agenda: HCH/FH Program **Directors report**	Director update: • <u>Grant conditions:</u> On January 30, 2019, the HCH/FH Program held a conference call with our Project Officer, which included discussion of the grant conditions. Our Project Officer reported that she has recommended approval of six (6) of our submissions. The two (2) submissions related to our Scope of Project and our Ravenswood Family Health Center contract are still being discussed with HRSA Policy. The three (3) remaining conditions – related to Credentialing and Privileging – are all in process as staff works to complete the required effort with the SMMC Medical Staff Office and Human Resources. The submissions for these conditions are due by March 17, 2019. • <u>HRSA new funding opportunity</u>: On Friday, January 11, 2019, HRSA announced a NAP Funding Opportunity, with potential awards of up to $650,000 annually. Due to some of the funding requirements (requires at least one new brick-and-mortar site open at least 40 hours per week, for example), the HCH/FH Program has not found a good fit for applying. We are still keeping it under consideration as the submission deadline is in March. • Reminder to review program calendar for events and upcoming conferences such as the upcoming National Health Care for Homeless conference in D.C.	

	Please refer to TAB 4 on the Board meeting packet.	
Regular Agenda: HCH/FH Program **Budget & Financial Report**	Most of the unexpended balance is the result of unexpended contract funds as the Contractual budget item was under expended by 17%. This figure includes unallocated budgeted amounts for contracts and the under-expended amounts from December of 2017, as well as under expended contracts through November of 2018. As currently allocated, the HCH/FH Program is over-extended by just over $7,500, and is projected to end up with an unexpended balance of just under $9,000. However, these figures include targeted funding from the QI and SUD-MH awards (approximately $135,000), which cannot be spent on general operations. We anticipate that about one-half of the targeted funding will be able to be directed toward training (including conferences) and consultant expenses (such as for the Substance Use Disorder Needs Assessment). With allowing for those directed expenditures, the HCH/FH Program is still an estimated $80,000 over extended. This may not represent a significant problem, as we know that typically, contractual under expenditures would counter balance it. We will be tracking this closely as we move further into the year. However, the current numbers do presume no additional expenditures for new service efforts, small funding requests or other additional expenditures. *Please refer to TAB 5 on the Board meeting packet.*	
Adjournment	Time ___11 AM	Brian Greenberg

February 07, 2019

Pacifica City Council:

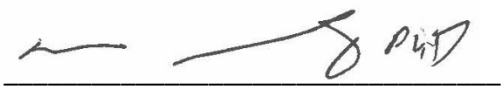
We write on behalf of the Co-Applicant Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program. As local community leaders, we oversee a federal program managed by San Mateo County to support the homeless and farm worker communities, and we have a special interest in the Coastside.

Homelessness is a serious, ongoing social concern in the Bay Area. With the lack of affordable housing, more and more individuals and families are being forced out of their current homes and either move from the area or become homeless. Many of the Bay Area residents now experiencing homelessness are stable community members who can simply no longer afford the high costs of housing. Furthermore, more and more San Mateo County residents are turning to their vehicles for a place to stay and sleep. The 2017 San Mateo County One Day Homeless Count found that over 65% of unsheltered homeless individuals were living/sleeping in their cars and RVs, a 34% increase from 2015. Even though the total count of unsheltered homeless persons in the County has continued to drop, the number and percentage of individuals living in their vehicles has increased.

Homeless persons living in their vehicles face an increased risk of trauma, health issues and displacement similar to other unsheltered homeless persons. Continuous moving of locations makes accessing health services and other support services difficult. To that end, the Health Care for the Homeless/Farmworker Health (HCH/FH) Program generally supports “Safe Parking” programs that provide safe, secure locations for vehicularly-housed homeless individuals and families to park and sleep. These programs further facilitate the provision of outreach and essential services to the families and individuals involved. To that end, the San Mateo County HCH/FH Program opposes efforts to ban overnight parking county-wide. Without holistic approaches to address the underlying issues, the individuals involved are simply put at a greater risk of harm, health issues, and permanent displacement.

Thank you.

The Board of the San Mateo County Health Care for the Homeless/Farmworker Health Program



Brian Greenberg, Ph.D.

HCH/FH Co-Applicant Board Chair

TAB 4
Travel Requests

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: March 14, 2019

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

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

SUBJECT: TRAVEL REQUESTS

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding **travel reimbursement for Board members** who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business. The Board also approved a policy for the selection process of how Board members are selected for approved travel for reimbursement (March 13, 2014) and according to the policy:

> To address this situation, and to try and provide appropriate fairness to all of the members of the Board, the Board established the policy for the determination of which Board members travel (or portion thereof) will be reimbursed by the Program. This policy addresses the potential benefits that may accrue to the Board and/or Program by the travel, benefits that may be accrued to others who might also be able to support said travel, the number of events that may be of interest, the number of Board members who may be interested in attending said events, available funding in the Program budget for all potential events, and other issues as determined as relevant by the Board.
> The following is the Program policy for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:
>
> - For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.

The HCH/FH Program (Program) Co-Applicant Board (Board) approved policy regarding **travel reimbursement for Non-Board members** requesting funds to travel for conferences (March 10, 2016) and according to the policy:

> It is understood that enhancing the knowledge and skills of those working with the homeless and farmworkers, and their families, for the maintenance and improvement of their health is a beneficial activity for the HCH/FH Program and the populations that it serves. Further, it is understood that the HCH/FH Program has a limited budget, and for training and skills development, the primary focus is on doing so for the Co-Applicant Board members, to enhance their capabilities in Board decision-making, and Program Staff, in enhancing their capabilities in program operations:
> • For national or regional events outside of California, the Board may choose to consider the equivalent of full travel reimbursement of up to one (1) individual.

So far the program has received a request from two Board member and three Non-Board member for the upcoming 2019 National Health Care for Homeless Conference in D.C. (May 22-25):

Board members: Adonica Shaw Porter and Robert Anderson
Non-Board members: Melissa Rombaoa Manager of PCMH at SMMC, Will Cerrato- Coastside Clinic Manager, Alexandra Gutierrez- Community Worker at Coastside Clinic

Attached:

- Budget request from Melissa Rombaoa
- Budget request from Adonica Shaw Porter
- Budget request from Robert Anderson
- Budget request from Will Cerrato and Alexandra Gutierrez

COUNTY OF SAN MATEO CALIFORNIA

Name	position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution (optional)
Robert Anderson	Board member	board training	registration	$ 500	
			flight	$ 450	
			hotel (3 nights)	$ 845	*$*
			food/per diem	$ 120	
			transportation	$ 100	

TOTAL **$ 2,015**

Name	position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution (optional)
Adonica Shaw Porter	Board member	Board training	*registration*	*560*	
			flight	*400*	
			hotel	*800*	*$*
			food/per diem	*100*	
			transportation	*100*	

TOTAL **$ 1,960**

position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution (optional)
Patient Centered Medical Home (PCMH) Manager -Melissa Rombaoa	My current role at San Mateo Medical Center supports transforming ambulatory care, developing high performing care teams, improving quality outcomes, meeting social needs within the clinic, and reducing disparities. In order to do this well for our entire system, it is essential to incorporate the perspective of our homeless patients into any possible solutions or interventions. This conference will explore issues of cultural humility, harm reduction, and trauma-informed care from across disciplines and communities. I am most interested in the following presentaitons: Bridging the Gap: Partnerships between CHWs and Medical Providers for Better Patient Care, Culture Jam: How Integrating Culturally Specific Services Impacts Clients, Staff and Organizations, Food Justice and Diabetes, and Using Telehealth to Increase Patient Engagement.	Registration (Main Conf)	$ 500.00	
		Flight	$ 500.00	
		Hotel (2 nights)*	$ 564.00	
		Meals**	$ 190.00	
		Transportation (to/from airport, metro)	$ 100.00	
		TOTAL	**$ 1,854.00**	

*Conference Rate

**https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems_report&state=DC&fiscal_year=2019&zip=&city=

Name	position/role	benefit of attendance	request (ex: registration)	Request amount	org contribution (optional)
Will Cerrato **Alexandra Gutierrez**	Clinic Manager.-Coastside and Pescadero Community Worker	at Coastside and Pescadero, a good % of our patients are Farm Workers with multiple needs	*registration*	*$ 1,340*	
			flight	*$ 1,300*	
			hotel	*$2,400*	
			Meals/per diem	*$180*	
			TOTAL	$ 5,220	

TAB 5

Board recruitment/ membership committee plan

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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

DATE: March 14th, 2019

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

FROM: Board Membership/Recruitment subcommittee and Irene Pasma, Program Planning and Implementation Coordinator

SUBJECT: ADVISORY BOARD PLAN

The Board membership/recruitment sub-committee is tasked with reviewing and making recommendations on board composition, recruitment, and selection, and other areas that may impact these activities. The sub-committee was tasked with researching ideas to receive homeless and farmworker patient/consumer input routinely, such as forming community advisory boards and how to recruit for such. Committee members and staff met to discuss and draft guidelines for the community advisory groups.

The San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) program is seeking to create two Advisory Boards, one composed of people with experience being homeless and the other composed of people who are farmworkers or family members of farmworkers. The Advisory Boards will support the HCH/FH Co-Applicant Board by providing lived experience for decision-making purposes.

Both will be called a Community Advisory Board, but they will meet separately due to the differences in needs and experience. A representative from each Advisory Board will be a regular Co-Applicant Board member. The Board Recruitment Sub-Committee has drafted Advisory Board Guidelines. The guidelines review:

- Member qualifications & responsibilities
- Representation on the co-applicant board
- Meeting frequency and conduct

Should standing Advisory Boards not be possible to obtain feedback from these two populations, other efforts such as regular focus groups will be conducted to ensure consumer perspectives inform the Co-Applicant Board's activities.

This request is for the Board to approve the Advisory Board Plan.

ATTACHMENT:

- Advisory Board Plan

San Mateo County Health Care for the Homeless / Farmworker Health
Advisory Board Plan

The San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) program will have two Advisory Boards, one composed of people with experience being homeless and the other composed of people who are farmworkers or family members of farmworkers. Both will be called Community Advisory Boards but they will meet separately due to the differences in needs and lived experience.

Purpose

The Advisory Boards will support the HCH/FH Co-Applicant Board by providing lived experience for decision making purposes. Advisory Board Members will:

1. Provide input into topics the Co-Applicant is reviewing such as new service streams, strategic direction, and using knowledge from personal experience on how to improve the health system
2. Provide input into public health policy the Co-Applicant Board is discussing
3. Review community-facing materials (i.e. brochures, education material, website content)
4. Help identify new members for the Advisory Board
5. Provide insight to other San Mateo County Health departments (i.e. Behavioral Health and Recovery Services)

Composition

Advisory Boards do not have a minimum or maximum number of people who can be on it, though meetings composed of 4-8 members will be ideal, while an e-mail listserv may consist of a greater number of Members. HCH/FH staff will coordinate and facilitate the meetings as well as take meeting minutes. Diversity in gender, age, ethnicity, and lived experience will be prioritized.

<u>Advisory Board Member Qualifications</u>

(Homeless) Advisory Board

- Have experienced homelessness or have some other relevant experience with it
- Have familiarity or connection to San Mateo County and County Healthcare

(Farmworker) Advisory Board

- Have worked as a farmworker or been a family member of a farmworker, or have some other relevant personal experience
- Have familiarity or connection to San Mateo County and County healthcare

<u>Responsibilities and Rights of Advisory Board Members</u>

- Members should make best faith efforts to join all meetings and notify HCH/FH staff if they are unable to do so

- Members are expected to respect each other's experiences, listen to one another, and create a safe environment
- Members are volunteering their time

Representation on the Co-Applicant Board

One person from each Advisory Board will be nominated by the Advisory Board to be the representative on the Co-Applicant Board as the conduit of information from the Advisory Board to the Co-Applicant Board. This member will need to go through the regular application process of the Co-Applicant Board. See Co-Applicant Board by-laws for more information.

Term of Participation

There is no limit to how long someone can be a Member

Removal

Advisory Board members can decide to ask a member to leave if they are not able to join in productive conversation.

Compensation

Advisory Board Members are volunteers.

Meetings

Both Advisory Boards will meet at least quarterly at a location decided upon in advance. The meeting time and location will vary depending on the member's availability and geography. All efforts will be made to make meeting time and location as convenient for the most number of Members as possible. This includes potentially meeting on weeknights/weekends.

The HCH/FH staff will develop the agenda, ensure the room is reserved for the meeting, and provide all supportive materials either in advance and/or hard copies at the meeting.

Farmworker Advisory Boards will be conducted in a mixture of Spanish and English, with translation as needed. The focus will be to ensure Advisory Board Members are able to share their stories in a manner they are comfortable in.

Refreshments will be provided. Incentive to attend (i.e. grocery store gift cards) will be discussed if attendance/recruitment is poor.

TAB 6

Contractors quarterly report Q4

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: March 14, 2019

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 Sofia Recalde, Management Analyst

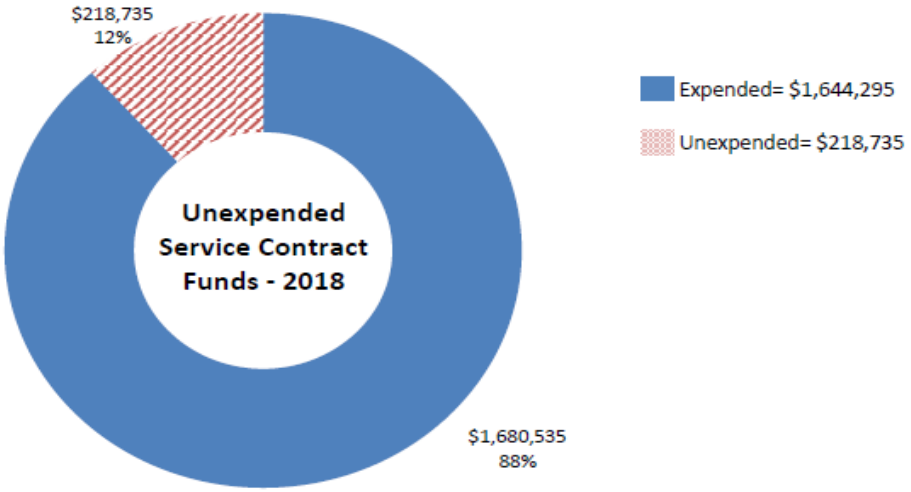
SUBJECT: Quarter 4 Report (January 1, 2018 through December 31, 2018)

Program Performance

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

Service Contracts - 2018 Final Expenditures

Provider	Total Award	Expended	Percentage Expended
BHRS	$90,000	$39,100	43%
El Centro	$24,000	$11,325	47%
Legal Aid	$14,000	$6,000	43%
LifeMoves	$298,030	$276,850	93%
Mission Hospice	$50,000	$50,000	98%
PHPP Mobile Clinic	$532,250	$505,190	95%
PHPP Street Medicine	$249,750	$209,050	84%
Puente	$183,500	$183,500	100%
Ravenswood	$258,825	$209,020	81%
Samaritan House/Safe Harbor	$81,000	$76,000	94%
Sonrisas	$131,675	$114,500	87%
TOTAL	**$1,913,030**	**$1,680,535**	**88%**



San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

HCH/FH Performance Jan - Dec 2018		Cost/Unit	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% of contracted Pts seen YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Contractor	**Contracted Services**							
Behavioral Health & Recovery Svs	Care Coordination	<May: 300/pt; >June: 500/pt	185	103	56%	900	412	46%
El Centro	Care Coordination	$300	10	10	100%	20	10	50%
	Outreach	$575	20	11	55%	N/A		
	Education	$500	15	0	0%			
LifeMoves	Care Coordination	$275	500	517	107%	1,375	840	61%
	Intensive Care Coordination	$525	50	72				
	SSI/SSDI Eligibility Assistance	$420	75	56	75%			
	Health Coverage Eligibility Assistance	$110	30	34	113%			
	Intensive Care Coordination	$600	140	118	84%	300	633	211%
	Transportation	$45/ride	N/A			344 rides	460 rides	134%
Mission Hospice	Hospice Care Needs Assessment	$50,000	N/A					
Legal Aid Society of San Mateo County	Provider Outreach	$1,100	NA					
	Farmworker Outreach	$4,900						
	Experience Study	$8,000						

** Accounts for additional non-patient based deliverables

HCH/FH Performance Jan - Dec 2018		Cost/Unit	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% of contracted Pts seen YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Contractor	**Contracted Services**							
Public Health Mobile Van & Expanded Services	Primary Care Services	$330	1000	918	94%	2,420	1,795	74%
	Primary Care to formerly incarcerated & homeless	$725	210	223				
Public Health Street Medicine	Primary Care Services	$1,850	135	113	84%	N/A		
Puente de la Costa Sur	Care Coordination	$500	180	202	114%	590	597	101%
	Intensive Care Coordination	$850	20	25				
	Health Coverage Eligibility Assistance	$450	170	181	106%			
Ravenswood	Primary Care Services	$153	700	573	82%	2100	1,734	83%
	Dental Services	$199	275	253	92%	780	792	102%
	Care Coordination	$194	500	366	73%	1200	877	73%
Samaritan House	Care Coordination	$380	200	241	115%	360	409	114%
	Intensive Care Coordination	$500	10	0				
Sonrisas Dental	Dental Services	$1,145	115	100	87%	460	337	73%
Total HCH/FH Contracts			**4,540**	**4,116**	**91%**	**10,505**	**8,436**	**80%**

** Accounts for additional non-patient based deliverables

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

Agency	Outcome Measure	4th -Quarter
Behavioral Health & Recovery Services	•At least 100% screened will have a behavioral health screening. •At least 70% will receive individualized care plan.	Year to date: • 105 clients (100%) had a behavioral health screening • 98 received individualized care plan
El Centro	• Provide at least 10 screening/assessments to homeless/farmworkers • Provide at least 20 Motivational outreach sessions on AOD/mental health	Year to date: • Provided 10 screening/assessments to homeless/farmworkers • Provided 11 Motivational outreach sessions on AOD/mental health
LifeMoves/CHOW (street med)	• Minimum of 50% (250) will establish a medical home. • At least 90% of homeless individuals served for CC services will have documented care plan. • At least 30 will complete submission for health coverage.	Year to date: • 40% established a medical home • 100% of individuals served for CC services will have documented care plan. • 34 complete submission for health coverage.
Mission Hospice	• Provide a minimum of 2 in-service education and training for homeless shelter staff on aging population health needs.	Year to date: • Provide 4 in-service education and training for homeless shelter staff on aging population health needs.
Public Health Mobile Van/expanded services	• At least 80 % will receive a comprehensive health screening for chronic disease and other health conditions. • At least 20% of patient encounters will be related to a chronic disease.	Year to date: • 100% served received a comprehensive health screening for chronic disease and other health conditions. • 40% 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 • At least 50% of street homeless/farmworkers seen will be referred to Primary Care	Year to date: • 100% of street homeless/farmworkers seen had a formal Depression Screen performed • 50% of street homeless/farmworkers seen were referred to Primary Care
Puente de la Costa Sur	•At least 90% served care coordination services will receive individualized care plan. •At least 25 served will be provided transportation and translation services.	Year to date: • 47% farmworkers served cc services received care plan. • 197 were provided transportation and translation services.

RFHC – Primary Health Care	• 100% will receive a comprehensive health screening. •At least 300 will receive a behavioral health screening.	Year to date: • 98% received a comprehensive health screening. • 29 received a behavioral health screening.
RFHC – Dental Care	• At least 50% will complete their treatment plans. • At least 80% will attend their scheduled treatment plan appointments. • At least 50% will complete their denture treatment plan.	Year to date: • 19% completed their treatment plans. • 66% attended their scheduled treatment plan appointments. • 44% completed their denture treatment plan.
RFHC – Enabling services	• At least 85% will receive care coordination services and will create health care case plans • 65% of homeless diabetic patients will have hbA1c levels below 9.	Year to date: • 42% will received care coordination services and will create health care case plans • 69% of diabetic patients have hbA1c levels below 9.
Samaritan House-Safe Harbor	•At least 95% of patients will receive individualized health care case plan. •At least 70% will complete their health care plan. •At least 70% will schedule primary care appointments and attend at least one.	Year to date: • 50% received individualized health care case plan • 55%complete their health care plan. • 60% will schedule primary care appointments and attend at least one.
Sonrisas Dental	• At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan.	Year to date: • 49% completed their treatment plans. • 9% 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 there appear to be more therpists available providing services than before, i.e. PPN, Star Vista and Pride Center for individual therapy.
  - Staff also reports that some clients are having difficulty with finding affordable housing in SMC.
- **LifeMoves** reports The BHRS referral process is going smoothly. We are easily able to make calls in the field and get our clients a concrete time and date as well as a point of contact going forward.
  - Improved dental care is an expressed need, as the wait times can be quite long.

- **El Centro** states that there is a strong showing at their Motivational Outreach/assessment and Navigation for Treatment on substance use.
    - All clients that requested a screening/assessment expressed interest in Outpatient treatment.

- **Mission Hospice** states that working with shelter staff was positive.
    - Lack of medical information, access to health providers and gernal lack of information on housing.
    -
- **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. We are also seeing a large increase in homeless elderly clients over 65 with mental health and complex medical needs.

- **Puente** held some events recently that include Health Fair, Law night and event on Public Chart by Legal Aid Bay Area.
    - Clients are receiving termination letters of health coverage regarding ACE if they are not enrolled in Restricted Medi-Cal. Staff is having to research the issue and communicate with clients.

- **Ravenswood Primary Care** continues to see patients at Project WeHope shelter and Street Medicine clinic program (Wednesday & Thursdays). Manager coordinates with Emergency Rooms, Santa Clara and San Mateo counties.
    - Trends include requests from patients for resources to help them manage their diabetes. Patients losing their medications and the homeless demographic changing to all ages/genders/ethnicities and many wanting to be screened for STIs.

- **Ravenswood Dental Care** experiences success through their “Access Dentist”, providing same day dental services for unscheduled homeless patients as well as providing high level of hands-on support to help fill out forms and complete health coverage in timely manner. Adding 9 new dental operations (total 23) to meet demand of patients with dental needs.
    - Trends include request for dentures and education that is needed to provide.

- **Ravenswood Enabling services**- great partnerships with LifeMoves, Center on Homelessness, and Abode Services to assist clients and find housing. They operate a food pantry and clothing closet to distribute items to clients and had a successful annual winter coat drive
    - Increased requests to seek employment assistance as well as female homeless patients, pregnant women and at-risk families with young children.

- **Samaritan House/Safe Harbor** states that the collaboration between Mobile Clinic, Street Medicine and Whole Person Care is working well.
    - Clients experiencing long wait times for primary care and dental appointments.

- **Sonrisas Dental** states that relationship with Puente is working well with consistent dental staffing and improved communication with Puente.
    - Farmworkers having difficult time getting time off of work for dental appointment, despite providing services closer to where they live/work.

TAB 7
QI Report

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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

DATE: March 14th, 2019

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
Danielle Hull, Clinical Services Coordinator

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee met on February 28th, 2019. The topics discussed were as follows:

- **Western Migrant Forum Discussion:** The Committee discussed main takeaways from the Western Migrant Forum and confirmed an interest in having a presentation from Legal Aid regarding Public Charge. Program staff to coordinate time and location of presentation.

- **Diabetes Action Plan:** In collaboration with the SMMC Ambulatory Services Director, the HCH/FH Program is finalizing workgroup participants and beginning to send invitations for the workgroup. Workgroup to convene prior to April 15th (Q2 report date).

- **Reviewed QI Annual Plan Draft**: The QI Committee reviewed and provided feedback to the QI Annual Plan draft. The HCH/FH program staff will incorporate feedback and send final draft to QI/QA Committee members for final input prior to the April Co-Applicant Board meeting.
- The Committee also voted on the key measures for focus in 2019, which include:
    a. Hypertension
    b. Diabetes
    c. Child Weight Assessment
    d. Colorectal Cancer Screening
    e. Cervical Cancer Screening
    f. Depression Screening
    g. Enabling Services Measure

The next HCH/FH QI Committee meeting will be on April 25th, 2019.

TAB 8
Director's Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: March 14, 2019

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 February 7, 2019 Co-Applicant Board meeting:

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

On February 7th we received notice that HRSA had lifted the six (6) grant conditions we had submitted, not including those related to our agreement with Ravenswood Family Health Center (RFHC). On March 4, 2019, our Project Officer confirmed that those two (2) conditions are still under review with the Policy Branch.

The three (3) remaining conditions – related to Credentialing and Privileging – are all in process as staff works to complete the required effort with the SMMC Medical Staff Office and Human Resources. The submissions for these conditions are due by March 17, 2019 and are expected to be submitted this week.

2. Uniform Data System (UDS)

The 2019 UDS Report was submitted on time. We have already had discussion with our UDS Reviewer on questions and issues he had with the report, and our current understanding is that we have successfully responded to those questions and issues. We expect to receive notice shortly that our UDS Report has been fully accepted and is final.

I would like to commend the entire HCH/FH Staff for their excellent work on the UDS Report. The comments, questions and issues from our Reviewer were fewer and of less substance then in any previous year. This entirely due to the efforts of staff to complete the necessary effort both accurately and timely.

3. HRSA Funding Opportunity

HRSA has released information on a couple of upcoming Funding Opportunities (FOs). They are expected to soon release a limited, competitive FO for Oral Health Infrastructure. This will provide between 300 – 400 grantees with an average of ~$175,000 in one-time funding for equipment, minor renovations, and other one-time infrastructure improvements. We are hoping this will include automation efforts, as SMMC Dental has been attempting to acquire a dental EHR for some time and we would consider basing an application on that need. We are also looking for other potential efforts that might fit this

COUNTY OF SAN MATEO CALIFORNIA

FO and encourage the Board to provide input. We expect to have sufficient time to submit a request after the announcement that we will bring any potential submission to the Board for approval.

In addition, HRSA has been talking about a planned upcoming FO for Expanded Services – this would be in line with the typical HRSA FO that they announce for expanded services each year that occurs normally in June. It may be announced somewhat earlier this year (or not). In any event, it appears that it will be building on the past two years' efforts in expanding substance abuse and mental health services, specifically, in Integrated Behavioral Health. This FO will be non-competitive (there will be specific funding, usually determined by a formula of some kind, available for every Health Center grantee), likely for about $150-175,000 in on-going funding. We can expect it to require the addition of at least one (1) FTE position. We can also definitely expect to have only about 30 days in which to submit our request. Because of this, we have already begun reaching out to potential County partners about potential efforts, are looking for input from the Board on possibilities, and if needed, will be reaching out to community partners soon. Contracting for services with a community partner is difficult and potentially risky since the submission time-frame does not provide the kind of time necessary to do an appropriate RFP process.

These FOs will also be discussed during today's meeting as part of Board Orientation.

Pacifica City Council Parking Ban Ordinance

At the February 7, 2019 Co-Applicant Board meeting, the Board approved a letter to be provided to the Pacifica City Council on their discussion of a parking ban on RVs with its related effects on the vehicularly housed homeless. At their February 11, 2019 meeting, the Pacifica City Council held extensive discussions on the topic, and subsequently deferred it their upcoming Goal Setting Session. In effect, no action was taken on the proposal at the meeting.

Seven Day Update

ATTACHED:

- Program Calendar

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

2019 Calendar (*Revised March 2019*)

EVENT	DATE	NOTES
• Board Meeting (March 14, 2019 from 9:00 a.m. to 11:00 a.m.) • UDS final deadline– March 31st	March	@ San Mateo Medical Center
• Board Meeting (April 12, 2019 from 9:00 a.m. to 11:00 a.m.) • Review UDS submission on Board agenda • QI Meeting • SMMC annual audit review • Provider Collaborative meeting	April	@ San Mateo Medical Center
• Board Meeting (May 9, 2019 from 9:00 a.m. to 11:00 a.m.) • 2019 NHCHC conference in DC- May 22-25	May	@ San Mateo Medical Center
• Board Meeting (June 14, 2019 from 9:00 a.m. to 11:00 a.m.) • QI Meeting	June	
• Board Meeting (July 11, 2019 from 9:00 a.m. to 11:00 a.m.) • Provider Collaborative meeting	July	
• Board Meeting (August 8, 2019 from 9:00 a.m. to 11:00 a.m.) • QI Meeting • SAC/BPR due • Approve budget	August	

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
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

TAB 9

Budget & Finance Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: March 14, 2019

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

Estimated grant expenditures to-date are $331,178. In addition, we have an estimate $2,729 in expenditures for items not claimable on the grant, for total estimated expenditures of $333,907.

Current projections for year-end are, at best, guesses at this point in the year. Nonetheless, we project that total grant expenditures will be $2,953,650 by the end of the year, which would leave an estimated $58,341 in unexpended grant funds. However, approximately $138,000 of our grant funds have some level of spending restrictions, so we are still around our original estimate of being potentially $80,000 over-extended with our grant funds. We expect this number to come down as we get further into the year and can clearly identify where we have been able to expend the restricted funds and having a better idea on the rate of expenditures for our contracts and MOUs.

Based on the current numbers, we would not be able to recommend any new or additional expenditures.

Attachment:

- GY 2019 Summary Grant Expenditure Report Through 02/28/19

COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2019

Details for budget estimates	Budgeted [SF-424]	To Date (02/28/19)	Projection for GY (+~44 weeks)	Projected for GY 2020
EXPENDITURES				
Salaries				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	554,324	77,642	540,000	582,035
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	224,198	29,388	200,642	235,407
Travel				
National Conferences (2500*8)	20,000		20,000	15,000
Regional Conferences (1000*5)	5,000		5,000	5,000
Local Travel	1,000	593	1,500	1,000
Taxis	3,500	160	1,500	3,000
Van & vehicle usage	3,000	189	1,500	2,500
	32,500	942	29,500	26,500
Supplies				
Office Supplies, misc.	7,500	1,722	5,500	10,000
Small Funding Requests				
	7,500	1,722	5,500	10,000
Contractual				
2017 Contracts		55,827	55,827	50,000
2017 MOUs		23,540	23,540	45,000
Current 2018 contracts	951,500	67,002	905,500	951,500
Current 2018 MOUs	872,000	71,315	825,000	872,000
ES contracts (AIMS/SUD-MH)	262,500		262,500	232,500
---unallocated---/other contracts				
	2,086,000	217,684	2,072,367	2,056,000
Other				
Consultants/grant writer	30,000		25,000	30,000
IT/Telcom	12,000	1,500	12,000	12,000
New Automation			0	-
Memberships	4,000	2,300	2,300	2,000
Training	10,000		7,500	3,000
Misc	750		500	500
	56,750	3,800	47,300	47,500
TOTAL	2,961,272	331,178	2,895,309	2,957,442
GRANT REVENUE				
Available Base Grant *	2,648,400		2,648,400	2,755,454
Available Expanded Services Awards **	305,250		305,250	
HCH/FH PROGRAM TOTAL	2,953,650	331,178	2,953,650	2,755,454
BALANCE	**(7,622)**	**PROJECTED AVAILABLE**	**58,341**	**(201,988)**
				based on est. grant of $2,755,454

MOUs	
bhrs	90,000
phpp mv	532,250
phpp sm	249,750
	872,000

CONTRACTS	
lm	296,500
puente	183,500
rfhc pc	107,100
rfhc d	54,725
rfhc e	97,000
sh	81,000
sonrisas	131,675
	951,500

Expanded Services Contracts	
el centro	82,500
sv	180,000
	262,500

* includes $13,196 of QI targeted funding
** includes $175,000 of one-time funding (SUD-MH) ($125,250 unallocated)

Total special allocation required **$ 138,446**

Non-Grant Expenditures				
Salary Overage	13090	2,504	13,090	13,750
food	2500	225	2,500	2,500
incentives/gift cards	1,000		1,000	1,000
	16,590	2,729	16,590	17,250

TOTAL EXPENDITURES	**BUDGETED**	**2,977,862**	**PROJECTED**	**2,911,899**	**NEXT YEAR**	**2,974,692**
	TO DATE	**333,907**				