

Health Care for the Homeless/Farmworker Health

Background & 2018 Substance Use Needs Assessment

Friday, April 26, 2019



HCH/FH Mission

Serve homeless and farmworker individuals and families by providing access to comprehensive health care, in particular, primary health care, dental care, and behavior health services in a supportive, welcoming, and accessible environment.

Background:

- HCH/FH is a HRSA administered grant under Section 330 of the Public Health Act (Sections g & h)
- Gives entire San Mateo County Health System Federally Qualified Health Center (FQHC) status → higher Medi-Cal & Medi-Care reimbursement rates for entire population
- Since 1991, delivered and coordinated health care for homeless individuals and families in SMC
- In July 2010, added farmworkers and their families/dependents
- In scope services, outpatient only: primary care, behavioral health, dental, and enabling
- 2019 budget roughly ~\$3M, distributed among ~10 contracts
- Run by a Co-Applicant Board, 1 director, 1 part time medical director, and 4 staff
- Direct services are not provided by program staff: all county ambulatory/outpatient services are leveraged

2019 Contracted Target Services

Agency	Contracted Services	Yearly Target # Undup Pts	Yearly Target # Visits
BHRS	Care Coordination (CC)	180	900
EI Centro (new)	CC	120	140
	Motivational Outreach and Education	N/A	95
Life Moves	CC & Intensive CC	500	1,525
	Street Medicine	140	300
	SSI/SSDI	50	N/A
	Eligibility	50	
	Transportation	N/A	400
Public Health Mobile Van	Primary Care	550	800
	Primary Care for formerly incarcerated & homeless	150	300
Public Health- Street Medicine	Primary Care	75	270
Puente de la Costa Sur	CC & Intensive CC	200	590
	Health Insurance Assistance	170	
Ravenswood	Primary Care	700	2100
	Dental	275	780
	CC	500	1200
Samaritan House / Safe Harbor	CC & Intensive CC	210	360
Sonrisas Dental	Dental	115	460
StarVista (new)	Adult Outreach & Engagement	150	N/A
	Adult Therapeutic Services	75	
	Youth CC	75	
	Youth Therapeutic Services	25	
	Transportation	N/A	300
Total HCH/FH Contracts		4,310	10,520

In 2018, among contracts, **91%** of targeted unduplicated patients were seen and **80%** of yearly target # of visits were met.

Expanded services grants arise throughout the year.

Every three years, HCH/FH releases service RFPs, the next round will be in the summer of 2020.

Defining our populations

HRSA definition of homelessness differs from Housing & Urban Development definition

Homelessness

- **Shelter** (Short term)
- **Street** (Includes RV and cars)
- **Transitional** (Long-term shelter, transitional/supportive housing)
- **Doubling Up** (Couch surfing, staying with friends or family, no tenancy rights, non-permanent)
- **Other** (Single Room Occupancy at hotel/motel, permanent supportive housing)

Migrant or Seasonal Farmworker & Family

- **Migrant Agricultural Worker**
- **Seasonal Agricultural Worker**
- **Age & Disabled Worker**

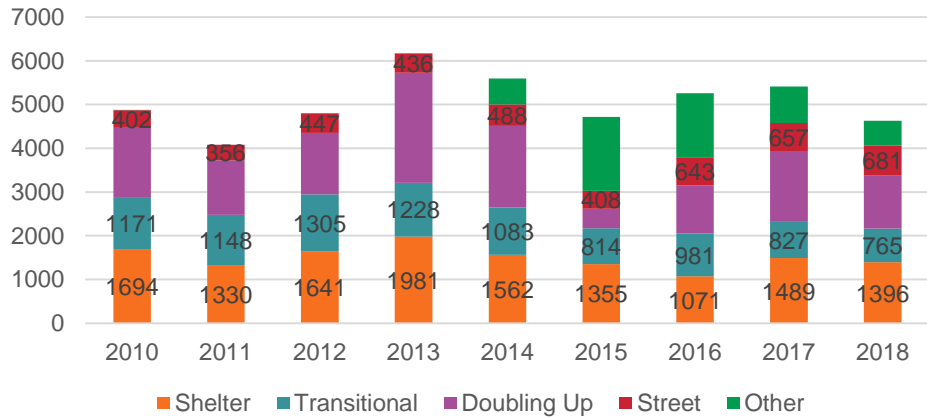
Agriculture includes farming in all its branches:

- cultivation and tillage of soil
- production, cultivation, growing, harvesting of any commodity grown in or on the land
- preparation/processing for market, delivery, storage, or transport
- includes nurseries and aquaculture

A comprehensive definition of homelessness and farmworkers allows for enhanced care coordination and support for housing insecure and the families of farmworkers, as its known health care can remain de-prioritized in these instances.

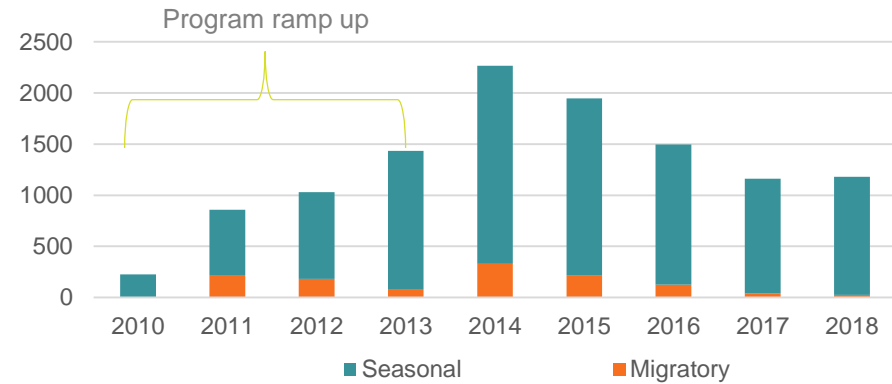
2018 in Review

People Experiencing Homelessness and using SMC Health Services -- by category



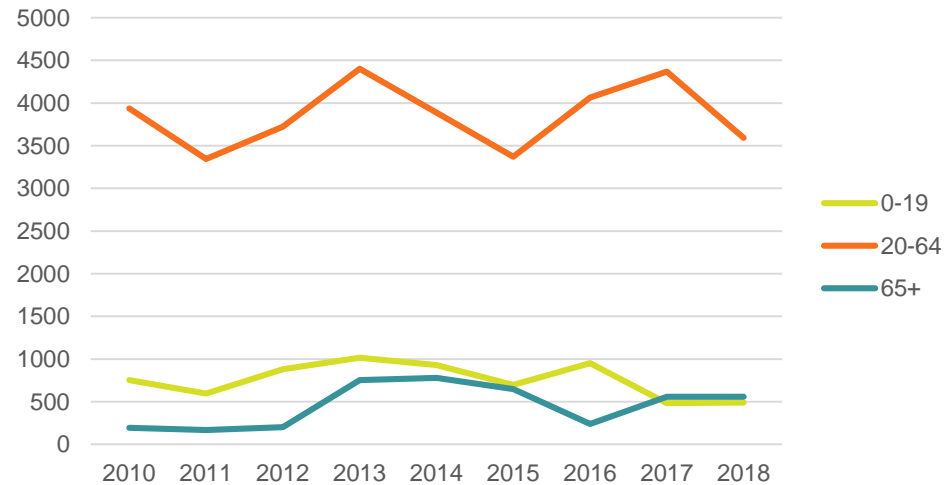
In 2017, HSA's one day count indicated 637 unsheltered homeless and 616 people in emergency/transitional shelters.

Farmworkers using SMC Health Services -- by work classification

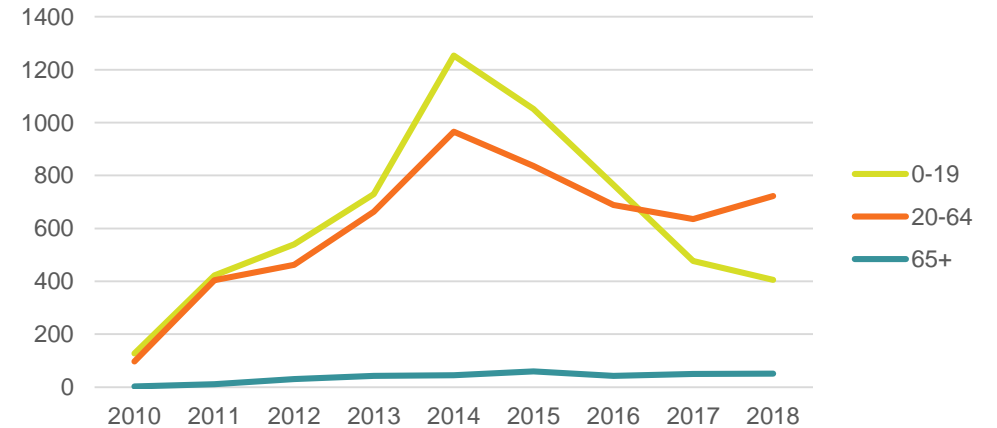


A 2016 farmworker housing needs assessment estimates the agricultural workforce in San Mateo County is 1700-1900, down from 3000 in the year 2000.

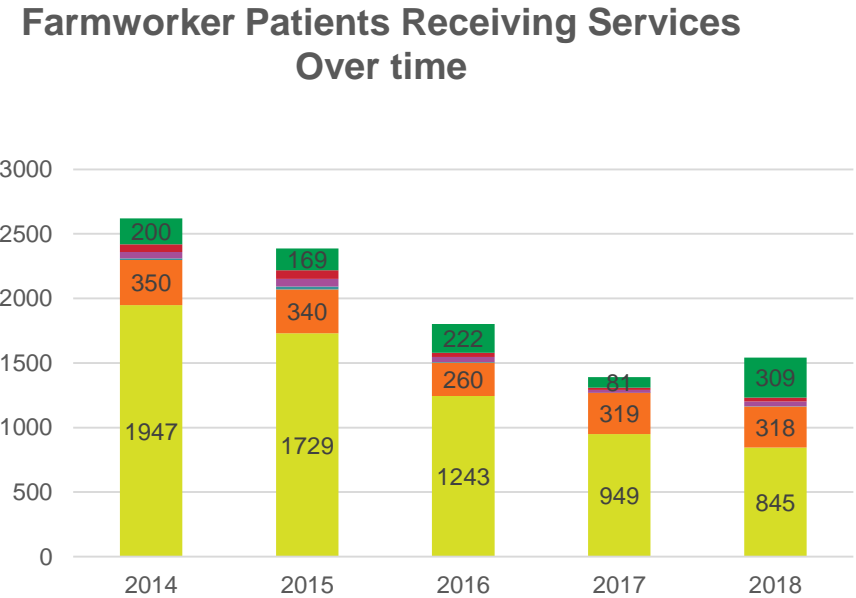
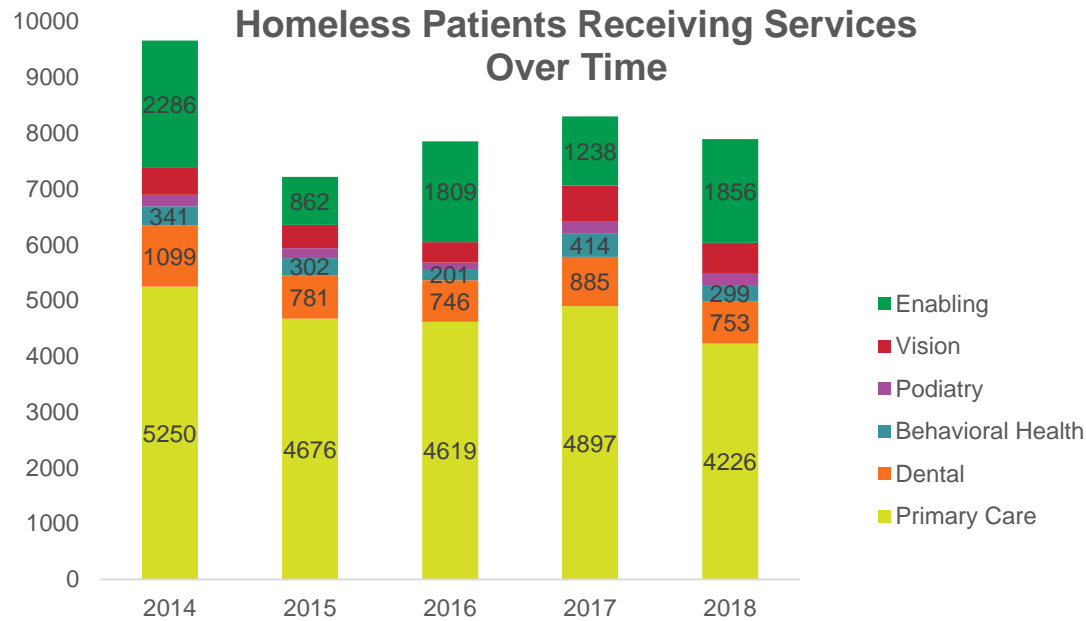
People Experiencing Homelessness and using SMC Health Services -- by Age



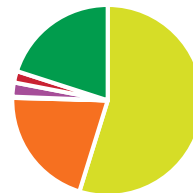
Farmworkers receiving health care services - by age



2018 in Review



There were no significant changes in services breakdown in 2018 from the past several years. Over half the services provided are for primary care.



With the support of Sonrisas and Puente a greater percentage of dental services are provided to farmworkers than homeless individuals. A downward trend in services provided is evident.

2018 Substance Use Needs Assessment

San Mateo County Substance Use Needs Assessment

Purpose:

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

Target audience:

SMC Health employees, community partners, county residents, private SUD providers

Data Sources:

- 32 interviews
- 3 focus groups [residents at a shelter, several farmworkers, privately insured individuals]
- Provider survey
- Existing epidemiology data

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

“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

“Addiction falls in a grey area between primary care and psychiatry, so somebody needs to step up to the plate.”
– Key informant interviewee



**SAN MATEO
COUNTY HEALTH**

All together better.

SMC SUD Level of Care and Wait Times

Level of Care	County-Contracted	Private Providers*
Outpatient Withdrawal Management (Detoxification Services)		1
Residential (non-hospital) Withdrawal Management (Detoxification Services)	1	1
Individual Outpatient Counseling	2.5 (range: 0 – 10 days)	2.3
Group Outpatient Counseling	2 (range: 0 – 10 days)	24
Intensive Outpatient Services	3.75 (range: 3 – 5 days)	7
Residential Treatment Services	5.2 (range: 0 – 28 days)	
MAT for OUD with methadone	1	
MAT for OUD with buprenorphine	4 (range: 1 – 7 days)	2
MAT for OUD with naltrexone	4 (range: 1 – 7 days)	2
MAT for AUD with acamprosate	7	2
MAT for AUD with disulfiram	7	7
MAT for AUD with naltrexone	7	3

*There were a total of three responses to the survey among the private providers, this limited dataset makes it difficult to make generalizations.





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

County Provider Respondents:

1. BAART
2. Hope House
3. HealthRight 360 (AARS, Elms, Hillside, Laurel, MAT clinic, Pioneer Court)
4. Palm Avenue
5. El Centro HMB and RWC
6. FAL (Malaika, Outpatient, Walker-Williams)
7. Our Common Ground RWC and EPA
8. Project90
9. Sitike
10. StarVista Archway and FCOS, Insights DC and RWC, SS, WEC
11. TLC Casa Aztlan, Maria, Familia

Recommendations:

Most of the recommendations are geared for other components of the health system, though HCH/FH seeks to partner on efforts where possible/relevant

- 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.  Partner with Behavioral Health and Recovery Services
- Reconsider the prioritization process for affordable housing for individuals who have completed residential substance use disorder treatment.  Staff to conduct Policy/Advocacy work with State/Federal Housing Authorities
- 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.  Requires discussion and brainstorming
- Provide capacity building or additional administrative support around the implementation of the Drug Medi-Cal Organized Delivery System.  Partnering with Behavioral Health and Recovery Services on SBIRT, patient/provider facing SUD materials
- Assess the need for capacity building around screening and motivational interviewing among primary care providers.



HUD: Chronic Homelessness and Substance Use Treatment

1. *Is it possible to direct certain homeless people, who have been qualified as chronically homeless, towards a short term stay in a facility providing substance abuse and/or psychiatric or medical treatment with the objective of stabilizing them and increasing the likelihood of their success in permanent housing?*

Yes. Under these or other similar circumstances, it is possible to direct qualified participants to short term treatment to precede housing placement. In general, HUD's chronically homeless initiatives and programs may not require that all clients participate in such interim treatment. However, on a case by case basis, if persons are identified who would benefit from this service, it may be recommended to them as a first step. Participants who decline such interim placement would still proceed directly towards identifying permanent housing. Participants who comply with the recommendation are considered enrolled in the program while in treatment which may not exceed 90 days. Upon completion of treatment, the participant should move directly into a permanent housing unit.

2. *If a qualified chronically homeless person is referred to short term treatment, how do we reconcile HUD's requirement that new clients enter our program from a state of homelessness?*

A chronically homeless person, who chooses to start off participation in your program with a preliminary stay in short term treatment, would first be formally "entered" into the chronically homeless program prior to this placement. This participant would retain the status of having "entered" into the program while in interim treatment.

Affordable Housing Options in San Mateo County

Housing Authority

- **Moving-To-Work waitlist**
www.smchousingwaitlist.org
 - Currently open:
 - Online application
 - Random selection
 - 5-year time limit with potential extension according to policy
- **Project-Based waitlists**
 - Ex. Mosaic Gardens now open (see Flyer)
 - Client needs to meet both HA and property eligibility requirements
 - No time limit if household remains in PBV unit

Human Services Agency – Coordinated Entry System (CES)

Housing Intervention Programs

*(no waitlists, all based on CES
prioritization)*

- Abode Rapid Rehousing (RRH)
- LifeMoves Rapid Rehousing (RRH)
- HA Permanent Supportive Housing (PSH)
- HA Housing Readiness Program (HRP)
- MHA SAYAT Program

Other Agencies & Resources

San Mateo County Housing Search
www.smchousingsearch.org

Go Section 8
www.gosection8.com

Mercy Housing
<http://bit.ly/1ULj8Ab>

MidPen Housing
www.midpen-housing.org

HotPads
www.hotpads.com

Craigslist
www.craigslist.org

HIP Housing
www.hiphousing.org

Bridge Housing
www.bridgehousing.org

Discussion

- What percentage of clients are homeless when they enter your facility?
- What percentage of your clients might be farmworkers?
- What are your main concerns about providing services to these two populations?