

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

Co-Applicant Board Meeting Agenda

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August 11, 2022, 9:00 - 11:00am

9:00am

A. CALL TO ORDER & ROLL CALL

Robert Anderson

B. PUBLIC COMMENT

9:07am

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.

C. ACTION TO SET THE AGENDA & CONSENT AGENDA

Robert Anderson

9:10am

1. Approve meeting minutes from July 14, 2022 Board Meeting	
2. Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees.	
3. Program Director's Report	
4. America Rescue Plan (ARP) funding update	

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER

9:15am

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. Community Updates	Board members
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E. BUSINESS AGENDA

9:25am

1. Request to approve the MOU extension for the Behavioral Health Medical Director position through CY 2024	Sofia Recalde
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F. REPORTING & DISCUSSION AGENDA

9:35am

1. National Healthcare for the Homeless Conference debrief	Tayischa Deldridge
2. Patient Satisfaction Survey	Danielle Hull
3. QI/QA update	Danielle Hull
4. Contracts & MOUs update	Sofia Recalde & Meron Asfaw
5. HCH/FH Needs Assessment	Danielle Hull
6. Budget & Finance Report	Jim Beaumont

G. ADJOURNMENT

11:00am

Future meeting: September 8, 2022 9am-11am

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (July 14th, 2022)
Teams Meeting**

<p><u>Co-Applicant Board Members Present</u> Robert Anderson, Chair Victoria Sanchez De Alba, Vice Chair Eric Debode Steven Kraft Janet Schmidt Steve Carey Gabe Garcia Suzanne Moore Tony Serrano Francine Serafin-Dickson Judith Guerrero Jim Beaumont, HCH/FH Program Director (Ex-Officio)</p>	<p><u>County Staff Present</u> Danielle Hull, Clinical Services Coordinator Sofia Recalde, Management Analyst Meron Asfaw, Program Coordinator Kapil Chopra, Behavioral Health Medical Director Tara Heumann, County Counsel</p>	<p><u>Members of the Public</u> Ophelie Vico, Puente de la Costa Sur Maricela Zavala, Puente de la Costa Sur</p> <p><u>Absent Board Members/Staff:</u> Irene Pasma, Planning & Implementation Coordinator Amanda Hing Hernandez, Interim Medical Director Brian Greenberg Tayischa Deldridge Lauren Carroll</p>
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ITEM	DISCUSSION/RECOMMENDATION	ACTION
<u>Call to Order</u>	Robert A called the meeting to order at 9:02am and did a roll call.	
<u>Public Comment</u>	None.	
<u>Action to set the Agenda & Consent Agenda</u>	<p>Items on the consent agenda:</p> <ul style="list-style-type: none"> • Approve meeting minutes from June 9, 2022, Board Meeting. • Adopt a resolution finding that, because of the continuing COVID-19 pandemic state of emergency, meeting in person would present imminent risks to the health or safety of attendees. • Program budget & Finance Report. • Program director's report. • Contracts & MOUs update. 	<p>Request to approve the Consent Agenda was <u>MOVED</u> by Susan Moore and <u>SECONDED</u> by Steven Kraft APPROVED by all Board members present.</p> <p>Francine Serafin-Dickson was not present</p>

Consumer Input
Community Announcement

Suzanne Moore

1. Pacifica's Safe Parking Program started at the end of June with 13 spaces scattered throughout the community. Currently, four spaces are occupied by program participants. Five are being appealed by the community, including 4 with the Coastal Commission at a date to be determined. Unhoused have expressed some safety concerns about three spaces since there were episodes in the past of unhoused vehicles legally parked, being intentionally hit, and harassed by passing motorists. These spaces remain unassigned.

Community concerns about the safe parking program were expressed at a city council meeting. Some of the concerns are mentioned below:

- Motorhomes will attract others, and the community will be overwhelmed.
- Illegal dumping of waste.
- Unhoused are reported to be criminals and drug users.
- This will risk children, the public, and personal property.

The Mayor has been meeting with concerned citizens, and the Pacifica Resource Center is proceeding with program goals.

2. Report from a Core Service Agency and county legal aid this week, which seem to coincide with the termination of the State's eviction protection and the conclusion of Emergency Rental Assistance Program (ERAP) COVID application tenant funding:

- Pacifica Resource Center (PRC) reports a spike in calls for assistance. The average call was six during February, and the average call is now 20 per week in June.
- Legal Aid reports an increase in the number of calls due to evictions.
- Few low-income housing units in Pacifica, and the PRC acknowledges that they advise folks to relocate to more affordable areas.
- Susanne reminded the board that the first six months following an eviction increase the risk of homelessness, including student couch surfing to stay in a school district they were in.

3. Two LGBTQ flags on school properties in Pacifica have been defaced. Many community members have expressed concern over this act of apparent violent vandalism and the risk for escalation. The community did celebrate Sunset Ridge to show community support after the first incident - the celebration was a team effort of the Mayor, the school district, and Coast Pride; it was well attended.

<p><u>Guest Speaker</u></p> <p>Farmworker Patient Experience (a video conversation between the Field Medicine public health nurse and a farmworker client)</p>	<p>HCH/FH staff gave an overview of the process of making the farmworker patient experience video. The video was a conversation between a farmworker patient and Mayela Perez, the Field Medicine Public Health Nurse. The farmworker patient discussed how they access healthcare, use of services, and their experience with Field Medicine, and provided suggestions to serve the farmworker patient best. The patient's primary concerns related to healthcare are transportation issues, more prolonged waiting in the call center, and interpretation services. The patient emphasized the importance of STI and Diabetic education in the field, especially for men.</p>	
<p>Administer oath to new board member</p>	<p>Tara Heumann administered the new member oath to Judith Guerrero.</p>	
<p><u>Business Agenda</u></p> <p>Review & Approve Forms 5A (Services), B (Sites) and C (Other Activities & Locations)</p>	<p>One of the responsibilities of the Board is to approve what services the program provides and the sites of those services in the hours of operation. This business agenda item needs to be revisited and reviewed annually for the Board to take action.</p> <p>The Board recently added acupuncture as a new service to Form 5A. Additionally, the services being added to the scope under Specialty Services on Form 5A are Endocrinology, Rheumatology, and Nephrology services being provided in SMMC. Currently, these services are not on the program's service list. They are being added to the list.</p> <p>This request is for the Board to review and accept the updated Forms 5A (Services), B (Sites), and C (Other Activities & Locations).</p>	<p><u>MOVED</u> by and Gabe Garcia <u>SECONDED</u> by Steven Kraft <u>APPROVED</u> by all Board members present.</p> <p>Erick Debode was not present for the vote.</p>
<p><u>Reporting & Discussion Agenda</u></p> <p>Stages of Change/Transtheoretical Model</p>	<p>Dr. Chopra discussed addiction treatment options and the translational model to better understand drug addiction. The Transtheoretical/Stages of Change model posit that individuals move through six stages of change: pre-contemplation (not ready), contemplation (getting ready), preparation (ready), action, maintenance, and termination. Moreover, Dr. Chopra presented various drug addiction resources in San Mateo County, targeting different Stages of Change.</p>	
<p>National Healthcare for the Homeless Conference debrief</p>	<p>This item was tabled for the next HCH/FH Board meeting</p>	<p>This item will be discussed at the August HCH/FH Board meeting</p>

<p>America Rescue Plan (ARP) funding</p>	<p>Sofia Recalde gave an overview of the American Rescue Plan (ARP). The HCH/FH program was awarded \$1,631,875, and the award will expire on March 31, 2023. The board previously approved support for different projects which are active and completed through ARP-funded projects that will benefit farmworkers and/or people experiencing homelessness. Currently, the ARP funding balance is ~\$800K.</p> <p>Sofia presented eight potential new projects to get input and suggestions from the board. The new potential project's activity, the estimated population served, cost, pros, and cons were discussed during the presentation. HCH/FH staff will continue conversing with various partners to identify projects that directly benefit clients.</p>	
<p>SMMC Patient Satisfaction Survey Data</p>	<p>Danielle Hull presented the 2021 Patient Satisfaction Survey results from the medical practice pod. Danielle discussed the Patient Satisfaction Survey criteria and how the surveys were administered to the patients. The patient satisfaction survey results were briefly discussed, but this discussion will continue at the next board meeting.</p>	<p>This item will be discussed further at the August HCH/FH Board meeting.</p>
<p>QI/QA Update</p>	<p>Mental Health Primary Care (MHPC), one of the brick-and-mortar clinics in San Mateo Medical Center, is expanding the scope to serve patients experiencing homelessness, decreasing the longer wait time to see their provider. The expansion will be a staged approach starting with homeless patients directly referred from LifeMoves. This is the first step before opening a homeless clinic within SMMC.</p>	
<p><u>Adjournment</u></p>	<p>Robert A adjourned the meeting at 11:03am. The next HCH/FH Board meeting is scheduled for Thursday, August 11th, 2022.</p>	

Addiction and Stages of change

Kapil Chopra
July 14th, 2022

What is drug addiction?

- Drug addiction is a **chronic disease** characterized by compulsive, or uncontrollable, drug seeking and use despite harmful consequences and changes in the brain, which can be long-lasting. These changes in the brain can lead to the harmful behaviors seen in people who use drugs. Drug addiction is also a relapsing disease.

Can drug addiction be treated?

- Yes, but it's not simple.
- Because addiction is a **chronic disease**, people can't simply stop using drugs for a few days and be cured.
- Most patients need **long-term or repeated care** to stop using completely and recover their lives.

How many people get treatment for drug addiction?

- According to SAMHSA's National Survey on Drug Use and Health, 22.5 million people (8.5 percent of the U.S. population) aged 12 or older needed treatment for an illicit drug or alcohol use problem in 2014. Only 4.2 million (18.5 percent of those who needed treatment) received any substance use treatment in the same year. Of these, about 2.6 million people received treatment at specialty treatment programs (CBHSQ, 2015).



Addiction treatment

- Addiction treatment must help the person do the following:
- stop using drugs
- stay drug-free
- **be productive in the family, at work, and in society**



Addiction treatment

- Successful treatment has several steps:
- Detoxification
- Behavioral therapy
- Medication (for opioid, tobacco, or alcohol addiction) evaluation and treatment for co-occurring mental health issues such as depression and anxiety long-term
- Follow-up to prevent relapse

Addiction treatment

- Behavioral therapy help patients:
- **Modify** their attitudes and behaviors related to drug use
- **Increase** healthy life skills
- Behavioral therapy persists with other forms of treatment, such as medication

Traditional models for understanding addiction

- Social/Environmental Models
- Genetic/Physiological Models
- Personality/Intra-psychic Models
- Coping/Social Learning Models
- Conditioning/Reinforcement Models
- Compulsive/Excessive Behavior Models
- Integrative Bio-Psycho-Social Models

The Transtheoretical Model TTM(Stages of Change)

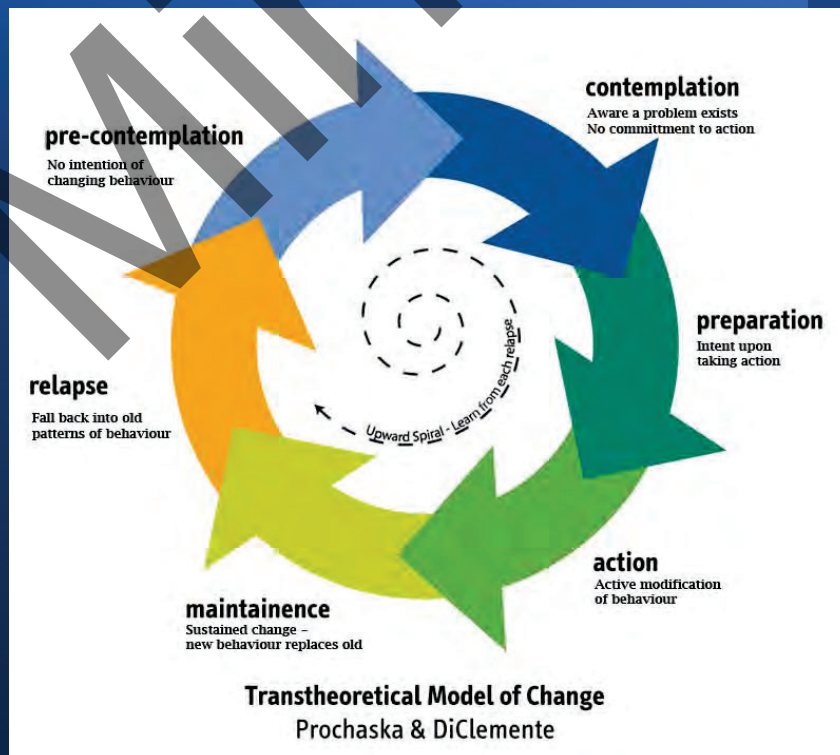
TTM is an integrative, biopsychosocial model to conceptualize the process of intentional behavioral change.

The TTM includes and integrates key constructs from other theories into a comprehensive theory of change that can be applied to a variety of behaviors, populations, and settings—hence, the name Transtheoretical.

Prochaska and DiClemente in the late 1970s, evolved through studies examining the experiences of smokers who quit on their own with those requiring further treatment to understand why some people were capable of quitting on their own.

It was determined that people quit smoking if they were ready to do so.

The TTM operates on the assumption that people do not change behaviors quickly and decisively. Rather, change in behavior, especially habitual behavior, occurs continuously through a cyclical process.



Stages of Change

Precontemplation (not ready) - do not intend to take action in the foreseeable future (defined as within the next 6 months).

- place too much emphasis on the cons of changing behavior

Contemplation (getting ready) - intending to start the healthy behavior in the foreseeable future (defined as within the next 6 months).

- People recognize that their behavior may be problematic,
- Even with this recognition, people may still feel ambivalent toward changing their behavior

Preparation (Ready) - ready to take action within the next 30 days.

- People start to take small steps toward the behavior change, and they believe changing their behavior can lead to a healthier life.

Action - recently changed their behavior (defined as within the last 6 months) and intend to keep moving forward with that behavior change.

- People may exhibit this by modifying their problem behavior or acquiring new healthy behaviors.

Maintenance - people have sustained their behavior change for a while (defined as more than 6 months) and intend to maintain the behavior change going forward.

- People in this stage work to prevent relapse to earlier stages.

Termination - In this stage, people have no desire to return to their unhealthy behaviors and are sure they will not relapse.

- **Rarely reached** - people tend to stay in the maintenance stage

Relapse often occurs in situations where feelings of temptation trump individuals' sense of self-efficacy to maintain the desired behavior change.

Precontemplation stage

Clients do not recognize that they have a problem with substance use

They may remain there or in the early Contemplation stage for years, or possibly never think about change.

“Makes miserable situation tolerable.”

Clients are afraid of losing control over their lives and have a large investment in their substance of choice.

Clients may feel hopeless, helpless, and overwhelmed by the energy required to change. They probably have been in treatment many times before or have tried repeatedly with little success to quit on their own.

The client is often pressured by others to seek help

Precontemplation stage

A key strategy to helping clients move from the Precontemplation stage to contemplating change is to **raise their awareness** of the risk associated with their current substance use behaviors.

Develop rapport and build trust to establish a strong counseling alliance.

Avoid the use of the word “problem” (unless the client uses it) in relation to substance use, otherwise it might create discord

Involving family members and significant others (SOs) can increase clients' concern about substance use.

Precontemplation stage

Motivational enhancement therapies or contingency management approaches promote therapeutic engagement, increased readiness, and movement toward the action stage.

Offering active treatments (that is, those directed at achieving and stabilizing abstinence) at this juncture is premature, poorly received, and likely to be met with noncompliance

Counselors should be nonjudgmental about clients' low motivation to change and instead focus on building a strong working alliance.

A client in Precontemplation is often moved to enter the cycle of change by extrinsic sources of motivation.

Resources
targeting
different stages
in San Mateo
County

Precontemplation (not ready within next 6 months): Street Medicine (AOD CM Frank Vargas), HEAL-clinician, IMAT/Interface team CM?, LifeMoves HOT?

Contemplation (not ready within next 6 months): Street Medicine (AOD CM Frank Vargas), HEAL-clinician, IMAT/Interface team CM?, LifeMoves HOT?

Preparation (Ready to take action within the next 30 days. Street Medicine, IMAT/Interface team CM, LifeMoves HOT

Resources
targeting
different stages
in San Mateo
County

Action - Our Common Ground, HealthRight360, Free at Last, The Latino Commission, The Service League's Hope House, Caminar's Project 90, Sitike Counseling, El Centro, Star Vista, BAART/methadone, SMC IMAT, Voices of Recovery (CC), Palm Ave, Women recovery association, First chance

Resources
targeting
different
stages

Maintenance - Maintenance can become difficult when the stress of life catches up and the old, familiar ways of coping—the addictive behavior—re-surface.

Outpatient programs, Self help groups (AA, NA), Interface/IMAT: MAT, therapy and case management.

Relapse - Outpatient programs, Self help groups (AA, NA), Interface/IMAT: MAT, therapy and case management.

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.





Conclusion

- The first step in working with clients in the Precontemplation stage is to **develop rapport and establish a counseling alliance**. The next step is to assess their readiness to change, then help them begin to develop an awareness that their use of substances is linked to problems in their lives. Motivational counseling strategies from motivational enhancement therapy (e.g., providing personalized feedback about assessment results) and MI (e.g., using reflective listening to engage, emphasizing personal choice and responsibility, exploring discrepancy) are suited to helping clients move from Precontemplation to Contemplation.

Minutes

America Rescue Plan (ARP) Funding

HCH/FH Board Meeting
July 14th, 2022



ARP Overview

- What is ARP?
 - In April 2022, HRSA provided health centers with one-time funding for a 2-year period to prevent, mitigate and respond to COVID-19 and enhance healthcare services and infrastructure
- Allowable activities:
 - Increase COVID-19 vaccination capacity
 - Increase COVID-19 response and treatment capacity
 - Maintain and Increase health center capacity
 - Recovery & Stabilization
 - Minor A/R, mobile units and vehicles
- Funding award amount: \$1,631,875
- Award expiration: March 31, 2023



Active or Completed ARP-funded Projects

Primary & preventive medical services at non-congregate shelters & RWC safe parking lot

SMMC Call Center Expansion

Employee Workshops
Moral Injury & Workforce Resiliency

COVID-19 Rapid Antigen Testing

Equipment for SMMC Outpatient Clinics



ARP Funding Balance

- Approximately \$800K remaining due to:
 1. Cost savings (~\$250K)
 2. Inactive/stalled projects (~\$550K)
 - Case management software
 - Recuperative care
 - Digital tools to support population management

Time to identify new projects!



ARP Project Prioritization Guiding Principles

Prioritize fewer high-impact, high-cost projects over many smaller scale, smaller cost projects

Preference for County Health projects (quicker/easier to implement)

Prioritize projects that benefit clients directly

Projects must benefit PEH and/or FWs in some way, even if the benefit is also felt by the general population

Preference for projects that HCH/FH staff doesn't have to lead or manage directly



#	Activity	Cost Estimate	Population Served	Pros	Cons/Concerns
1	Retrofit a second street/field medicine sprinter van	\$200,000	PEH Countywide & FWs in HMB/North Coast Area	<ul style="list-style-type: none"> Addresses a critical need – more field- based services A second van would double the team's reach 	<ul style="list-style-type: none"> Buying new versus using existing vehicle
2	Expand Street & Field Medicine Capacity: <ul style="list-style-type: none"> 1 0.5 FTE NP 1 0.25 RN 	\$225,000	PEH Countywide & FWs in HMB/North Coast Area	<ul style="list-style-type: none"> Addresses a critical need – more field-based services Field Medicine Presence in HMB/North Coast x 1 day Engagement with CBOs and Coastside Clinic Extra day of Street Medicine 	<ul style="list-style-type: none"> This is one-time funding – will County commit to funding expansion after ARP funding expires?
3	Mobile Laundry Services in Pescadero	\$45,000	Pescadero residents, inclusive of FW families	<ul style="list-style-type: none"> Addresses a critical need – lack of laundromat facilities in Pescadero Pilot project could lead to permanent funding 	<ul style="list-style-type: none"> Not a direct healthcare benefit This service would be available to general Pescadero population, not FW exclusive
4	EHR 2.0	\$500,000*	General population, inclusive of PEH & FW	<ul style="list-style-type: none"> Improved coordination of care amongst multiple providers and agencies One-time investment that will improve care for many years Contribution to a countywide effort Might give HCH/FH leverage in developing case management 	<ul style="list-style-type: none"> Not a direct healthcare benefit EHR 2.0 may occur without HCH/FH funds Benefits to clients and providers may not be felt for several years They want a commitment now

#	Activity	Cost Estimate	Population Served	Pros	Cons/Concerns
5	Expand Field Medicine Capacity	\$259,000	FWs in HMB/North Coast Area	<ul style="list-style-type: none"> Addresses a critical need – more farmworker health services Field Medicine presence in HMB/North Coast x 5 days Engagement with CBOs and Coastside Clinic 	<ul style="list-style-type: none"> This is one-time funding – will County commit to funding expansion after ARP funding expires? May take longer to implement
6	Medical/Dental services at Navigation center	TBD	PEH residing at Navigation Center (potentially PEH countywide)	<ul style="list-style-type: none"> Dedicated, permanent, onsite medical facilities would provide healthcare services for residents (potentially PEH Countywide) 	<ul style="list-style-type: none"> Need more information. This project is still in discussion/planning stages and could take a long time to implement. Unknown if this would fund equipment or staff
7	Recuperative Care services	TBD	PEH Countywide	<ul style="list-style-type: none"> Addresses a critical need – PEH need a place to prep for/ recover from medical procedures before/after hospital stay 	<ul style="list-style-type: none"> There does not appear to be a County champion for respite. This effort would require HCH/FH staff resources to move forward.
8	Mobile Mammogram	\$800K+	Women experiencing homelessness	<ul style="list-style-type: none"> Addresses a critical need – women experiencing homelessness have lower rates of breast cancer screening compared to general population 	<ul style="list-style-type: none"> Most conceptual project The project is still in discussion/planning stages and could take a long time to implement.



Questions?
Comments?



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

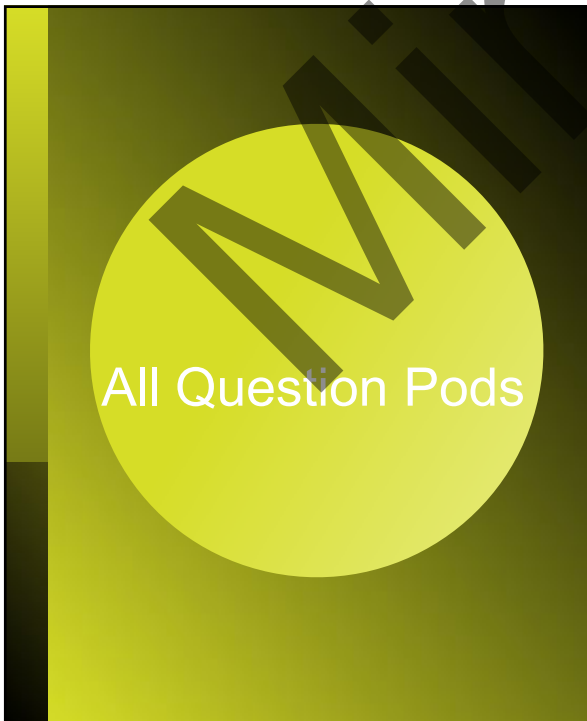


2021 Patient Satisfaction Data

Medical Practice – Provider Question Pod

Healthcare for Homeless & Farmworker Health Program

July 14th, 2022



- Dental
- Emergency Department
- **Medical Practice – Provider**
- Outpatient Laboratory
- Outpatient Radiology
- Outpatient Rehabilitation
- Outpatient Surgery
- Pods with small sample sizes (<30)
 - Outpatient Respiratory
 - Outpatient Behavioral Health
 - Inpatient Behavioral Health
 - Psychiatric Emergency Services

SMMC Patient Satisfaction Survey Criteria

All adults (18+) are surveyed

No minors (confidential) 12-17

Only those with email/phone number (text, call)

Those who are empaneled (seen by PCP)

Provider visits only (MD, NP, PA, RT, Dentist)

No RN visits

Medical Practice – Provider Outpatient Question Pod

- Data derived from calendar year 2021
- Collected by SMMC Survey Vendor, NRC Health
 - SMMC has set eligibility requirements for patients who receive surveys (i.e. receiving a survey for clinic location/provider within set time frame)
 - Responses are scaled (generally “Yes definitely” through “No”)
- Homeless and Farmworker status derived from HCH/FH Program Patient Master
 - Includes historical data of homeless and farmworker status
 - Includes address matched patients who did not self-report as homeless or farmworker at registration



Medical Practice – Provider Question Pod

Question	Homeless Positive Response %	Farmworker & Dependents Positive Response %	General Patient Population Positive Response %
In general, how would you rate your overall health?	38%	43%	46%
Was it easy to get the clinic on the phone to schedule this appointment?	38%	32%	36%
Was the facility clean?	59%	47%	63%
During your visit, did our staff wash or sanitize their hands before taking care of you?	64%	48%	60%
Were you happy with the appointment date and time?	58%	48%	56%
Did this provider seem to know your medical history?	58%	55%	55%
Did you know what to do if you had more questions after your visit?	55%	47%	51%
[Virtual] Was this method of connecting with a care provider easy to use?	39%	23%	36%
[Virtual] Was the quality of the video or call good enough?	48%	38%	45%

Medical Practice – Provider Question Pod

Question	Homeless Positive Response %	Farmworker & Dependents Positive Response %	General Patient Population Positive Response %
Did nurses treat you with courtesy and respect?	68%	66%	68%
Did this provider listen carefully to you?	68%	64%	69%
How likely would you be to recommend this provider to your family and friends?	79%	81%	78%
Did the receptionist treat you with courtesy and respect?	65%	55%	62%
Were you seen by this provider in a timely manner?	63%	55%	60%
Did the care providers spend enough time with you?	64%	59%	58%
Did you trust this provider with your care?	66%	60%	66%
Did the staff work together to meet your needs?	65%	70%	62%
How likely would you be to recommend this facility to your family and friends?	67%	68%	66%

Average Response Sample Size

- PEH: 594 responses
 - 16.55% of total HCH patients seen at SMMC in 2021*
- Farmworker: 135 responses
 - 16.62% of total MHC patients in 2021*
- General Population: 11,170 responses
 - ~28.8% of 53,391 patients attempted to be surveyed*

2021 Patient Satisfaction Summary

2021 Patient Satisfaction Summary



PEH had the lowest self-rated health



PEH, Farmworkers, and the general patient population are having trouble getting the clinic on the phone to schedule appointments



Hand hygiene and facility Cleanliness positive response % was lower for farmworkers only (12 – 16% disparity)



Farmworkers also indicated lower positive response % with virtual care satisfaction (method of connecting >10% disparity)

2021 Patient Satisfaction Summary



Farmworkers had the lowest positive response % for happiness with appointment date and time



Farmworkers had a lower positive response % for receptionists treating them with courtesy and respect, as well as trust in provider



PEH, Farmworkers, and the general population all had relatively high positive response % for likelihood to recommend



Farmworkers indicated the highest positive response % for staff working together to meet their needs

Minutes



DATE: August 11, 2022

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 July 14, 2022, Co-Applicant Board meeting:

Two weeks ago, we found out that the Business Intelligence (BI) staff who provided the majority of our automation reporting support, was leaving the County (he was a contractor). We are actively working with BI to be certain that the services we need are provided timely.

We were notified last week that the County was distributing a large number of the antigen at-home test kits we had received from HRSA. We are working with County Health to determine if a new order should be placed.

Our Non-Competing Continuation/Business Period Renewal (NCC-BPR) Progress Report is due mid-August and staff continues to work on getting it ready for submission. Progress Report (BPR) for submission. This is the annual report equivalent to our Service Area Competition Grant Application – it covers the same areas and provides updates to HRSA on our progress. The deadline for submission is 08/19/22.

On August 2nd, I tested positive for COVID-19. Since I am able to generally work remotely, I will be doing that for the 10-day isolation period. Symptoms permitting, I should be available pretty much as normal. So far, so good.

Seven Day Update

ATTACHED:

- Program Calendar



2022 Calendar - County of San Mateo Health Care for the Homeless & Farmworker Health (HCH/FH) Program

**Board meetings are on the 2nd Thursday of the Month 9am-11am and are conducted virtually.
Finance Sub-Committee Meets every month prior to the Main Board Meeting.**

MONTH	ADDITIONAL EVENTS HAPPENING THIS MONTH
<i>January</i>	<ul style="list-style-type: none"> • <i>Board's 1st Meeting of the year!</i> • <i>Needs Assessment Advisory Group Inaugural Meeting (Date TBD)</i> • <i>Board self-evaluation survey administered</i>
<i>February</i>	<ul style="list-style-type: none"> • <i>Initial UDS Submission – February 15, 2022</i> • <i>2022 National Conference on Ending Unsheltered Homelessness, February 16-18 (link)</i>
<i>March</i>	<ul style="list-style-type: none"> • <i>Final UDS Submission due March 31, 2022</i> • <i>Q1 Provider Collaborative Quarterly Meeting, March 15</i> • <i>QI/QA Quarterly Subcommittee Meeting (Date TBD)</i>
<i>April</i>	<ul style="list-style-type: none"> • <i>Strategic Planning Subcommittee, March 28th</i> • <i>2022 Western Forum for Migrant and Community Health, April 11-13, Portland, OR, https://www.nwrpca.org/page/westernforum</i>
<i>May</i>	<ul style="list-style-type: none"> • <i>National Health Care for the Homeless Conference and Policy Symposium, May 10-13, Seattle WA, https://nhchc.org/trainings/conferences/</i>
June	
July	
August	<ul style="list-style-type: none"> • Q3 Provider Collaborative Quarterly Meeting (August 23)
September	<ul style="list-style-type: none"> • Strategic Planning Subcommittee (Date TBD) • International Street Medicine Symposium (September 22-24), Toronto, Canada, https://www.streetmedicine.org/isms-18-registration
October	
November	<ul style="list-style-type: none"> • Q4 Provider Collaborative Quarterly Meeting (August)
December	

BOARD ANNUAL CALENDAR	
<u>Project</u>	<u>Timeframe</u>
UDS Submission – Review	Spring
SMMC Annual Audit – Approve	April/May
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	August/Sept (program)– December/January (grant)
Annual Conflict of Interest Statement	October (and during new appointments)
Annual QI/QA Plan – Approve	Winter
Board Chair/Vice Chair Elections	November/December
Program Director Annual Review	Fall/Spring
Sliding Fee Discount Scale (SFDS)	Spring
Strategic Plan Target Overview	December



DATE: August 11th, 2022

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: America Rescue Plan (ARP) Funding

In April 2022, the Health Resources & Services Administration (HRSA) provided health centers with one-time, supplemental funding via the America Rescue Plan (ARP) Act to prevent, mitigate and respond to COVID-19 and enhance health center capacity, services and infrastructure. The HCH/FH program received \$1,631,875 to be used over a 2-yr period through March 31, 2023.

At the July 2022 Board meeting, staff reviewed the projects and activities HCH/FH has funded using the ARP funds, including:

- SMMC Call Center Expansion
- Primary and preventive medical services at non-congregate shelters & Redwood City Safe Parking lot
- COVID-19 rapid antigen test distribution
- Purchasing equipment for SMMC outpatient clinics
- County Health employee moral injury and workforce resiliency workshops

Staff explained that approximately \$800K remained because some planned projects have not moved forward as anticipated, and some active projects cost less to implement than budgeted. Staff introduced new project ideas that have been under discussion with project partners for Board member input. Staff proposed prioritizing the following projects and are currently in discussion with project partners to gather more information to begin implementation:

- Retrofit a Street/Field Medicine sprinter van
- Expand Street & Field Medicine Capacity
- Mobile laundry services in Pescadero
- Case management software (as part of EHR 2.0)
-

Other projects, such as medical/dental services at the Navigation Center, are still under consideration. Staff will continue to keep the Board up to date on ARP funding.



DATE: August 11, 2022

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

FROM: Sofia Recalde, Management Analyst

SUBJECT: REQUEST FOR THE BOARD TO APPROVE THE EXTENSION OF THE BEHAVIORAL HEALTH MEDICAL DIRECTOR POSITION THROUGH CALENDAR YEAR (CY) 2024.

In July 2021, the Board approved the addition of a .15 FTE Behavioral Health (BH) Medical Director staff to the HCH/FH program for a 1-year period and requested that staff come back to the Board for review of the position and evaluate the value of a Behavioral Health Medical Director to the program.

The goal of bringing on a BH Medical Director was to advance the Program’s capabilities in the Mental Health and Substance Abuse areas of service for people experiencing homelessness and for farmworkers and their families. We believe that Dr. Kapil Chopra has met and exceeded many of the expectations outlined in the list of duties & responsibilities:

Duties & Responsibilities	Performance to date
Provide subject matter expertise regarding behavioral health needs to the program staff and Board on an ad-hoc basis	Dr. Chopra joins weekly staff meetings when he can and participates in a monthly discussion with staff on behavioral health topics. He helped orient staff to the available behavioral health resources available in County Health and provides insight into the needs of clients from the behavioral health provider perspective.
Support Program Medical Director and staff in developing behavioral health guidelines/processes for the San Mateo Medical Center, Behavioral Health and Recovery Services, Public Health, Policy and Planning (specifically Street/Field Medicine and Mobile Clinic), and contracted entities to increase referrals and utilization of services by people experiencing homelessness and farmworkers	This is happening on an individual, as-needed basis. For example, Dr. Chopra now has a closer relationship with the BHRS HCH team and is helping get clients experiencing homelessness into care. This could eventually lead to more guideline/policy type of work in the future. Dr. Chopra is also working with Program Coordinator to develop mental health trainings for the Promotores at ALAS and Puente.
Act as a liaison between BHRS and HCH/FH Program/San Mateo Medical Center in facilitating communication and collaboration between entities, and with Correctional Health Services	Not occurring as expected. Dr. Kapil Chopra currently participates in the COH/BHRS/HCH/FH meetings to discuss and collaborate on behavioral health needs of people experiencing homelessness.
Support Program to design behavioral health components of program needs assessments, patient satisfaction surveys, and other program evaluation efforts	Minimal participation in Needs Assessment development.

Support program staff in improving behavioral health data collection from Avatar by participating in meetings with BHRS, extracting data from Avatar, and checking data quality	Initial work done began earlier this year, and we will bring Kapil in when work starts again later this year
Represent HCH/FH in behavioral health meetings throughout the County (i.e. BHRS Latino Collaborative, Mental Health Services Act (MHSA) meetings, and other relevant venues)	Not occurring at this time.
Work in conjunction with the HCH/FH Program staff, Co-Applicant Board, and community partners on program development and strategic planning as it pertains to behavioral health.	Active participation with the HCH/FH Board, including a live conversation between Dr. Chopra and a client with a prior history of homelessness and a presentation on the transtheoretical model of change and substance use.
Supporting/integrating HEAL team into regional clinics and HCH/FH programming	Active participation with BHRS and Street Medicine to prepare for an integrate HEAL team.
Attend monthly HCH/FH Program Co-Applicant Board meetings.	Attends most HCH/FH Board meetings
Attend meetings with Program staff on an ad-hoc basis	Attends most staff meetings

The anticipated total cost for a 0.15 FTE BH Medical Director to the program will be a maximum of \$50,000 annually (salary and benefits). The BH Medical Director will only charge time for hours spent on HCH/FH activity. For comparison, HCH/FH staff consider the potential benefits of doing this to be worth the relatively small budgetary impact.

This request is for the Board to approve the extension of the Behavioral Health Medical Director position through Calendar Year (CY) 2024. This action requires approval of a majority of Board members voting to be accepted.



DATE: August 11th, 2022

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/QA COMMITTEE REPORT

The San Mateo County HCH/FH Program QI/QA Committee did not meet in July.

- HCH/FH Medical Director
 - Amanda Hing Hernandez has taken parental leave and is expected to return to support HCH/FH in November 2022.
 - Frank Trinh has returned from his work-out-of-class position and resumed duties as HCH/FH Medical Director.
- ACTIVATE Pilot
 - As part of the Mitre ACTIVATE Pilot, we are putting together a small design team to kick off work in building out a mental health telehealth pathway. ALAS, Puente de la Costa Sur, Coastside BHRS, and Coastside Clinic have been invited to participate in the design and we will be looking to identify a patient who is a farmworker or family member of a farmworker to help participate in the design process.
 - Later this fall, the pilot will also seek to build out the telehealth pilot to include diabetes and hypertension care.
- Q2 Data Highlights
 - We are seeing a large increase in success for Adult BMI & Follow-up largely due to the help of PHPP Mobile Clinic which has been collecting height and weight for each visit since March 2022. We expect to see this percentage continue to improve as the year progresses.
 - We are observing a performance decrease in clinical metrics Depression Screening & Follow-up for both populations and Cervical Cancer Screening for farmworkers. We will be validating the data to ensure this is not a report issue prior to the next QI/QA Committee meeting.

QI Measures of Focus	2021 H	2021 FW	Q2 H	Q2 FW	SMMC Performance (Prime/QIP)	CA 330 Programs 2020	2020 Adjusted Quartile Ranking
Screening and Preventive Care							
Cervical Cancer Screening	44%	83%	22%	34%	60%	52.5%	1
Colorectal Cancer Screening	55%		46%	57%	60%	37.1%	1
Breast Cancer Screening	47%	78%	51%	86%	70%	46.6%	1
Depression Screening and Follow-up**	30%	44%	16%	17%	46.7%	59.3%	4
Adult BMI Screening and Follow-up**	20%	14%	46%		N/A	61.3%	4
Chronic Disease Management							
Hypertension**	48%	52%	50%	56%	61%	56.4%	4
Diabetes A1c >9%**	32%	33%	37%	31%	28%	63%	2
Maternal Health							
Prenatal Care 1st Trimester	65%	75%			N/A	77%	4

*Asterisk indicates clinical measure that resets each calendar year. SMMC Clinics do not operate on calendar year for screenings; ongoing basis of screening every 12 months (or when eCW indicates patient is due)
Ex. Patient may “fail” for HCH/FH depression screen measure until they have appointment in June when they are due for rescreening.



DATE: August 11, 2022

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

FROM: Sofia Recalde, Management Analyst and Meron Asfaw, Program Coordinator

SUBJECT: Quarter 2 2022 Contracts & MOU Update

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has agreements with 5 community-based providers and three County Health programs for Q2 of 2022. The HCH/FH agreements are for the delivery primary medical care services, behavioral health, dental care services, and enabling services e for people experiencing homelessness and farmworkers and their families.

As of June 30, 2022, HCH/FH contracted service providers have served approximately 1,962 clients, of which ~1,264 are individuals experiencing homelessness and ~637 are farmworkers or family members. Based on the targets included in each of these agreements, providers have served over 60% of the goal to serve 3,155 clients in 2022. Below is summary of patient & visit activity and financial performance through the first half of 2022.

Contractor	Service	Client Target	Actual client count	% YTD	Visits
Abode	Care coordination	75	19	25%	40
ALAS	Health education	42 sessions	---	31%	13 sessions
	Navigation assistance	200	169	85%	430
BHRS	HCH case Management	150	102	68%	471
	Field based MH services (HEAL)	---	---	---	---
	SUD case management (El Centro)	30	11	37%	Pending
LifeMoves	Care coordination	400	313	78%	748
	Health insurance assistance	75	45	60%	46
	Street Medicine	100	62	62%	35
	In-person visits to SMMC/BHRS	100	---	---	124
	Telehealth visits with SMMC/BHRS	20	---	---	40
	Transportation	145	---	79%	115 trips
PHPP	Mobile Clinic primary care	1065	488	46%	1000
	Street Medicine primary care	135	224	98%	484
	Field Medicine primary care		56		184
	Street Medicine AOD case management	50	61	122%	148
Puente	Care coordination	200	210	105%	478
	Health coverage assistance	160	126	79%	175
	Transportation	250	---	4%	20
SMMC Dental	Saturday Dental Clinic	---	22	---	34
Sonrisas	Dental services	---	54	---	156

HCH/FH Contracted Service Provider Expenditures through June 2022

Contract	Contract Amount	Amount Spent	% YTD 2022	2022 Year End Projections	
Abode*	\$149,999	\$30,901	21%	\$82,499	55%
<i>ALAS Counseling and Care Coordination (expired)</i>	\$18,720	\$1,560	8%	\$1,560	8%
ALAS Promotores Model	\$179,480	\$140,059	78%	\$170,506	95%
LifeMoves	\$350,000	\$272,125	78%	\$350,000	100%
Puente	\$166,500	\$150,600	90%	\$166,500	100%
BHRS HCH	\$90,000	\$61,200	68%	\$90,000	100%
BHRS HEAL**	\$150,000	\$0	0%	\$75,000	50%
BHRS El Centro*	\$40,000	\$40,000	100%	\$40,000	100%
PHPP Mobile Clinic & Street/Field Med	\$825,000	\$412,500	50%	\$825,000	100%
PHPP AOD Services	\$127,500	\$45,197	35%	\$127,500	100%
Saturday Dental Clinic (Coastside Clinic)	\$25,574	\$13,626	53%	\$20,459	80%
Sonrisas	\$109,190	\$50,630	46%	\$92,812	85%
TOTAL	\$2,231,963	\$1,218,398	55%	\$2,041,836	91%



DATE: August 11, 2022

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

Due to County closing out its Fiscal Year, there has been little to no processing of items payable after 06/30. Based on this, we are not making any significant changes to our year-end estimates at this time. We project estimated expenditure around \$3,000,000 in claimable expenditures for the year.

This projection leaves us with right around \$600,000 unexpended funding when compared to our total funds for the year. This is in line with the planned spend-down of the carryover funds balance.

With the first two quarters of the year complete, reported to the feds, and drawdown. We can take a quick look at actual grant expenditure through 06/30/22:

Salaries	334,261		
Benefits	123,109	Total Personnel	\$457,370
Computer & Software	8,120		
Memberships	500		
Vehicle	3,525		
Mgmt. Consultant	10,365		
Travel, Conference, etc.	2,822		
Miscellaneous	1,165	Total Office Operations	\$ 26,497
Mobile Van, S&F Medicine`´´	412,500		
BHRS	61,200		
Sonrisas Dental Contract	50,630		
Coastside Clinic Saturday Dental	11,080		
Community Partners	608,463	Total Service Agreements	\$1,143,839

Total Grant Drawdown 1st ½ of Grant Year 2022 \$ 1,627,713

Attachment:

- GY 2022 Summary Grant Expenditure Report Through 07/31/22



GRANT YEAR 2022

July \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (07/31/22)	Projection for end of year	Projected for GY 2023
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	604,532	73,314	407,963	685,000	721,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	178,640	26,163	149,156	250,000	270,000
<u>Travel</u>					
National Conferences (2500*8)	4,000		2,623	5,000	15,000
Regional Conferences (1000*5)	2,000			2,000	5,000
Local Travel	500			100	1,500
Taxis	250			400	1,000
Van & vehicle usage	250			500	1,500
	7,000		2,623	8,000	24,000
<u>Supplies</u>					
Office Supplies, misc. Small Funding Requests	3,960		3,378	5,000	10,000
	3,960		3,378	5,000	10,000
<u>Contractual</u>					
2021 Contracts			30,375		
2021 MOUs					
Current 2022 MOUs	1,245,000		437,238	1,200,000	1,100,000
Current 2022 contracts	795,000		585,903	780,000	1,000,000
---unallocated---/other contracts					
	2,040,000		1,053,516	1,980,000	2,100,000
<u>Other</u>					
Consultants/grant writer	17,000			10,000	20,000
IT/Telcom	4,200		9,115	28,000	30,000
New Automation				0	-
Memberships	1,500		500	2,500	5,000
Training	1,800			25,000	20,000
Misc			243	500	500
	24,500		9,858	66,000	75,500
TOTAL	2,858,632	99,477	1,626,494	2,994,000	3,200,500
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Carryover	749,838		749,838	749,838	
Available Expanded Services Awards **					594,470 carryover
HCH/FH PROGRAM TOTAL	3,608,470		3,608,470	3,608,470	3,453,102
BALANCE	749,838	Available	1,981,976	614,470	252,602
			Current Estimate	Projected	based on est. grant of \$2,858,632

Non-Grant Expenditures

Salary Overage	13,750	1,237	5,300	16,000	20,000
Health Coverage	57,000	4,268	24,337	53,000	62,000
base grant prep	-				
food	2,500			750	1,500
incentives/gift cards	1,000				1,500
	74,250	5,505	29,637	69,750	85,000

TOTAL EXPENDITURES

2,932,882 **104,982** **1,656,131** **3,063,750** **NEXT YEAR** **3,285,500**