

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

Co-Applicant Board Meeting Agenda

455 County Center, Redwood City, CA 94063 (Room 101)

March 14th, 2024, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at

455 County Center, Redwood City, CA 94063 (Room 101)

Remote participation in this meeting will not be available. To observe or participate in the meeting please attend in-person at above location.

*Written public comments may be emailed to masfaw@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting.

***Please see instructions for written and spoken public comments at the end of this agenda.**

A. CALL TO ORDER & ROLL CALL	Robert Anderson	10:00am
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B. PUBLIC COMMENT
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	10:02am
1. Approve meeting minutes from February 8 th , 2024, Board Meeting		Tab 1
2. Budget and Finance Report		Tab 2
3. HCH/FH Director's Report		Tab 3
4. Quality Improvement and Quality Assurance (QI/QA) update		Tab 4

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER		
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	10:05am
2. EPIC update	Stephen Dean, Chief Information Officer	10:15 am

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F. REPORTING & DISCUSSION AGENDA			
HCH/FH Strategic Planning Update	Jocelyn Vidales	11:00 am	Tab 5

E. BUSINESS AGENDA			
Approving National Homeless Conference Attendees	Jim Beaumont	11:10 am	Tab 6
HCH/FH Board decision on the services and programs for 2025-2027 RFP cycle	Jim Beaumont	11:15am	Tab 7

G. ADJOURNMENT		12:00pm
Future meeting: April 11th, 10am-12pm 455 County Center, Redwood City, CA 94063 (Room 101)		

*Instructions for Public Comment During Meeting

Members of the public may address the Members of the HCH/FH board as follows:

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

1. Your written comment should be emailed to masfaw@smcgov.org.
2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the HCH/FH board and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, HCH/FH board will make every effort to either (i) provide such emailed comments to the HCH/FH board and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

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Tab 1
Meeting Minutes



HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH (HCH/FH) PROGRAM
Co-Applicant Board Meeting Minutes
Navigation Center, 275 Blomquist Street, Redwood City, CA
February 8th, 2024, 10:00am - 12:00pm

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
<ul style="list-style-type: none"> • Robert Anderson, Chair • Victoria De Alba Sanchez, Vice Chair • Gabe Garcia • Francine Serafin-Dickson • Tayischa Deldridge • Suzanne Moore • Judith Guerrero • Tony Serrano • Jim Beaumont (Ex officio) 	<ul style="list-style-type: none"> • Gozel Kulieva • Anessa Farber, PHPP • Frank Trinh • Alejandra Alvarado • Jocelyn Vidales • Amanda Martin, BHRS 	<ul style="list-style-type: none"> • Jorge Sanchez, ALAS • Christian Landaverde, ALAS 	<ul style="list-style-type: none"> • Steve Kraft • Brian Greenberg • Steve Carey • Janet Schmidt • Meron Asfaw

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:04 am and did a roll call.	
B. Public comment	<p>Jorge Sanchez and Christian Landaverde, ALAS Jorge and Christian presented a letter written, in Spanish, by a patient (18 years old) who had a negative experience at Coastside’s Dental Clinic (CS). Gabe translated the letter while Jorge read. Robert assured the meeting members that there will be a translator in future meetings.</p> <p>In the letter, the patient states that he experienced intense mouth pain in the last week of December 2023 and went to CS early in the morning. The staff had advised him to call to schedule an appointment. The call operator did not speak Spanish so the patient was unable to make an appointment. On January 5, 2024, he returned to CS at 8 AM due to the pain. The patient describes feeling nearly unbearable pain as they filled his molar. The dentist recommended that the patient take Ibuprofen or Tylenol. His follow up appointment was scheduled for February 16, 2024. That afternoon, the patient took two aspirin and 2 Excedrin and still felt immense pain. He called ALAS that day and spoke with Vanessa Rodriguez, who coordinated his arrival at SMMC. Christian Landaverde drove the patient to SMMC. Along the way, Christian spoke with CS and they explained that since the patient was still</p>	

	<p>young, they wanted to salvage the tooth and for that reason, did not remove it. CS offered to remove the tooth that day and Christian drove the patient to CS.</p> <p>During treatment, the dentist administered 2 does of “anesthesia”. Patient was still feeling immense pain and faints. Christian stated that the patient’s lips and face turned purple, his right leg was shook, and the dentist did not feel his pulse. Staff called 911. The patient was taken to SMMC and sent home later that night with prescribed medication.</p> <p>On January 8th, 2024, ALAS transported the patient to a dental clinic in Redwood City where the same dentist completed the extraction by removing the molar in two parts. Patient explains that after two doses of “anesthesia”, he was still in tremendous pain throughout the entire procedure.</p> <p>Christian stated that in the past, there have been 2 other instances where a negative experience like this has occurred at CS. Jorge and Christian shared that it’s common for patients to wait a year for one cleaning, a dental extraction, or follow up appointments. Robert stated that there will be follow up on the situation and the Board will ask CS to attend a Board Meeting in the next few months to gather more information on the situation and patient experience.</p>	
<p>C. Action to set the agenda & consent agenda</p>	<ol style="list-style-type: none"> 1. Approve meeting minutes from January 11th, 2024 Board Meeting. 2. Budget and Finance Report 3. HCH/FH Director’s Report 4. Management Analyst Report on 2023 Financial Performance 5. OI/QA Report 	<p>Request to approve the Consent Agenda was MOVED by Suzanne Moore and SECONDED by Gabe Garcia. Approved by all members present.</p>
<p>D. Community Announcements / Guest Speaker</p> <ol style="list-style-type: none"> 1. Community Announcements 	<p>Suzanne Moore, Board Member Suzanne began the community announcements by highlighting the number of deaths related to homelessness in 2023. She believes the statistic is related to the Mortality Data Project that Karen (PHPP) and HCH/FH have been working on over the past year. Both Suzanne and Tayischa expressed interest in the report. Alejandra explained to the Board that she just received an update from Karen earlier that morning. The Epic Implementation is currently the main priority and the Mortality Data report will most likely be completed by Spring</p>	

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	<p>2024. Anessa also informed Board members about another study being conducted at PHPP is also taking much of the staff's efforts. Alejandra suggested it might be best to invite Karen to the next meeting to provide an update.</p> <p>Robert Anderson, Board Member Robert asked who of the meeting members participated in the recent homeless count. Judith, Tayischa, and Anessa rose their hands and Robert stated that Brian Greenburg was also a part of the effort. Tayischa announced that she had a smooth experience and showed the Board a sectioned map detailing where they were to count encampments, vehicles, and homeless individuals. Robert stated that he is not sure when the results will be available but that there will be follow up. Francine asked about how vehicles and encampments could be counted as a single homeless individual. Tayischa explained that during the count, staff are not allowed to speak to any homeless individuals and that each tent or vehicle counts as one homeless individual. Because they may not be the most accurate count, outreach workers follow up starting the day after by administering surveys to homeless individuals in areas that have already been counted to ensure a more accurate count.</p>	
<p>2. Navigation Center Update</p>	<p>Martin, Navigation Center Martin, the Associate Program Director, presented the Navigation Center update, because Robert Moltzen was not available. The Navigation Center is currently operating at 90% capacity, as compared to 100% due to some unit misuse and construction related to fixing water and mold damage. The rain has affected an entire block of units. There are about 220 clients and a mirage of supportive services. In January 2024, 10 residents have been placed in permanent housing. 10-15% of residents have been matched to HSA housing vouchers. Suzanne asked if those who have been placed in permanent housing are being followed up with. Gabe asked what the hand off looks like. Martin stated that Navigation Center staff are sending those residents off to the permanent housing case management staff with a warm hand off but that it could be more robust. Furthermore, while those permanently housed residents can no longer receive the benefits at the Navigation Center, they are encouraged to call Nav staff for preventative resources. Martin shared that they are currently working with Abode to find housing opportunities.</p> <p>Suzanne asked Martin about how the encampment ordinance affects the Navigation Center. Martin described different homeless populations that might</p>	

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	<p>be affected and how the Nav Center plans on incorporating new residents and interacting with those that have been discharged from the Nav Center.</p> <p>Anessa asked how the Nav Center plans on interacting with the homeless individuals that have established themselves around the center. Martin explained that those outside of and around the Nav Center are mostly individuals that have been discharged from the Center and are locating themselves nearby to demonstrate interest in the shelter. However, there is a process that they must undergo to re-enter the center. There is an outreach team that reaches out to those individuals, but the interactions are minimal.</p> <p>Gozel asked what would lead to discharging a client. Martin listed physical altercations, drug distribution, and racial slurs to other clients and staff as the top reasons for discharging a client. He elaborated that clients get numerous chances before being discharged. There is an appeal process to re-enter the Center, in which the client has 3 days from being discharged to submit the appeal that is then reviewed by Robert Moltzen and SMC.</p> <p>Gabe asked what the turnover was in terms of how many are discharged and do not get into permanent housing. Other questions included how many clients were coming from other shelters versus this being their first shelter. Martin said he did not have the information at hand but that the Nav Center is taking enrollment from other shelter sites like WeHope because many clients want to access the abundance of resources at the Nav Center. Because the Nav Center is considered emergency housing, the intended length of stay was originally 60 days but with clients that demonstrate motivation to improve through job seeking, being consistent with mental health therapy, substance use therapy, etc, the average length of stay is about 350 days. To conclude his update Martin shared that for Christmas the clients received gift cards, See's candies, and a brisket meal. They are also planning a veterans appreciation event happening soon.</p>	
<p>E. BUSINESS AGENDA</p> <p>1. Approval of the Updated Sliding Fee Schedule</p>	<p>Approval of the Updated Sliding Fee Schedule Jim Beaumont, Director</p> <p>Jim informed the Board that this is a routine item. Every year the federal poverty level (FPL) is updated and because the sliding fee schedule is based on the FPL, it must be updated. Gabe contemplates how the Board should engage with legislation to change the FPL to match the County's poverty level. Judith agreed with Gabe, stating that the FPL is unrealistic to our area. Due to the higher cost of living in our area, those that we serve are put at a</p>	<p>Request to approve the Business Agenda item was MOVED by Suzanne Moore and SECONDED by Tayischa Deldridge. Approved by all members present.</p>

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	<p>disadvantage because their income is often considered too high compared to the FPL and do not qualify services at low or no cost. The federal government acknowledges that Alaska and Hawaii are different and so have given them different FPL standards. Gozel and Gabe agreed that to be proactive in modernizing the FPL, conversations must be held with political decisionmakers.</p> <p>Jim explains that it would be more difficult for the federal government to administratively manage poverty guidelines that are specific to each area because they could further be broken down by state, county, city, etc. This might causes other issues where people may move back and forth or over to other areas that may put them in a more advantageous position.</p> <p>Tony shares his experience during a community assessment done in 2022 where surveys were administered and focus groups were conducted to identify what factors might lead to a person engaging in substance use. Based on the results, the stress of not being able to access services due to not qualifying for the Medicaid Sliding Fee Schedule, affected these participant’s mental health, housing, and may have had a large impacted on their substance use.</p> <p>Victoria mentions that Congressman Kevin Mullin has already begun work in modernizing the FPL and provided a brief history on how the FPL came about in the 1960s. She will send out the report.</p>	
<p>1. REPORTING & DISCUSSION AGENDA</p> <p>1. Contractor Spotlight: Public Health Policy and Planning (PHPP)</p>	<p>Contractor Spotlight: Public Health Policy and Planning (PHPP) Anessa Farber</p> <p>Anessa announced that the Mobile ClinicS have undergone rebranding. The “S” in Mobile ClinicS represents the many modalities that the mobile clinics provide for a variety of populations in SMC. She informed the Board that patients are not required to have insurance to receive health services and the way with which they provide services allow them to receive HRSA and Measure K funding. Gozel asked whether the program receives private funding. Anessa was not sure. She believes an increase in resources would be the best avenue towards continuing and expanding services. The philosophy behind Street Medicine is to meet the patient population where they are at emotionally, mentally, and physically and provide services in a holistic manner. PHPP is currently partnered with BHRS and LifeMoves (case management). Their key strategy is through relationship and trust building, specifically through repeated engagement, care coordination (warm hand offs), and</p>	

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	<p>providing patient-centered care with the patient population. They have a 42 ft van called Coach Medicine that has a set schedule and stops at various parts of SMC except for the Coast. Of the different mobile clinics, Coach Medicine has the largest average number of visits, about 5500 per year. In terms of age, the patient population of Coach Medicine matches the general population while Street and Shelter Medicine skew older. Patients under 18 are not common. Anessa gave a brief history on PHPP's partnership with HSA and the origins of the Mobile Clinics.</p> <p>Anessa discussed certain challenges homeless individuals face such as limited mobility. For example, showering by themselves or climbing stairs. She emphasized how there is not a one size fits all approach in addressing homelessness for all persons experiencing individuals. She expressed the importance of informing physicians that each individual has different needs. She explained the street medicine model, staffing, and processes.</p> <p>Francine asked if PEH are aware of what the Street Medicine Team's schedule is. Anessa assured that while it is not the most efficient model, new and repeat patients are aware of the schedule. 50% of PEH receiving services are usually seen only 1-2 times and the other 50% are seen 3 or more times. Gozel asked how many PEH patients are new to the Street Medicine program and how many are returning patients. Frank stated that since we act as only the medical prong of Street Medicine, the Outreach Team would most likely have that information. A Board Member had asked how the Encampment Ordinance will impact Street Medicine. Anessa explained that the ordinance only impacts unincorporated areas of the County and out of 8 encampments, only one is within an incorporated area. Loss of care is the main concern therefore, staying connected with patients is the priority. LifeMoves notifies PHPP about sweeps prior to them occurring.</p> <p>Anessa detailed the history of Field Medicine and what the current Field Medicine structure and activities are. Last Fall, Field Medicine began a pilot project with ALAS, in which ALAS introduced Field Medicine to the farms along the coast and the large need for services. It was determined that one care team was not sufficient to meet the need. Currently, HSA is recruiting more Benefits Analysts to assist farmworkers with understanding their health coverage. Field medicine's patient population skews older, mostly male, and mostly people of color. Victoria asked if their intake forms differentiate between race and ethnicity, as most Latinx patients tend to fall into the "White" racial category on forms even if it is not accurate.</p>	
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	There was a discussion as to what could be done to increase the positive impact Field Medicine has had on farmworkers' health. Hiring more staff, determining what services are needed and when they should be delivered, acquiring more funding, and identifying which individuals in County leadership could best support the Field Medicine efforts were among the strategies discussed.	
G. ADJOURNMENT	Future Meeting: March 14 th , 2024, 10am-12pm 455 County Center, Redwood City, CA. 94063 (Room 101)	The meeting was adjourned at 12:06 pm.

Meeting Minutes submitted by Jocelyn Vidales

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**SAN MATEO
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All together better.

Mobile ClinicS for Vulnerable Populations: People Experiencing Homelessness and Farmworkers 2023

Minutes

Anessa Farber, MSW,
Public Health Clinics Manager
February 8, 2024

Why Public Health? Why Mobile Clinics?

1

CLIENT-CENTERED:

Take safety net services to where people live, work, are and empower patients to be at center of care plan. **Include harm-reductionist model and non-judgmental cultural community sensitivities**

2

ACCESSIBLE:

Provide low threshold, low barrier care to vulnerable populations—**access to services even when uninsured/ underinsured**

3

ALTERNATIVE HOLISTIC/WRAPAROUND MODEL of CARE: Provide extended, comprehensive assessment, education, primary care for those who might not succeed in traditional setting

4

COLLABORATIVE: Partner to assist patients with multiple challenges, including:

- Housing
- Food Insecurity
- Mental Illness/Substance Use



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Mobile Clinics Strategies

- ▶ Repeated engagement
- ▶ Trust-building with extended visits
- ▶ Expanded use of community partners
- ▶ Lower threshold/barriers to providing services
- ▶ Intensive care coordination
- ▶ Harm-reduction principles at play
- ▶ “Success” redefined/client-centered



PHPP Mobile Clinics: Coach Medicine “Mobile Clinic”



- ▶ Founded in 2008
- ▶ Target populations:
 - ▶ Adults experiencing homelessness in San Mateo County
 - ▶ New immigrants living in San Mateo County
 - ▶ Uninsured and underinsured residents
 - ▶ People entering AOD or Mental Health Treatment Programs who need preliminary clearances
 - ▶ People who are not established with a primary care provider yet and have acute needs



PHPP Mobile Clinics Expansion: Street/Field/Shelter Medicine

- ▶ Expansion January 2016
- ▶ Target populations:
 - ▶ People experiencing sheltered and unsheltered homelessness throughout San Mateo County
 - ▶ Farmworkers and their adult family members living in the South Coast/Pescadero area
 - ▶ People exiting County Jail and reentering with medical or psychiatric treatment needs (Service Connect)
- ▶ Further Expansion Fall 2022
 - ▶ Additional Street Medicine Team/further area specialization (Coast)
 - ▶ Addition of provider Field Medicine in Half Moon Bay/Central Coast



Health Correlation with Homelessness¹

- ▶ Health can be a reason for loss of or difficulty gaining/maintaining employment.
- ▶ Physical health issues correlated with additional stressors that can create mental health and substance use issues
- ▶ Homelessness creates additional disparities in health outcomes
- ▶ Homelessness presents barriers to accessing preventative and ongoing healthcare.
- ▶ In the face of this exhaustion, people who experience homelessness may find it difficult to think about addressing health problems.
- ▶ 45% of study participants overall and 53% of those over 50 years old, reported having fair or poor health.

¹ Source: Kushel, M., Moore, T., et al. (2023). [Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative.](#)

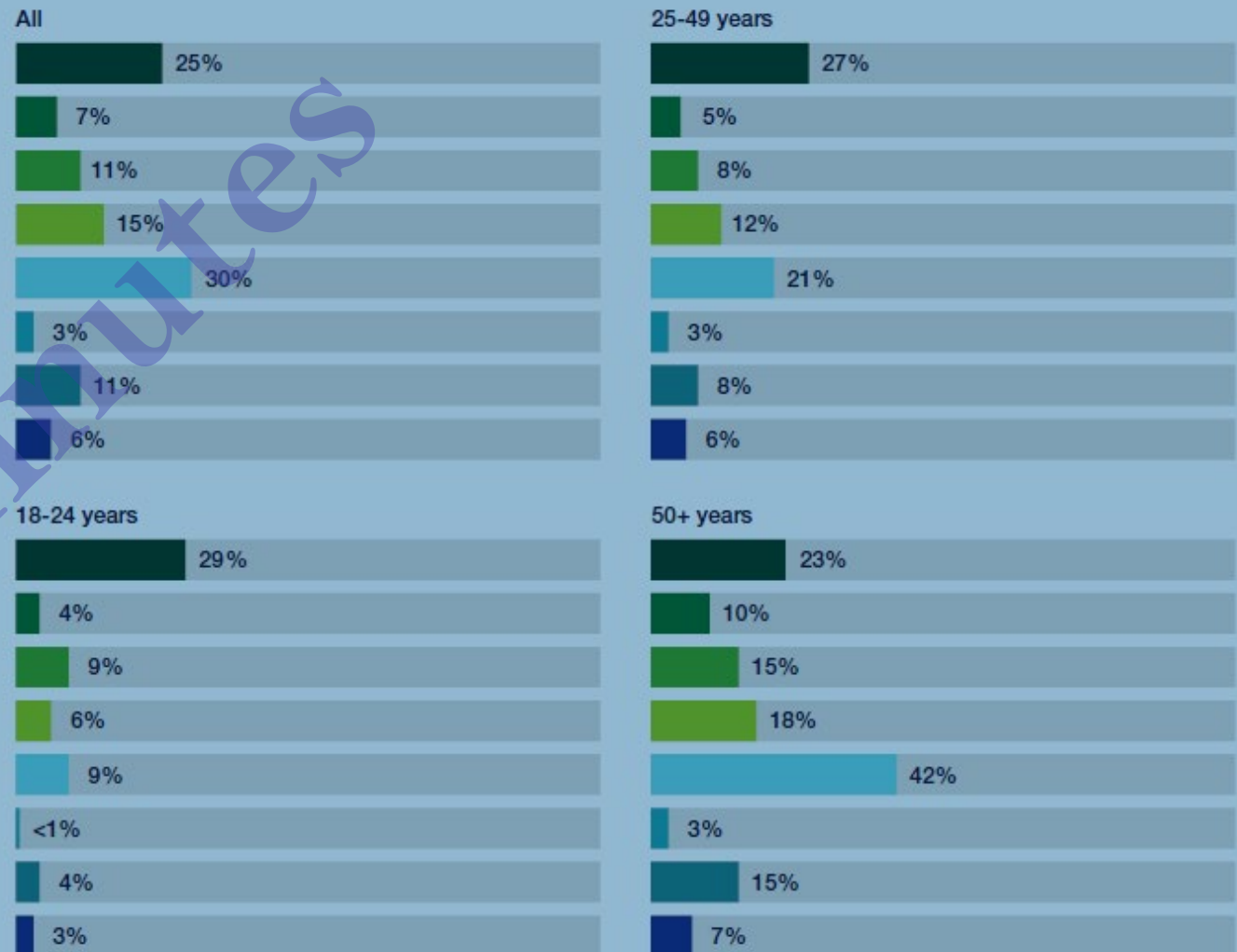


Chronic and Functional Health Issues

- ▶ Function, meaning the ability to engage in activities of daily living (ADL) , part of health needs
 - ▶ 34% survey participants had difficulty with at least 1 ADL
- ▶ 2/3 participants had at least one chronic health condition
- ▶ Aging population faces increased risk/larger health challenges

FIGURE 24 Self-Reported Chronic Health Conditions by Age

● Asthma, chronic bronchitis, emphysema or COPD
 ● Cancer
 ● Diabetes
 ● Heart problems or stroke
● High blood pressure
 ● HIV/AIDS
 ● Liver disease
 ● Weak kidneys or chronic kidney disease



What is Street Medicine?

Medical care to unsheltered people experiencing homelessness in locations like encampments, under bridges, parks, and motor vehicles.

Small, nimble teams specialized by location who travel with smaller vehicles to be able to park and transport supplies and medications into places where traditional coach not able to access.

Additional co-located services with Outreach Team (LifeMoves), Behavioral Health (HEAL and Psychiatric team), and AOD Counseling, Treatment and Linkage



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Why Street Medicine?

- ▶ Access to care in traditional medical settings is challenging for PEH
- ▶ Patient fear about theft or destruction of unattended personal property
- ▶ Trauma from prior negative treatment in traditional settings
- ▶ Prioritization of basic needs: food, water, clothing, shelter, safety





What is Shelter Medicine?

▶ Goal:

- To enable any willing parties to enter interim housing with reduced barriers
- To stabilize healthcare needs and determine if linkage to primary care has been successfully achieved.

▶ Target populations:

- Adults moving from homelessness into interim housing or shelter with desired pathway to permanent housing
- Homeless individuals who need TB screening for shelter admittance

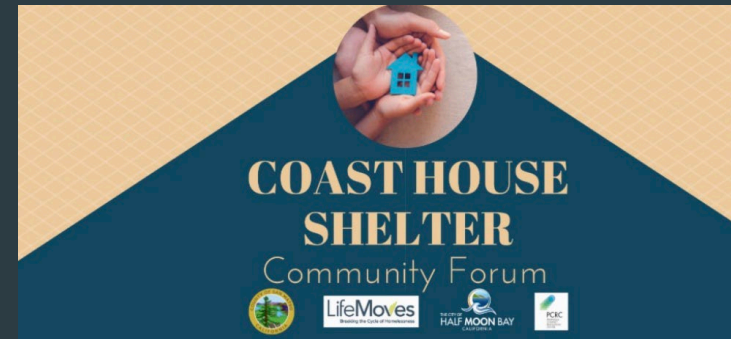


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Why Shelter Medicine?

- ▶ Bringing services to PEH, even at shelter, can help stabilize acute and chronic matters
- ▶ Accessing services outside of the shelter can be difficult—scheduling, transportation
- ▶ Linkage to Primary Care may require additional care coordination after established
- ▶ Coordination with other agencies for benefit of clients can make transitions and handoffs more successful



“The hands that feed us are often invisible hands, hands of people who work in the shadows of a multibillion-dollar industry....”

Field Medicine



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What is Field Medicine?



Comprehensive medical care for farmworker populations.

Convenient care during scheduled breaks, lunch, after hours where farmworkers live and work.

Culturally sensitive services offered by multicultural staff.



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Why Field Medicine?

- ▶ Medi-Cal expansion taking effect, but paperwork/process is time consuming—working on partnership with Health Coverage and HSA
- ▶ Many undocumented immigrants do not qualify for county ACE program
- ▶ Cost-prohibitive employer-sponsored plans (high deductibles)
- ▶ Lack of transportation
- ▶ Poor cell phone connectivity on the farms
- ▶ Work long hours and reluctance to take time-off for medical appointments
- ▶ Unique traditional health beliefs & practices



STREET MEDICINE



DAY	LOCATION
MONDAY	South San Francisco to San Bruno, including SFO (monthly at 6:00 am) 9:00 am - 2:00 pm
TUESDAY	Pacifica to Half Moon Bay, Coast 9:00 am - 2:00 pm San Mateo to Redwood City, Central County 9:00 am - 2:00 pm
THURSDAY	Redwood City to EPA, South County 9:00 am - 2:00 pm



SHELTER MEDICINE



DAY	LOCATION
<i>MONDAY</i>	Half Moon Bay (Coast House), San Mateo (El Camino House) 9:00 am - 6:00 pm
<i>TUESDAY</i>	San Bruno Safe Harbor Shelter 5:00 pm - 7:00 pm RN care coordination 1:30 pm - 6:30 pm
<i>WEDNESDAY</i>	Redwood City Pacific Inn 2:30 pm - 6:00 pm
<i>THURSDAY</i>	San Bruno Safe Harbor Shelter PM RN TB reads

Minutes

FIELD MEDICINE



DAY	LOCATION
MONDAY	Pescadero 8:00 am - 6:00 pm <i>Nurse visits, care coordination</i>
TUESDAY	Pescadero 8:00 am - 6:00 pm <i>Nurse visits, care coordination</i>
WEDNESDAY	Pescadero 8:00 am - 6:00 pm <i>Nurse visits, care coordination</i> South Coast Farms 11:00 am - 8:00 pm <i>Full care team on site at farms</i>
THURSDAY	Pescadero 8:00 am - 6:00 pm <i>Nurse visits, care coordination</i> Half Moon Bay (Central Coast) 8:00 am - 6:00 pm <i>Full care team on site at farms</i>

Minutes



SAN MATEO COUNTY HEALTH

**PUBLIC HEALTH,
POLICY & PLANNING**

Patient and visit volume

COACH (“MOBILE CLINIC”)

SHELTER

STREET

FIELD

SPECIALTY

734

*Unique
Patients*

355

*Unique
Patients*

336

*Unique
Patients*

143

*Unique
Patients*

82

*Unique
Patients*

1290

Visits

745

Visits

907

Visits

559

Visits

141

Visits

Data from Calendar Year 2023
(1/1/2023 - 12/31/2023)

COACH ("MOBILE CLINIC")

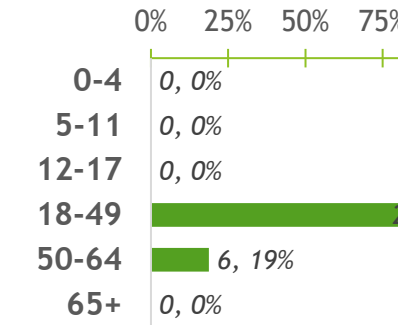
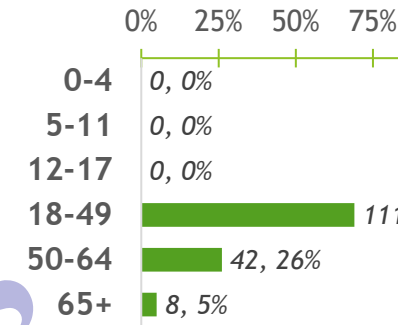
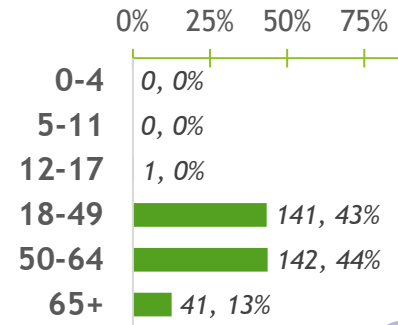
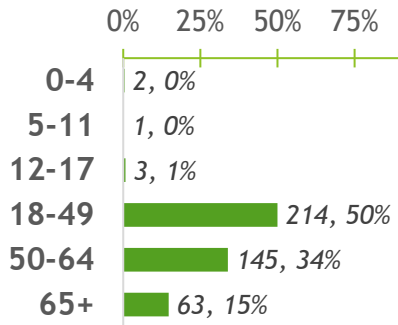
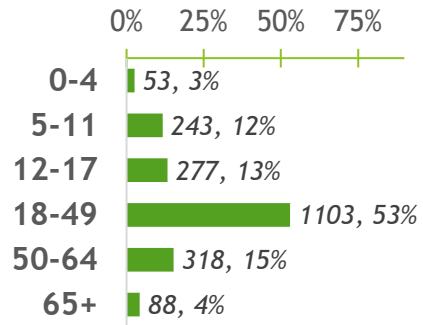
SHELTER

STREET

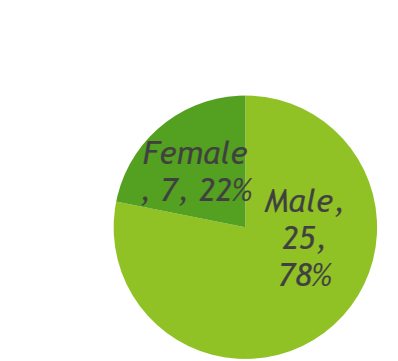
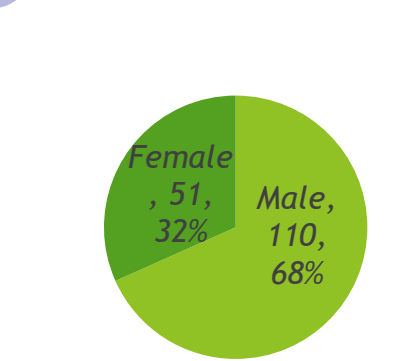
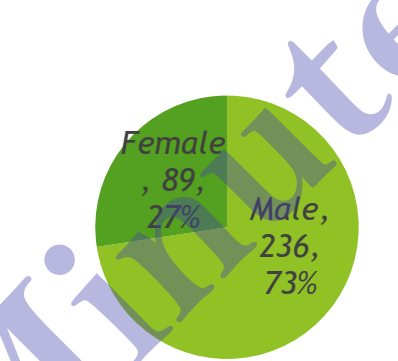
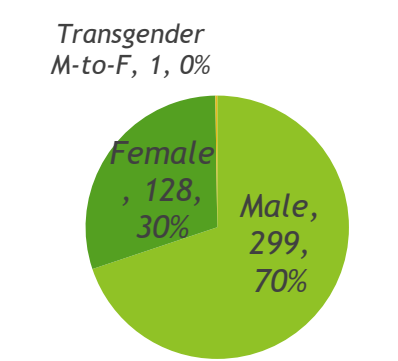
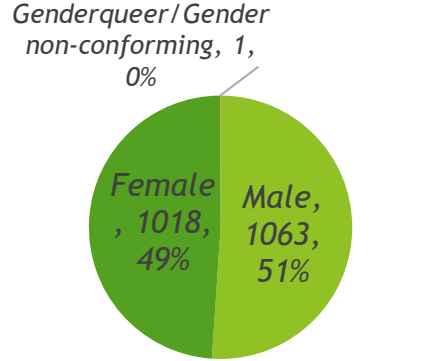
FIELD

SPECIALTY

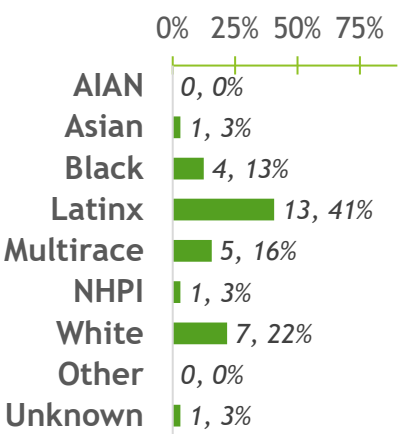
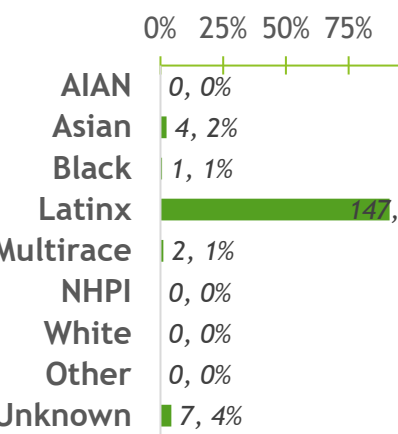
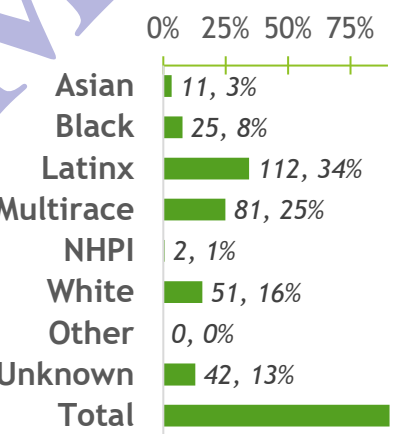
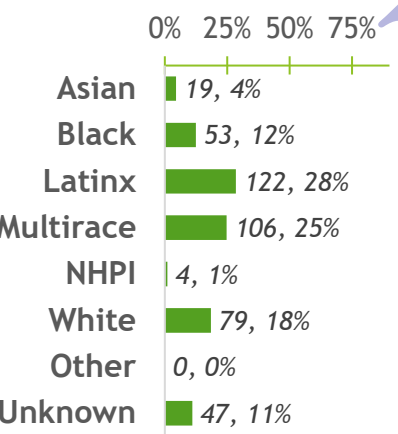
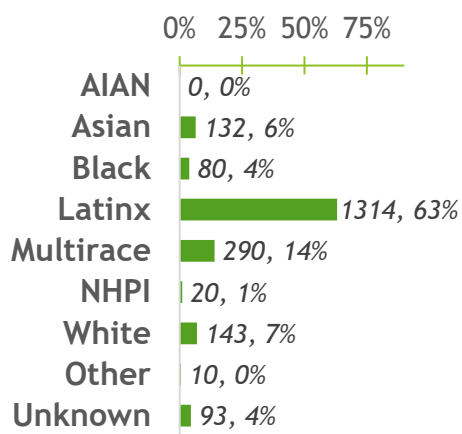
AGE



GENDER



RACE/ETHNICITY



Ministries

Note: These data, though similar are based on Fiscal Year 2022-22. Percentages are comparable

QUESTIONS?

Minutes

Created with partnership of:

Frank Trinh, Medical Director, Mobile Clinics

Christopher King, Supervising NP

Camelot Thompson, NP

Serena Deverich, NP

Laura Shih, Health Services Manager



SAN MATEO COUNTY HEALTH

**PUBLIC HEALTH,
POLICY & PLANNING**

Tab 2
Budget and Finance
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
smchealth.org/smmc

DATE: March 14, 2024

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

The preliminary expenditure report for February 2024 shows \$122,463 in grant expenditures. As is often the case, this does not include any contractor payments for January services that were still in process at the end of the month and likely to get posted during month-end. In addition, a number of county support charges that are captured as part of month-end processing had not been posted when the report was run. Based on past experience, this value indicates a fairly typical expenditure amount of the month for what has been reported so far, given the above.

Being this early in the year, we really don't have enough information to change any of our initial projections for spending for the grant year. Based on these projections, the Program will expend a little under \$3.3M for the 2024 Grant Year (GY). Based on the total amount authorized by HRSA and the amount expected to be carried over for the GY, this will leave around \$250K of unexpended funds that would be available for carryover into the 2025 GY. As the Program goes through the upcoming RFP and contracting process for the next 3 years, we will be refining the unexpended funds amount to spread it across the contract period to ensure sufficient funding for the period.

Attachment:

- GY 2024 Summary Grant Expenditure Report Through 02/29/24



GRANT YEAR 2024

February \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (02/29/24)	Projection for end of year	Projected for GY 2025
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	745,000	50,420	94,225	745,000	795,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	245,000	15,975	29,849	245,000	320,000
<u>Travel</u>					
National Conferences (2500*8)	30,000	5,202	5,202	30,000	25,000
Regional Conferences (1000*5)	10,000			10,000	5,000
Local Travel	1,500			1,500	1,000
Taxis	500			500	500
Van & vehicle usage	1,500			1,500	1,500
	43,500		5,202	43,500	33,000
<u>Supplies</u>					
Office Supplies, misc. Small Funding Requests	10,000	11,755	11,755	15,000	10,000
	10,000		11,755	15,000	10,000
<u>Contractual</u>					
2022 Contracts			85,408	85,408	
2022 MOUs			26,571	26,571	
Current 2023 MOUs	1,200,000			1,200,000	1,100,000
Current 2023 contracts	875,000	37,441	37,441	875,000	775,000
---unallocated---/other contracts					
	2,075,000		149,420	2,186,979	1,875,000
<u>Other</u>					
Consultants/grant writer	20,000		11,908	20,000	20,000
IT/Telcom	25,000	487	4,498	25,000	25,000
New Automation				0	-
Memberships	7,500			7,500	7,500
Training	5,000			5,000	5,000
Misc	1,000		207	1,000	1,000
	58,500		16,613	58,500	58,500
TOTAL	3,177,000	121,280	307,064	3,293,979	3,091,500
<u>GRANT REVENUE</u>					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Prior Year Unexpended to Carryover	690,000 est.		690,000	690,000	
Other					254,653 carryover
HCH/FH PROGRAM TOTAL	3,548,632		3,548,632	3,548,632	3,113,285
<u>BALANCE</u>	371,632	Available	3,241,568	254,653	21,785
			Current Estimate	Projected	
					based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	20,000	700	1,390	20,000	30,000
Health Coverage	85,000	8,197	16,050	85,000	90,000
base grant prep	0			0	
food	2,500	493	931	2,500	3,000
incentives/gift cards	1,000			1,000	1,500
	108,500		18,371	108,500	124,500
TOTAL EXPENDITURES	3,285,500	130,670	325,435	3,402,479	NEXT YEAR 3,216,000

Tab 3
HCH/FH's Director 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
smchealth.org/smmc

DATE: March 14, 2024

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 08, 2024, Co-Applicant Board meeting,

Program completed and submitted our required Uniform Data System (UDS) federal report on February 14th. On February 29th we received a request from our HRSA reviewer to address specific questions or issues on the report. These appeared to be very minor, and responses were submitted on March 7th. We plan on providing a full report of the final accepted UDS submission at next month's Board meeting.

As part of the HCH/FH Program's efforts to support community programs who work with the Homeless and Farmworker populations, in support of necessary and appropriate health education, and to further the relationship of the Program with our patient communities, Program received approval to provide a \$10,000 sponsorship to Puente's Farmworker Convention happening this Sunday, March 17th. In addition, Program will have a table onsite to answer questions and distribute information and small health supplies. We will also be recruiting for potential Board members.

Program is continuing discussions with members of the EPIC/Integr8 implementation team. This will help ensure as seamless a transition as possible for HCH/FH data and UDS reporting, and, hopefully, create simple pathways to improve connectivity between clinical services and our contract partners. We hope to see a new demonstration of the system in the near future so we can hone our efforts around establishing productive case management workflows.

Seven Day Update

ATTACHED:

- Program Calendar





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

Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm

MONTH	AREA		
	Programmatic	Learning/Conferences	Recognition (Health, DEI, Holidays and Misc.)
JANUARY			<ul style="list-style-type: none"> • Glaucoma Awareness Month • Cervical Cancer Screening Month • International Holocaust Remembrance Day • New Year's Day • Martin Luther King Day (15)
FEBRUARY	<ul style="list-style-type: none"> • UDS submission 	<ul style="list-style-type: none"> • NCFH Western Forum for Migrant and Community Health (Seattle, WA, Feb 22-24) 	<ul style="list-style-type: none"> • National Children's Dental Health • American Heart Month • National Cancer Prevention Month • World Day of Social Justice • Lunar New Year (Feb 10) • National Wear Red Day • Lincoln's Birthday • Valentine's Day • Washington's Birthday • Lent begins (14)
MARCH	<ul style="list-style-type: none"> • Sliding Fee Scale Update 	<ul style="list-style-type: none"> • Innovations and Solutions for Ending Unsheltered Homelessness. (San Francisco, CA - Mar 4-6) 	<ul style="list-style-type: none"> • Colorectal Cancer Awareness Month • Self-Injury Awareness Month • Developmental Disabilities Awareness Month
APRIL	<ul style="list-style-type: none"> • SMMC Annual Audit 	<ul style="list-style-type: none"> • Conference for Agricultural Worker Health (Atlanta, GA - April 23-25) • 2024 Midwest Stream Forum- Agricultural Worker Conference (Albuquerque, NM- April 16-18, 2024) 	<ul style="list-style-type: none"> • Alcohol Awareness Month • Counseling Awareness Month • National Minority Health Month
MAY		<ul style="list-style-type: none"> • National Healthcare for the Homeless Conference. (Phoenix, AZ – May 13-16) • NRHA Health Equity Conference. (New Orleans, LA – May 6-7) 	<ul style="list-style-type: none"> • American Stroke Awareness Month • High Blood Pressure Education Month • Mental Health Awareness Month
JUNE	<ul style="list-style-type: none"> • Services/Locations Form 5A/5B – Approve 		<ul style="list-style-type: none"> • PTSD Awareness Month • Cancer Survivor's Month
JULY	<ul style="list-style-type: none"> • Budget Renewal (Program) Approve 		<ul style="list-style-type: none"> • Healthy Vision Month
AUGUST			<ul style="list-style-type: none"> • National Breastfeeding Month • National Immunization Awareness Month
SEPTEMBER	<ul style="list-style-type: none"> • Program Director Annual Review 	<ul style="list-style-type: none"> • September 15-18 International Street Medicine Symposium. Kansas City, MO 	<ul style="list-style-type: none"> • Healthy Aging Month • National Suicide Prevention Month • Sexual Health Awareness Month
OCTOBER	<ul style="list-style-type: none"> • Board Chair/Vice Chair Nomination 		<ul style="list-style-type: none"> • Breast Cancer Awareness Month • Depression Awareness Month • Domestic Violence Awareness Month



NOVEMBER	<ul style="list-style-type: none"> • Board Chair/Vice Chair Elections • Strategic Plan Target Overview 	<ul style="list-style-type: none"> • East Coast Migrant Stream- Agricultural Worker Conference Forum (Date TBA, previously Nov. 2023) (Winston-Salem, NC- Nov 29-Dec 1, 2023) 	<ul style="list-style-type: none"> • American Diabetes Month • Diabetes Awareness Month
DECEMBER		<ul style="list-style-type: none"> • December 8-11 Institute for Healthcare Improvement (IHI) Forum for 2024. Orlando, FL 	<ul style="list-style-type: none"> • Seasonal Affective Disorder Awareness Month

BOARD ANNUAL CALENDAR	
Project	Timeframe
UDS Submission – Review	Spring
SMMC Annual Audit – Approve	April/May
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	July/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	November

Tab 4

Quality Improvement and Quality Assurance (QI/QA) update



DATE: March 14th, 2024

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
Alejandra Alvarado, Clinical Services Coordinator HCH/FH Program

SUBJECT: QI/QA COMMITTEE REPORT

- **UDS Submission**

- Given the recent UDS Submission date on February 15th, HCH/FH is revising final edits requested by the UDS reviewer for the 2023 UDS report. Final revisions and edits will be completed and submitted by March.

- **AMI Phones Project**

- HCH/FH is continuing its partnership with AMI Strategies and T-Mobile through the 2024 calendar year. This is an ongoing project that commenced in 2022, which allows people experiencing homelessness to engage with phones provided by HCH/FH to improve their access to virtual care.

- **Puente Convention**

- HCH/FH will be attending the 2023 Puente Convention on March 17th and will be tabling at a booth. HCH/FH will provide resources to community members to assist them with health education, community supportive services, and SMMC supporting material. These resources include but are not limited to IPV Safety Cards, HCH/FH Provider Template- Coast resources, and SMMC Patient Grievances contact information.

Tab 5
HCH/FH Strategic
Planning Update



DATE: March 14, 2024

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

FROM: Jocelyn Vidales, Planning and Implementation Coordinator

SUBJECT: HCH/FH 2024-2027 STRATEGIC PLAN UPDATE

As per the HCH/FH Co-Applicant Board Bylaws, the Board is responsible for governing the HCH/FH program. Part of fulfilling this role is through participating in ongoing strategic planning, specifically, setting priorities for HCH/FH and identifying which services will best serve the Program’s target populations.

Staff presented the Draft 2024-2027 Strategic Plan to the Board at the November 2023 Board Meeting. The intent of the Strategic Plan is to be a living document which helps guide the HCH/FH Board in decision-making on how to spend funds and how to direct staff time and resources. The Board requested a few changes to the language in the Draft 2024-2027 Strategic Plan but otherwise voted to adopt the plan.

Staff has updated the plan following the Board’s input and is bringing it back to the Board for presentation in light of its previous approval.

Requested Change Topic	Change Made (Page Number)
Prioritizing service delivery at the location where individuals are emotionally and physically.	1. Added to “Vision” > Third Bullet Point (pg. 4)
Tailoring behavioral health discussions based on best practices and data-driven results.	1. Added to “Vision” > First Bullet Point (pg. 4) 2. Added to “Themes for 2024-2027 Strategic Plan” > Tailoring Behavioral Health (pg. 7)
The need for cross-collaboration to address gaps in data, tailored specifically to our target populations.	1. Added to “Themes for 2024-2027 Strategic Plan” > Collaboration (pg. 7)
The importance of social determinants of health, understanding how they affect PEH and farmworker health, and its influence on decision-making.	1. Re-worded “Vision” > Fourth Bullet Point (pg. 4) 2. Added to “Glossary of Terms...” (pg. 4) 3. Re-worded “Themes for 2024-2027 Strategic Plan” > Social Determinants of Health (pg. 7)

Thank you for your continued support and guidance.

County of San Mateo
**Healthcare for the
Homeless/Farmworker
Co-Applicant Board**
Strategic Plan 2024-2027

SAN MATEO MEDICAL CENTER



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HCH/FH Background

San Mateo County's Health Care for the Homeless/ Farmworker Health Program (HCH/FH) is a federally funded program which has delivered and coordinated health care and support services for people experiencing homelessness since 1991. In July 2010, the program expanded its scope of services to include the farmworker population and their families/dependents.



HCH/FH Board Members and Staff

HCH/FH is funded by U.S.

Department of Health and Human Services' Health Resources and Services Administration (HRSA) pursuant to Sections 330(g) and 330(h) of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations. It is jointly governed by an independent Co-Applicant Board, and the San Mateo County Board of Supervisors.

People in San Mateo County experiencing homelessness or who work as farmworkers (and their families) can access any San Mateo County Health touch point – San Mateo Medical Center (SMMC), satellite clinics, mobile clinics – and numerous other County and community-based organizations to receive outpatient health services regardless of insurance or documentation status. The HCH/FH Program has agreements with county and nonprofit organizations to provide these services and compliance with HRSA regulations provides SMMC with Federally Qualified Health Center (FQHC) status.

HRSA has a broad definition of homelessness which, in addition to people residing in shelters or on the street/in cars/RVs, includes doubling up (i.e. couch surfing) and those in transitional or permanent supportive housing. For farmworkers, both seasonal and migrant workers are included in HRSA's definition, and importantly, so are family members.

Strategic Plan Background

This strategic plan is built upon the 2020-2023 Strategic Plan ([link](#)). Over 25 stakeholder meetings were conducted by HCH/FH staff with relevant key stakeholders, publications were read such as the California Statewide Study of People Experiencing Homelessness ([link](#)) and 2023 The California Street Medicine Landscape Survey and Report ([link](#)) which helped inform both the stakeholder conversations and the recommendations staff made to the HCH/FH Board in adopting this strategic plan. The HCH/FH Strategic Planning Subcommittee met three times and the Board was updated throughout the process. Further, the 2022/2023 Needs Assessment ([link](#)) informed the strategic plan in fundamental ways by shedding light on attitudes, beliefs and values of San Mateo Medical Center clinicians and patients alike.

This plan, like its predecessor, outlines major strategic priority areas which are slightly revised from the last plan to reflect current trends and environment. The priorities outlined in this strategic plan are intended to inform the HCH/FH Co-Applicant Board in deciding which services it will go out to Request for Proposal (RFP) in 2024 with contracts starting in 2025 and how to direct staff time.

Mission & Values

Vision

- Health care services provided to homeless and/or farmworker individuals are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals. The HCH/FH Program supports data-driven and best practice models of care for our populations.
- The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care.
- Health services are provided in consistent, accessible locations where people experiencing homelessness and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment. The HCH/FH Program recognizes that this may not always be in traditional clinic settings and strives to deliver services at locations most appropriate based on the populations' circumstances.
- Through its funded services and partnership with the Medical Center, as well as crucial consideration of the social determinants of health, the HCH/FH Program reduces ~~the~~ health care disparities that disproportionately affect in the homeless and farmworker populations.
- HCH/FH advocates on behalf of both populations' health needs and becomes a hub for health-related information for both San Mateo County and Community Based Organizations for these two populations.

Values

Access: Homeless and farmworker individuals and their families have full access to the continuum of health care and social services.

Dignity: Services provided are respectful, culturally competent, and treat the whole person's physical health and behavioral health.

Integrity: Homeless and farmworker individuals and their families are valued and considered a partner in making decisions regarding their health care.

Innovation: Services will continuously evolve to reflect current best practices and technological advances.

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Glossary of Terms and Abbreviations

The Strategic Plan refers to industry-specific terminology the reader might find helpful to familiarize themselves with at the start of the document.

Enabling Services: Non-clinical services that enable individuals to access health care and improve health outcomes. These include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families on relevant health topics, environmental health risk reduction, health literacy, and screenings, referrals, etc.

Federally Qualified Health Center (FQHC): FQHCs are primary care clinics that receive federal funds to provide healthcare services to underserved communities. They operate in both rural and urban areas designated as shortage areas.

Behavioral Health and Recovery Services (BHRS): is a division within San Mateo County Health which oversees mental health, substance use disorders, outpatient treatment and other related services.

Non-conventional health settings: this is reflective of the understanding that people experiencing homelessness and farmworkers/family members are often unable to come into a typical outpatient clinic for a variety of reasons, including inability to come during regular clinic hours, lack of transportation, no health insurance/inability to pay out of pocket, or past negative experiences with the health care system. Therefore, HCH/FH strives to bring health care services to places (physically and emotionally) where people experiencing homelessness or farmworker and their family members meet, live, or reside. This includes non-conventional health care settings such as tent encampments, shelters, safe parking programs, permanent supportive housing projects, farms, farmworker housing, and others as they arise.

Patient/Target Population: San Mateo County’s HCH/FH is a unique Federally Qualified Health Center because it focuses on two sub-populations: 1) people experiencing homelessness and 2) farmworkers and their families in San Mateo County. People experiencing homelessness includes those residing in shelter, on the street – which includes vehicular/housed - doubling up (i.e. couch surfing), permanent supportive housing, and transitional housing. Farmworkers include both seasonal and migrant workers, though due to the crops grown here, most of SMC’s farmworkers are classified as migrant (i.e., they permanently live in the county). Unless specified, this term is used throughout the document as a short hand to capture both groups in the Program’s work.

Public Health Policy & Planning (PHPP): is a division within San Mateo County Health which includes Epidemiology, Public Health Lab, and Mobile Clinics. HCH/FH collaborates extensively and provides funding for Mobile Clinics for Street and Field Medicine.

Scope of services: includes services provided by the San Mateo Medical Center outpatient clinics, Behavioral Health and Recovery Services regional clinics, and Public Health Policy and Planning’s Mobile Clinics teams. Additionally, it includes services contracted by the HCH/FH program (see Annual Report for full list, [link](#)).

Service Providers: HCH/FH works with a myriad of service providers. In the present report, this term - unless it is further defined – includes both healthcare providers (i.e. physicians, nurses, social workers) as well as non-profit organizations HCH/FH contracts with (see Annual Report for full list, [link](#)).

Social Determinants of Health (SDOH): nonmedical factors that influence health outcomes. SDOH are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems that shape the conditions of daily life.

Sub-populations: Sub-populations refer to further stratifying the two target populations by additional defining characteristics, such as by LGBTQ+ status, age, health condition, race/ethnicity as well as the intersectionality of these categories.

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Achievements from previous Strategic Plan:

Three years have passed since the last strategic plan was finalized, during which the world dramatically changed due to the Covid-19 pandemic and San Mateo County increased focus on both target populations. Despite the turbulent times and because of the increased focus, the HCH/FH Program was able to make strides in several noteworthy areas - more can be found in the 2022 HCH/FH Annual Report ([link](#)):

1. **Expanding oral health programs:** oral health has consistently been identified in HCH/FH Needs Assessments as an unmet need for both target populations. HCH/FH began funding a monthly Saturday Dental Clinic at Coastside Clinic, continued weekly Sonrisas services co-located at Puente, and providing a portion of the funding for University of Pacific at the Navigation Center (service slated to begin end of 2023/early 2024).
2. **Launching enabling services for newly housed individuals:** while HCH/FH cannot pay for housing, as a result of the last strategic planning effort, it became clear newly housed individuals might lose their housing due to health-related issues. This service provides medical care coordination to recently housed individuals or those preparing to move into permanent housing.
3. **Expanding field health services:** the Board was passionate about mirroring the Pescadero Field Medicine program in Half Moon Bay and provided seed funding to PHPP to do so. Additionally, the Board began funding ALAS, a nonprofit in Half Moon Bay, to provide health education and health promotion on Half Moon Bay farms. The Board also supported the re-establishment of the Homeless Engagement, Assessment, & Linkage (HEAL) team by funding one position and elevating the need for more funding to the Mental Health Services Act which agreed to fund additional positions.
4. **Deepening collaborations:** with the Center on Homelessness, Department of Agriculture, Department of Housing, Health Plan of San Mateo, and all Health departments particularly within SMMC have enabled more work to be accomplished as well as an ability to focus on data sharing and more data-based decision making.
5. **Increasing stakeholder engagement:** over the last several years at HCH/FH Board Meetings has led to robust conversations and deepening the Board's understanding of pressing issues, such as how the federal poverty level guidelines impact farmworkers' ability to access the County's health insurance program ACE.



Dr. Scopazzi and dental assistant Eliza on the inaugural Saturday Clinic at Coastside Clinic in Half Moon Bay



An HCH/FH Board Meeting well attended by members of the community at the Half Moon Bay library



Francisco Vargas and Amanda Martin, two fantastic behavioral health outreach workers attending an HCH/FH Board meeting to present on their work

Themes for the 2024-2027 Strategic Plan

In updating the strategic plan, several major themes arose which are summarized below. While not each theme is captured explicitly in a stated strategic priority or activity beneath, these are embedded in everything staff does in implementing the Board's vision for the program.



Obtaining services at a Brick-and-Mortar clinic is not the correct goal for all:

There has been a transition from prioritizing treatment at brick-and-mortar clinics as the goal for all patients to – instead – celebrating being able to bring medical, dental, and behavioral health care in the most appropriate modality to the target population. For some patients, making it to a physical primary care clinic will never be a possibility, therefore bringing services to them – both by physically meeting them where they are as well as meeting them emotionally – should be counted as a success. It remains necessary to simultaneously partner with SMMC to ensure clinics ~~are able to can~~ meet the needs of both populations by having the necessary resources to do so.



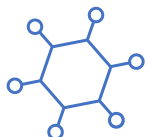
Tailoring behavioral health:

like the previous strategic planning cycle, behavioral health continues to be a large focus for the Board. The HCH/FH program strives to tailor behavioral health services for its target populations based on best practices and data-driven results. For farmworkers, there is a desire to not only fund behavioral health services but to better understand *how* to deliver those services – both mental health and substance use-related – in a culturally competent manner and supported by evidence-based methodologiesbest practices¹. For people experiencing homelessness, the ability to monetarily incentivize individuals to participate in treatment and/or abstaining from substances (called contingency management) is a promising model to further explore, among others, with BHRS colleagues.



Collaboration: HCH/FH staff and Board members are uniquely positioned as subject matter experts to promote and conduct cross-collaboration, information sharing and problem solving between Health, Human Services Agency (HSA), Department of Housing (DOH), as well as contracted and non-contracted providers. In order to make headway in any of the priority areas listed below, this type of cross-departmental collaboration is imperative.

Additionally, HCH/FH's ability to write grants to access supplemental funding – be it from HRSA or other entities such as Health Districts, Hospital Systems, Chan Zuckerberg Initiative and others – and accessing technical assistance is being increasingly leveraged. Program collaboration also strives to improve the detail and scope of data concerning our populations, their healthcare, and the factors affecting their health.



Social Determinants of Health: The Board continues to firmly believe that housing – a classic social determinant of health (SDOH) example - is healthcare. The 2022/2023 Needs Assessment ([link](#)) elegantly demonstrated thatshowed when patients have access to necessities such as housing, food, employment – they rank their health higher. Finding ways to addresspromote SDOHsocial determinants of health will continue to influence the Board's

¹ The shooting in Half Moon Bay in early 2023 reminds us of the importance of addressing behavioral health in all our communities

decision making. Though it is not always possible to fund them directly, there are numerous other ways the Board could support SDOH efforts, including funding relevant studies.

Areas for improvement for the next strategic planning effort:

1. Continue identifying best practices to engage with the community to gain input into the strategic plan at each stage
2. Continue building team’s capacity to set and monitor quantifiable goals
3. Improve alignment with other County Needs Assessment efforts to augment HCH/FH Strategic Planning efforts

2024-2027 Priority Area and Metrics

Each Priority Area is further defined on the next page. The Board may choose to assign additional metrics to each area in future iterations of the Strategic Plan, which is intended to be a living document.

Priority Area	Metrics
1. Decrease barriers to accessing health care services	Increase the number of 'touches' or 'visits' across all services (enabling, primary, behavioral, dental) and modalities (mobile and brick & mortar clinics) year over year.
2. Improve health outcomes	Refer to goals set forth in the HCH/FH Quality Improvement/Quality Assurance Plan
3. Support health care and service providers	Track number of trainings and other professional development opportunities offered annually and increase year over year*
4. Meet and exceed all HRSA compliance requirements	Following a HRSA site visit, have no more than 5 immediate enforcement actions. The next site visit is anticipated in 2025.
5. Seek innovation and expansion opportunities	Add at least one new funding source or supplemental award in the 2024-2027 cycle.

**pending external factors such as conference location/costs and ability/willingness of staff to engage in offerings*

Strategic Plan Activities

Below are high-level activities associated with each strategic priority area. More granular-level activities are listed out in separate, program-level documents to ensure priorities are met.

1. Decrease barriers to accessing health care services

1. Fund and coordinate enabling services
2. Fund and coordinate delivery of primary care, dental, and behavioral health
3. Collaborate with SMMC, BHRS, and PHPP to optimize clinic operations and reduce patient grievances
4. Collaborate with Health Coverage Unit (HCU) and other partners to ensure patients have and maintain insurance coverage

2. Improve health outcomes

1. Follow work outlined in HCH/FH Quality Improvement/Quality Assurance Plan
2. Provide outreach & health education to patients
3. Identify sub-populations for additional data analysis and efforts to reduce health disparities
4. Ensure social determinants of health are embedded in clinic and HCH/FH workflows

3. Support health care and service providers

1. Develop and provide relevant training
2. Provide financial support for professional development and well-being initiatives
3. Connect SMMC, BHRS, and PHPP care teams with external case managers and community resources

4. Meet and exceed all HRSA compliance requirements

1. Pass HRSA Site Visit audits with minimal to no findings
2. Timely and accurate annual Uniform Data System (UDS) reporting
3. Have a well-functioning Co-Applicant Board with consumer representation
4. Regularly monitor and evaluate financial performance of contracted services/contractors
5. Maximize all available HRSA opportunities and relationships

5. Seek innovation and expansion opportunities

1. Continuously explore and engage partnerships that align with the program goals and apply for supplemental awards when appropriate
2. Be active thought partners and leaders in the County's program evaluation efforts
3. Be an active partner in the County's EPIC implementation initiatives
4. Collect data and advocate for medically fragile homeless individuals' needs
5. Partner, engage, and collaborate with relevant stakeholders to explore impacts of CalAIM and other policies on quality of care and finance

Stakeholders

Thank you to the over 40 individuals who gave their time and perspectives to forming this strategic plan as well as the members of the HCH/FH Strategic Planning Subcommittee for their dedication to this work:

1. **Anessa Farber**, San Mateo County Health
2. **Belinda Arriaga**, ALAS
3. **Clara Boyden**, San Mateo County Health
4. **Corie Schwabenland**, ALAS
5. **Corina Rodriguez**, Puente de la Costa Sur
6. **Don Orr**, San Mateo County Health
7. **Elisa Calfiore**, LifeMoves
8. **Farmworker Affairs Coalition** 7/14/23 Meeting
9. **Farmworker Focus Group** at Puente
10. **Francisco Valencia**, LifeMoves
11. **Frank Trinh**, San Mateo County Health
12. **Gabe Garcia**, HCH/FH Board Member
13. **Gale Carino**, Health Plan of San Mateo
14. **Ione Yuen**, San Mateo County Department of Agriculture/Weights & Measures
15. **Jack Nasser**, San Mateo County Health
16. **Janet Schmidt**, HCH/FH Board Member
17. **Jei Africa**, San Mateo County Health
18. **Judith Guerrero**, HCH/FH Board Member
19. **Kacie Patton**, San Mateo County Health
20. **Karen Krahn**, San Mateo County Health
21. **Kate Arsenault**, Health Plan of San Mateo
22. **Khalia Parish**, San Mateo County Human Services Agency
23. **Kique Bazan**, ALAS
24. **Koren Widdel**, San Mateo County Department of Agriculture/Weights & Measures
25. **LEAG Meeting** (6/20/23 meeting)
26. **Lody Burdick**, San Mateo County Human Services Agency
27. **Lucinda Dei Rossi**, San Mateo County Health
28. **Luis Valdivias**, El Centro
29. **Marc Meulman**, San Mateo County Health
30. **Maricela Zavala**, Puente de la Costa Sur
31. **Marmi Bermudez**, Health Coverage Unit
32. **Matthew Hayes**, San Mateo County Human Services Agency
33. **Patrick Grisham**, San Mateo County Health
34. **Peter Shih**, San Mateo County Health
35. **Rita Mancera**, Puente de la Costa Sur
36. **Robert Anderson**, HCH/FH Board Member
37. **Rose Cade**, San Mateo County Department of Housing
38. **Sandra Sencion**, ALAS
39. **Steve Kraft**, HCH/FH Board Member
40. **Suzanne Moore**, HCH/FH Board Member
41. **Tanya Beat**, LGBTQ Commission
42. **Tasha Souter**, San Mateo County Health
43. **Tejasi Khatri**, Health Plan of San Mateo
44. **Ziomara Ochoa**, San Mateo County Health

Appendix – Program Activities Breakdown

Each of the sections outlined in “Strategic Plan Activities” (page 9) is further detailed to give visibility into how Strategic Plan Activities will be executed.

1. Decrease barriers to access services

- a. Fund and coordinate enabling services
 - i. Attach Medical Care Coordinator capacity to PHPP to help those teams and their patients be as successful as possible in the provision and obtaining of healthcare services
 - ii. Attach Medical Care Coordinator capacity to newly housed individuals to create new or maintain existing connection to health care services
 - iii. Fund transportation and language interpretation services
- b. Fund and coordinate delivery of primary care, dental, and behavioral health services to non-conventional health care settings
 - i. Bring and/or coordinate primary care, mental health and Alcohol and Other Drug (AOD) services to locations where people experiencing homelessness reside or gather, encampments, shelters, etc.
 - ii. Bring and/or coordinate primary care, mental health and AOD services to farmworkers along the entire coast
 - iii. Coordinate and provide health care services at the Navigation Center
- c. Collaborate with SMMC, BHRS, and PHPP to optimize clinic operations and reduce patient grievances
 - i. Work with SMMC to create appointment slots/walk-in hours for patients
 - ii. Optimize Saturday Dental Clinic at Coastside Clinic
 - iii. Explore and develop tele-health options for interested patients, including the provision of technology if/when appropriate.
 - iv. Regularly meet with clinic managers and SMMC Improvement Councils
 - v. Administer targeted surveys to clinics seeing the largest volume of target population patients to better understand clinic staff needs, beliefs, and attitudes.
 - vi. Continue partnering with SMMC to ensure clinic registration processes accurately capture homeless and farmworker status as well as SOGIE (Sexual orientation, gender identity, and gender expression, Race & Ethnicity data)
 - vii. Continue investigating SMMC clinic wait times for target populations and how they could be reduced
 - viii. Continue refining grievance data collection and follow up for target population
- d. Collaborate with HCU and other partners to ensure patients have and maintain insurance coverage
 - i. Work with relevant partners to expand ACE income eligibility criteria

2. Improve health outcomes

- a. Follow work outlined in HCH/FH Quality Improvement/Quality Assurance Plan
- b. Provide outreach & health education to patients
- c. Identify sub-populations for additional data analysis and efforts to reduce health disparities

- i. Conduct comprehensive assessments to understand the unique healthcare needs and barriers faced by sub-populations, including youth, LGBTQ+ individuals, aging individuals, etc.
- d. Ensure social determinants of health are embedded in clinic and HCH/FH workflows.

3. Support health care and service providers

- a. Develop and provide relevant training
 - i. Provide population appropriate training to SMMC, BHRS, PHPP, and community providers at least 2x/year
 - ii. Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients
 - iii. Create/maintain/update LMS modules (i.e. PSA training, homeless & farmworker health topics)
- b. Provide financial support for professional development and well-being initiatives
 - i. Partner with SMMC on opportunities to support and fund staff wellness initiatives
 - ii. Empower and encourage program staff in areas of professional growth and development
 - iii. Attract, develop, and retain a diverse and talented team
- c. Connect SMMC, BHRS, and PHPP care teams with external case managers and community resources
 - i. Support SMMC and County Health in the EPIC EHR implementation (Integr8 Health), particularly its Case Management component

4. Meet and exceed compliance requirements

- a. Pass HRSA Site Visit audits with minimal to no findings
 - i. Timely and accurate annual UDS reporting
 - ii. Conduct Needs Assessment, update and evaluate QI/QA and Strategic Plans and the Sliding Fee Discount Program on an ongoing basis;
- b. Have a well-functioning Co-Applicant Board with consumer representation that:
 - i. is representative of the target population~~s~~ served
 - ii. is subject matter expert in topics pertinent to the program
 - iii. is connected and an active participant in the community [including advocacy-related activities as allowable](#)
 - iv. is compliant with local, state, and federal regulations including the Brown Act, Ethics, ~~and~~ Conflict of Interest ~~and other~~
- c. Regularly monitor and evaluate financial performance of contracted services/contractors
- d. Maximize all available HRSA opportunities/relationships
 - i. FQHC loan forgiveness
 - ii. Support County Health and SMMC in getting FQHC sites when appropriate
 - iii. Engage and explore technical assistance opportunities through HRSA and other entities.
 - iv. Apply for supplementation HRSA awards when appropriate
 - ~~iv-v.~~ [Learn from neighboring HRSA programs, i.e. HCH and Migrant Health centers in Alameda and Monterey counties](#)

5. Seek innovation and expansion opportunities

- a. Continuously explore and engage in partnerships that align with the program goals and apply for additional funding (beyond HRSA)

- b. Be active thought partners and leaders in the County's program evaluation efforts
 - i. Review relevant literature and attend germane conferences
 - ii. Information share with relevant stakeholders
- c. Be an active partner in the County's Epic implementation initiatives
 - i. Participate in Improvement Councils and Redesign meetings
- d. Collect data and advocate for medically fragile homeless individuals' needs
- e. Partner, engage and collaborate with relevant stakeholders to explore impacts of CalAIM and other policies on quality of care and finance
 - i. Meet with the Health Plan of San Mateo and other [partners](#)

Tab 6

Approving National Homeless Conference Attendees



DATE: March 14th, 2024

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

FROM: Jim Beaumont, HCH/FH Director

SUBJECT: TRAVEL REQUESTS FOR THE NATIONAL HEALTH CARE FOR THE
 HOMELESS CONFERENCE

HCH/FH Co-Applicant Board Policy on travel reimbursement for Board members (effective 3/13/2014) states that HCH/FH will reimburse travel to national events outside of California for up to two (2) Board members.

HCH/FH staff received a travel request from HCH/FH Board member, Brian Greenberg and Tayischa Deldridge, to attend the upcoming National Health Care for the Homeless Conference in Phoenix, AZ (May 13-16). Brian Greenberg's travel estimate will be submitted shortly.

Below is the estimate cost for Tayischa Deldridge

Agency	Name	Position	Request amount
Ravenswood Family Health Center	Tayischa Deldridge	Community Collaborations/Homeless Healthcare Manage	\$2,661

The total amount of this travel request is \$2,661. Detailed travel request information is available in the attachment.

Additionally, we note that other departments within the organization, specifically PHPP and BHRS staff, and other community partners have expressed potential interest in attending this and similar conferences in the future. To be able to address these requests expeditiously and efficiently, providing individuals with the maximum of potential time for making reservations, etc. we are proposing approval from the Board for Program to approve these requests up to an amount specified by the Board for a specific event, or as currently available in the Program's Board approved budget, whichever is greater.

The request is for the Board to 1.) approve Tayischa Deldridge's and Brian Greenberg's request to attend the 2024 National Health Care for the Homeless Conference and 2.) to authorize Program to approve travel requests specifically for conferences and trainings submitted by Board members, County staff and community partners up to the amount specified by the Board for a specific event or as currently available in the Program's Board approved budget, whichever is greater.

Tab 7

**HCH/FH Board decision on the
services and programs for 2025-2027
RFP cycle**



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

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

DATE: March 14, 2024

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: REQUEST FOR THE BOARD TO ESTABLISH SERVICE PRIORITIES AND FUNDING VALUES FOR THE PROGRAM'S REQUEST FOR PROPOSALS (RFP) FOR 2025-2027 SERVICES

Under the Bylaws and HRSA Program Requirements, the Board is responsible for determining the utilization of grant funding, the Program budget, and services to be provided.

Program has scheduled the release of its Request for Proposals for around May 2024. In order to adequately prepare the RFP and establish proposal guidelines, the services and projected available funding amounts needs to be determined. Program anticipates that the Board will align its service and funding choices with its approved 2025-2027 Strategic Plan.

This request is for the Board to designate the services and finding to be included in the HCH/FH Program's upcoming Request for Proposals for contract services for 2025-2027. It requires the approval of a majority of the Board members present and voting to approve this Request for Board Action.