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

Co-Applicant Board Meeting Agenda

275 Blomquist street, Redwood City, CA (Navigation Center)

October 12th, 2023, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at
275 Blomquist street, Redwood City, CA (Navigation Center)
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

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	10:05am
1. Approve meeting minutes from September 14, 2023, Board Meeting		Tab 1
2. Budget and Finance Report		Tab 2
3. Quality Improvement/Quality Assurance update		Tab 3
4. HCH/FH Director's Report		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.		
Community updates	Board members	10:10 min
Department of Housing	Rose Cade, Deputy Director of Housing	10:15am

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2640 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: http://www.smchealth.org/smmc-hfhfh-board

E. BUSINESS AGENDA			
1. Approve draft letter opposing the encampment ordinance	Suzanne Moore	10:50am	Tab 5
2. Renew QI/QA Annual Plan	Alejandra Alvarado & Frank Trinh	10:55am	Tab 6
3. Grant Budget Renewal	Jim Beaumont	11:00am	Tab 7

F. REPORTING & DISCUSSION AGENDA			
1. Chair/Vice chair nominations for 2024	Jim Beaumont	11:10 min	
2. Needs Assessment & Strategic plan update	Irene Pasma	11:15 am	Tab 8

G. ADJOURNMENT	12:00pm
Future meeting: **November 9th, 2023, 10am-12pm at County Building Room 101, RWC** **Address: 455 County Center, Redwood City, CA 94063**	

*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.

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2640 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: http://www.smchealth.org/smmc-hfhfh-board

TAB 1
Meeting Minutes

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting Minutes
620 Correas St, Half Moon Bay, CA 94019 (Half Moon Bay Library)
September 14th, 2023, 10:00am - 12:00pm

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
• Victoria De Alba Sanchez, Vice Chair • Tony Serrano • Suzanne Moore • Tayischa Deldridge • Francine Serafin-Dickson • Judith Guerrero • Janet Schmidt • Brian Greenberg • Jim Beaumont (Ex officio)	• Alejandra Alvarado • Meron Asfaw • Amanda Hing-Hernandez • Gozel Kulieva • Irene Pasma • Frank Trinh • Anessa Farber • Amanda Martin • Marisol Scalera Durani • Alexandra Gutierrez • Isolina Arana-Fogg • Rafael Perez	• Tracey Fecher • Dr Torrey Rothstein • Marleen Rodriguez Ortiz • Rita Mancera • Corina Rodrigue • Ophelie Vico • Maricela Zavala • Norma Zavala • Jorge Sanches • Ramon Sonoqui • Vanessa Rodriguez • Yolanda Guzman • Maria Lidia Ortiz • Adriana Lemus Diaz • Gerardo Barba	• Steve Carey • Robert Anderson, Chair • Gabe Garcia • Steve Kraft

A. Call to order & roll call	Victoria De Alba Sanchez called the meeting to order at 10:02 am and did a roll call.	
B. Public comment	**Jorge and Norma** provided an update on ALAS operations and challenges they are currently facing, which included: - Transportation - Small number of county health eligibility employees assisting in the area - Small number of county nurses in the area	
C. Action to set the agenda and consent agenda.	1. Approve meeting minutes from August 10th, 2023, Board Meeting 2. Contracts and MOUs update 3. Budget and Finance Report 4. Quality Improvement/Quality Assurance update 5. HCH/FH Director's Report	**Request to approve the Consent Agenda was <u>MOVED</u>** by Suzanne Moore and **<u>SECONDED</u>** by Brian Greenberg APPROVED by all Board members present.

D. Community Announcements / Guest Speaker 1. Community Updates	**Susanne Moore** Brought to the board's attention two letters that she drafted: 1. Tenant Protection Ordinance and asked for the Board's support to sign the letter during the Board's meeting in October. 2. Encampment Ordinance and asked the Board to support opposition to the ordinance by using the draft and sending it to their local Board of Supervisors. Susanne also updated the group about disturbing harassment and vandalism incidents at the Pacifica Resource Center (PRC). With the center's 50th anniversary approaching, Susanne asked for the Board's formal support in recognizing the center's efforts, as well as to make a presentation to the City Council.	ACTION: the board will vote on these two letters in the October meeting
2. Farmworker Advisory Commission	**Corina Rodriguez and Yolanda Guzman** The Commission's first meeting commemorated in November 2022, has been meeting every other month since, and is comprised of the following members: **1. Farmworkers** Nicolas Romero-Gonzalez Yolanda Guzman Calderon Rogelio Nabor-Martinez Yesenia Garcia **2. Members from community-based organizations** Judith Guerrero, Coastside Hope Stephanie Perez, Catholic Charities Corina Rodriguez-Perez, Puente de la Costa Sur **3. Member who works in the agriculture industry (but not a farmworker)** Jonatan Ramirez **4. San Mateo County Agricultural Advisory Committee member** John Vars The Commission selected three priorities, which include: 1. Healthcare: - Access to affordable healthcare - ACE (Increase income limits for individuals to qualify) - Quality (timely access to care) 2. Outreach and Education - Training safety in the workplace - Workers' rights 3. Affordable Housing Development on the South Coast	

	The ask for the HCHFH board is to assist with the healthcare access priority, in particular increase the income levels for individuals to qualify for the county's ACE program.	
3. Farmworker Patient Experience	The purpose of the meeting was to facilitate a dialogue with farmworkers regarding their experiences with healthcare access in San Mateo County. This collaborative effort involved HCH/fh in partnership with Puente, Coastside Hope, and board members who invited farmworkers to the board meeting to hear their experiences. Four farmworkers presented to share their experience: **Maria Lidia Ortiz, Adriana Lemus Diaz, Ramon Sanoqui, Yolanda Guzman** HCH/FH staff asked the first question to each of the farmworker patients. Below is the summary of the conversation and questions asked. Question 1: Can you share your experience accessing healthcare in San Mateo County (SMMC, Coastside, Fair Oaks, BHRS)? **Maria Lidia Ortiz** The patient shared a mixed experience as a healthcare recipient. They described both positive and negative encounters within the healthcare system: 1. **Appointment Challenges:** The patient faced difficulties with appointments, including having to use public transportation to reach the clinic. On some occasions, they arrived for scheduled appointments only to be told that no appointment existed, resulting in lost workdays. 2. **Prescription Coverage Issues:** There were instances where the patient received prescriptions for medication, but their insurance did not cover the prescribed medications, leading to additional financial burdens. 3. **Language Barrier:** The patient encountered language-related challenges, where an answering person at the clinic asked them to speak English, despite potential language differences. 4. **Unfulfilled Services:** At times, the patient arrived at the clinic for specific services they were scheduled to receive, but the services were not provided. Instead, they were told that their levels were normal. 5. **Appointment Scheduling Delays:** Scheduling appointments with doctors presented a significant hurdle, requiring a five-month advance booking. Additionally, they experienced cancellations due to the unavailability of doctors, resulting in the need to reschedule, often with lengthy wait times. **Adriana Lemus Diaz** This patient's experiences with healthcare providers, particularly a specific doctor, have been predominantly negative:	ACTION: Marisol will help facilitate a meeting between Supervisor Mueller and farmworkers present and HCHFH board ACTION: HCHFH will look into Patient Grievances/ Patient Experience.

	- **Persistent Hip Pain:** About a year ago, the patient began experiencing severe hip pain, which progressively worsened over time. - **Medical Imaging:** To address the issue, the patient underwent two MRI scans—one covered by medical insurance and the other paid out of pocket. - **Doctor's Assessment:** Despite the diagnostic imaging, the attending doctor concluded that there were no underlying medical problems, despite the patient's ongoing and persistent pain. - **Lack of Treatment and Medication:** The doctor further informed the patient that there would be no treatment or medication prescribed, leaving the patient without a solution for their pain management. - **Seeking Alternative Care:** Frustrated with the lack of help from their healthcare provider, the patient took matters into their own hands. They sought medical care in San Jose, where they had to pay out of pocket for both treatment and medication. - **Missed Work and Financial Strain:** The patient's pursuit of alternative care in San Jose resulted in missed workdays and financial hardship. They expressed their frustration over having to bear these additional out-of-pocket expenses. - **ER Visits:** To obtain necessary medications, the patient had to resort to frequent visits to the emergency room. However, even there, healthcare providers dismissed their complaints and maintained that there were no underlying medical issues. - **Ramon Sanoqui** This patient, who has worked in agriculture for most of their life, shared their experience with Medi-Cal and recent hospitalization: 1. **Long History of Agricultural Work:** The patient has been involved in agricultural work since the age of 10 and continued this labor-intensive work throughout their life. 2. **Medi-Cal Experience:** Despite their years of work, the patient mentioned that they have never had access to Medi-Cal, which is the state's Medicaid program, indicating potential gaps in healthcare coverage throughout their life. 3. **Recent Hospitalization:** The patient underwent a two-month hospitalization in September and October, indicating a significant health issue. While the details of the condition are not specified, it's mentioned that they had to pay for the hospitalization in cash. 4. **Coverage for Operation:** The patient noted that their operation was covered, suggesting that some aspects of their healthcare were addressed through insurance or other means. 5. **Desire to Return to Work:** Despite the health challenges and the recent hospitalization, the patient expressed a strong desire to return to work, emphasizing the need for their income to support both themselves and their family. 6. **Home Situation:** The patient also alluded to having responsibilities and needs at home, which may have influenced their decision to seek employment despite health concerns. **Yolanda Guzman** This patient, who has health insurance through their husband, shared their healthcare-related experiences:	

	1. **Health Insurance Coverage:** The patient noted that they are covered by health insurance through their spouse, indicating that they have access to some form of healthcare coverage. 2. **Appointment Accessibility Challenges:** The patient highlighted difficulties in accessing timely healthcare services, particularly regarding appointment scheduling. They mentioned experiencing long wait times when attempting to reach healthcare providers by phone. Furthermore, even when they managed to reach someone, they found that appointments were typically unavailable for at least two months. 3. **Concerns About ER Visits:** The patient also shared concerns related to their colleagues who had to visit the emergency room. In these cases, colleagues received prescriptions for medication but were unable to obtain the prescribed medicine. This problem was attributed to the lack of a California ID (CA ID). Even when some colleagues offered to pay out of pocket, they were still denied medication, leading to suspicions of potential racism or discrimination in healthcare delivery. Question 2: what improvements or changes could be made to San Mateo County Health services to better meet the healthcare needs of farmworkers and their families? The following key findings were discussed and identified during the meeting: - **Income Limitations:** Participants expressed the need to increase the income limits required to qualify for health insurance. Currently, the threshold is set at $1200, which presents a significant challenge for individuals and families, especially considering the high cost of living. For instance, rent alone often exceeds this threshold, making it difficult for many to access essential healthcare services. - **High Out-of-Pocket Fees:** Concerns were raised regarding the substantial out-of-pocket expenses that healthcare recipients must bear. These expenses can create financial hardships for individuals and families, limiting their ability to access necessary medical care. - **Barriers for Single Parents:** Single parents with children, particularly those with unique needs, face distinct challenges in obtaining healthcare coverage. The meeting highlighted a case where Supplemental Security Income (SSI) benefits were terminated due to the parent's hourly wage. This situation creates financial difficulties, even if the child receives Social Security benefits, as it may not adequately cover essential expenses. - **Dental Care Access:** The accessibility of dental care was a prominent concern. Some individuals reported having to wait for up to one year to receive dental services. This delay in care adversely affects individuals' oral health and overall well-being. - **Desire to Increase Dentist Availability:** Jorge Sanches (ALAS) voiced agreement with the concerns raised during the meeting, emphasizing that these issues are not isolated	

	incidents. He echoed the demand for improved services and access to health insurance. Additionally, Jorge advocated for an increase in the number of available dentists to alleviate long waiting periods for dental care. The following key discussion points emerged during the meeting: 1. **Federal Guidelines and ACE Minimum Income:** • The county currently utilizes Federal Guidelines to determine the ACE minimum income required for healthcare eligibility. • The discussion highlighted that the county has the autonomy to vote and potentially change this income threshold. 2. **Welcoming Farmworkers and the Board:** • Marisol, from Supervisor Ray Mueller's office, extended a warm welcome to farmworkers and board members, fostering an environment for open dialogue. 3. **Lack of Visible Results:** • Rita expressed concerns that while farmworkers have been vocal about their issues, there is a perceived lack of tangible results or improvements in their healthcare access. 4. **Medical Insurance Problems:** • Susanne categorized the challenges into two main groups: • Excessive out-of-pocket expenses. • Medication not being covered by insurance. 5. **Systemic Problems:** • Susanne also highlighted systemic issues, including long waits for appointments and phone call responses, as well as the absence of system navigators. 6. **Consumer Grievances and Individual Experiences:** • Frank proposed the idea of working with consumers to address grievances and improve their experiences with healthcare providers. 7. **Right to a Second Opinion:** • Tay emphasized that patients have the right to seek a second opinion within the same clinic, promoting informed decision-making. 8. **Cultural Aspect of Filing Complaints:** • Discussion revealed that cultural factors and immigration status can influence patients' hesitance or willingness to file complaints about their healthcare experiences. 9. **Staffing Issues at Coastside Clinic:** • Alexandra Gutierrez, from Coastside clinic, reported that Coastside Clinic faces staffing shortages, affecting providers, nurses, and responsiveness to phone calls. 10. **Differences in Services:** • Janet noted disparities in services provided to the homeless population compared to farmworkers, suggesting the need for Spanish-speaking healthcare navigators.	

	• Meron mentioned about the Spanish speaking healthcare navigation contracts that the HCH/FH is funding with ALAS and Puente, while Judith raised the possibility of adding more agencies in Half Moon Bay area.	
E. BUSINESS AGENDA	None	
F. REPORTING & DISCUSSION AGENDA Contractor Spotlight: Sonrisas Dental Health	**Tracey Fecher & Dr. Torrey Rothstein** HCH/FH is contracting with Sonrisas to provide weekly dental services in Pescadero/La Honda. Sonrisas staff provided an overview of the services and populations served and summarized areas in which the HCH/FH Board can provide support. These include: 1. **Partnership with HPSM:** • The possibility of exploring a partnership with Health Plan of San Mateo (HPSM) was raised. This partnership would aim to include an oral surgeon (for extractions) and an endodontist (for root canals) as part of the dental services provided. 2. **Incorporating HPSM Medi-Cal Services:** • The idea of including all HPSM Medi-Cal services within the contractual agreement was discussed to ensure comprehensive coverage for patients. 3. **Technical Support for Internet Connectivity:** • Sonrisas Dental expressed concerns about slow internet connectivity in rural locations. They sought assistance from the HCH/FH Board in addressing these technical issues. 4. **Supporting Hygienist Services:** • Sonrisas Dental proposed the concept of allowing a hygienist to work a few days a month, enabling the dentist to focus more on restorative care. This approach would optimize dental service delivery. 5. **Mobile Dental Clinic Collaboration:** • Sonrisas Dental, in collaboration with Puente, is considering the purchase of an RV mobile dental clinic to operate in Pescadero. This initiative aims to increase accessibility to dental care in the area. 6. **Exploring Permanent Dental Clinic:** • Rita Mancera from Puente noted ongoing discussions within the County regarding the construction of a fire station in Pescadero. The idea was raised to explore the feasibility of co-locating a permanent dental clinic within the same facility. Potential benefits of this arrangement were discussed.	
G. ADJOURNMENT	Future meeting: **October 12, 2023** **Navigation Center** **275 Blomquist street, Redwood City, CA**	The meeting was adjourned at 11:56 am.

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COUNTY OF SAN MATEO
BOARDS AND COMMISSION
FARMWORKER ADVISORY COMMISSION

Who We Are?

- Four (4) Farmworkers
  - Nicolas Romero-Gonzalez
  - Yolanda Guzman Calderon
  - Rogelio Nabor-Martinez
  - Yesenia Garcia

- Three (3) Members from community-based organizations
  - Judith Guerrero, Coastside Hope
  - Stephanie Perez, Catholic Charities
  - Corina Rodriguez-Perez, Puente de la Costa Sur

- One (1) Member who works in the agriculture industry (but not a farmworker)
  - Jonatan Ramirez

- One (1) San Mateo County Agricultural Advisory Committee member
  - John Vars

Three Priorities

- Access to Affordable Quality Healthcare
  - Corina Rodriguez-Perez
  - Yolanda Guzman Calderon
  - Rogelio Nabor-Martinez
  - Yesenia Garcia

- Outreach and Education
  - Stephanie Perez
  - Jonatan Ramirez
  - Judith Guerrero

- Affordable Housing Development on the South Coast (ie: Pescadero)
  - Nicolas Romero-Gonzalez
  - John Vars
  - Judith Guerrero
  - Corina Rodriguez-Perez

Questions?

Sonrisas Dental Health

Farmworker Dental Care Overview for SMMC HCH/FH Board September 2023

Sonrisas Dental Health's Vision

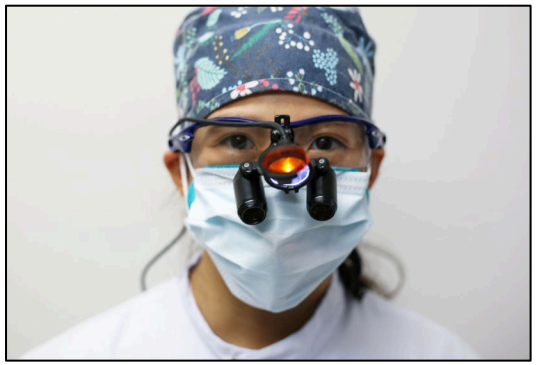
Every adult and child in San Mateo County has a dental home, including those with physical, developmental, or economic challenges.

Sonrisas Dental Health's Mission

We are a *non-profit dental center* dedicated to **providing access to quality dental care** and **oral health education** to our community. We provide these services with dignity, respect and compassion.

Access to Care Program

Clinic Visits and a Dental Home



16,750 Annual Clinic Visits for All Ages

- 74% of visits are for low-income individuals
- Pediatric Dentist
- Serve individuals with special needs

Providing Dental Home for Our Patients

- Continuity of care
- Preventative care
- Better long-term oral health outcomes

Access to Care Program for Farmworkers

Dental Clinic in Partnership with Puente del Sur

Farmworkers Served

Year	# Patients	# Visits	Dental Clinic Location
FY 18-19	87	323	Pescadero School District Board Room
FY 19-20	70	218*	Pescadero School District (until March 2020)
FY 20-21	47	185	Puente Classroom or Sonrisas HMB
FY 21-22	61	217	Puente Classroom
FY 22-23	81	296	Puente Classroom/Puente La Honda
FY23-24 planned	~100	375	Puente La Honda – in search of new location

*Six month expansion of contract scope to include root canals and crowns

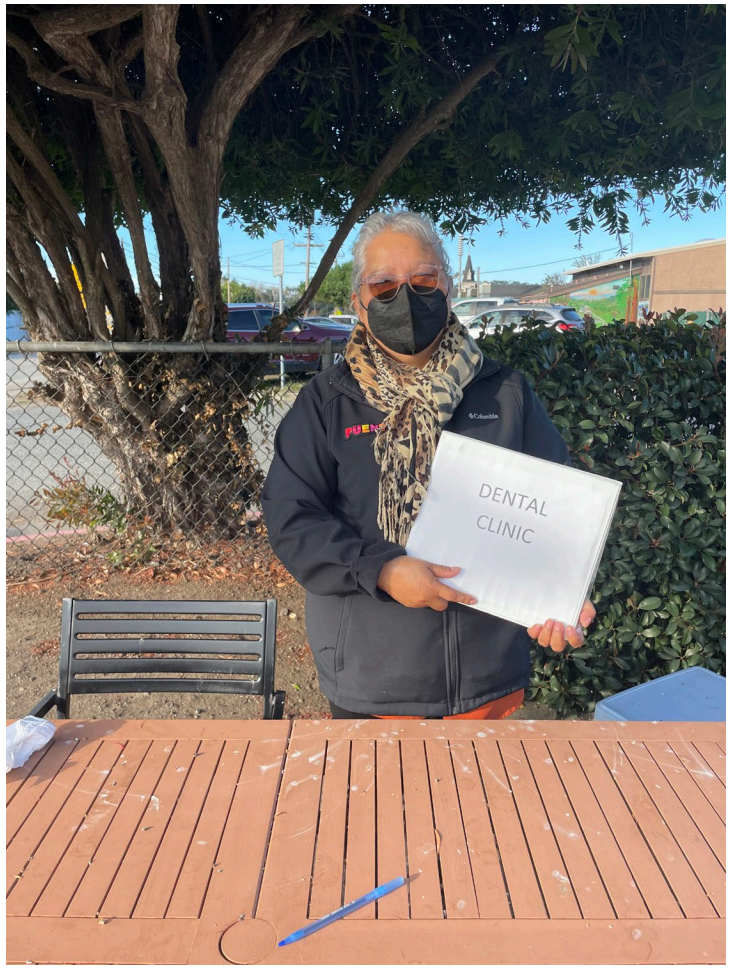
Access to Care Program for Farmworkers

Dental Clinic in Partnership with Puente del Sur

How is the program performing?

- 7-8 patients a week
- Preventative care, fillings and extractions
- 2-Hour appointments available
- 12 new patients in FY22, 18 new patients in FY23
- Average waitlist of 29 patients since January 2023

- Puente/Sonrisas Expanded Partnership
  - Procedures not covered by contract
    - Before this program, farmworkers would have to save $500 for a needed root canal
  - Specialty dental services – for example endodontist
  - Participants income qualify
  - These dental services often available to HPSM members



Sonrisas Farmworker Clinic

Unmet Healthcare Needs and Service Gaps

- Procedures not covered, like root canals and crowns
  - HPSM Dental Integration Pilot now covers more services that Medi-Cal Dental
  - HPSM can send patients to specialist, if general dentist cannot provide the care
- Not all procedures can be done at Sonrisas' mobile clinic
  - Requested providing care in our other clinics in 2024
- Timeliness of restorative care appointments
  - When a patient needs fillings in August, we are scheduling in January
  - The team does cancel patients to fit in an urgent case when needed
  - Team will also fit in a patient in pain

Sonrisas Farmworker Clinic

How can HCH/FH Support Sonrisas?

- Can HCH/FH explore partnership with HPSM
  - For oral surgeon (extractions) and an endodontist (root canals)
- Can contract include all HPSM Medi-Cal services?
- Assistance with SMC technical issues, for example internet being slow in rural locations
- Be a thought partner to allow a hygienist a few days a month
  - Dentist does hygiene
  - Would free up dentist time for restorative care

Sonrisas Farmworker Clinic

Farmworker Patient

Sonrisas Dental Health

Guillermo*

- Newly arrived from Guatemala, 19 years old
- Never seen a dentist before
- His dental condition was that of much older patient
  - Four permanent molars heavily decayed
  - Saved 3 of his molars with very large fillings, instead of root canals
- Teeth may need root canals in the future
- Still has 6-7 teeth that need treatment.
- May not be able to finish treatment.

* Name changed for privacy

Sonrisas Farmworker Clinic

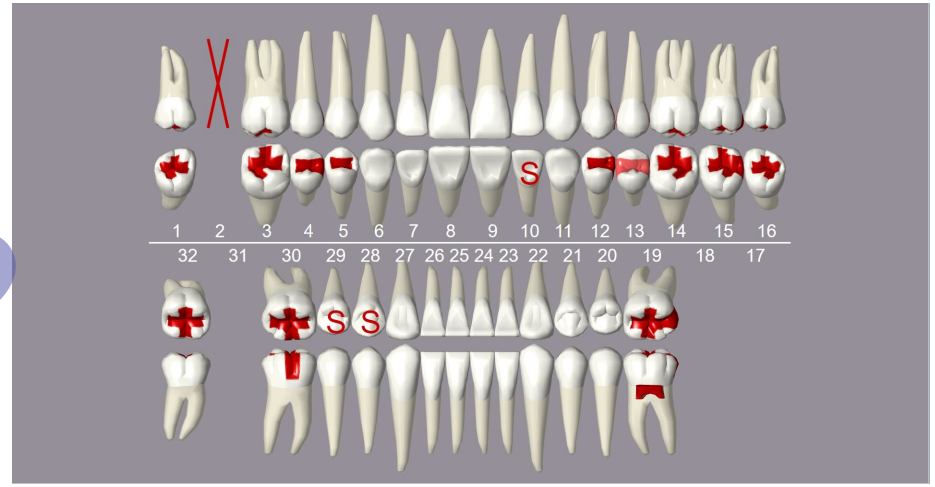
Farmworker Patient

Sonrisas Dental Health

Solana*

- Began coming to Sonrisas in 2003
  - Using Sonrisas' Affordable Scale program, Solana would save for dental care she needed
- Dental care covered by HCH/FH program with Sonrisas starting in 2018
- Puente program covered costs of uncovered dental care
  - Two implants for molar teeth
  - Necessary crowns

* Name changed for privacy



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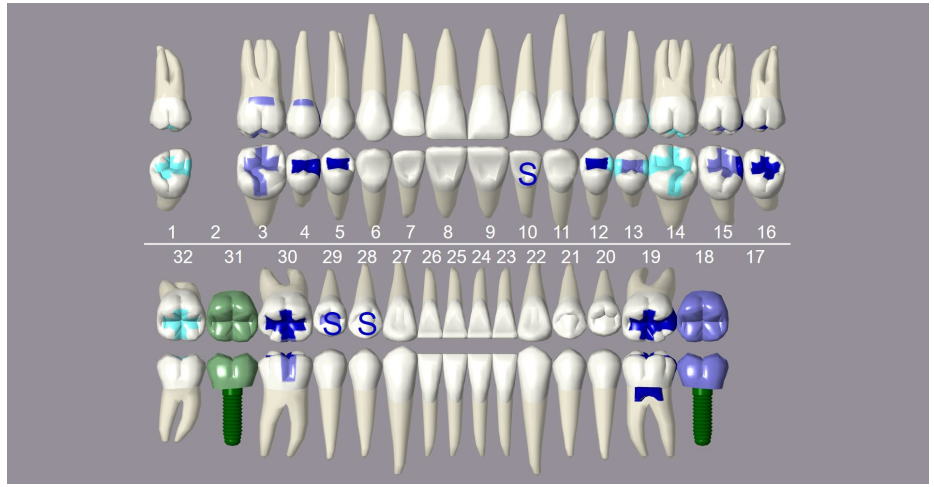

June 2023

Organizational Development

FY24-FY26 Strategic Plan

Sonrisas Dental Health

- Grow Sustainably to increase low-income patients' access to care
- Maintain Sonrisas' Culture and Core Value of Quality Care
- Collaborate with Partners to Expand Capacity

Sonrisas is exploring growth to realize our vision for oral health equity in San Mateo County

Sonrisas Dental Health

Minutes

Tab 2
Budget and Finance Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: October 12, 2023

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 initial expenditure report for September shows only $87,508 in grant expenditures. However, this predominately does not include much of our contractor payments as they do not appear to have been processed yet when the report was run. Typically, this would add an estimated $150-200,000 to the expenditure total.

We did receive our NOA for our carryover funding from GY 2022, so the total available for this GY is $4,072,522 (not including the $412,500 paid for 2022 PHPP services). Based on the ongoing flow of expenditures, the estimate for year-end is not really impacted this month, and we still anticipate having unexpended funds of ~$750,000. This continues to put us slightly behind on our spend-down plan but does represent a continued reduction in the total of unexpended funds, and does set up the Program to be able to maintain approximately the same level of funding going forward for at least another two years.

Attachment:

- GY 2023 Summary Grant Expenditure Report Through 09/30/23

COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2023

Details for budget estimates	Budgeted [SF-424]	*September $$*	To Date (09/30/23)	Projection for end of year		Projected for GY 2024	
EXPENDITURES							
Salaries							
Director, Program Coordinator							
Management Analyst ,Medical Director							
new position, misc. OT, other, etc.							
	721,000	*49,476*	528,781	735,000		798,375	
Benefits							
Director, Program Coordinator							
Management Analyst ,Medical Director							
new position, misc. OT, other, etc.							
	270,000	*15,149*	205,122	295,000		330,000	
Travel							
National Conferences (2500*8)	15,000		17,164	26,000		35,000	
Regional Conferences (1000*5)	5,000			5,000		10,000	
Local Travel	1,500			500		1,000	
Taxis	1,000		187	500		500	
Van & vehicle usage	1,500		311	1,000		1,500	
	24,000		17,662	33,000		48,000	
Supplies							
Office Supplies, misc.	10,000	*1,180*	1,312	5,000		10,000	
Small Funding Requests							
	10,000		1,312	5,000		10,000	
Contractual							
2022 Contracts			27,691	27,691			
2022 MOUs			412,500	412,500			
Current 2023 MOUs	1,241,000		602,230	1,241,000		1,200,000	
Current 2023 contracts	865,979	*19,469*	605,933	875,000		825,000	
---unallocated---/other contracts							
	2,106,979		1,648,354	2,556,191		2,025,000	
Other							
Consultants/grant writer	40,000		50,403	65,000		25,000	
IT/Telcom	4,200	*1,448*	19,436	25,000		30,000	
New Automation				0		-	
Memberships	2,000	*786*	3,661	7,500		5,000	
Training	5,000		495	5,000		20,000	
Misc			1,342	1,500		1,500	
	51,200		75,337	104,000		81,500	
TOTAL	3,183,179	*87,508*	2,476,568	3,728,191		3,292,875	
GRANT REVENUE							
Available Base Grant	2,858,632		2,858,632	2,858,632		2,858,632	
Prior Year Unexpended to Carryover	1,626,390		1,626,390	1,626,390	estimate		
Other						756,831	carryover
HCH/FH PROGRAM TOTAL	4,485,022		4,485,022	4,485,022		3,615,463	
BALANCE	**1,301,843**	**Available**	**2,008,454** Current Estimate	**756,831** Projected		**322,588** based on est. grant of $2,858,632	
Non-Grant Expenditures							
Salary Overage	13,750	*1,600*	17,640	35,000		45,000	
Health Coverage	57,000	*7,322*	55,120	70,000		90,000	
base grant prep	60,000		22,658	45,000			
food	2,500	*462*	462	2,500		2,500	
incentives/gift cards	1,000		288	1,000		1,500	
	134,250		96,168	153,500		139,000	
TOTAL EXPENDITURES	**3,317,429**	*96,892*	**2,572,736**	**3,881,691**	**NEXT YEAR**	**3,431,875**	

Tab 3
Quality Improvement/ Quality Assurance Updates

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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

DATE: October 12th, 2023

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

- **Q3 Clinical Quality Metrics**
  - The BI team is working with HCH/FH to generate reports for the Q3 Clinical Quality Metrics data which should be available in the month of October. Once the available reports have been reviewed, they will be shared at an upcoming QI/QA Committee meeting.
- **IPV Safety Cards**
  - HCH/FH has received the Intimate Partner Violence Safety Cards and has begun providing them to HCH/FH partners for discreet distribution. These business card-sized resources have national and local helpline numbers for people in the farmworker community.
- **QI/QA Annual Plan 2023-2024**
  - HCH/FH and the QI/QA Subcommittee have reviewed and amended the current QI/QA Plan to reflect the goals for the 2023-2024 calendar year. The QI/QA Plan has been amended to reflect the current performance measures of focus, and the QI/QA Subcommittee has discussed project initiatives to prioritize for the upcoming year. The board will vote on the QI/QA Plan today.

Tab 4
HCH/FH's Director Report

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

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: October 12, 2023

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 September August 14, 2023, Co-Applicant Board meeting,

On September 20th, 2023, we received a Notice of Award (NOA) from HRSA for the carryover of unexpended 2022 Grant Year (GY) funding in the amount of $1,213,890. This amount does not include an additional $412,500 from GY 2022 that was paid for 2022 services to PHPP in early 2023 (after the drawdown was completed for the 4th quarter of 2022). This brings the total funding available for the current GY to $4,072,522. This action is in line with what was expected and does not impact any current planning.

At their September 26, 2023 meeting, the Board of Supervisors approved our agreement with University of the Pacific (UoP) for dental services at the Navigation Center. While the HCH/FH Program is responsible for a maximum of $300,000 per year across the 5 years of the contract, much of that expenditure will be covered by the grant awards from Sequoia Healthcare District ($450,000 across five year) and Kaiser ($75,000 for one (1) year, potentially renewable). Construction of the dental clinic space is presently ongoing as is UoP's recruitment for their staffing of the effort. We hope to have services begin no later than early January 2024.

The vacant HCH/FH Planning & Implementation Coordinator position was opened for recruitment on October 5th with an initial closing date of October 19th. We have the option to extend the recruitment, should we not be receiving the volume of qualified applications that would allow us to appropriately fill the position. Ideally, we hope to be able to fill the position by early December.

On September 29th HCH/FH formally issued the Program's 2022 Annual Report. The report can be found here: https://www.smchealth.org/smmc-hchfh-board.

Seven Day Update

ATTACHED:

- Program Calendar

COUNTY OF SAN MATEO CALIFORNIA

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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2023 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	Events
January	• *HCH/FH Board's first meeting of the year* • *HCH/FH Board will vote on new time change for the board meeting*
February	• *Initial UDS Submission: February 15, 2023* • *2023 Western Forum for Migrant and Community Health, February 14-16, Long Beach, CA. https://www.nwrpca.org/events/event_details.asp?legacy=1&id=1670924*
March	• *HCH/FH Board will return to an in-person meeting. Location: SMMC Education Room 2* • *Sliding Fee Discount Scale (SFDS)-Approve*
April	• *East Coast Migrant Health Stream, Orlando FLA; sponsored by North Carolina Comm Health Center Assoc. April 5-7* • *Midwest Stream Forum on Agricultural Worker Health, Austin, TX; sponsored by National Center for Farmworker Health, April 24-26* • *SMMC Annual Audit – Approve* • *In-person meeting location: County Building Room 101* *455 County Center* *Redwood City, CA 94063*
May	• 2023 National Conference for Agricultural Worker Health, Seattle WA; sponsored by National Association of Community Health Centers (NACHC), May 2-4. • *National Health Care for the Homeless Conference and Policy Symposium, May 15-18, Baltimore, Maryland* https://nhchc.org/trainings/conferences/
June	• *Services/Locations Form 5A/5B – Approve* • *In-person meeting location: Half Moon Bay Library 620 Correas St, Half Moon Bay, CA 94019 (Half Moon Bay Library)*
July	• *In-person meeting location: 264 Harbor Blvd., Bldg. A Belmont, CA 94002 (Department of Housing, Venus Room)* • *Approving policy and procedures* • *Approving SAC application*
August	• *Meeting location: Navigation Center*
September	• *Program Director Annual Review* • *Meeting location: Half Moon Bay Library*
October	• ***Meeting location: Navigation Center***
November	• ***Strategic Plan Target Overview*** • ***Meeting location: County Building Room 101*** • ***455 County Center*** ***Redwood City, CA 94063***
December	• ***Board Chair/Vice Chair Elections*** • ***Meeting location: County Building Room 101*** ***455 County Center*** ***Redwood City, CA 94063***

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 5

Request for Board Approval - Opposition Letter to Proposed Encampment Ordinance

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

FROM: Suzanne Moore, Board Member

DATE: October 12th, 2023

SUBJECT: Request for Board Approval - Opposition Letter to Proposed Encampment Ordinance

I am writing to seek the board's approval for the draft letter opposing the proposed encampment ordinance. This letter is intended for the San Mateo County Board of Supervisors.

As discussed in previous meetings and communications, the proposed encampment ordinance raises significant concerns about its impact on our unhoused population. This ordinance, if enacted, would impose mandates and fines that could place our unhoused neighbors at an increased risk of harm. It could hinder our outreach teams, disrupt access to essential services, and impede our efforts to build trust with those we serve.

We firmly believe this ordinance conflicts with our county's goal to end homelessness and our mission to serve those experiencing homelessness with compassion. It contradicts our principles of Housing First and Trauma-Based Care.

This request is for the board's approval of the opposition draft letter to the Proposed Encampment Ordinance. A majority vote of the board members present is required to approve the draft letter.

Attachments
Draft letter
Summary of the Encampment Ordinance

TO: San Mateo County Board of Supervisors

From: San Mateo County Healthcare for the Homeless and Farmworkers Board

RE: Opposition to Proposed Encampment Ordinance

Honorable Supervisors,

As representatives of the San Mateo County Health Care for the Homeless/ Farmworker Health (HCH/FH) Program's Co-Applicant Board, we are writing to express our strong opposition to the proposed encampment ordinance currently under consideration.

Our board firmly believes that this ordinance is inconsistent with our county's overarching goal to end homelessness and the mission of our board, which is to serve individuals experiencing homelessness with compassion and dignity.

We would like to take this opportunity to share with you the fundamental principles that guide our approach to addressing healthcare for the unhoused and, ultimately, ending homelessness.

1. **Housing First:** We uphold the principle that stable housing is a fundamental prerequisite for addressing the myriad challenges faced by individuals experiencing homelessness. Without the security of stable housing, individuals are often reluctant to seek help, making it nearly impossible to begin the process of healing and recovery.

2. **Trauma-Based Care:** Recognizing that many homeless individuals have endured past traumas and abuses, we understand the importance of providing care that is sensitive to their experiences. Building trust through consistent and compassionate care is essential in addressing their unique needs.

Our vision is to ensure unfettered access to a continuum of healthcare and social services in a culturally competent environment that comprehensively addresses both physical health and behavioral health. We regard homeless individuals and their families as valued partners in making decisions regarding their healthcare, and we prioritize treating our neighbors with the utmost dignity and respect.

The proposed encampment ordinance, by imposing mandates and fines, poses a grave risk to our unhoused population. It could compromise the effectiveness of our outreach teams, disrupt access to essential services, and hinder our efforts to establish trust-based relationships with those we serve.

We firmly believe that housing is an indispensable cornerstone for individual, family, and community health. As a board, we encourage our elected officials to commit to and provide for laws and a care model that paves the way for permanent housing for all. We

have confidence in the existing efforts aimed at achieving net-zero homelessness and believe that this objective can be attained without the need for an encampment ordinance.

In conclusion, we want to make it unequivocally clear that our board does not support the enactment of the proposed encampment ordinance. We urge you to consider alternative approaches that align with our shared goal of ending homelessness in San Mateo County.

Excerpts From the Encampment Ordinance Draft

"Encampment" means any tent, makeshift structure, or accumulation of belongings in a place not meant for human habitation, belonging to at least one person,

"Exigent Circumstances" means there are facts and circumstances that would cause a reasonable person to believe that, for the benefit of public safety and welfare, an Encampment needs to be urgently removed with less than twenty-four hours' notice

"Personal Effects" means personal property consisting of any of the following items:

Identification/Social Security cards;

Medications, medical devices, eyeglasses;

Photos/photo albums;

Tax/medical records;

Nonperishable food items; and

Reasonably usable, not overly soiled, nonverminous items that reasonably appear to have value to persons experiencing homelessness, including tents, sleeping bags, clothes, and functional bicycles.

Shelter Location" means a public or private facility, with available space, including a bed, for an indigent, homeless individual to stay for at least 12 hours at no charge to indigent homeless individuals.

110 – Intent.

The intent of this chapter is to preserve the health, safety, and welfare of the inhabitants of San Mateo County, including individuals experiencing homelessness… To that end, this chapter generally prohibits the establishment of unregulated encampments on public property when there is an available Shelter Location

120 Encampment Prohibitions.

It is unlawful and a public nuisance for that person to place, erect, configure, construct, maintain, or store an Encampment on public property anywhere in the unincorporated area of the County of San Mateo.

Subsection (a) shall not be enforced against any indigent homeless person unless there is an available Shelter Location that is promptly available

140 – Permitted Encampments.

Encampments are permitted on public property in the unincorporated area of the County of San Mateo under the following circumstances:

In public areas that the County has specifically set aside or clearly marked for public camping.

Where the individuals engaging in the Encampments have received valid permits from the County.

150 – Penalties For Violations.

1. Verbal or written warning prior to an infraction citation being issued. The warning shall provide the person with information about available Shelter Locations.

2. If a person violates this Chapter, that person is guilty of an infraction. The fine for such an infraction

3. If, after receiving an infraction citation, a person who is in violation of this Chapter fails or refuses to comply with this Chapter, then that person is guilty of a misdemeanor.

4. For anyone between one and thirty days from receiving such infraction citation, again violates this Chapter or is still violating this Chapter, is guilty of a misdemeanor.

5. If a misdemeanor arrest is permitted under this Chapter, the arresting officer shall be permitted to seize and store the Personal Effects of the person arrested if necessary to prevent items from being stolen, damages and/or if deemed necessary to prevent the immediate reestablishment of an Encampment

6. Any person guilty of a misdemeanor violation under this Chapter shall be entitled to participate in any appropriate diversion programs offered by the Superior Court.

160 Property removal and storage

- The establishment of an Encampment that is contrary to this Chapter is declared a public nuisance, and appropriate County representatives are authorized to remove any such Encampment after providing reasonable notice and complying with the Shelter Location requirements set forth in this Chapter. Unless a seizure of property and arrest occur related to a misdemeanor violation, or unless Exigent Circumstances exist, at least 24-hours' written notice shall be given before the County removes property belonging to anyone found to be in violation of this Chapter.
- Personal property that poses an imminent threat to public safety or health, is contraband, is evidence of a crime, is obstructing or interfering with the flow of pedestrian or vehicular traffic, and/or is blocking access to a parking lot of a building shall not be subject to the above-described notice requirements and may be promptly removed by appropriate County staff representatives, pursuant to in accordance with the law.
- When neither Exigent Circumstances nor the circumstances described in [ ].150(b) exist, prior to removing an Encampment found to be in violation of this Chapter, a written notice with the following content shall be provided to the person violating this chapter:

Suzanne's Questions for Considerations

1. If the intent of the ordinance is to preserve health and safety including that of the homeless, how do the following promote that intent

- lack of enough shelter beds, shelter for a minimum of 12 hours, shelter that is removed from where the homeless identify their home

- penalties that likely will contribute to trauma, impede ability of HOT team outreach

- seizure of personal property needed for health and activities of daily living?

2. Experts in reducing homelessness have demonstrated the solution as access to wrap around services that provide a pathway to permanent housing. This ordinance contains none of the support for these known solutions.

- What evidence can you produce that this ordinance promotes health and safety for the homeless?

- Some of the homeless are gainfully employed. This ordinance provides no accommodation for our working homeless. Can this ordinance provide evidence that supports the health of our working homeless if their belongings are confiscated while at work?

- Many homeless have pets and service animals. This ordinance does not address how pets will be treated.

Tab 6
Renew QI/QA Annual Plan

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo Medical Center
222 W. 39th Avenue
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DATE: October 12th, 2023

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: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT TO QUALITY IMPROVEMENT COMMITTEE QUALITY IMPROVEMENT ANNUAL PLAN 2023-2024

The San Mateo County HCH/FH QI/QA Committee met on October 4th and discussed recommendations to amend the Quality Improvement Annual Plan 2022-2023. The QI/QA Committee is looking for board approval of the amendment to be executed October 2023 to September 2024. The request is for the board to take action to approve the amendment.

Summary of changes:

1. **Amended Malnutrition and Food Scarcity**
   i. Explore county initiatives to better understand challenges for people experiencing homelessness and agricultural workers in consuming and accessing quality food.
   ii. Investigate evidence-based solutions to address malnutrition and food insecurity for patients experiencing homelessness and agricultural workers, with an emphasis on malnutrition paired with the importance of nutrition education and seasonal food scarcity concerns throughout the county.

2. **Added Develop Baseline for Cancer Screenings Data with Population Health**
   The Clinical Services Coordinator and Planning and Medical Director will work with Population Health to evaluate health disparities among cancer screenings and prevalence data collected for people experiencing homelessness and farmworkers in San Mateo County. Collaborate to improve data collection following validation.

3. **Added Information systems integrity and accountability- The role of the HCH/FH Clinical Liaison is to:**
   - Advice and guide the HCH/FH Program and its QI/QA activities and Clinical Services Coordinator with the perspective of primary care providers with a particular focus on the brick & mortar clinic sites
   - Report out HCH/FH updates to various QI, hospital groups and SMMC providers
   - Represent QI/QA and HCH/FH program interests
   - Liaison between HCH/FH program and County health clinics

4. **Updated calendar of events**
   a. Amended “Needs Assessment” to reflect date of submission
   b. Amended “Homeless Death Data Event” report deadline
   c. Added “Cancer Screenings Project”
   d. Added SAC goals to Performance Measures of Focus table

Attachments: HCH/FH Program QI/QA Committee 2022-23 Annual Plan Amendment

HCH/FH PROGRAM QI/QA COMMITTEE
2022-23 ANNUAL PLAN AMENDMENT

TERM: October 2022 – September 2023

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

Meeting Schedule and Calendar

The QI/QA Committee meets quarterly unless otherwise stated. The Committee will meet a minimum of four times a year.

EVENT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
HCH/FH QI Committee Meetings			X			X			X			X
Approval of QI Plan Amendment by HCH/FH Program Co-Applicant Board	X											X
Patient Satisfaction Survey Data			Review available reports				Review available reports				Review available reports	
UDS Report			X	X	X	Final Report FY22						
Evaluation of Selected CQMs	Review CY22Q3			Review 2022 Data				Review CY23Q1		Review CY23Q2		
FY22-23 QI Annual Plan Amendments									X			X
Needs Assessment	X	X	X	X	X	X	X					
Data Available	Q3 data refreshed			Q4/2022 data refreshed			Q1 data refreshed			Q2 data refreshed		
Homeless Death Data Event	X	X	X	X	X	DEA data available	X	X	Tentative Report complete			
Quarterly Chart Reviews			X			X			X			X

Quality Improvement Mission Statement

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, meet or exceed clinical performance objectives, and provide the highest levels of patient satisfaction.

2021-22 Performance

- 330 program performance data have been released for calendar year 2021. The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the UDS annually.
- Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).
- Our program changed quartile rankings for the following metrics:

Metric	2020 Adjusted Quartile Ranking	2021 Adjusted Quartile Ranking	Positive/Negative Change
Early Entry into Prenatal Care (1st Trimester)	**4**	**3**	**Positive**
Hypertension	**4**	**3**	**Positive**
Diabetes A1c >9%	**2**	**1**	**Positive**

2022-23 QI Annual Plan Goals

The following goals were selected for 2020 to align with the quality improvement efforts of SMMC, as well as the adjusted quartile ranking as the measures in the 4th quartile have the largest capacity for improvement. Cancer screenings were selected as a result of the 2019 HCH/FH Needs Assessment, which indicated disparity in the number of screenings performed for colorectal and breast cancer for both homeless and farmworkers, as well as incidence of cancer in the homeless patient population. Cervical cancer screening and diabetes remain SMMC priorities and have been decreasing since 2017 indicating a need for improvement to prevent any further decline in these clinical measures. Prenatal Care in the 1st trimester saw a vast improvement in 2019 due to data quality improvement and will be monitored in 2022-23 to ensure this measure maintains upward progress. Depression Screening and Follow-up remains a challenging measure for quality improvement and relies heavily on SMMC roll-out of depression screening procedure in outpatient clinics. Lastly, Adult BMI Screening & Follow-up will be a focus of 2022-23 to determine if data quality or process improvement is necessary. In 2021, Hypertension was been added as a measure of focus due to significant decrease in performance during the COVID-19 pandemic.

QI Measures of Focus	2021 H	2021 FW	SMMC Performance (Prime/QIP)	CA 330 Programs 2021	2021 Adjusted Quartile Ranking
Screening and Preventive Care					
Cervical Cancer Screening	44%	83%	60%	55.2%	1
Colorectal Cancer Screening	55%		60%	39.9%	1
Breast Cancer Screening	47%	78%	70%	48.5%	1
Depression Screening and Follow-up**	30%	44%	46.7%	65%	4
Adult BMI Screening and Follow-up**	20%	14%	N/A	58.1%	4
Chronic Disease Management					
Hypertension**	48%	52%	61%	56.9%	3
Diabetes A1c >9%**	32%	33%	28%	35.1%	1
Maternal Health					
Prenatal Care 1st Trimester	65%	75%	N/A	77.1%	3

*Data from UDS Report of corresponding year

**Ranking (from 1 to 4) of health center clinical performance compared to other health centers nationally, one is highest

1. **Standardize a reporting pathway between gathering and analyzing data and presenting the data to the system to execute change.**
    a. Build reporting pathway to Health Plan of San Mateo to ensure clinical data of vulnerable populations are included in future programs and planning.
    b. Create data communication pathway between service agencies and HCH/FH program to exchange information on number of clients experiencing homelessness or agricultural workers served.
        i. Share changes in population total with county leaders.
2. **Cervical Cancer Screening**
    a. Goal: Improve the percentage of women ages 21 to 68 with a medical visit who are screened for cervical cancer in 2021 and 2022.
    b. Criteria
        i. Numerator: Women with one or more screenings for cervical cancer using either of the following criteria:
            1. Women age 23-64 who had cervical cytology during the measurement period or the 2 years prior to the measurement period

2. Women age 30-64 who had cervical cytology/HPV during the measurement period or the 4 years prior to the measurement period

ii. Denominator: Women 23-64 with a medical visit during the measurement period

c. Collaborate with Mobile Clinic and Street Medicine Team to implement self-administered pap testing for high-risk patients.

d. Analyze current challenges in getting patients screening for cervical cancer. Implement evidence-based intervention to improve clinical performance.

3. Diabetes

a. Goal: Reduce the percentage of known diabetic patients ages 18 to 75 with a medical visit who had HbA1c > 9.0% in 2021 and 2022.

b. Criteria

i. Numerator: Patients whose most recent HbA1c level during the measurement year is greater than 9.0% or who had no test conducted during the measurement period

ii. Denominator: Patients 18 to 75 years of age with a medical visit during the measurement period

4. Prenatal Care in the First Trimester [Monitor Only]

a. Goal: Improve the percentage of prenatal care patients who enter prenatal care during their first trimester in 2021 and 2022.

b. Criteria

i. Numerator: Women beginning prenatal care at the health center or with a referral provider, or with another prenatal care provider during the first trimester.

ii. Denominator: Women seen for prenatal care during the year.

iii. Trimester of entry based on last menstrual period

5. Depression Screening and Follow-up

a. Goal: Improve the percentage of patients ages 12 and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen in 2021 and 2022.

b. Criteria

i. Numerator: Patients screened for depression on the date of the visit using an age-appropriate standardized tool, and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen.

ii. Denominator: Patients aged 12 years and older with at least one medical visit during the measurement period.

6. **Adult BMI Screening & Follow-up**
    a. Goal: Improve the percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and, when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit in 2021 and 2022.
    b. Criteria
        i. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit.
        ii. Denominator: Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period.
    c. Malnutrition and Food Scarcity
        i. Perform analysis to understand current challenges for patients experiencing homelessness and agricultural workers in consuming and accessing quality food.
        ii. Investigate evidence-based solutions to address malnutrition and food scarcity for patients experiencing homelessness and agricultural workers.
7. **Colorectal Cancer Screening**
    a. Goal: Improve the percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer in 2021 and 2022.
    b. Criteria
        i. Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
            1. Fecal occult blood test (FOBT) during the measurement period
            2. Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
            3. Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
            4. Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period

5. Colonoscopy during the measurement period or the 9 years prior to the measurement period

ii. Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period.

8. **Breast Cancer Screening**
    a. Goal: Improve the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period in 2021 and 2022.
    b. Criteria:
        i. Numerator: Women with one or more mammograms during the 27 months prior to the end of the measurement period.
        ii. Denominator: Women 51* through 73 years of age with a medical visit during the measurement period.
9. **Monitor and Review: SMMC Patient Satisfaction**

    The Clinical Services Coordinator will monitor and review patient satisfaction performance received by the San Mateo Medical Center to ensure quality of care. The Clinical Services Coordinator will provide updates to the QI Committee quarterly.
10. **Develop Baseline for Homeless Death Data with Public Health, Policy and Planning (PHPP) Epidemiology**

    The Clinical Services Coordinator and Planning and Implementation Coordinator will work with PHPP Epidemiology to validate current death data collected for persons experiencing homelessness in San Mateo County. Collaborate to improve data collection following validation.

**Baseline will be defined as CQMs data reported in the 2019 UDS Report.

APPENDIX

QI/QA Committee Structure

The role of QI Committee members is to:

Provide leadership and recommendations for:

- Ongoing assessment, monitoring and improvement of services including primary care
- Patient and staff education, continuity of care
- Patient satisfaction
- Support services

Information systems integrity and accountability**The role of the Medical Director** is to:

- Oversee and guide of QI/QA activities and clinical services coordinator
- Prepare and present the HCH/FH QI quarterly report to the HCH/FH CAB
- Report out to various QI and Hospital Groups working with homeless and farmworker patients
- Represent QI/QA and HCH/FH Program interests

With support from the HCH/FH Program staff, **the role of the Clinical Services Coordinator** is to:

- Prepare agenda and meeting material
- Present previous meeting minutes for approval
- Review of status of UDS quality of care and health disparities clinical measures
- Review of HCH and FH utilization trends
- Review of areas of concern/problem reports
- Follow-up on previously identified problems/opportunities for improvement
- Work with SMMC and other stakeholders to meet identified goals

QI/QA Process

The HCH/FH QI Plan will be carried out in accordance with SMMC policy by:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values and goals of SMMC
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring organization performance through appropriate data collection, aggregation and analysis

- Providing information regarding performance improvement activities and education to the HCH/FH CAB, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program employees, outpatient clinics and program contractors.
- PDSA (Plan-Do-Study-Act) Models will be used to plan action for CQM goals.

Reporting Channels

A concerted effort is being undertaken during the 2020-2021 year to standardize reporting pathways for both gathering and analyzing data as well as presenting the data to SMMC or County Health to execute change.

- The HCH/FH QI Plan will be submitted by the HCH/FH QI/QA Committee to the HCH/FH Co-Applicant Board (CAB).
- Quarterly reports of performance improvement activities will be provided to the HCH/FH CAB with annual reports provided to the SMMC Hospital Board.
- Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC and Primary Care QI Group as appropriate.
- Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee to the Program Coordinator as appropriate.

Tab 7
Grant Budget renewal

COUNTY OF SAN MATEO
HEALTH SYSTEM

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

DATE: October 12, 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: REQUEST FOR THE BOARD TO APPROVE THE GRANT BUDGET FOR GRANT YEAR 2024

In accordance with HRSA grant requirements for Board Responsibilities, and the Co-Applicant Agreement with the San Mateo Board of Supervisors, the Board has the sole authority and responsibility for the HRSA grant funds. To that end, each year the Board establishes its grant year budget for expenditures from the grant. This is the budget that is used for each monthly report to the Board on grant expenditures.

Attached id a DRAFT budget for Grant Year (GY) 2024. This budget is built based on the known costs associated with the current Program staff and approved contracts that do not expire until the end of GY 2023 (or later). Remaining funds have been allocated based on historical levels of expenditure, with any resulting balance listed as unexpended funds for future carryover. Note that we also present a projected budget for GY 2025 showing that with the budgeted carryover for GY 2024 the Program will be able to maintain the same funding levels for GY 2025 (with the exception of projected staff cost based on estimated increases from the next contract negotiations).

This request is for the Board to approve the grant budget for GY 2024. A majority vote of the Board members present is required to approve the grant budget.

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2024

Details for budget estimates	Budgeted	Projected for GY 2025	
EXPENDITURES			
Salaries			
all staff & clinical support	745,000	795,000	
Benefits	245,000	320,000	
Travel	30,000	25,000	
National Conferences (2500*8)	10,000	5,000	
Regional Conferences (1000*5)	1,500	1,000	
Local Travel	500	500	
Taxis	1,500	1,500	
Van & vehicle usage	43,500	33,000	
Supplies	10,000	10,000	
Office Supplies, misc.			
Small Funding Requests	10,000	10,000	
Contractual			
2022 Contracts			
2022 MOUs	1,200,000	1,200,000	
Current 2023 MOUs	875,000	875,000	
Current 2023 contracts			
---unallocated---/other contracts	2,075,000	2,075,000	
Other	20,000	20,000	
Consultants/grant writer	25,000	25,000	
IT/Telcom		-	
New Automation	7,500	7,500	
Memberships	5,000	5,000	
Training	1,000	1,000	
Misc	58,500	58,500	
TOTAL	3,177,000	3,291,500	
GRANT REVENUE			
	2,858,632	2,858,632	
Available Base Grant	756,831		
Prior Year Unexpended to Carryover		438,463	carryover
Other	3,615,463	3,297,095	
HCH/FH PROGRAM TOTAL			
	438,463	**5,595**	
BALANCE		based on est. grant of $2,858,632	

Tab 8
Needs Assessment & Strategic plan update

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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

DATE: October 12, 2023

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

FROM: Irene Pasma, Program Planning and Implementation Coordinator

SUBJECT: HCH/FH NEEDS ASSESSMENT AND STRATEGIC PLAN UPDATE

2022/2023 Needs Assessment

The 2022/2023 Needs Assessment is almost complete. The draft – without appendices – is attached and the final version will be posted to the Board website and provided to the Board imminently. Board members can be proud of a comprehensive report focusing on SMMC providers' and patients' health beliefs and attitudes. Members are encouraged to review the report – high level findings were shared in a previous Board meeting - and share with your networks. Staff has already been disseminating this report with relevant stakeholders and will continue utilizing this report to effect change, particularly as it relates to social determinants of health and linking care teams to external case managers.

The 2024-2027 Strategic Plan

Staff has completed 25 stakeholder interviews, including a focus group with farmworkers organized by Puente and garnered input from LEAG – a group organized by the Center on Homelessness with lived experience - as well as reviewed relevant reports, other entities' strategic plans and several subcommittee meetings.

Based on this work, HCH/FH is recommending the following five strategic priority areas for the 2024-2027 Strategic Plan:

1. Decrease barriers to accessing health care services
2. Improve health out comes
3. Support health care and service providers
4. Meet and exceed all HRSA compliance requirements
5. Seek innovation and expansion opportunities

Staff is seeking Board discussion on these priority areas and activities to ensure the plan has captured all the Board's priorities.

Attached:

- 2022-2023 HCH/FH Needs Assessment (without appendices) –Draft
- 2024-2027 Strategic Plan Priorities and Activities – Draft

San Mateo Medical Center
Healthcare for the Homeless / Farmworker Health Needs Assessment

Updated: September 27, 2023

SAN MATEO COUNTY HEALTH
All together better.

Table of Contents

Executive Summary

The San Mateo Medical Center (SMMC) Healthcare for the Homeless and Farmworker Health Program (HCH/FH) Needs Assessment is conducted every two to three years in an effort to improve access to, and delivery and quality of, healthcare for people experiencing homelessness and farmworkers and their families The goal of this needs assessment is to **understand the care experience/journey of SMMC's homeless and farmworker patients and healthcare team and make system recommendations based on the findings related to how to improve service delivery, reduce barriers, and improve satisfaction for both patients and care teams**.

In 2022 and 2023, surveys were administered to SMMC's care teams and patients. Care teams were asked their perspectives, knowledge, and beliefs of their patients who were experiencing homelessness and/or farmworkers and their families; their confidence and satisfaction in providing care to these populations; and to identify the supports needed to improve the quality of care. Patients were asked how they like to receive care at SMMC, their levels of trust and understanding of their healthcare plans, their health priorities, and their satisfaction with care at SMMC. **Responses from 86 care team members and 183 patients form the backbone of this report.**

Some of the key findings are:

- Being able to meet one's social determinants of health needs appears to lead to higher perception of one's health.
- Most patients prefer in-person visits over virtual healthcare appointments.
- Care team members are comfortable providing services and know how to communicate to most other internal departments and some external entities for referrals, support, and information; however, many reported needing more information on referrals to other resources such as employment and legal assistance.

Throughout the report, recommendations are highlighted in orange and summarized in the *Closing Comments* chapter. Noteworthy recommendations are listed below:

- It is recommended that SMMC continue its work to support and empower roles across care teams to make community referrals that address patients' numerous social determinants of health needs.
- HCH/FH can support care teams by informing and linking them to available community resources, including community case managers, and creating bi-directional communication and problem-solving. SMMC and HCH/FH should also support care teams with training and knowledge-sharing about existing behavioral health resources in the county.
- SMMC should continue their efforts to make staff feel appreciated, which includes things such as listening to care team members' experiences at work and continuing to fund wellness initiatives.

- SMMC and HCH/FH should consider patients' interests in health classes when planning outreach as well as continue to learn from these patient populations about accessibility and how they prefer to connect with health providers.

SMMC is aware of many findings from this needs assessment and continues to work toward various initiatives, both for patients and care teams. These needs assessment findings illustrate that past initiatives – such as those related to food insecurity – have made a positive impact on patients. To act on these results, additional surveys to better understand care teams' ability to treat patients in these communities would be useful – particularly at locations where the majority of homeless and farmworker patient visits take place. Similarly, gathering additional information on patients' attitudes and beliefs about preventative care and how to best address gaps could, potentially, increase patient understanding of its importance and lead to possible future cost savings.

Lastly, thank you to the advisors who were instrumental in developing the surveys and analyzing the results, and to our executive sponsor Yousef Turshani.

San Mateo County Healthcare for the Homeless / Farmworker Health Program

San Mateo County's Healthcare for the Homeless/Farmworker Health Program (HCH/FH) is a federally funded program that has delivered and coordinated healthcare 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 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's (SMMC) outpatient 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 San Mateo County Health with Federally Qualified Health Center status.

Definitions of Program Population

People experiencing homelessness: HRSA has a broad definition of homelessness that, in addition to people residing in shelters, on the street, or in cars/RVs, includes doubling up (i.e., couch surfing) and those in transitional or permanent supportive housing (PSH).

Farmworkers and their family members: For farmworkers, both seasonal and migrant workers are included in HRSA's definition, and importantly, so are family members.

HCH/FH Guiding Principles

Mission. The mission of the San Mateo Healthcare for the Homeless/Farmworker Health (HCH/FH) Program is to serve homeless and farmworker individuals and families by ensuring they have access to comprehensive healthcare, in particular, primary healthcare, dental healthcare, and behavioral health services in a supportive, welcoming, and accessible environment.

Vision. Healthcare 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 toward their goals. 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. Through its funded services and partnership with the Medical Center, the HCH/FH Program reduces the healthcare disparities 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.

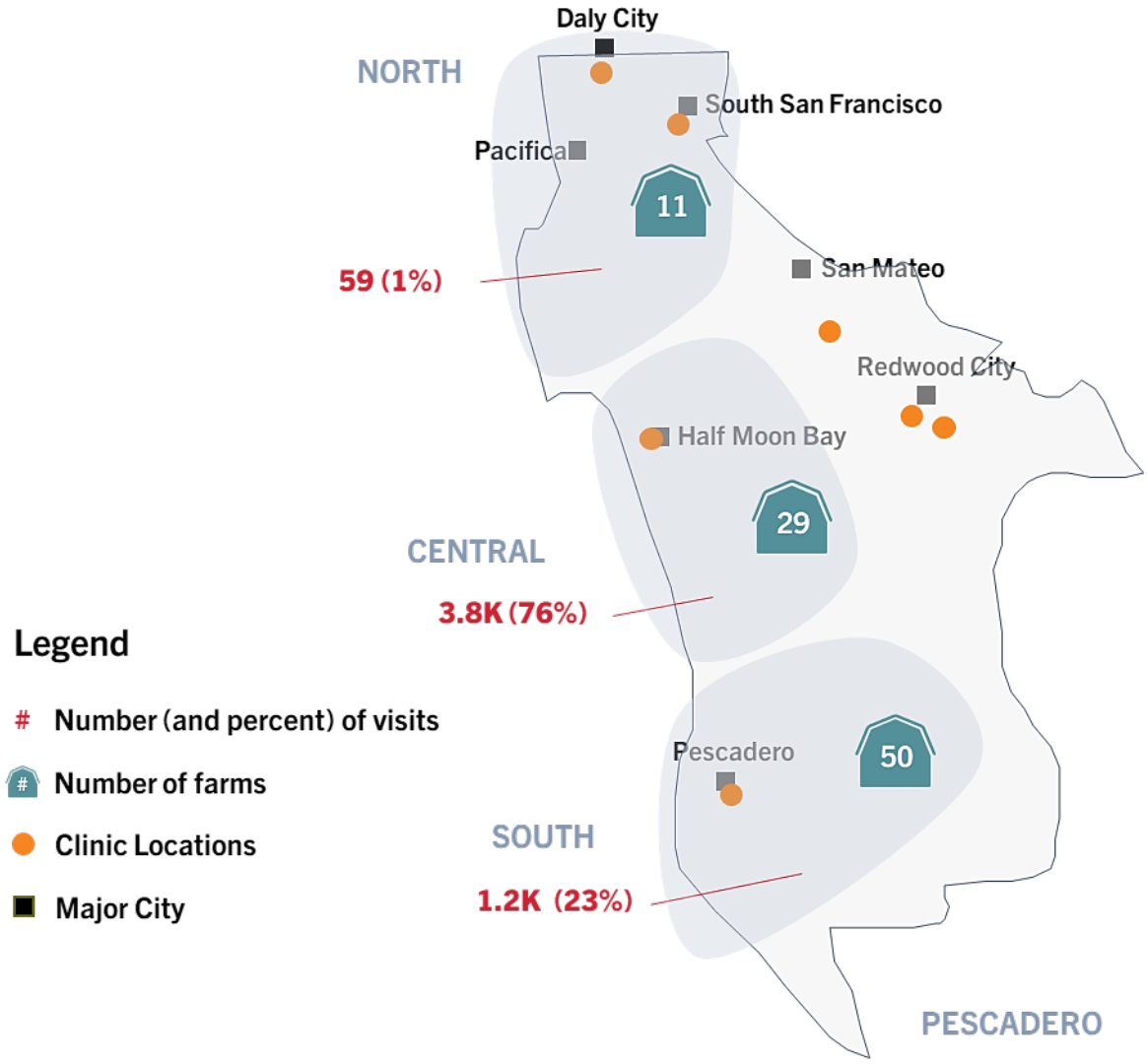
Values

- Access. Homeless and farmworker individuals and their families have full access to the continuum of healthcare 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 healthcare.
- Innovation. Services will continuously evolve to reflect current best practices and technological advances.

Patients who are Farmworkers or People Experiencing Homelessness in San Mateo County

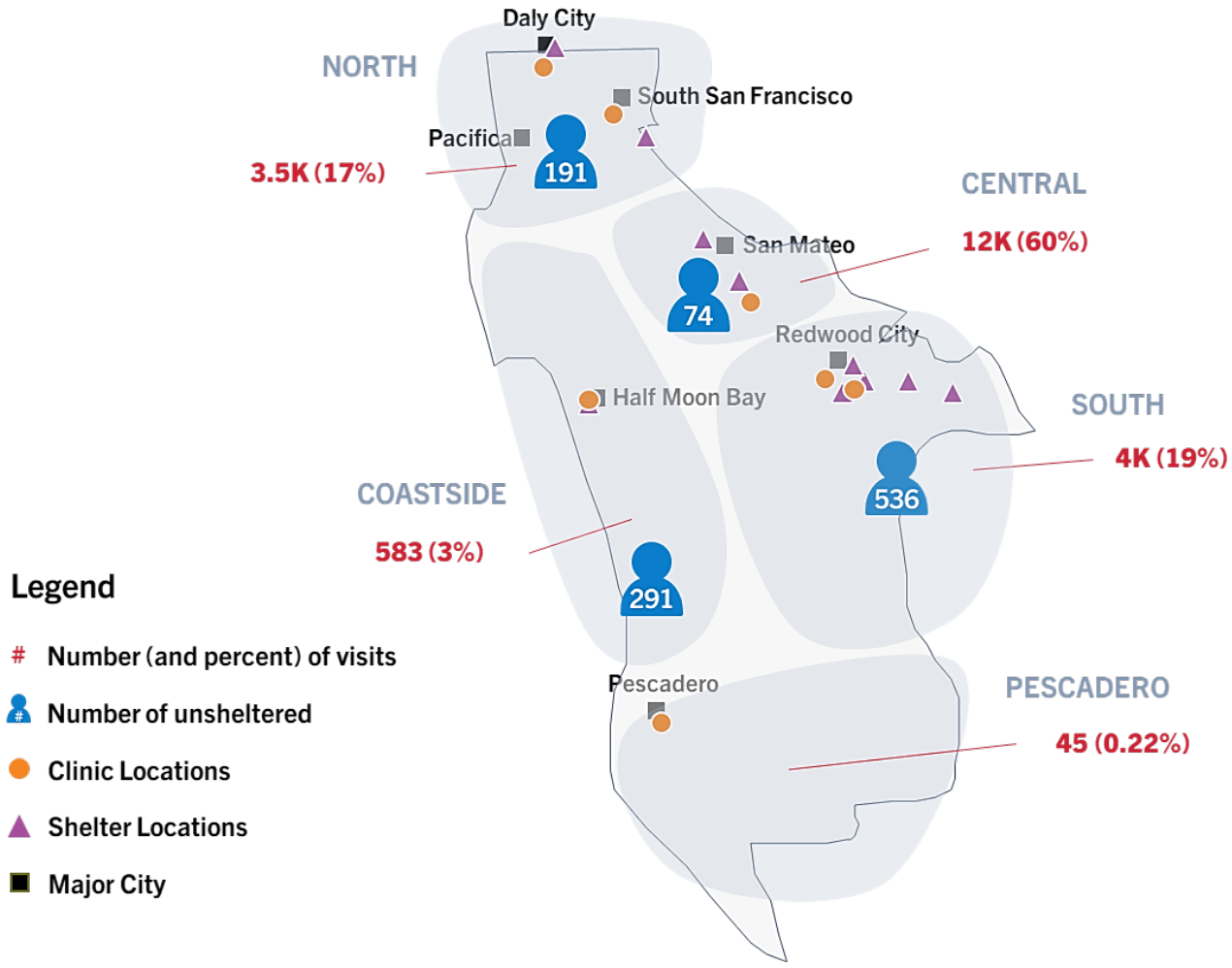
There are about 90 farms in San Mateo County, and 5,065 visits by patients who are farmworkers or family members of farmworkers (Exhibit 1). Although a majority of farms are in the South region of the county, most clinic visits are in the Central region, which has Coastside Clinic in Half Moon Bay and the main San Mateo Medical Center campus over the hill in the city of San Mateo. While there is no formal clinic in Pescadero, Puente de la Costa Sur, a non-profit, is located there and gives space to the Coastside Clinic and Sonrisas Dental care teams to provide services out of their offices. This supports the large number of visits occurring in that region.

Exhibit 1. Farmworker Patient Visits



There are about 20,651 visits – inclusive of primary, specialty care, and by Street Medicine and the Mobile Clinics – by people experiencing homelessness in San Mateo County (Exhibit 2). Similar to the distribution of farmworker patients, a majority of the unsheltered people in the county are in the South region, while the Central region has the most visits by patients experiencing homelessness, driven by the large number of specialty services available at the Medical Center in San Mateo. For more information about where people experiencing homelessness are located throughout the county, refer to the 2022 Point in Time Count.

Exhibit 2. Patients Experiencing Homelessness Visits



HCH/FH Strategic Plan

Every three years, informed by the needs assessment, the HCH/FH board and program staff engage in a strategic planning process, to reflect on the program and develop priorities for the coming years. The 2020-2023 plan can be found here. It elevates the following five priorities:

1. Increase homeless and farmworker patient use of SMMC and Behavioral Health and Recovery Services (BHRS) Services.
2. Decrease barriers for homeless and farmworker patients to access healthcare.
3. Support healthcare providers serving homeless and farmworker patients.
4. Decrease health disparities among people experiencing homelessness and farmworker patients and SMMC general population.
5. Meet and exceed all HRSA Compliance Requirements.

Need Assessment Methodology

Goals

As part of its effort to improve access to, delivery of, and quality of healthcare for people experiencing homelessness and farmworkers and their families, the HCH/FH program conducts a needs assessment every two to three years. **The goal is to understand the care experience/journey of SMMC's homeless and farmworker patients and healthcare team and make system recommendations based on the findings related to how to improve service delivery, how to reduce barriers, and how to improve patient and provider satisfaction.**

This year's needs assessment also aimed to be actionable, specifically aligning recommendations with what SMMC care teams think can be accomplished to improve delivery of SMMC services to homeless and farmworker patients. This was done by:

- Identifying the care team's roles in the recommendations
- Highlight training, support, and/or systems changes that providers suggest they need to implement these recommendations
- Identify areas for improving communication pathways, both between departments and with external partners

The needs assessment will be used to inform decisions on healthcare planning and delivery for HCH/FH for the coming years, including the development of HCH/FH's Strategic Plan. We hope these findings will elevate both the needs and successes of SMMC's service to people experiencing homelessness and farmworkers and their families, and be used by care teams, SMMC leadership, and HCH/FH Board to best care for and support these communities.

Methodology

The needs assessment goals and methods were designed by HCH/FH staff and Harder+Company Community Research (Harder+Company), in collaboration with the SMMC Needs Assessment Advisory Group. The Advisory Group was composed of stakeholders representing numerous SMMC departments, including social work, nursing, Medical Support Assistance (MSA), providers, specialty, Patient Services Assistance (PSA), and Health Coverage Unit, as well as the HCH/FH Board. Results were shared with the Advisory Group in sensemaking sessions, designed to align data interpretation and recommendations with the group's experience.

The primary data sources for this needs assessment were surveys of the SMMC HCH/FH care team and HCH/FH patient communities. The surveys' purpose, content, and outreach strategies were reviewed and approved by Solutions IRB.[1]

The **care team survey** included questions designed to assess the following:

- What are the healthcare team's perspectives, knowledge, and beliefs about their H/FW patients?
- What is the healthcare team's confidence in being able to provide care to H/FW patients?
- What is the healthcare team's satisfaction in providing care to H/FW patients?
- What support(s) would the healthcare teams need to provide better care?

The complete survey is included in the Appendix (starting on page 45; click "*Care Team Survey*" to jump to that location).

The survey was administered online between June and August 2022, via SurveyMonkey software. A link was sent out by email, with a reminder sent half-way through the field period. Anyone providing direct patient care to farmworkers and people experiencing homelessness at SMMC was eligible to complete the survey.

Advisors and department managers across the organization were asked to share the survey link to their teams and the Medical Staffing Office sent the link to all licensed independent practitioners. The survey was also advertised in the hospital newsletter, *SMMC Heartbeat*.

No personally identifiable information was collected, and individuals could choose to answer or skip questions, or end the survey at any point.

To reduce response burden and direct people to the questions most relevant to the patients they typically see, a question at the beginning of the survey routed respondents to questions about either patients experiencing homelessness or about farmworkers and their families. Care team members who typically see

[1] The protocol *2022/08/3. Healthcare for Homeless & Farmworker Health Program Needs Assessment* was verified as ***Exempt*** according to 45CFR46.104(d)(2): (2) Tests, Surveys, Interviews on 12/22/2022.

both types of patients were randomized to one of the patient community branches; those who were not sure which patient community they typically see were routed into general population focused questions.

The **patient survey** included questions designed to assess the following:

- How do homeless and farmworker patients like to receive care at SMMC?
- What are H/FW patients' levels of trust and understanding of their healthcare plans?
- What is important to H/FW patients when it comes to their healthcare (i.e., what are their health priorities)?
- Patient satisfaction with their care at SMMC

The complete survey is included in the Appendix (starting on page 63; click "*Patient Survey*" to jump to that location).

The survey was administered in person and online, via Qualtrics software, between January and March 2023.

In person: Two SMMC clinics (Mental Health Primary Care at Ron Robinson Senior Care Center at the San Mateo Medical Center and Mental Health Primary Care at Coastside Clinic) serving H/FW patients were given paper versions of the survey in English and Spanish and asked to distribute them to people coming for appointments. Additionally, partner organizations that HCH/FH has contracts and MOUs with administered the survey to their clients.

The online survey was available in Chinese (Taiwan / traditional), English, Spanish, and Tongan. A link for the survey was sent via text message to people on the 2022 Patient Master List, which includes all patients who received services at an SMMC clinic or via Public Health, Policy and Planning Street Medicine, Field Medicine, or Mobile Clinic in the calendar year 2022 and who self-identified as someone experiencing homelessness or being a farmworker or family member of a farmworker. The survey invitation text message was approved by the SMMC Clinical Standards Committee and sent in English and Spanish via the electronic health record system (eCW), using a "campaign" function.

Potential respondents were sent two text messages to prevent people from perceiving the survey link as spam. The first text notified patients that SMMC was conducting a survey, and a second text about 30 minutes later contained the link to the survey.

Eligible patient respondents were at least 18 years old and self-identified as either farmworkers, family members of farmworkers, and/or experiencing homelessness. In addition to self-identifying, for survey purposes, "homeless" also included sleeping last night in any of the following locations: shelter; hotel/motel (paid for by local, state, or federal money); outside (tent, street, park); car, van, unhooked RV, or boat; permanent supportive housing; or couch surfing at someone else's apartment / house.

No personally identifiable information was collected, and individuals could choose to answer or skip questions, or end the survey at any point. Patients who completed the survey received a $10 gift card of

their choice to Safeway or Target. Those who completed the survey online could also choose whether to receive the gift electronically or via mail.

Future needs assessment efforts should continue identifying how to best obtain patient input via surveys, whether it be optimizing text-message options and/or identifying and asking the most trusted service provider or care team role to administer the survey.

Care Team Survey Respondents

A total of **86 care team members** responded to the survey. The response rate by providers' self-defined roles are described in Exhibit 3.

Exhibit 3. Care team roles, survey respondents and SMMC overall

	# of Survey Respondents	# of SMMC Providers Overall	Response Rate
Licensed professional (includes dietician, physical therapist, therapist, radiology, respiratory therapist, speech-language pathologist)	11	61*	18%
Non-Primary Care Provider (PCP) Physician / Nurse Practitioner (NP) / Physicians' Assistant (PA)	14	361	4%
Medical Support Assistant (MSA)	10	136	7%
PCP / Physician / NP / PA	5	114	4%
Patient Services Assistant (PSA)	21	162	13%
Registered Nurse (RN)	13	249	5%
Social Worker (inpatient and outpatient combined)	12	11**	109%
Total	86		

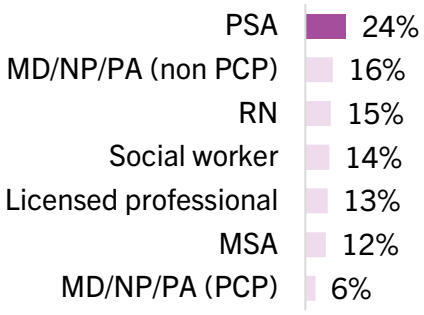
NOTE:
* It was challenging to get the number of licensed professional providers due to this category being created by combining multiple care team roles for the purposes of this report.
** It is possible that someone who works in the social work department but who is not themselves a social worker responded using this category.

Throughout this needs assessment, care team results are presented by role to add important context to the needs and recommendations. As the number of survey respondents for each role is relatively small, however, results should be interpreted with caution.

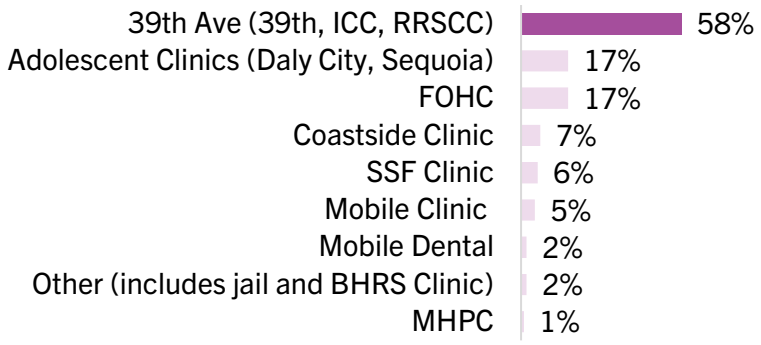
Characteristics of care team respondents are summarized in Exhibit 4.

Exhibit 4. Care team respondent description (n=86)

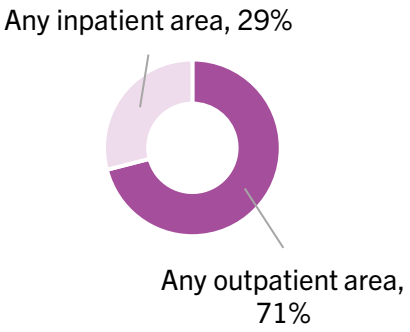
Care Team Role



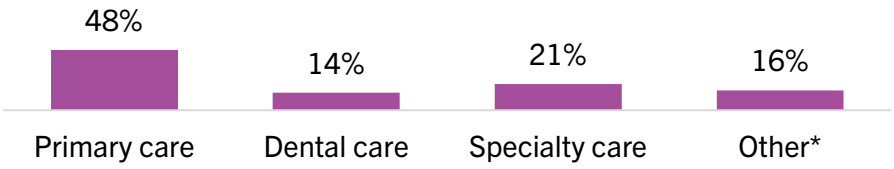
SMMC Location (could choose more than one)



Inpatient/Outpatient Area(s) Visited

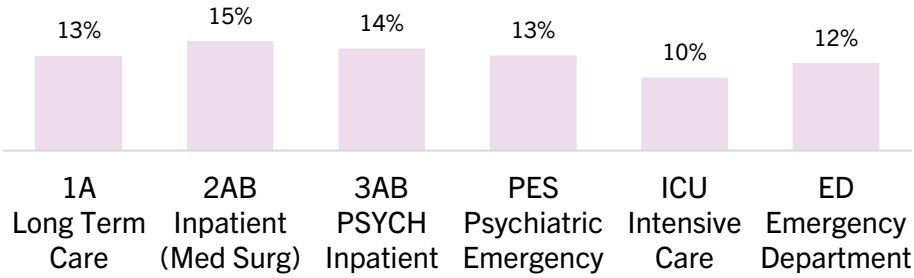


Outpatient Area(s) (could choose more than one)



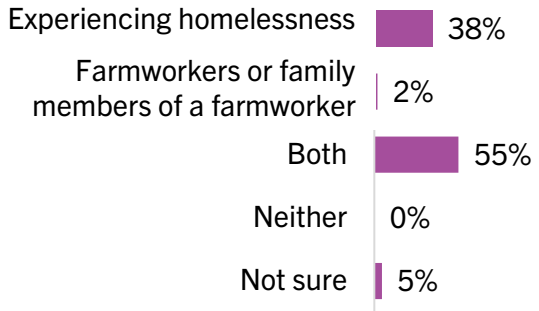
*includes adult mental health, alcohol and drug counseling, emergency medicine, gynecology and perinatal care, jail, pediatrics, rehabilitation, social work, urgent care, and youth center

Inpatient Area(s) (could choose more than one)



Typical Shift

Patient Community Served



Patient Survey Respondents

A total of **183 patients** responded to the survey, including:

- 49 (27%) who identified as farmworkers or the family member of a farmworker
- 114 (62%) who identified as people experiencing homelessness
- 20 (11%) who identified as both people experiencing homelessness and as farmworkers / family of farmworkers

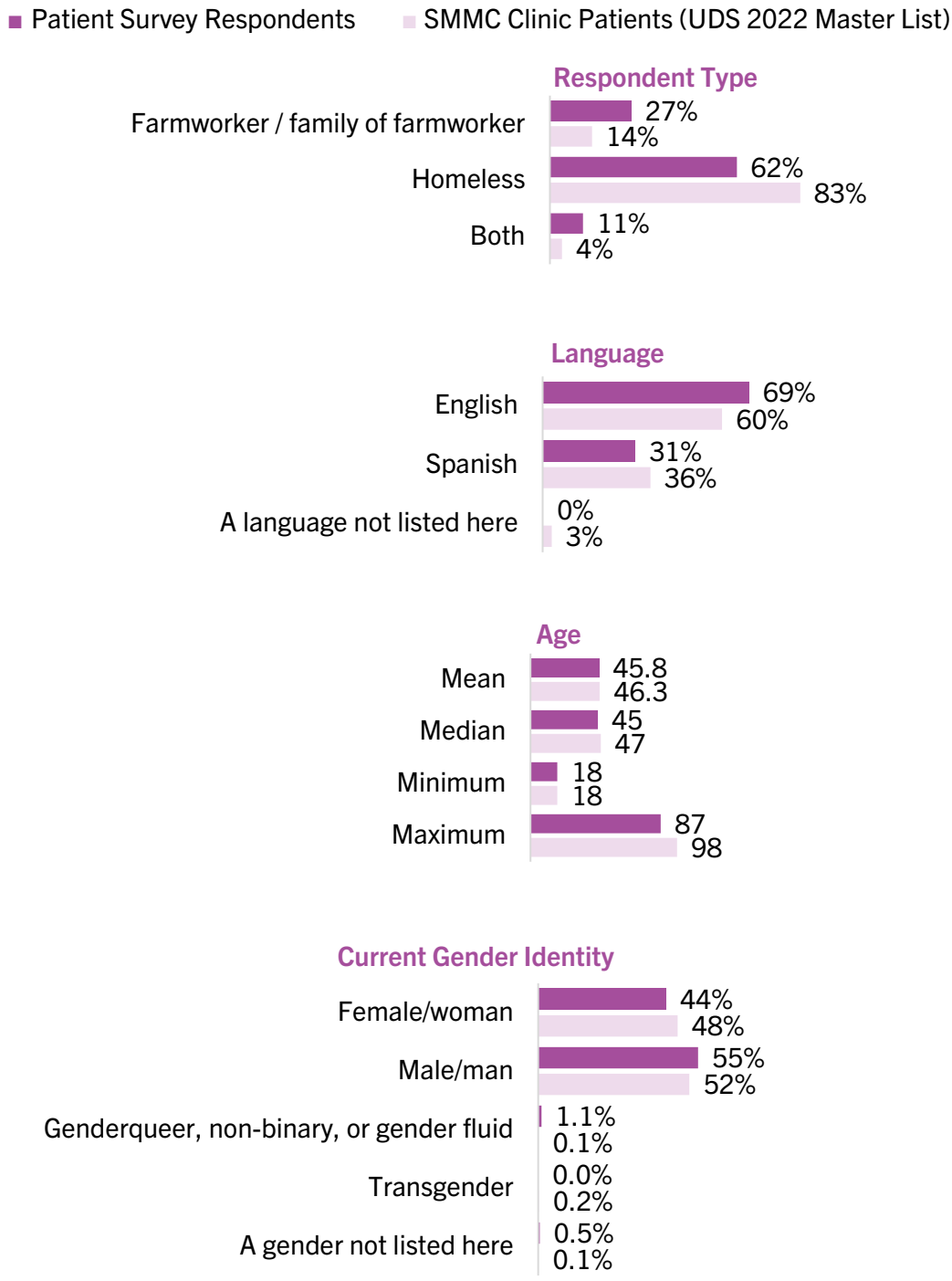
About half of the participants (57%) responded to the paper version of the survey; 43% responded online, representing a 2% online response rate to the surveys that were distributed via text. Details about the method of response, including the SMMC locations for those responding to the paper survey respondents, are summarized in Exhibit 5.

Exhibit 5. Patient Survey Data Collection Source

		Farmworker / Family of farmworker (n=49)	Homeless (n=114)	Both (n=20)	Total (n=183)
Paper survey	% by respondent type	59%	53%	75%	57%
Number of respondents	Paper surveys total	29	60	15	104
• *Behavioral Health and Recovery Services, Healthcare for the Homeless and Homeless Engagement and Assessment Linkage teams (BHRS, HCH, and HEAL teams)*		0	13	1	
• *Mental Health Primary Care (MHPC), Coastside Clinic*		3	3	3	
• *Street Medicine*		1	14	4	
• *Life Moves (LM)*		0	22	4	
• *MHPC, Ron Robinson*		0	7	1	
• *Mobile Dental*		1	1	0	
• *Puente*		24	0	2	
Online survey	% by respondent type	41%	47%	25%	43%
Number of respondents		20	54	5	79

The 183 patient respondents represents 5% of the 3,355 patients aged 18 and over in the 2022 Patient Master List of those who received services at an SMMC clinic and also self-identified as experiencing homelessness or being a farmworker or family member of a farmworker. Based on the characteristics available in both sources (Exhibit 6), survey respondents were more likely to be farmworkers or family of farmworkers, but otherwise mirrored the patient population well.

Exhibit 6. Patient Survey Respondents Compared to SMMC Clinic Patients



As housing is an important descriptor for this community and key piece of information to contextualize the results, the quality and characteristics of participants' housing is summarized in Exhibit 7. Almost all farmworkers lived in apartments or houses (78%), with fewer than one in five (18%) residing in farmworker housing. Respondents experiencing homelessness and those who were both homeless and farmworkers were more varied in their residence. The highest proportion, about one-third, slept the previous night in a shelter. The other more common living situations were vehicles and living outside.

Most farmworkers described their housing as "good" or "average", while housing for people experiencing homelessness spanned almost equally from "very good" to "very bad". The amenities in their living situations were similar by respondent type, except for laundry, which was more common among people experiencing homelessness, and clean bedding, which was more common among farmworkers. Respondents experiencing homelessness had been without housing for an average of 3.5 years.

Exhibit 7. Patient respondent housing

	Farmworker / Family of farmworker	Homeless	Both
Living situation (slept last night)			
Apartment / House	78%	4%	5%
Car, van, unhooked RV	0%	16%	25%
Couch surfing	0%	5%	0%
Farmworker Housing / Dormitory	18%	0%	0%
Hotel / Motel	0%	11%	0%
Outside (tent, street, park)	0%	18%	20%
Permanent Supportive Housing	0%	8%	15%
Shelter	0%	34%	35%
Treatment Program	2%	1%	0%
Other	2%	3%	0%
Self-described housing quality			
Very good	12%	13%	15%
Good	41%	24%	20%
Average	45%	27%	35%
Bad	2%	17%	10%
Very bad	0%	18%	20%
Amenities at current living situation			
Clean bed/bedding	83%	66%	77%
Clean drinking water	65%	66%	69%
Internet/WiFi	41%	45%	31%
Laundry (washer & dryer)	37%	60%	54%
Shower	85%	75%	77%
Toilet	76%	79%	85%
None of the above	2%	15%	8%

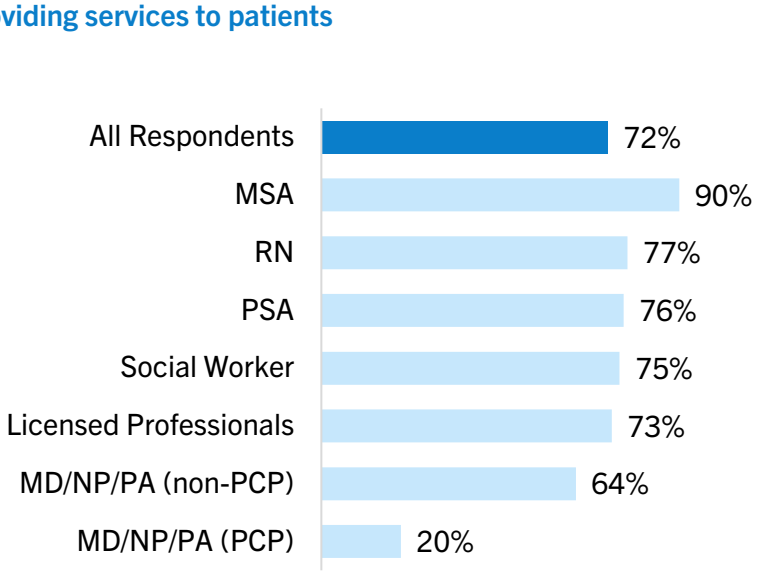
With these survey respondents in mind, the next chapters provide an overview of the key assets and opportunities for growth highlighted by need assessment participants.

Care Team Results: Assets and Opportunities for Growth

Health Literacy and Communication

In general, most care team members (72%) reported feeling comfortable providing services to their farmworker patients and patients experiencing homelessness (PEH) (Exhibit 8). MSAs had the highest proportion feeling comfort (90%) and clinicians, both PCP (20%) and non-PCP (64%) were least comfortable. Further research is needed to determine how to best support providers (i.e., MDs, NPs, and PA) in serving patients experiencing homelessness and farmworker/farmworker family member patients.

Exhibit 8. Providers comfort level providing services to patients



Of note, care team members across the board were comfortable using interpreter services (73%) indicating SMMC's efforts on this are fruitful, though MSAs reported lower levels of comfort (60%) and could likely benefit from additional training.

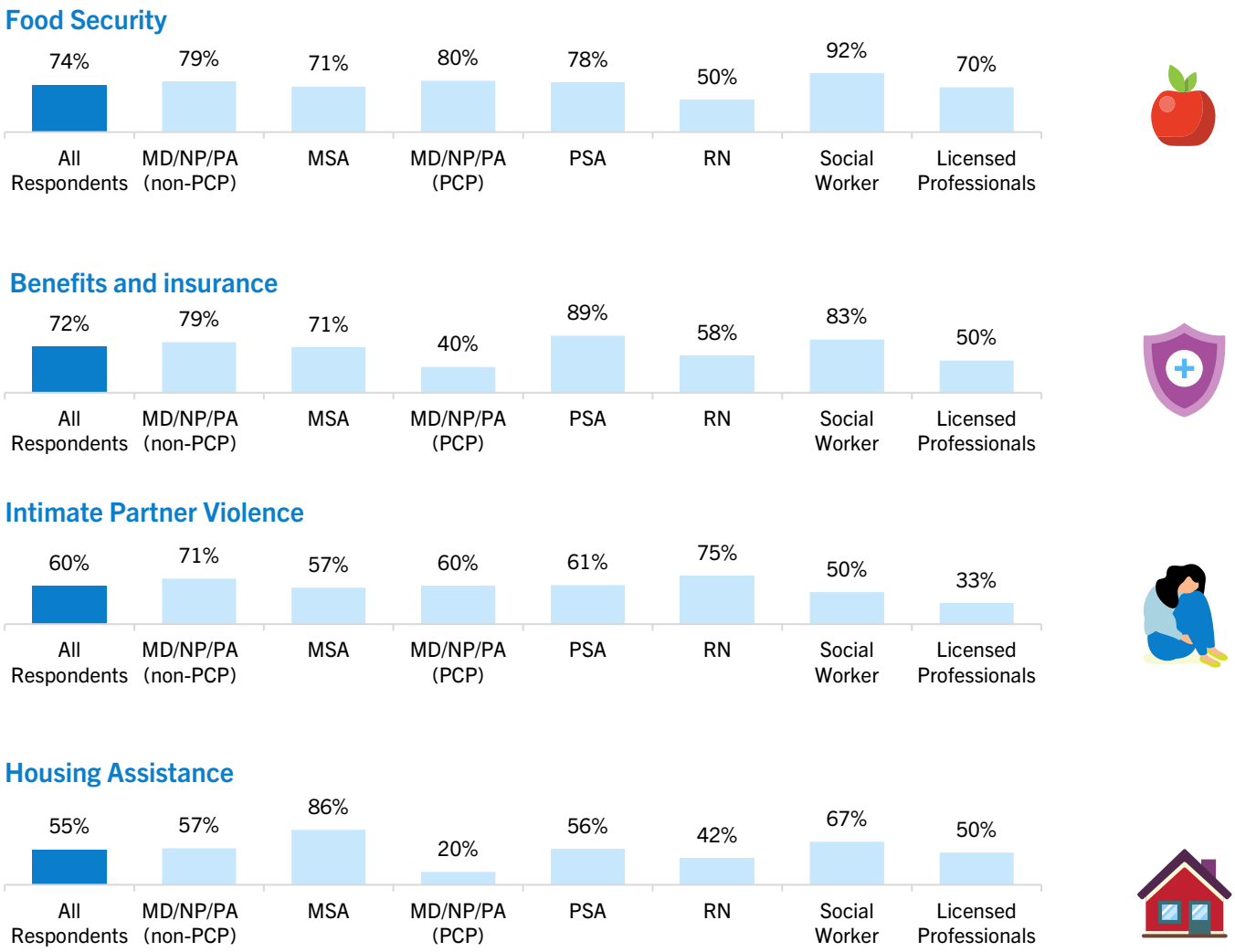
Connections to Resources, Structural Supports, and Behavioral Health

The majority of care team respondents (74%) reported knowing how to communicate with other departments to coordinate patient care. Many also provided recommendations on how to improve coordination. One respondent suggested using, "one EMR system across SMMC departments." Another pointed out that, while, "I mostly review past provider notes and patient documents in eCW and Soarian to

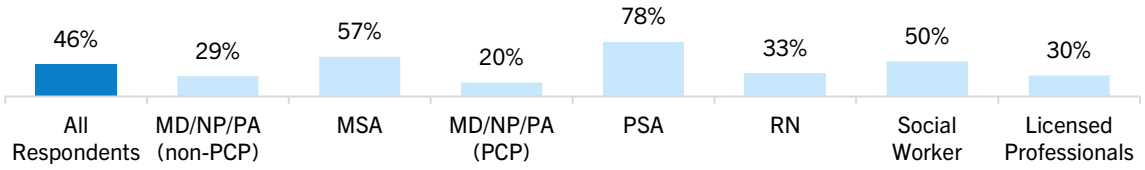
determine previous care provided and care still needed. I sometimes have to piece together the information." SMMC leadership is working to address SMMC internal communication barriers as part of rolling out a new electronic health record system (EPIC) that is integrated across all San Mateo County Health Divisions and adds care coordination capabilities.

Additionally, while many care team members were aware of community services available for patients (e.g., referral pathways for behavioral health, benefits, and legal assistance), there is still room for increasing care teams' knowledge (Exhibit 9). Knowledge of how to access food security referrals was ranked highest, which is a testament to SMMC's work on food security over the past few years. On the other hand, familiarity with employment and legal assistance referrals were the lowest among care team members. While it is not the responsibility of every care team role to refer clients to resources, it is suggested that SMMC include robust community services referral pathways capability into the EPIC implementation to support and empower roles across care teams to make community referrals and address patients' numerous social determinants of health needs, and, in the interim, for HCH/FH to support clinic teams with information whenever possible.

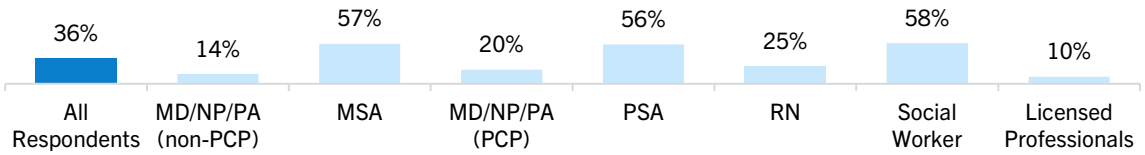
Exhibit 9. Awareness of Community Resources Pathways



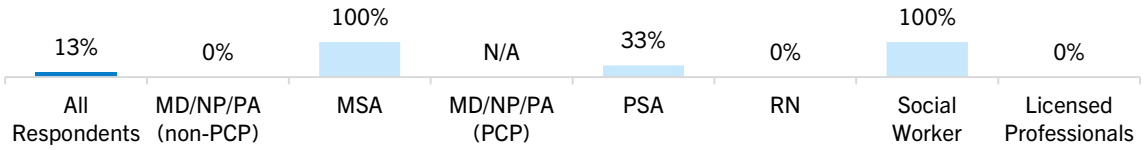
Financial Assistance



Legal Assistance



Employment Assistance*



* Care team members serving unhoused population were not asked about awareness of employment assistance. All of the survey respondents who identified as non-PCP care team members indicated that they served the unhoused patient population.

Care team members were also asked to indicate whether they needed information on referring patients to behavioral health resources (Exhibit 10). Although some care team members seemed to be aware of certain resources, most would benefit from additional knowledge and information sharing with teams.

As is true for other patient referrals, not every care team member is responsible for connecting patients to behavioral care resources. Because patients often form relationships with different members of their care teams, however (e.g., with an MSA vs. a physician), sharing resource information across the team would benefit all patients. There is currently a gap in the literature on the role of the referring person and successful implementation of referral process.

Moving forward, better understanding which care team roles are best positioned to provide referrals and/or ensuring that all roles at SMMC are familiar with available resources may be a good practice for assisting patients' access to care. For care teams providing services to people experiencing homelessness, HCH/FH should consider sharing information about detox treatments. For care teams serving farmworkers, HCH/FH should consider sharing more information about ALAS, El Centro, and integrated resources, as well as detox services.

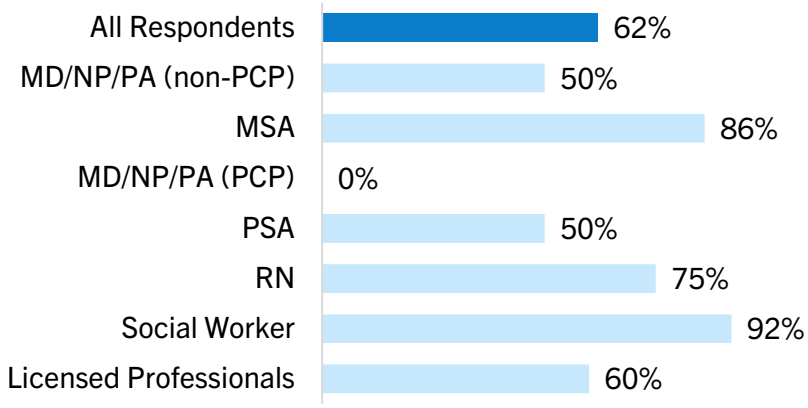
Exhibit 10. Behavioral Health Referral Information Needs

	MD/NP/PA (non-PCP) (n=14)	MSA (n=7)	PCP, Physician, NP, PA (n=5)	PSA (n=13)	RN (n=12)	Social Worker (n=12)	Licensed Professionals (n=9)	All Respondents (n=78)
BHRS ACCESS Call Center	14%	14%	40%	37%	17%	8%	**44%**	24%
ALAS in Half Moon Bay	43%	0%	20%	37%	42%	**58%**	33%	37%
El Centro de Libertad	43%	0%	20%	42%	33%	**58%**	33%	36%
Integrated Behavioral Health	29%	29%	20%	**37%**	50%	17%	22%	31%
Integrated Medical Assisted Treatment (IMAT)	29%	0%	20%	**47%**	33%	17%	22%	28%
Interface	29%	0%	20%	**42%**	**42%**	25%	33%	31%
Palm Avenue Detox and Treatment	21%	0%	60%	47%	33%	**75%**	33%	40%
Serenity House	36%	0%	**40%**	37%	17%	33%	22%	28%
StarVista Detox Facilities	36%	0%	**60%**	37%	42%	58%	44%	40%
Other	14%	0%	20%	0%	**33%**	0%	**33%**	13%

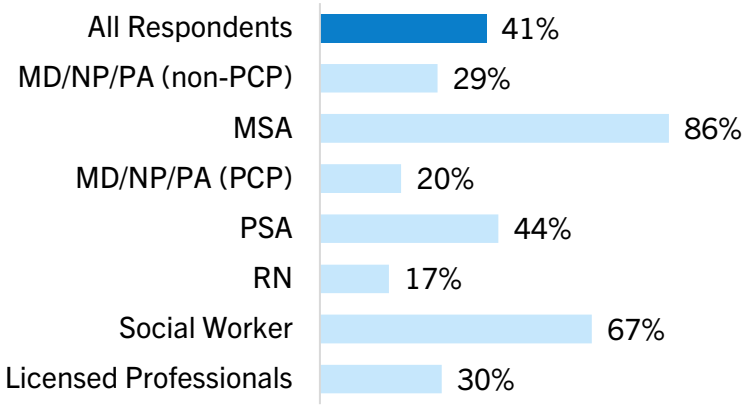
Case management was another connection point that could benefit from increased knowledge sharing. While most care team members (62%) were confident in contacting case managers when necessary, fewer than half (41%) reported knowing how to find out who this person is (0), with MSAs (86%) and social workers (67%) the exception. It is suspected that care teams members likely related this to linking a patient to an SMMC social worker, which resulted in a higher percentage than their confidence in finding out who a patient's community case manager is. It is understandable why teams would have more familiarity or comfort with doing referring to an internal social worker rather than connecting a patient with an external community case manager.

Exhibit 11. Case management services

I feel confident contacting a patient's case manager when necessary



I know how to find out who a patient's community case manager is.

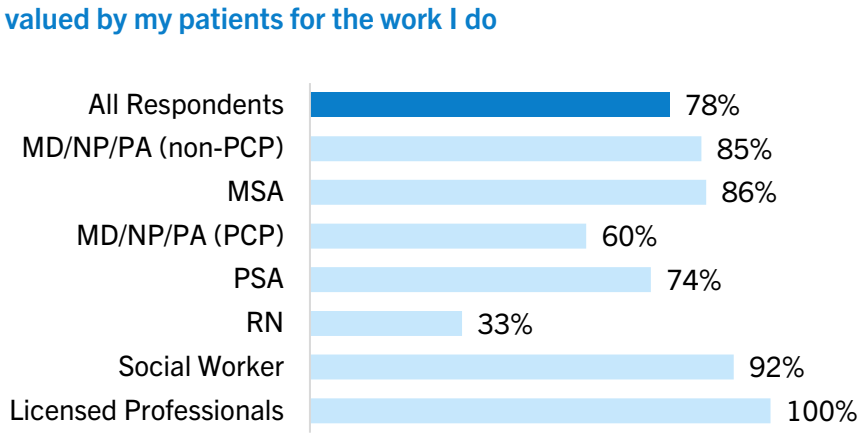


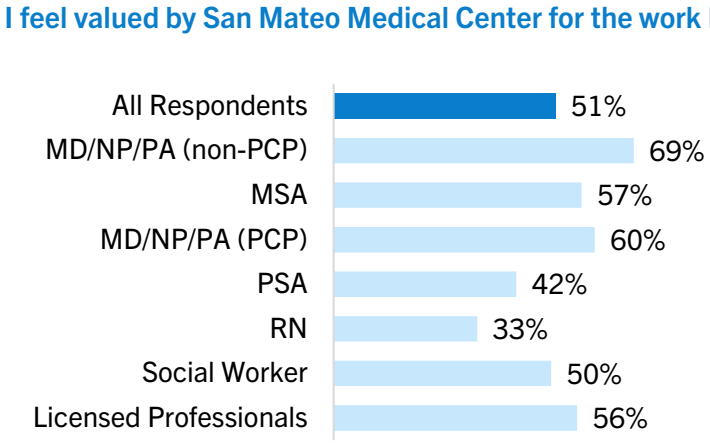
For patients experiencing homelessness and farmworkers, case managers or care coordinators should be considered integral members of the care team, necessary to ensure successful health outcomes. It is, therefore, recommended that SMMC make it feasible and easy for community (i.e., LifeMoves) and county (i.e., Bridges to Wellness) case managers to access EPIC and interface with SMMC's care teams. In the interim, it is recommended that HCH/FH work closely with care teams to help them connect with patients' community case managers whenever possible.

Care Team Satisfaction

More than three-quarters of care team members (78%) reported feeling valued by their patients for the work that they do (Exhibit 12). At the same time, many did not feel valued by SMMC. Published research has found that, of 27 studies assessing the relationship between healthcare staff wellbeing and patient safety, roughly 60% of studies determined that poor staff wellbeing was associated with decreased patient safety.[2] While cause and effect cannot be concluded, this suggests that it is critical to include staff wellbeing in the overall efforts toward improving patient experience and satisfaction. It is, therefore, recommended that SMMC continue its numerous efforts to make front line staff feel appreciated. Further, it is recommended that HCH/FH continue to partner with SMMC on opportunities to fund wellness initiatives. It is evident that SMMC is already taking this seriously, as the organization is in the process of hiring a Staff Wellbeing and Engagement Officer.

Exhibit 12. Care team perspectives





[2] Hall, L. et al., 2016. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. PLOS ONE. Available here.

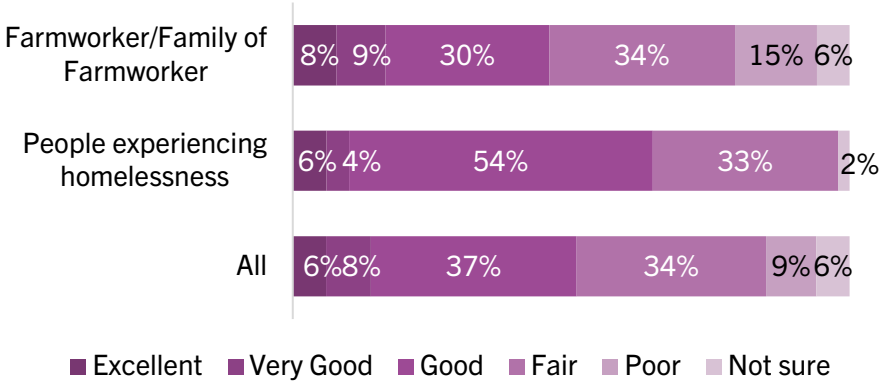
Patient Survey Results: Assets and Opportunities for Growth

Health Status

When asked about their overall health, approximately half of patients (51%) rated their health status positively, i.e., excellent, very good, or good (Exhibit 13). This was more common for patients experiencing homelessness (65%) than farmworker/family of farmworker (46%).

Compared to the overall population of SMMC patients, those receiving care through the HCH/FH program rated their health lower. In a survey of the general SMMC population, 48% rated their health as excellent or very good (SMMC CEO Report - July 2023), compared to 14% of HCH/FH patients. This may suggest that homeless and farmworker patients have more complex health needs and indicate the need to focus on both their access to care, as well as social determinants of health as a potential means to address this difference.

Exhibit 13. Self-rated general health status by patient population



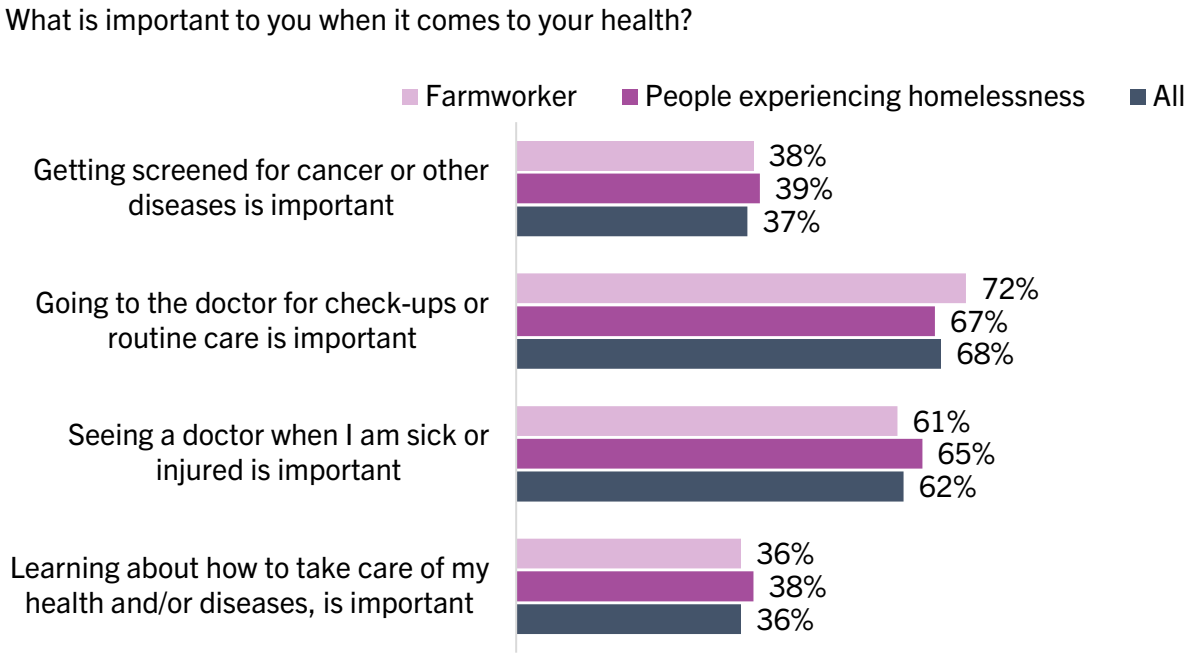
Health Priorities and Classes

Most respondents reported that going to the doctor for check-ups and routine care (68%) and seeing a doctor when sick or injured (62%) was important to them (Exhibit 14). Getting health screenings (37%) and learning how to take care of their health and/or diseases (36%) was less important. It is interesting to note that both patient populations ranked their health priorities very similarly. Early health screenings promote

Patients who are both farmworkers and experiencing homelessness. There was a small group of patient respondents who self-identified as both farmworkers or family members of farmworker and also experiencing homelessness (n=20). Because the number of these respondents was too small to make any substantive conclusions, they were not delineated as their own group. It is worth noting, however, that their responses revealed that this group is extremely vulnerable, often reporting worse outcomes than other respondents. For example, 21% of patients who were both homeless and farmworkers did not have health insurance, compared to 13% of farmworkers and 7% of those experiencing homelessness (Exhibit 20). And 64% reported cutting back or doing without necessities at least occasionally because of the amount they pay for healthcare, compared to 43% of farmworkers and 49% of those experiencing homelessness (Exhibit 30). The complete data for this group is included in the patient results appendix (beginning on page 79).

overall well-being, and it is recommended that SMMC and HCH/FH consider ways to engage their patients to raise awareness about the benefits of preventative care.

Exhibit 14. Self-reported health priorities by patient population

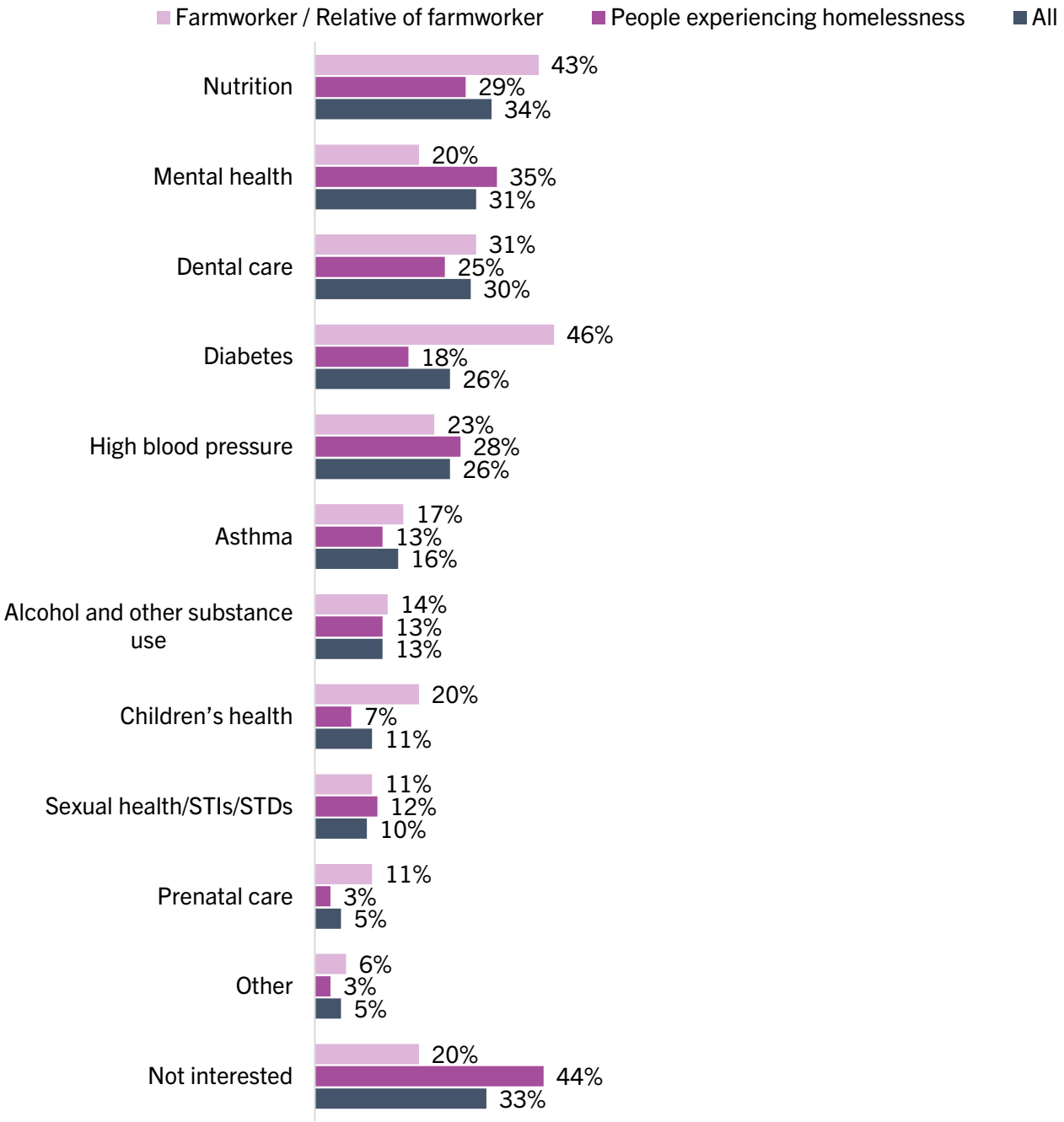


Overall, patients who reported valuing preventative care were more likely to also rate their health positively (Exhibit 15). Most respondents (60%) who indicated that getting screened for cancer or other diseases is important, for example, reported having excellent, very good, or good health. HCH/FH and SMMC can consider ways to understand patients' attitudes and beliefs about preventative care and, potentially, provide educational support to address those attitudes and beliefs.

Exhibit 15. Self-reported health priorities by general health status

To assess the instructional interest of patients, respondents were provided with a range of potential health class topics and asked to select those they were interested in (Exhibit 16). Nutrition, mental health, and dental care were the most often selected topics for health-related classes. More farmworkers were interested in classes about diabetes and more patients experiencing homelessness were interested in classes about mental health**.** It is recommended HCH/FH and SMMC take the reported interest in health topics into consideration when thinking about patient-facing education/outreach.

Exhibit 16. Health class topic interest by patient population



Access to Services and Health Status

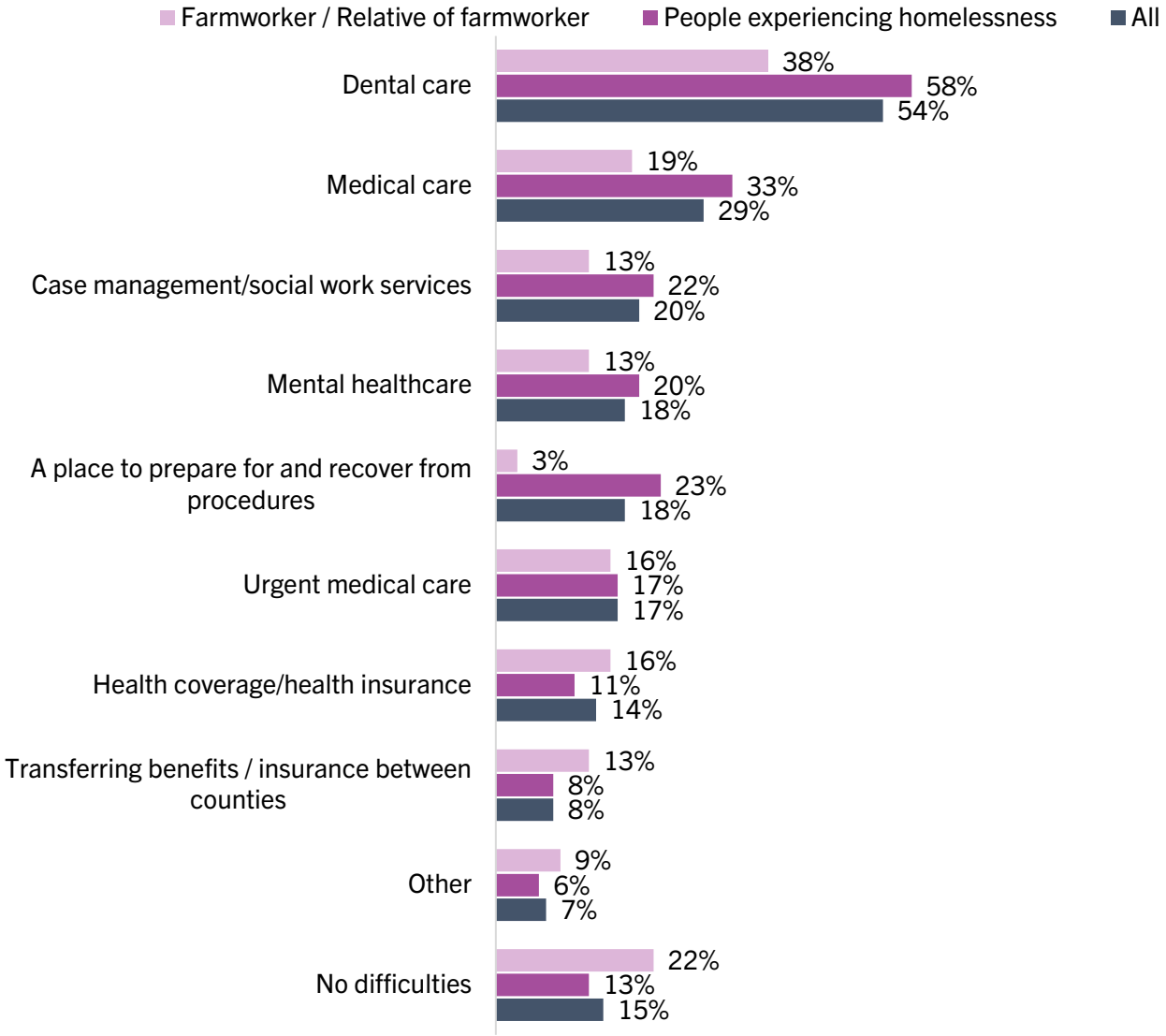
When patients were asked if they had experienced difficulty accessing a range of healthcare services (**Error! Reference source not found.**), only 15% reported no difficulties. Dental services were consistently ranked as the service most difficult to access for both farmworkers and people experiencing homelessness. SMMC and County Health officials are both aware of the challenge of accessing dental services, given that it has been a consistent finding across every HCH/FH Needs Assessment. Coupled with the results from the last programmatic Strategic Plan, HCH/FH has dedicated funding to expand its oral health services over the last several years. This expansion includes contracting dental services with Sonrisas in Pescadero/La Honda once a week and providing a monthly Saturday dental clinic to the Coastside Clinic. It is recommended that HCH/FH continue working with SMMC and County Health to identify ways to reduce barriers for both patient populations in accessing oral healthcare in San Mateo County.

The HCH/FH program often hears about the challenges of patients' behavioral health needs being met. Despite this, a low percentage of respondents (18%) reported difficulty accessing mental healthcare. Future surveys will be needed to better understand SMMC patients' experiences in getting connected with behavioral health services.

Dental Care. A Saturday Dental Clinic was hosted by the HCH/FH program from 2021 until March 2023. A brief experience and satisfaction survey was collected from 19 patients, using a scale from 1 (no) to 4 (yes / definitely).

- More than 50% of patients reported that they definitely felt respected by the dental assistant, and definitely received enough information about their health and treatment from the dental providers.
- More than 60% reported that staff worked together to meet their needs, and felt carefully listened to by the dental providers.
- 79% said they definitely trusted the dental providers with their care.

Exhibit 17. Access to Healthcare and Related Services



Comparing healthcare access difficulties by patients' health status (Exhibit 18), respondents who indicated that their health was fair or poor reported a higher number of services that they had difficulties accessing (2.3 services) than did patients who reported their health as at least good (1.4 services). Moreover, two-thirds of those whose health was at least good (67%) reported no difficulties accessing services compared to one-third of those with fair or poor health. Those with at least good self-rated health, however, identified transferring benefits or insurance between counties as a challenge (58%). The largest difference in healthcare access by self-reported health was in accessing a place to prepare and recover from procedures and accessing case management/social work services. **These findings suggest that addressing social determinants of health can improve self-rated health outcomes.**

Exhibit 18. Access to Healthcare and Related Services

Health Status and Housing Quality Rating

Comparing patients' health status with the quality of their housing (Exhibit 19), approximately one-third of respondents (32%) rated both their health and their housing as good, very good, or excellent. Similarly, about one-third of respondents (36%) rated their housing as average or below and their health as fair or poor, illustrating the potential relationships between housing and self-rated health.

Exhibit 19. Housing quality by self-reported health status

Housing Quality Rating	Health Status		
	Excellent, Very Good, or Good	Fair	Poor
Excellent, Very Good, or Good	32%	7%	3%
Average	13%	19%	3%
Bad or Very Bad	9%	10%	4%

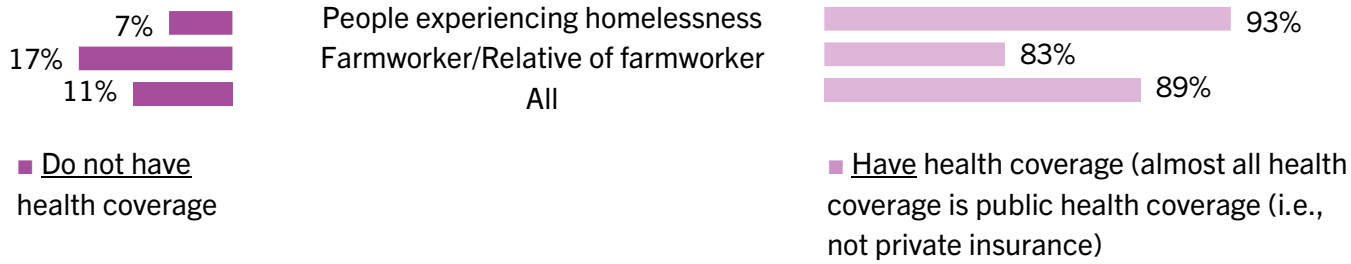
These findings suggest a possible connection between healthcare access and housing with patients' perceptions of their overall health. This highlights the important role that meeting patients' social determinants of health needs plays in overall patient health. It is recommended that HCH/FH and SMMC continue their social determinants of health and EPIC work to ensure that prompts, information, and referrals to address social determinants of health are embedded in clinic and HCH/FH workflows.

Health Insurance and Health Cost Burden

Almost all respondents (89%) reported having health insurance (Exhibit 20), which is slightly higher than programmatic data, which indicates that 78% of farmworkers and 80% of patients experiencing homelessness are insured. This may be due to the patient survey being administered to those who were already connected to health services and were, therefore, more likely to be insured.

Even though the majority of survey respondents reported being insured, 43% of farmworkers and 49% of patients experiencing homelessness reported they have had to cut back or do without some necessity such as food or rent in the previous 12 months because of how much they had to pay for care. Therefore, it is recommended that HCH/FH continue to work with the San Mateo County Health Coverage Unit and other community partners to ensure clients get and remain enrolled in insurance for which they are eligible, as well as closely monitor insurance status of both patient populations.

Exhibit 20. Health Coverage

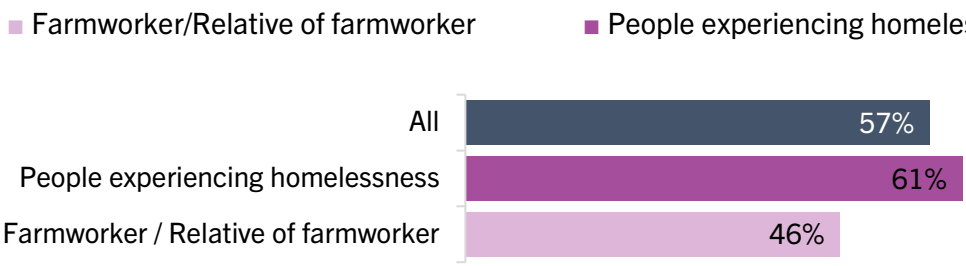


Delayed Medical Care

When respondents were asked if they have delayed medical care (Exhibit 21), more than half (57%) reported delaying care they felt they needed within the past year. People experiencing homelessness were more likely than farmworkers to delay care. This is an unexpected finding, given that SMMC would have potentially expected farmworkers to have delayed care more frequently due to challenges getting to appointments due to work schedules and other barriers experienced by that patient population.

Exhibit 21. Delayed care by patient population

In the last 12 months, have you delayed or not gotten any medical care you felt you needed, such as seeing a doctor, a specialist, or other health professional? (combined "yes frequently" and "yes occasionally" response options)



When asked about reasons for delaying care (Exhibit 22), the most frequent response was worrying about what they might hear about their health (34%). Notably, patients experiencing homelessness indicated "I don't have time" as a reason for delaying care more frequently (33%) than did farmworkers (13%). These findings align with anecdotal report from shelter providers to HCH/FH stating that many people experiencing homelessness are working several jobs.

To further understand these results, published studies show it is important for trusted providers to gather direct qualitative information from patients, as there are many nuanced experiences that may lead patients to feel reluctant about seeking medical care. Patients who feel lower health self-efficacy or a lack of control over their health or health behaviors, may need providers to present clear choices and meet patient needs by actively listening and validating emotions.[3] Depending on a patient's past healthcare experiences, care teams may also need to individualize their approaches to minimize other psychological barriers.

Exhibit 22. Reasons for Delaying Care, among those who reported delaying within the past year (n=68) *

Reasons for Delaying Care	Farmworker / Relative of farmworker		People experiencing homelessness		All	
	n	%	n	%	n	%
I'm worried what I will hear about my health	4	27%	13	33%	22	34%
I don't have time	2	13%	13	33%	16	25%
I can't leave someone or something unattended that depends on me (child, animal, loved one, etc.)	3	20%	6	15%	10	16%
I don't have insurance	1	7%	5	13%	7	11%
I don't want to get a diagnosis that will affect my ability to work	4	27%	3	8%	7	11%
COVID-19	4	27%	3	8%	7	11%
Costs too much	1	7%	3	8%	4	6%
Other (including mental health challenges, previous bad experiences, transportation, too ill to travel)	2	13%	11	28%	16	25%

* As the number of respondents is small, generalizations should be made with caution.

[3] Boykin, A., 2022. The Psychology Behind Medical Care Avoidance. Nashville Medical News. Available at: https://www.nashvillemedicalnews.com/article/4590/the-psychology-behind-medical-care-avoidance.

Tele-Health

Only about a quarter of respondents (26%) reported no challenges to virtual healthcare appointments (Exhibit 26). Respondents cited bad cell reception (31%), no internet or Wi-Fi (24%), and no phone or need device (20%) as salient challenges. Although only 6% reported having hearing or visual difficulties, this was more often reported by farmworker patients (10%) than those experiencing homelessness (6%).

To address the lack of phone/needed device, the HCH/FH program has a small pilot program providing cell phones to people experiencing homelessness to enable them to better connect with services, including tele-health. HCH/FH will continue examining the efficacy of this pilot.

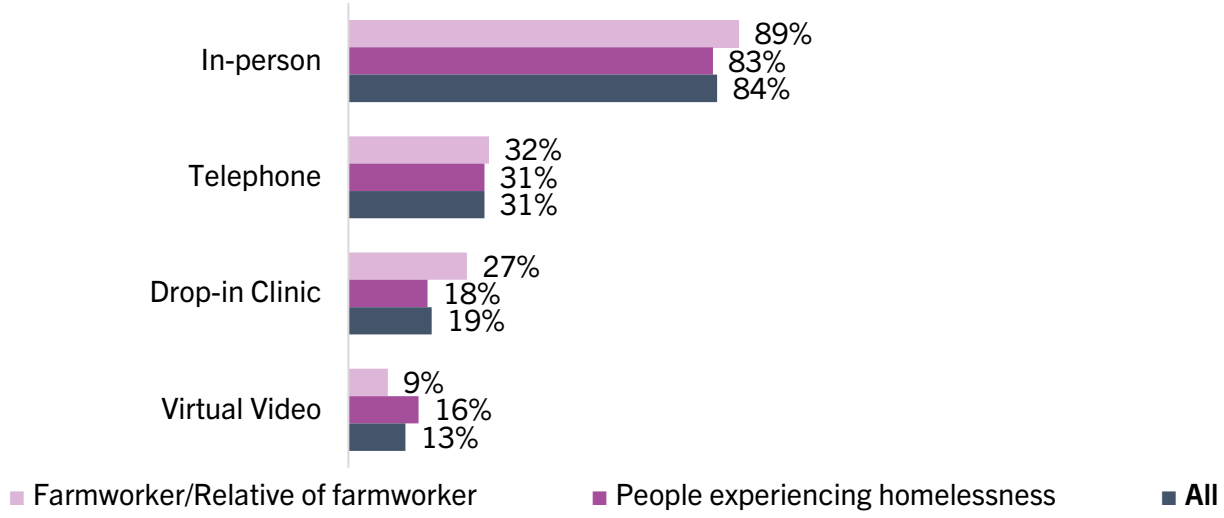
To address bad cell reception, it is recommended that the program conduct additional outreach to better understand how these patients with bad cell reception could be supported. Of the identified barriers, this is the most challenging for HCH/FH to address, as it likely requires broader infrastructural change.

Only about one-quarter of respondents (24%) indicated that "no internet or Wi-Fi" is a challenge of virtual appointment. This is an interesting finding, as in a survey question inquiring about living situation amenities, more than half (57%) indicated they do not have internet/Wi-Fi in their place of residence. One hypothesis to address this discrepancy is that, perhaps, individuals are using Wi-Fi in places other than their residence to conduct virtual appointments (e.g., library, place of work, or coffee shop). It is recommended that HCH/FH investigate this further in future surveys to better understand where patients might engage with virtual appointments outside of their place of residence to help identify potential projects partners (e.g., equity express bus, library room, etc.).

Appointment Preference

Most respondents (84%) reported that they preferred in-person appointments; this was similar across patient population (Exhibit 23). Virtual video appointments were the least preferred (13%).

Exhibit 23. Appointment preference by patient population

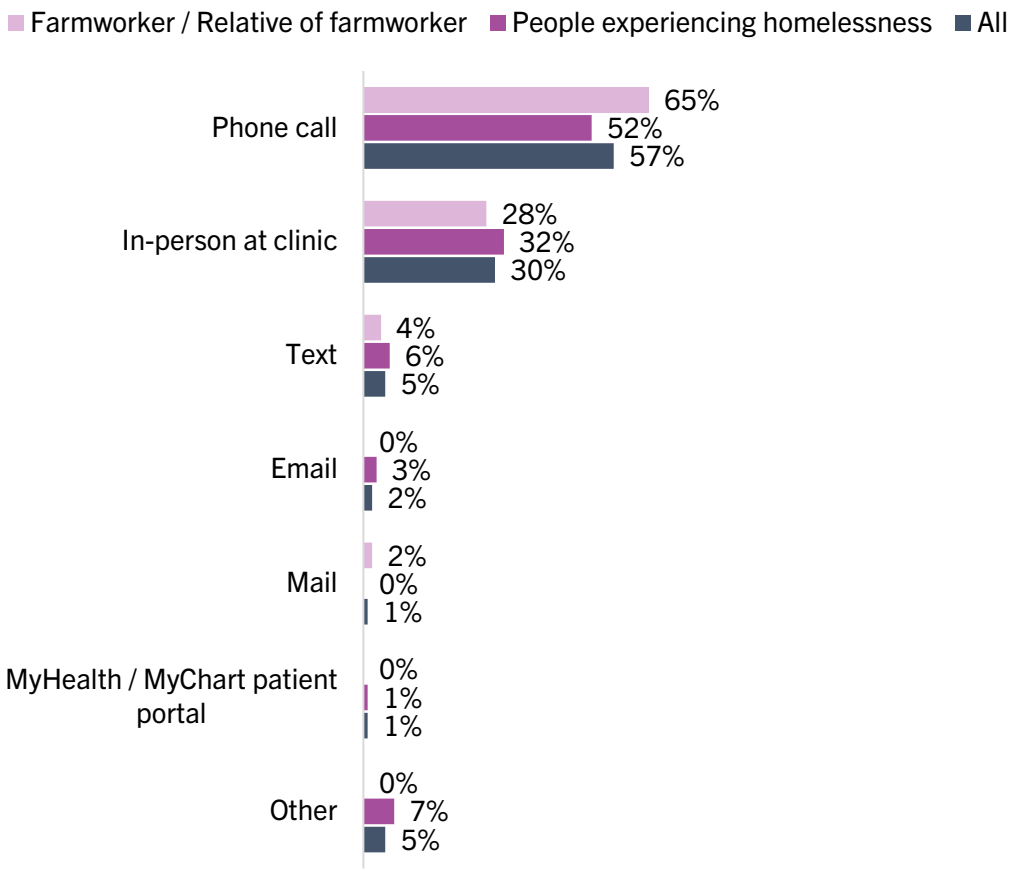


Even though virtual appointments were not popular, there is an industry-wide push to make tele-health more accessible to vulnerable populations. HCH/FH and SMMC should continue to better understand how to provide virtual visits to those individuals who reported interest. For example, among the 13% of individuals who preferred virtual appointments, only 30% indicated that they have internet/Wi-Fi in their current living situation and 24% reported "no internet or Wi-Fi" as a challenge for virtual appointments. HCH/FH and SMMC should focus on acknowledging that not all visits are suited for virtual visits and help educate respondents about the type of visits that could be successful virtually. Future surveys should better delineate between internet/Wi-Fi and cell phone plan data availability and use for virtual visits.

Communication Preference

When asked about their preferred methods of communication with their healthcare providers (Exhibit 24), most respondents (57%) shared that phone calls are easiest, followed by in person communication (30%). Very few respondents preferred email or mail.

Exhibit 24. Communication preference with healthcare team, by population



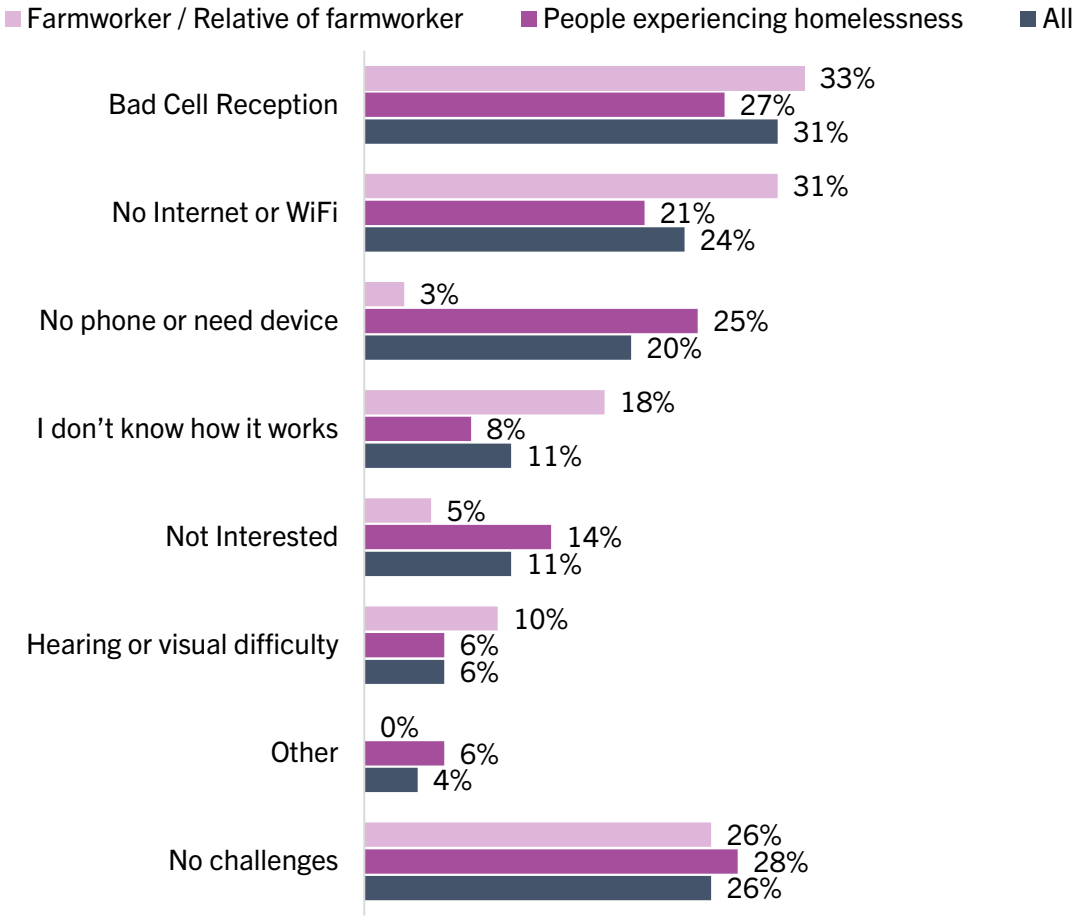
Communication Preference and Virtual Appointment Challenges

When comparing communication preferences by the challenges respondents reported with virtual appointments (Exhibit 25), most respondents who preferred to communicate via email also reported not having a phone/device (75%), while more than a third (38%) who preferred receiving text messages reported bad reception or no internet. It is, therefore, recommended that HCH/FH and SMMC continue asking about patients' ability to connect with care teams in their preferred manner and understanding what they can do to fill technology gaps where they exist.

Exhibit 25. Communication preference by virtual appointment challenge

	Virtual Appointment Challenges						
Communication Preference	No phone or device	Bad cell reception	No internet/ WiFi	Hearing or visual difficulty	I don't know how it works	Not interested	Other
Phone call	16%	31%	26%	7%	13%	4%	7%
In-person at clinic	25%	30%	25%	5%	11%	20%	2%
Text	13%	38%	38%	0%	0%	38%	0%
Email	75%	25%	0%	0%	0%	0%	0%

Exhibit 26. Virtual appointment challenges by patient population



Aligned Care Team and Patient Results: Assets and Opportunities for Growth

The surveys of both care team members and patients that form the basis of the needs assessment are an opportunity to ascertain alignment between those providing and those receiving care. Directly comparing patient and provider responses highlights areas that are working well for both key participants in the HCH/FH partnership as well as specific and actionable recommendations for addressing needs.

Health Literacy and Communication

There is good alignment with the care team's confidence in communicating with patients and patients feeling like the communication has been clear (Exhibit 27). Care team members are confident in their communications and patients feel that they have received clear explanations from their providers. However, while patients also feel like they have enough information to take care of their health and generally do not have trouble reading clinic provided materials, the care team is not always confident that patients have understood their own next steps to support their health.

SMMC's efforts toward improving the literacy accessibility of clinic forms and materials are evident in most patients reporting that they do not have trouble reading such materials. However, there is room for additional literacy support and accessibility options for the small group of patients who reported having trouble reading forms or materials.

Exhibit 27. Health literacy and communication

	Farmworkers	People experiencing homelessness
Care team		
I am confident in my **ability to communicate health and resource information** in a way patients understand.	72%	77%
I am confident that **my patients understand what they need to do** regarding their health when they leave the clinic or are discharged.	29%	45%
Patient	Farmworkers	People experiencing homelessness
Provider **explains your health conditions** in a way that is clear? (% often / always)	81%	78%
My clinic gives me enough **information to take care of my health**. (% strongly / agree)	79%	69%
Have trouble reading clinic materials (% often / always)	15%	20%
By the end of my visit, **my doctor and I agree** about what we should do for my healthcare. (% strongly / agree)	79%	72%

Connections to Resources and Structural Supports

There was also alignment with the resources that care teams reported being aware of and patients' needs (Exhibit 28). For example, of the referral pathways that care teams were asked to identify (Exhibit 9), those for benefits and insurance ranked as highest. This is aligned with most patients having insurance and indicating that they have not had trouble accessing coverage or transferring it between counties, which is often cited as a major barrier by nonprofits serving clients. Furthermore, few patients reported that "not having insurance" or "costs too much" was a reason that they delayed care (Exhibit 22).

Exhibit 28. Connection to health insurance resources

	Farmworker	People experiencing homelessness
Care Team		
Referral pathways exist: Benefits and Insurance	60%	75%
Patients		
Health insurance (n=167)		
• Insured	82%	91%
• Uninsured	18%	9%
Experienced difficulty accessing (n=147)		
• Health coverage / insurance	18%	13%
• Transferring benefits between counties	8%	7%

When comparing care team and patient responses about community resources, the previous recommendation about helping care teams make community referrals to support patients' social determinants of health is further supported. Almost half of patients reported having to cut back on necessities due to the amount they pay for healthcare, while many care team members were unaware of pathways linking patients with financial, food, and other community assistance (Exhibit 29 and Exhibit 30). While the number of care team respondents serving farmworkers was smaller than those serving patients experiencing homelessness, farmworker-serving care team members consistently reported being less aware of referral pathways than those caring for people experiencing homelessness. It is recommended that HCH/FH partner with SMMC's Community Engagement team to provide education to SMMC care team members serving farmworkers about available resources in San Mateo County.

Exhibit 29. Connection to community resources: Care Team

Referral pathways exist:

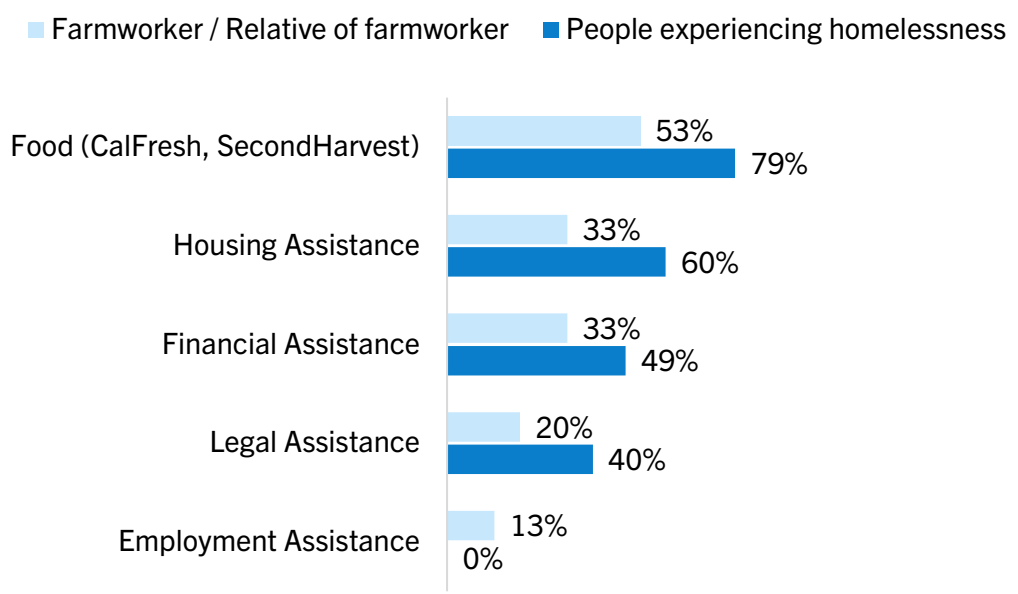
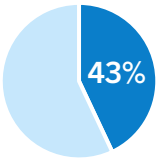
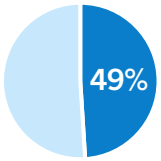


Exhibit 30. Connection to community resources: Patient

In the last 12 months, because of the amount you had to pay for care, have you cut back or done without some necessity, such as food, rent, or other basics? (% occasionally or frequently)



Farmworkers

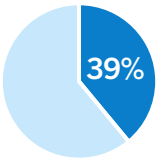


People experiencing homelessness

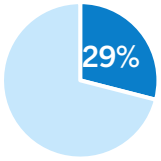
Comparing care team awareness of and patients' use of behavioral health services uncovered additional opportunities for growth. While care team members reported having low confidence in their ability to educate patients about SMMC's behavioral health resources, few patients indicated that they experienced difficulty accessing mental healthcare (Exhibit 31 and Exhibit 32). However, as shared above (Exhibit 16), about a third of patients (31%) were interested in classes about mental health, and this was the top interest for people experiencing homelessness (35%). It is, therefore, recommended that HCH/FH and SMMC continue supporting care teams with training and knowledge sharing about the behavioral health resources available in San Mateo County. For future surveys, it is recommended that HCH/FH consider ways to better understand patients' mental healthcare needs and educational interests.

Exhibit 31. Connection to behavioral health resources: Care Team

When a patient asks for help, I feel confident I can educate them on behavioral health and available behavioral health services (% agree).



Care team serving farmworkers



Care team serving people experiencing homelessness

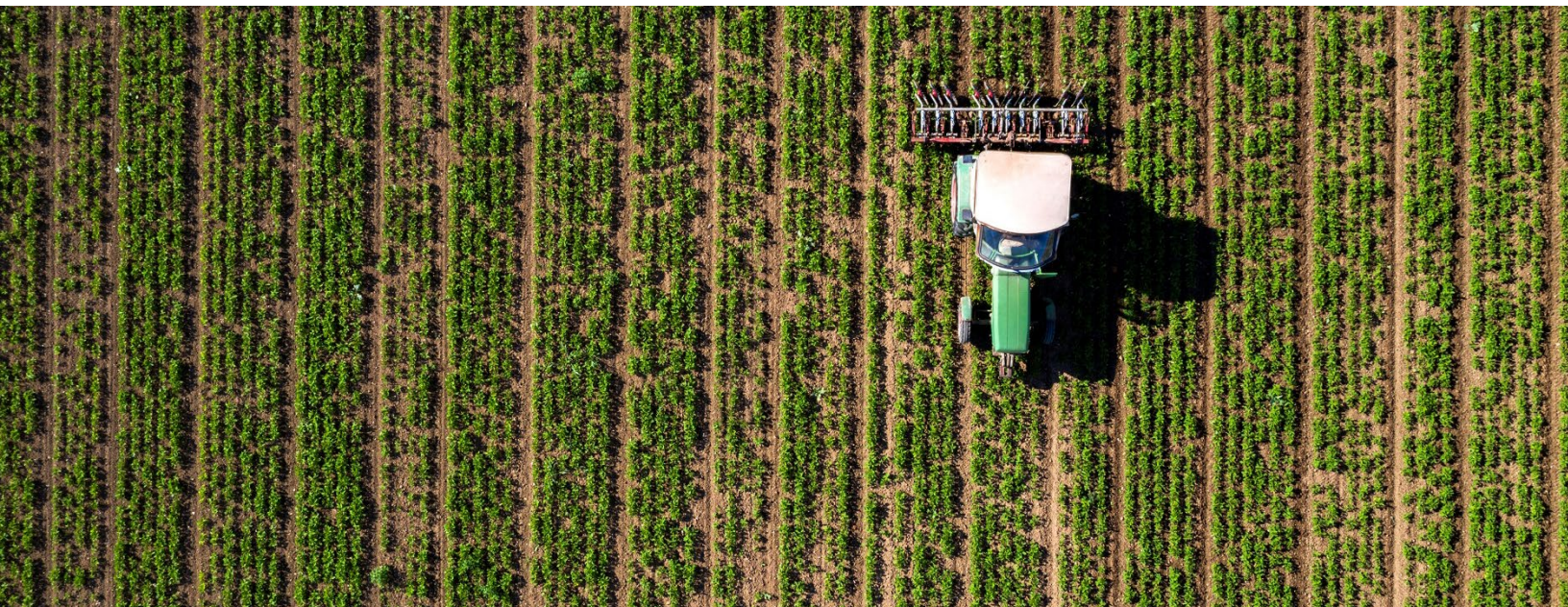
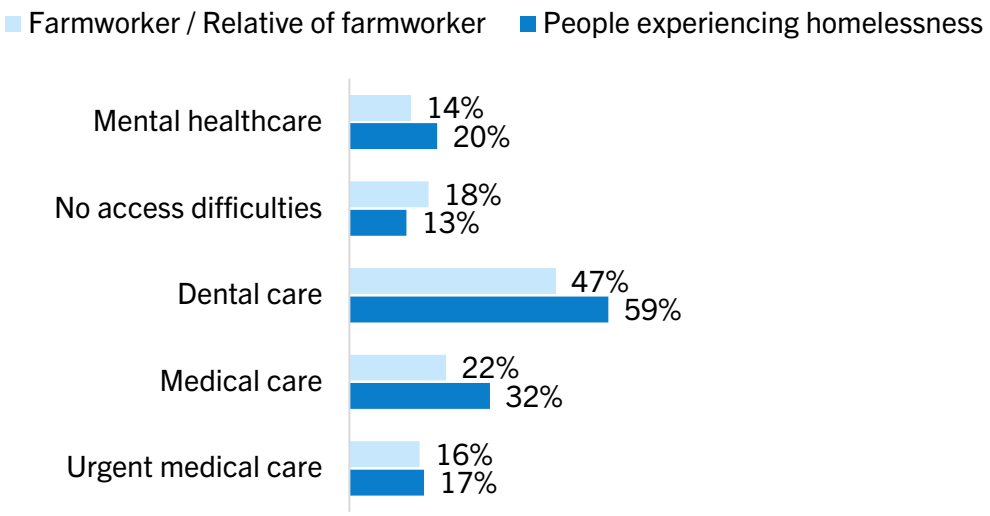


Exhibit 32. Connection to behavioral health resources: Patient

Patient experienced difficulty accessing (check all that apply)

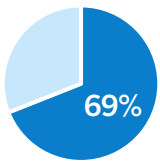


Care Team Satisfaction

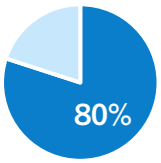
Improving care team satisfaction is one of the needs assessment priority areas. Overall, care team members do feel valued by their patients, especially those who provide care for people experiencing homelessness (Exhibit 33 and Exhibit 34). It is a testament to the dedication that SMMC employees feel toward their patients that patients reported positive experiences with their SMMC care team, including comfort, trust, understanding, and fairness. As there is always room for improvement to ensure that everyone feels welcome and understood, SMMC should continue to engage patients to provide feedback, and HCH/FH will continue evaluating patient grievances.

Exhibit 33. Care team satisfaction: Care Team

I feel valued by my patients for the work I do (% strongly / agree)



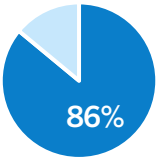
Farmworkers



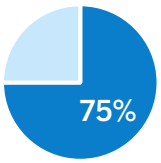
People experiencing homelessness

Exhibit 34. Care team satisfaction: Patient

How comfortable do you feel talking with your healthcare provider about your medical condition(s) and needs? (% very / comfortable)

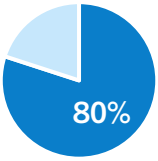


Farmworkers

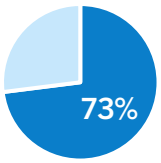


People experiencing homelessness

I trust my healthcare team to do what's best for my health. (% strongly/agree)

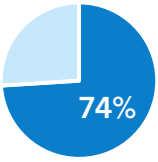


Farmworkers

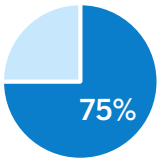


People experiencing homelessness

My healthcare team takes the time to understand and review my symptoms. (% strongly/agree)

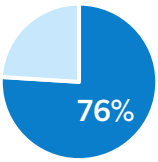


Farmworkers

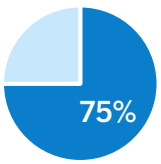


People experiencing homelessness

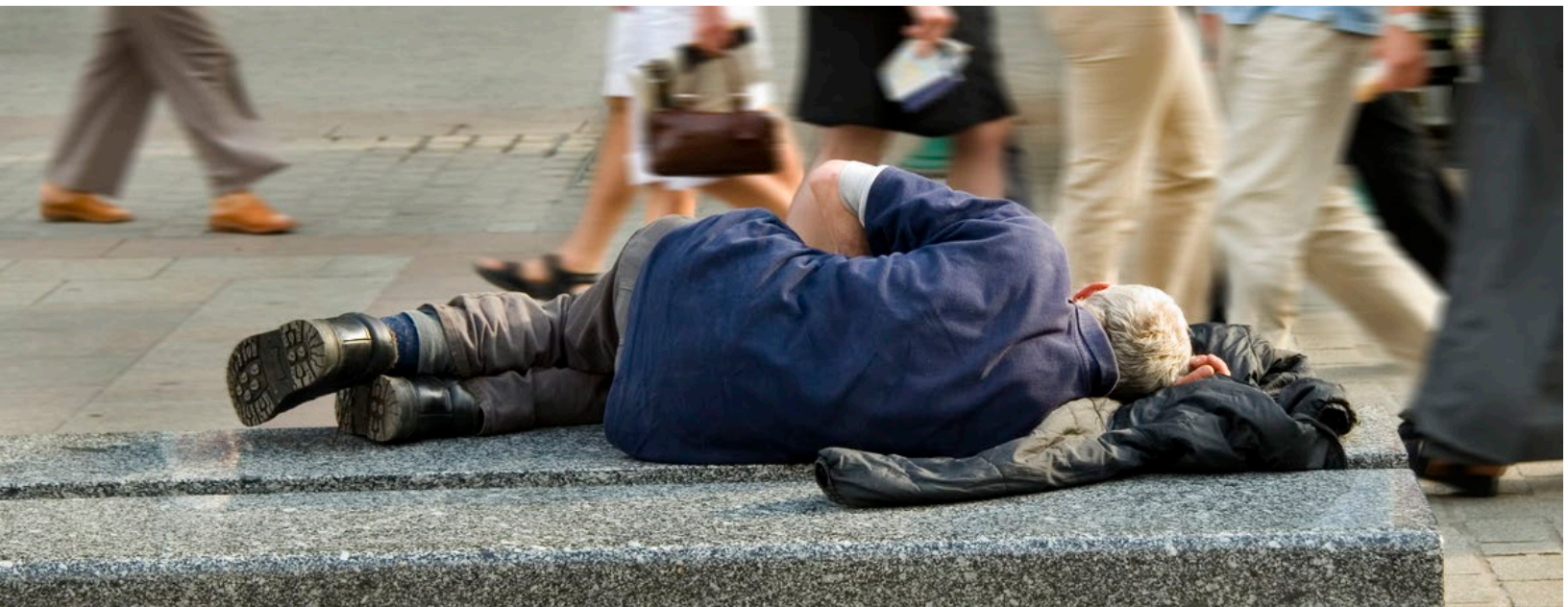
When you go to SMMC, do you feel you receive fair treatment by staff? (% yes)



Farmworkers



People experiencing homelessness



Closing Comments

While the recommendations cited above are the essence of the report, we would be remiss in not highlighting what stood out as already working well; it is important to celebrate and acknowledge the work SMMC is currently doing as it considers improvement opportunities. Likewise, these needs assessment findings lead us to consider possibilities for future studies and analyses as we strive to continue developing and delivering healthcare for the homeless and farmworker communities of San Mateo County, to support them in living their best possible lives. This section provides that overall synopsis.

What is working well

- SMMC staff feel appreciated by patients.
- SMMC's efforts around interpreter services and food security are evident in the care team's comfort in using interpreters and referring patients to food resources and can be used as a model for future initiatives.
- Patients feeling welcome and heard by clinic teams.
- HCH/FH expanded much needed oral health services, including a monthly Saturday dental clinic at Coastside Clinic.
- Patients are receiving healthcare information in a way that works for them.

Recommendations

Supporting Staff

- SMMC should continue its numerous efforts to make front line staff feel appreciated
- HCH/FH should continue partnering with SMMC on opportunities to fund wellness initiatives for care team members.

Community Resources and Referrals

- SMMC should continue its work to include robust community services referral capability via the Social Determinants of Health and other improvement councils as well as through EPIC implementation (Integr8). These efforts should support and empower roles across care teams to make community referrals that address patients' numerous social determinants of health needs, due to their integral importance in patients' health outcomes and care teams' satisfaction.

    - In the interim, HCH/FH can support Improvement Councils and clinic teams with information whenever possible, including partnering with the SMMC Community Engagement Team on how to best inform and link care teams to available community resources and create bi-directional communication and problem-solving.
- SMMC and HCH/FH should continue supporting care teams with training and knowledge-sharing about existing behavioral health resources available in San Mateo County.
- SMMC should continue its plan to roll out a case management EPIC system to make it feasible and easy for community (i.e., LifeMoves) and county (i.e., Bridges to Wellness) case managers to access EPIC and interface with SMMC's care teams.
    - In the interim, it is recommended that HCH/FH work closely with care teams to help them connect with patients' community case managers.

Health Coverage

- HCH/FH should continue to closely monitor the insurance status of both patient populations and to work with the Health Coverage Unit and community partners to ensure clients get and remain signed up for insurance.

Patient Education

- HCH/FH and SMMC can consider ways to better understand patients' attitudes and beliefs about preventative care and provide education on its importance, including potential future cost savings.
- HCH/FH and SMMC should take into account patients' reported interest in health classes when thinking about patient-facing education and outreach.

Access to Care

- HCH/FH should continue working with SMMC and County Health to reduce barriers to oral healthcare in San Mateo County for both populations.
- HCH/FH and SMMC should continue asking about patients' ability to connect with care teams in their preferred manner, working together to reduce barriers to clinic access (e.g., transportation, scheduling visits, wait times, hours of operation flexibility), and understanding what clinic teams can do to fill technology gaps where they exist.

Future Surveys Topics

- **Care Teams Attitudes and Beliefs**: Due to large differences in comfort levels between MD/NP/PA providers and the rest of the care team, a follow up survey could be developed to better understand beliefs and attitudes about providing healthcare to the target patient population among care teams at the clinics where the vast majority of the target population visits occur: Coastside Clinic, Fair Oaks, Innovative Care Clinic, Ron Robinson, and Specialty Clinics at 39th Ave. Particular care should be given to ensuring good representation from MD/NP/PA roles.

- **Patients Access to Behavioral Healthcare:** Future data collection is needed to better understand SMMC patients' experience connecting to behavioral health services.

- **Tele-Health:** Future surveys could be created to better understand the barriers to video visits in versus out of the home as well as why patients prefer an in-person visit, and what they envision an in-person visit looking like to them. This could also be used as an educational tool to inform patients about the difference between what can be provided in person versus via phone or video.

The HCH/FH team sincerely thanks all the partners who assisted in the development of this report. Though the effort of administering surveys, analyzing the data, and writing the report is now complete, the real work and opportunity has just begun. The HCH/FH team invites your input on the results of this report, both regarding partnering on the recommendations as well as input into planning the next Needs Assessment.

Please join us in the work, by attending a Board Meeting or becoming a Board Member. How to do this as well as more information about the program can be found here: https://www.smchealth.org/smmc-hchfh-board.

We look forward to hearing from you.

Strategic Plan Activities – Draft – Prepared for October 2023 HCH/FH Board Meeting

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 services to non-conventional health care settings
    3. Collaborate with SMMC, BHRS, and PHPP to optimize clinic operations and reduce patient grievances
    4. Collaborate with 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 compliance requirements**
    1. Pass HRSA Site Visit audits with minimal to no findings
    2. Timely and accurate annual 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 in program operations**
    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