County of San Mateo

Healthcare for the Homeless/Farmworker Health HCH/FH Co-Applicant Board's

Strategic Plan 2020-2023

Version 2.0
2/3/2022

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo County Healthcare for Homeless/Farmworker Health Co-Applicant Board
Strategic Plan 2020-2023

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Executive Summary

The 2020-2023 Strategic Plan builds upon previous efforts and reflects the evolution of the HCH/FH program both due to an expansion of program staff as well as new members on the Co-Applicant Board which, when combined, allowed the program to think more broadly and comprehensively.

The strategic planning process included a day-long kick off meeting for the Co-Applicant Board in September 2019, key informant interviews with ~40 stakeholders, 10 two-hour brainstorming sessions with diverse stakeholders, and a strategic planning subcommittee which consisted of Co-Applicant Board Members and San Mateo County Health Leadership. A Needs Assessment was completed in parallel to these efforts and its findings, including surveys from ~400 respondents, infused all aspects of Strategic Planning. Through these conversations and data analysis, several key findings arose:

Key Findings:

1. HCH/FH is a relatively small team and at the time of writing the strategic plan, were managing 14 contracts and MOUs across 10 entities. This does not include managing small funding requests or ad hoc expenditures which also require substantial administrative oversight. This takes significant staff time and effort that does not allow the program to dive deeply or measure outcomes fully of any one service beyond what is federally mandated.

2. There is a need for advocacy on behalf of the farmworker and homeless populations and a recognition of the emotional load it takes on providers to care for these patients. The two populations have unique differences which the Program needs to address more completely.

3. Street/Field Medicine and the Mobile Clinic (part of San Mateo County (SMC) Health's Public Health, Policy and Planning division) are extremely successful in providing services to the most vulnerable, difficult-to-reach patients. Due to this, their services are a cornerstone to the HCH/FH program and are lauded by county and community partners.

4. SMC Health provides many direct services (primary, dental, and behavioral health) and in some instances – particularly when it comes to Alcohol and Other Drug Services – they are underutilized. Accessing these services by marginalized communities remains difficult.

5. HCH/FH's funding agency, the Health Resources and Services Administration (HRSA) has generated compliance issues and concerns around the programs' contracting with external entities for clinical services. Compliance is an ongoing focus for this Program.

Key Decisions:

1. Funding for the Street/Field Medicine and the Mobile Clinic will be managed through direct negotiation rather than a competitive process, a change from previous funding cycles.

2. HCH/FH will focus efforts on improving and directing access of our populations to SMC Health and San Mateo Medical Center (SMMC) clinical services by funding enabling

services such as care navigators. This decision allows the Program to avoid compliance issues and have more control of health outcomes.

3. Efforts will be made to reduce the number of unique contracts/MOUs, increasing their amounts, and improving how outcomes are measured and reported.
4. How externally contracted partners think about advocacy on an organizational level and trauma-informed care on a provider level will be built into the RFP and taken into consideration when awarding funding.

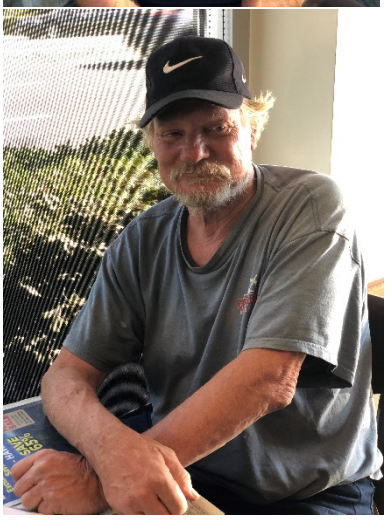
In considering the findings and results, the board and the program arrived at strategic priorities to address them. Those priorities are:

1. **Strategic Priority 1:** Increase homeless & farmworker patient utilization of SMMC & BHRS Services.
2. **Strategic Priority 2:** Decrease barriers for homeless and farmworker patients to access health care.
3. **Strategic Priority 3:** Support health care providers serving homeless and farmworker patients.
4. **Strategic Priority 4:** Decrease health disparities among people experiencing homelessness & farmworker patients
5. **Strategic Priority 5:** Meet and Exceed all HRSA Compliance Requirements

How these priorities will be implemented and measured are covered in the following pages.

Background

The San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program is a county program that is federally funded by the Health Resources and Services Administration (HRSA) through the Public Health Act, with an annual budget of roughly $3M. The Public Health Act supports over 1,300 Community Health Centers, Health Care for the Homeless Programs, Migrant/Farmworker Health Programs, and Public Housing Health Centers around the country. These programs support the availability and delivery of health services for their populations and focus on primary care, dental care, behavioral health, and supportive services in the outpatient setting. HCH/FH is the only known program in the United States which is solely both a Health Care for the Homeless Center and a Migrant Health Center.



HCH/FH complies with all HRSA regulations and grant requirements, therefore providing for all San Mateo County Health outpatient clinics to be considered Federally Qualified Health Centers (FQHC) and receive enhanced Medi-Cal and Medi-Care reimbursement rates, bringing in an estimated $15-30M per year. Persons experiencing homelessness and/or farmworkers living in San Mateo County can access primary health care regardless of their ability to pay.

Within the County structure, the HCH/FH Program is primarily governed by an independent Board which is composed of community members who live in San Mateo County and are not employed by San Mateo County Health. The Board, which is typically about 12 people in size, decides how grant funds are spent, the services to be provided, and is responsible for ensuring compliance with HRSA's regulations and grant requirements.

Organizationally, HCH/FH resides within the San Mateo Medical Center which is one branch of San Mateo County Health, and reports to SMMC's CEO Chester Kunnappilly. Additionally, HCH/FH collaborates closely with other branches of Health, including Public Health, Policy & Planning (PHPP) and Behavioral Health & Recovery Services (BHRS) via Memorandums of Understanding (MOUs). HCH/FH also contracts with nonprofits to provide additional services that improve patients' access to healthcare. . Finally, HCH/FH builds relationships with county and non-county organizations and works closely with its counterparts Center on Homelessness, which is housed in the Human Services Agency, and the Department of Agriculture.

Since 1996, when the County first began to receive HRSA funding, the HCH/FH Program has grown significantly as have HRSA requirements. As the complexity of regulatory compliance increased, so have the challenges of our patients. With San Mateo County as one of the most expensive counties in the country, along with a national opioid public health emergency, immigration policies, and the ongoing housing crisis, numerous factors impact the program's ability to provide services. As such, strategic planning efforts are undertaken periodically to ensure the HCH/FH program is maximizing its impact while being responsive to the everchanging needs of our service population.

Mission, Values, and Philosophy

HCH/FH aligns with the San Mateo Medical Center's mission to "partner with patients to provide excellent care with compassion and respect" with the vision that every patient live the healthiest life possible.

In 2016, the HCH/FH Co-Applicant Board developed their own mission, vision, and value statements which still hold true today with some minor modifications to reflect the Board's evolution. These guiding principles will inform the Board and Program Staff when developing programs

Mission

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

Vision

- Health care services provided to homeless and/or farmworker individuals are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals.
- The HCH/FH Program 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 health care 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 health care and social services.

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

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

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

Strategic Priority 1: Increase homeless & farmworker patient utilization of SMMC & BHRS Services.

Activities	Outputs	Outcomes
Attach care navigator capacity to **New Patient Connection Center** to help NPCC locate, follow up, and bring patients to SMMC	Number of patients care navigator locates upon request from NPCC	By EOY 2023, **50%** of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS. By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by **40**% from 2019 baseline By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by **20**% from 2019 baseline. ***Approved by the Board July 2021***
Attach care navigator capacity to **Mobile Clinic** to help patients seen at Mobile Clinic seek follow up/continuous care at Brick and Mortar Clinics	Number of patients referred to Care Coordinators by Mobile Clinic/Street/Field to be seen at SMMC or BHRS.
Attach care navigator capacity to **Street/Field Medicine** to help patients seen follow up/continuous care at Brick and Mortar Clinics	Number of referred patients Care Navigator helps to get scheduled for a visit.
Attach care navigator capacity to **newly housed individuals** to transition them from potentially mobile-based health services to brick and mortar/help maintain existing connection to health care services	Number of newly housed homeless patients who maintain their connection or create a connection to SMMC brick and mortar clinics after moving
Work with SMMC NPCC and SMMC COO to ensure homeless patients can get slotted into a clinic visit within a reasonable time frame	Length of time between patient/care navigator on behalf of patient requests an appointment and obtaining an appointment at SMMC
Open Saturday Dental Clinic at Coastside Clinic for farmworkers and family members	Number of farmworker and dependents receiving preventive dental care.

Strategic Priority 2: Decrease barriers for homeless and farmworker patients to access health care.

Activities	Outputs	Outcomes
Bring primary care to locations where **people experiencing homelessness** reside, i.e. encampments and shelters	Number of patients seen by Mobile Clinic and Street Medicine # of unique locations visited by Street Medicine and Mobile Clinic	By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to **5% and 10%** respectively. ***Approved by the Board September 2021***
Bring primary care to **farmworkers** at their employment location in San Mateo County, South and North Coast	Number of farms visited by Field Medicine team per month Number of farmworkers seen by Field Medicine per month	
Provide behavioral health services at locations where **people experiencing homelessness** reside, i.e. street, encampments and shelters	Number of people experiencing homelessness and farmworkers seen by BHRS and PHPP IBHS	
Provide mild/moderate mental health & AOD services to **people experiencing homelessness** in shelters		
Provide mild/moderate mental health& AOD services to **farmworkers**		
Provide behavioral health care coordination via referral from community providers serving **people experiencing homelessness**		
HCH/FH staff works with SMMC/IT to ensure primary care/behavioral health services are provided via Tele-Health Stations at Maple Street & Puente	Number of tele-health visits conducted at baseline, midpoint, and final: % encounter face to face, % phone, % video	
Develop relationships with farm owners to support services for **farmworkers**	# of growers contacted # of growers responding	
Plan for transportation for **farmworkers** in South Coast to get to Coastside Clinic for Saturday dental clinic	# of people who use transportation	
Healthcare insurance/other benefits sign up for **people experiencing homelessness** and **farmworkers**	Number of people helped to sign up for health insurance Number of people who maintain their health insurance	
Work with BHRS IT to develop data reports from Avatar	Have a method to un-duplicate data between SMMC and BHRS patients	

Strategic Priority 3: Support health care providers serving homeless and farmworker patients

Activities	Outputs	Outcomes
Provide training to SMMC, BHRS, PHPP, and community providers at least 2/year, including tele-health related.	Number of trainings conducted Number Post-training Surveys received	Refer to QI/QA Plan for patient satisfaction related outcomes.
Create/maintain/update LMS modules (i.e. PSA training, homeless & farmworker health topics)	Number of HCH/FH Specific modules created/updated/ maintained per year.	
Financially support SMMC, BHRS, PHPP, and community providers to attend relevant health conference	Number of people attending conferences.	
Partner with SMMC's Patient Experience department to conduct "Provider Appreciation" activities	# of events # of email communications	
Conduct two way dialogue with clinic managers/providers on HCH/FH program (quarterly report, meetings, etc)	# meetings/presentations	
Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients	# provider collaboratives hosted for homeless health providers per year	
Support providers via small funding requests	# small funding requests completed	

Strategic Priority 4: Decrease health disparities among people experiencing homelessness & farmworker patients

Activities	Outputs	Outcomes
Follow work outlined in the HCH/FH QI/QA Plan. In 2020/2021, the Plan focuses on: 1. Cervical, colorectal, and breast cancer screening 2. Diabetic control 3. 1st trimester prenatal care 4. Depression screening and follow up 5. Adult BMI screening & follow up	Refer to QI/QA Plan	Refer to QI/QA Plan for clinical outcome goals
Standardize a reporting pathways between gathering and analyzing data and presenting the data to the San Mateo Medical Center to execute change*		
Asses feasibility of capturing homeless and farmworker status in SMC County death certificates.		
Education/Outreach for farmworkers and people experiencing homelessness	# of education events held # of farmworkers engaged # of outreach materials developed and distributed	

Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements

Activities	Outputs	Outcomes
Ensure HRSA Site Visits are conducted to an excellent level and minimize findings	Number of findings from site visits	Following a site visit, have no more than **5** immediate enforcement actions, fewer than **2** conditions enter the 90-day phase of Progressive Action and **0** conditions enter the 30-day phase of Progressive Action Program will have no more than **5%** of funds remaining at the end of the current grant cycle (December 2023) ***Approved by the Board September 2021***
Have a well functioning Co-Applicant Board, with proper representation across numerous areas of subject matter expertise and robust visibility in the community, Brown Act compliant, ethics and conflict of interest	Number of new members on-boarded per year.	
Submit UDS reports on time, answer all responses, improve year over year the processes by which data is reported.	Annual on-time UDS submissions	
Conduct Needs Assessment, update QI/QA and Strategic Plan on a regular basis	QI/QA award amount per year	
Apply for supplemental awards when appropriate.	Amount of supplemental awards received	
Right-sizing contracts throughout the year & identifying opportunities to spend down grant funds.	Amount of unexpended funds remaining at grant cycle end	
Stay connected to technical assistance opportunities through HRSA.	Number of webinars/trainings attended by staff	

Reporting and Refinement

The HCH/FH program reports on a large number of metrics throughout the year, ranging from contractor performance to Uniform Data System reports which holistically describes utilization numbers and quality metrics.

The Board will be regularly updated on outputs and outcomes outlined in the Strategic Plan.

1. By EOY 2023, **50%** of clients receiving care coordination will have at least one brick and mortar health care visit (primary care, behavioral health or dental care) within a 12-month period at SMMC or BHRS.
2. By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by **40**% from 2019 baseline
3. By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by **20**% from 2019 baseline.
4. By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to **5% and 10%** respectively.
5. Following a site visit, have no more than **5** immediate enforcement actions, fewer than **2** conditions enter the 90-day phase of Progressive Action and **0** conditions enter the 30-day phase of Progressive Action
6. Program will have no more than **5%** of funds remaining at the end of the current grant cycle (December 2023)

The strategic plan also refers to the QI/QA Plan for patient satisfaction and clinical outcome measurements. Reporting on those metrics will continue per existing timelines and reporting pathways.

A Strategic Plan Sub-Committee will meet twice a year to get an update on the output measures as well as a preview into how the program is doing against the strategic plan. At these meetings, input on operations will be received and tweaked to support meeting targets.

Evaluation/Update Timeline

Appendix

1. Strategic Planning Process
2. Retreat Agenda
3. Key Informant Interview Questions
4. Strategic Topic Brainstorming Session Recap
5. Baselines

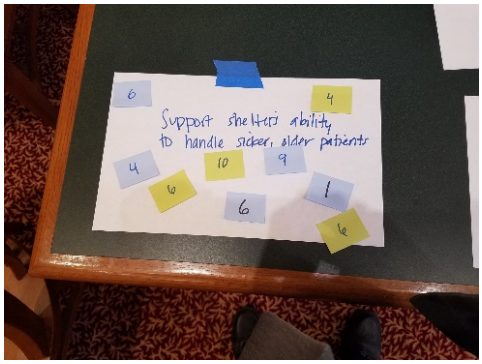
Strategic Planning Process

Prior to this strategic planning cycle, HCH/FH had worked with a consulting firm in 2016 to develop a Strategic Plan. The work focused on defining the Board's Mission, Vision and Goals as well as activities to reach those goals [see next section]. The strategic planning effort this cycle was brought-in house due to the hiring of a Program Planning and Implementation Coordinator to lead the work. Additionally, the timing of this strategic plan was such that the decisions made would directly influence the services requested in the 2020 RFP. HCH/FH is mandated to go out for RFP every 3 years, and this was an opportunity to put financial support behind the strategic priorities.

Co-Applicant Board Retreat – September 2019

A day-long meeting was held at the San Mateo County Museum in Downtown Redwood City to kick-off the Board's strategic planning work. County Manager Mike Callagy started the meeting and thanked the Co-Applicant Board for the important work its Members are doing to ensure that some of the County's most vulnerable residents can get health care services. The first part of the Board Meeting was an overview of program information to set the scene to set strategic priorities.

The second half of the meeting was dedicated to prioritizing subject matter topics. This was done by giving all Board Members 10 sticky notes, ranked 1-10. Board Members walked around the conference room which had about 20 topics laid out for ranking, with sticky notes with the number 1 being the most important work HCH/FH should be focusing on and 10 being the least important. The topics were created by the HCH/FH Program Implementation and Planning Coordinator based on the basic understanding of what HCH/FH does and Board Members' input which was received during one-on-one board member interviews. Board Members not present at the retreat had an opportunity to provide their ranking at a later date.



Board and Staff came up with the below prioritization and noted that Youth Services were missing topics to be considered for future. The table below is sorted by the "combined" category score (column on the left), and ranking values were swapped, meaning a higher value indicates greater importance. Of note, Board Members and Program Staff were often not aligned, for example Board Members ranked addiction services very high while staff did not, and staff ranked dental services as extremely high and Board Members did not. The combined score was used to reflect that both groups have different but important perspectives on HCH/FH priorities.

Item	Board Category Score	Staff Category Score	Combined Category Score
Mental Health	5	4	5
Addiction Services	6	1	4
Street/Field Medicine	3	5	4
Increase shelter medical capacity	4	3	4
Dental Services	2	8	4
Decrease wait time at SMMC Clinics	4	4	4
Medical Respite	3	4	3
Navigator at SMMC	3	5	3
Collaborate w/ SMMC clinics	2	3	3
Education to farmworkers	3	2	2
Care Coordination/Enabling Services	2	2	2
Housing	3	0	2
Collaborate with law enforcement	2	2	2
Expand Mobile Clinic	3	1	2
Legal Aid	2	2	2
Case management system	1	4	2
Nutrition/Food Access	2	1	2
Improve Sliding fee scale	0	2	1
Website/Logo	0	2	1
Expand Evening Hours	1	0	1
Telehealth	0	1	0
Grow Board membership	0	1	0
Transportation	0	0	0

Brainstorm Sessions: Winter 2019

Based on this ranking, the below **8 brainstorming sessions** were developed to further explore what each of these strategic priorities could entail:

1. Medical Respite/Medical Acuity in Shelter/Housing
2. Collaboration with Law Enforcement
3. Farmworker Education/Outreach
4. Nutrition / Food Access
5. Dental (discussion at Oral Health Coalition Meeting)
6. Behavioral Health and Addiction Services
7. Street/Field Medicine & Mobile Clinic
8. Patients at SMMC Clinics

Board Members were invited to sign up to participate in at least one brainstorming session, and staff invited subject matter experts – either from within the County or the Community – to participate. Brainstorming sessions were typically 2 hours long and were attended by about 5-10 people. Each session began with an ice breaker as an attempt to facilitate attendees to think 'outside the box'. A one-page summary was provided to attendees in advance to describe current efforts in the space as well as seed ideas for potential new activities. The brainstorming sessions led to rich conversations, which ultimately laid the basis for the direction the Board would take.

Key Informant Stakeholder Interview: Summer 2019 – February 2020

Program staff identified key stakeholders and interviewed about 40 people over the course of 6 months. The three groups were:

1. Co-Applicant Board Members
2. San Mateo Medical Center Providers and
3. Subject Matter Experts both internal and external to the County

Several key themes/ideas from each group are summarized below:

HCH/FH Board Members *n=11*	SMMC Health Providers *n=11*	SMMC, Health, & Nonprofit Individuals *n=15*
•Board Members should to be more involved in subcommittees/Board efforts •Need more people with lived experience on the Board •AOD/SUD is a main health issue for people experiencing homelessness •Do one thing really, really well: fund fewer things with higher degree of focus	•Would be helpful to have standard work/care plans •Need more case management support for this patient population, including follow up with patients with unreliable communication •Minimize duplicative services •Need medical respite for patients recovering from surgery	•More information sharing •Focus on evidence-based measures to get known results •Integrate with other SMMC, Health and County departments/ agencies as well as other nonprofits •Housing is healthcare •No good way to identify those who are homeless, need data sharing and collaboration with HSA •Aging homeless population a real concern •Combine story telling with facts and numbers

Needs Assessment – Summer 2019-Spring 2020

The 2019 Needs Assessment was conducted in parallel to the Strategic Planning work. The full report can be found here. The ~400 surveys conducted for the Needs Assessment was a mechanism for the Strategic Plan to incorporate voices from people with lived experiences. The Needs Assessment was two reports in one, focusing on gaps and needs for each population separately. A summary of the findings is provided below.

Farmworkers:	***People Experiencing Homelessness***:

In 2018, there were about 1,300-1,600 farmworkers and an additional 1,700-2,000 farmworker dependents in San Mateo County. In 2018, an estimated 30-50% of this total population was seen at SMMC or one of HCH/FH contractors. Most farmworker/dependents seen at SMMC clinics are children: the mode age was 12 and the median age 23. The average farmworker in San Mateo County is between 43-45. This indicates a need to better connect adults to brick & mortar care. It is clear the farmworker community in San Mateo County is stable and vibrant, and there are many county departments, committees, nonprofits, and grass root efforts to support farmworkers and their dependents. Still, federal immigrant policy and the unique nature of the agricultural labor force pose challenges for this important community such as fear to seek health services, inability to take time off work to get health care, housing insecurity, and lack of insurance despite the County's unique ACE program. **Concrete actions:** that came out of the Needs Assessment and ended up reflecting in the strategic priorities the Board moved forward with are: 1) develop a more robust community health program particularly in Half Moon Bay, 2) develop positive relationships with farm owners, and 3) learn from Monterey's Migrant Health Program's relationship with California Rural Legal Assistance.	A main goal for the report on people experiencing homelessness was to understand the relationship between aging and homelessness and how to better meet health needs that arise with aging. Fifteen percent of 2019 Needs Assessment Survey respondents reported having trouble getting or keeping a shelter bed due to health reasons; the median age for this group was slightly higher than those who did not report trouble getting or keeping a shelter bed. Additionally, unsheltered survey respondents were more likely to identify incontinence, kidney issues/failure and accidental falls causing injury as a problem they faced in the last year versus sheltered homeless individuals, who in turn were more likely to report a cancer diagnosis than someone who is unsheltered. Through a partnership effort with the Hospital Consortium of San Mateo, we learned San Mateo County hospitals overwhelmingly believe long-term placement for their homeless patients at discharge is needed. It can be assumed this is due to an aging population as well as complex health needs which discharge planners do not expect the individual will be able to overcome living independently. **Concrete actions** HCH/FH can consider are to 1) raise awareness about these issues and partner with appropriate stakeholders to collectively find solutions and 2) consider supporting shelters in providing more health services on-site as their clients' health complexity continues to increase with time.

Strategic Planning Subcommittee – Winter 2020 and Summer 2020 (break to account for COVID-19 response)

The Strategic Subcommittee was composed of 5 Board Members and 5 Executives from SMMC and Health and met 4 times for 1.5 hours. All executives were briefed in 30-minute meetings in advance of the fist strategic subcommittee meeting to bring them up to speed both with the HCH/FH Program as well as its strategic planning process.

The intent was to develop recommendations for the Co-Applicant Board to take under consideration when finalizing strategic priorities and the services that will be requested via RFP.

This was the first time the Board was able to work this closely with leadership, thus enabling the Program to avoid redundancies and focus on where its core competencies lie. Ultimately, the Co-Applicant Board moved forward with all the recommendations from the strategic subcommittee, which was also informed of the retreat, needs assessment, and interviews findings at a very high level.

Key findings/conversations from the Subcommittee Meeting which the Co-Applicant Board subsequently was informed on and agreed upon:

1. The Street/Field Medicine and Mobile Clinics are cornerstone programs for HCH/FH and the Board should safeguard funding for those programs and will not need to be part of the bidding process this cycle, though their Memorandum of Understanding (MOU) will be updated
2. SMMC is dedicated to ensuring both populations can get timely visits in the clinics *[this was part of conversations prior to COVID-19 which significantly impacted all clinic operations]*
3. Due to HRSA compliance issues, contracting externally for primary care, and potentially for dental care, is problematic because HCH/FH does not have access to the patient medical records, meaning there is limited visibility and opportunity to improve health outcomes outlined in the program's QI/QA plan
4. Refrain from duplicating efforts: County Health has a myriad of departments and expertise, and often times existing services are underutilized. Focus on starting new programs only if they do not already exist. Raise awareness and help people get to existing program.
5. East Palo Alto (EPA): When there was a possibility in mid-2019 that the program might need to terminate one, two or all three contracts with Ravenswood Family Health Center (RFHC) located in EPA due to HRSA compliance issues, some Board members voiced concern it looked like we were abandoning people of color in the area. Since it seemed likely primary care and dental care services would not be put on the RFP, it became clear RFHC would not be able to apply for funding for clinical services, though it could apply for anything related to care coordination.

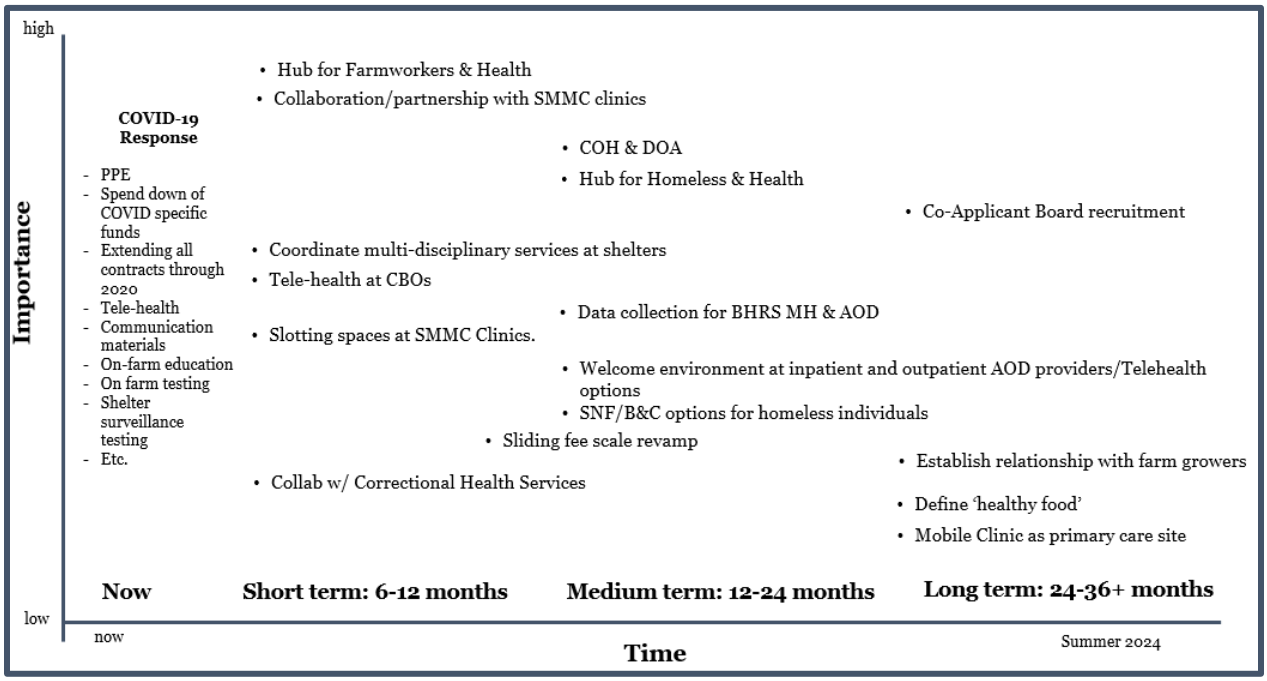
Strategic Sub-Committee Recommendations:

Strategic Priorities Executed by Contract or MOUs Included in RFP ~$1.2M Not included in RFP ~$1M	[Enabling services] Promotores Model on the Coast via contract
	[Enabling services] Staying connected to health services after moving into housing via contract
	[Enabling services] Case Management for Street/Field/Mobile & NPCC via MOU
	[Primary care] Street/Field & Mobile Clinic via MOU
	[Dental Services] Saturday Dental Clinic at Coastside via MOU
	[Behavioral Health] Partnership with Behavioral Health and Recovery Services for mental health and substance use services via MOU**
	Operational costs [training, consultants]

Strategic Priorities executed by HCH/FH Staff and Board Members	Mandatory	Strategic Priorities (see below)
	HRSA Reporting	Short Term
	Quality Improvement	Medium Term
	Needs Assessments/Patient Satisfaction	Long Term

***Added to the list outside of the strategic subcommittee work, via Co-Applicant Board Discussion*

Staff & Board Member Strategic Priorities



These recommendations were then further refined and ultimately led to the goals and priorities outlined in Priorities section of the strategic plan.

Wrapping Up

The priorities identified through the process outlined above drove the development of the Request for Proposal. Due to COVID-19, all timelines were shifted by 6 months, from finalizing the strategic plan to developing and releasing the RFP. Unlike previous years, the RFP in 2020 reflected the specific priorities that the Board had outlines they wanted to focus on (versus the RFP being broad/open ended and inviting agencies to respond to any services that fell under primary, dental, behavioral or enabling). The RFP was released at the end of 2020, and vendors were selected in the Spring 2021. Contracts are negotiated and being finalized at the time of finalizing this report (over summer and Fall 2021).

Meanwhile, the Implementation and Planning Coordinator worked with an ad hoc Board committee to establish targets for several key outcomes. This is a work in progress, and the targets will be continuously evaluated and edited.

Health Care for the Homeless/Farmworker Health

Board Strategic Planning Retreat 2019

Agenda

Wednesday, September 18th, 8:30am-2:30pm

Location: San Mateo History Museum, Downtown Redwood City

2200 Broadway

Time	Topic	Speaker
8:30-9:00am	Breakfast and welcome speaker	Mike Callagy, County Manager
9:00-9:10am	Meeting kick off	Jim Beaumont, Director
9:15-10:45am	Needs Assessment *Current data on our two populations and local context*	Robin Haller, JSI
	Patient Satisfaction *How patient satisfaction is measured both by SMMC and HCHFH program*	Danielle Hull, HCHFH Staff
	Board Evaluation *Review what's going well and opportunities for improvement based on Board and Staff evaluation*	Robert Anderson, Board Vice Chair
	Health System Overview *How does the Health System operate, what divisions provide services, current status of SMMC*	Frank Trinh, HCHFH Medical Director
Break – 10:45-11am		
11:00am-12:00pm	Measuring Success: Current & Future Metrics *What do we currently track and how do we want to track progress moving forward*	Irene Pasma, HCHFH Staff
Lunch – 12:00 -1pm		
1:00pm-2:00pm	Project Prioritization *Discuss the projects the Board has discussed they want to prioritize, identify any new projects, assign a 'weight' to each project to help begin prioritization*	Irene Pasma, HCHFH Staff
2:00pm-2:30pm	Next Steps and Evaluation Form	Jim Beaumont, Director

Dear Board Members,

Tomorrow is our Strategic Planning Retreat – I hope everyone is getting ready for some productive discussions (and lots of coffee). Please find meeting logistics below - if you have any questions, please contact me.

1. **Location**: County Museum, 2200 Broadway – go up the stairs or take the elevator to the Atkinson room, on the 2nd floor
2. **Time**: Meeting starts at 8:30, please arrive on time. Meeting ends at 2:30pm. Breakfast and lunch provided.
3. **Public Transportation**: The Museum is close to CalTrain and the ECR line
4. **Parking**: If you're driving, you can park at the **Jefferson Avenue Garage** (entrance is off Jefferson between Middlefield Road and Broadway)
    a. The first hour and a half is free, it's $0.25 per hour afterward (see attached)

Here are a couple of short articles to help create a collaborative/welcome space tomorrow:

- Forbes: How to Keep an Open Mind, Link
- Forbes: Getting your voice into the room when you're afraid to speak up, Link
- Chronicle of Higher Education: Yes, you have implicit biases, too, Link

HCH/FH Strategic Plan (Developed Sept 2019)
Co-Applicant Board Member Interview Questions

1. What do you feel the Board does well?
2. What can the Board do better?
3. What are three things you'd like to see the Board get accomplished in the next three years?
4. How should the Board prioritize the project its interested in funding if we can't fund all of them?
5. How do you think the Board should measure success?
6. How can your time on the Board be made as meaningful as it can be?
7. Is there anything else you'd like to mention that we haven't already touched on?

Thank the Board member for their time.

HCHFH 2019 Strategic Plan Interview Questions

Developed Sept 2019

Health Administration

1. What are San Mateo County Health's priorities for:
    a. people experiencing homelessness in San Mateo County?
    b. farmworkers and/or their families living/working in San Mateo County?
2. How can HCH/FH best support/align with SMC Health efforts?
3. What are three things you'd like to see the Board get accomplished in the next three years?

Health Units

1. What are the most pressing health-related issues for:
    a. people experiencing homelessness in San Mateo County?
    b. farmworkers and/or their families living/working in San Mateo County?
2. What type of support does your organization/unit/department need to better serve these clients?
3. How can our two programs collaborate more/better?
4. If the Board had to focus its efforts on just one thing related to health, what should it be?
5. How should the Board be thinking about success when we evaluate our program/efforts?

External stakeholders

1. What are the most pressing health-related issues for:
    a. people experiencing homelessness in San Mateo County?
    b. farmworkers and/or their families living/working in San Mateo County?
2. How can our two programs collaborate?
3. If the Board had to focus its efforts on just one thing related to health, what should it be?
4. How should the Board be thinking about success when we evaluate our program/efforts?

HCHFH 2019 Strategic Plan Interview Questions
SMMC Health Providers
Developed August 2019

1. What are some of the most pressing health issues for:
    a. people experiencing homelessness that you're seeing in your practice/panel?
    b. farmworkers and/or their families that you're seeing in your practice/panel?
2. What resources are you aware of that enable you take optimal care of homeless and farmworker patients?
    a. Which of these resources do you find most valuable?
3. What specific resource(s) would you want to have that you currently do not/are not aware of?
4. If we had to focus our efforts on improving just one aspect of health-related issues, what would it be for:
    a. homeless individuals
    b. farmworker individuals
5. Is there anything else you want to tell me that we haven't touched on?

Strategic Plan Update

Prepared for December 2019 Co-Applicant HCHFH Board meeting

SAN MATEO COUNTY HEALTH

HCH/FH Brainstorming Session Summaries

Brainstorming Session Considerations

- Summarizing brainstorming session discussions
- Anything we should add? Anything off the mark?
- 15 minutes per slide
- We are not making decisions today
- Stay high level

Medical Respite/Medical Acuity in Shelter/Housing

Suzanne Moore, HCH/FH Board Member; Francine Serafin Dickson, Hospital Consortium; Judith Klain, SMC Health Administration; Melissa Platte, MHA; Brian Eggers, HSA; James Schindler, SMMC Discharge Planner; Maple Street Shelter: Donna Miller, Kelly McGrath, Robert Moltzen; Jim Beaumont, Linda Nguyen, Irene Pasma HCH/FH program

Medical Acuity in Shelter

- Increase medical staff at shelter
- **Better equip 'clinic-like' spaces at shelters and community based organizations**
- CES questionnaire does not screen for health appropriate-ness
- Improved hand off between shelter and street homelessness (i.e. between shelter staff and HOT)
- Additional services for aging homeless

Medical Respite

- Was not significantly touched upon due to work of a separate task force, however Maple Street shelter indicated a big need for medical respite

Housing: conversation focused on individuals exiting homelessness into subsidized housing

- Community space for previously homeless individuals
- Daily contact is needed with newly housed individuals
- Need to incentivize newly housed individuals to complete tasks, i.e. OT, doctor's visit, etc.
- Improve data flow during hand off between shelter and PSH/affordable housing unit to prevent crisis
- **SDOH: train clinicians to ask about housing, consider housing stability (link to SMMC efforts)**

***Orange indicates this item was cross referenced in other brainstorming sessions**

Collaboration with Law Enforcement

Robert Anderson, Board Member; Correctional Health Services: Carlos Morales, Ashely Sokolov, Karina Sapag; Melissa Wagner, Sheriff's Office, HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

45% of inmates are out of county

- Need case managers and community collaboration on weekends and after hours
  - 'text' *"someone"* when an individual is being released and ensure follow up
- Discharge is an opportunity to provide intervention – i.e. daily case management after someone is released from jail
- Data sharing is a large opportunity – focus on how we can coordinate health care during pre-release and post (i.e. HOT, etc)
- Finding housing or services for sex offenders is particularly challenging
- Someone who is homeless who goes into jail has no place to put all their belongings, when they are released, they start completely from scratch including documents
- More thought needs to go into multiple booking short stay individuals ("frequent jail fliers") because they are the least connected to services

Farmworker Education/Outreach

Victoria Sanchez de Alba Board Member, Vicente Lara, Puente; Judith Guerrero, Coastside Hope; Ziomara Ochoa, BHRS, HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

- Adopt a Promotores community health model on the Coast (particularly Mid- and North-Coast)
- “Attorney hours” at a clinic (Coastside, Rotacare) following CRLA’s partnership with Monterey Health
- HCH/FH to host forum for Farmworker Providers, analogous to CRLA/Monterey event
- In-depth training for clinicians on Public Charge / other legal issues
- There is no laundry mat in Pescadero, only one in Half Moon Bay
- Food security topics
- Establish relationships with Half Moon Bay growers
- Bridge/collaborate with organizations/systems the coast in order to support, reinforce, and supplement the work that is already occurring on these topics

Nutrition / Food Access

Board Members: Victoria Sanchez de Alba, Eric Debode, Christian Hansen; Vicente Lara, Puente; Ankita Tandel, Family Health Services;
HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma

Ideas

- HCH/FH lead advocacy efforts on "healthy food" – thought leaders in San Mateo County
- Access to culturally-appropriate food
- Community gardens linked with clinics/shelters
- Industrial kitchen with cooking classes, food, etc.
- Partner with existing organizations to deliver food to our populations
- Partner with Blue Apron/Freshly to deliver discounted boxes to people who just moved into housing

Themes/Actions

- Define the differing needs between these two populations
- Set aspirational definition for "healthy food", i.e. whole food/plant diet
- Learn which shelters currently have kitchens/pantries/community gardens
- Learn what education programs currently exist in San Mateo County
- **Work with SMMC for Social Determinants of Health to be incorporated in clinic screening**

***Orange indicates this item was cross referenced in other brainstorming sessions**

Dental (Oral Health Coalition Meeting)

Presented at Oral Health Coalition Meeting, attended by ~20 people, Irene Pasma, Danielle Hull

- Co-locate “dental and primary care” services or “dental and BHRS” services – do a “warm hand off” between the clinicians; follow what SMMC is doing on this effort
  - From SMMC: historically, mobile clinic patients didn’t want mobile dental clinic services, they came to mobile clinic for a specific item
- Further explore ‘street/mobile’ dental services
  - Look at other counties models, i.e. Alameda, Santa Clara
  - Dental van does not go to the Coast
  - If there was a van or mobile dental, consider going to churches
- Denti-Cal Integration Implementation is January 2021
- Dental care at shelters – Family Health Services is interested in partnering
- Getting an oral health subject matter expert on the Board

Behavioral Health and Addiction Services

Pernille Gutschick, Clinical Services Manager (BHRS), Matt Boyle, Medical Assisted Treatment, (BHRS), Clara Boyle, Deputy Director Alcohol and Other Drug, (BHRS), HCHFH Staff: Jim Beaumont, Danielle Hull, Irene Pasma, Sofia Recalde

Homeless Individuals

- Residential Treatment Beds
  - survey clients previously homelessness who leave treatment early on why they left
  - work with inpatient and outpatient providers to create more welcoming environments for homeless clientele
  - incidental medical services at residential facilities throughout the county
- Detox
  - Designate beds at SMMC for Medical Detox
  - Co-locate SUD services with shelters or medical respite, like HealthRight360 at Maple Street
- “Honor Dorms” in shelters to incentivize compliance

Farmworkers

- **IMAT team could go out with Field Medicine**
- Tele-health
- Home visits
- There’s no SUD/AOD treatment facilities on the coast
  - i.e. AA meetings

***Orange indicates this item was cross referenced in other brainstorming sessions**

Street/Field Medicine & Mobile Clinic

Robert Anderson, Board Member; Anita Booker, PHPP; Frank Trinh, PHPP; James O'Connell, PHPP; Hannah Blankenship, Lifemoves HOT; HCHFH Staff: Jim Beaumont, Sofia Recalde, Danielle Hull, Linda Nguyen, Irene Seliverstov

Ideas

- Attach Care Navigator to Street/Field/Mobile Team
- **Attach IMAT to Field Medicine Team**
- PHPP to develop relationships with Farm owners / expand services to Mid & North Coast Farms
- **Boosting clinic spaces – Puente, Maple Street (need more information whether this is desired, licensure and revenue)**
- Women's Health – better connection with OBGYN, changing mode of administration of tests and screening, revamping clinic space

Additional Thoughts / Links with Other Sessions

- If patient doesn't have Medi-Cal or ACE, he/she cannot get specialty care
- How to keep someone connected to health care even after they're housed?
- **Slotting spaces in SMMC Clinics**
- Farmworkers are priced out of ACE, but can't afford insurance
- **Designating Mobile Clinic as a primary care site**
- Mobile Clinic is raising awareness about its services

***Orange indicates this item was cross referenced in other brainstorming sessions**

Patients at SMMC Clinics

Brian Greenberg Board Member, Vanessa Washington, SMMC New Patient Connection; Christine Zachos, SMMC Patient Navigator; Frank Trinh, HCHFH Staff: Jim Beaumont, Danielle Hull, Linda Nguyen, Irene Pasma, Sofia Recalde

- **Changing how a patient can become established to simplify & expedite access, i.e. Mobile Clinic or Field/Street Medicine Team**
- **Create slots for homeless and farmworker patients at county clinics**
- Create Care Navigator position linked to new patient connection line and focus on non-WPC patient population
- Leverage patient portal

***Orange indicates this item was cross referenced in other brainstorming sessions**

Baselines

Additional background information can be found in the July and September 2021 Board Packets, https://www.smchealth.org/smmc-hchfh-board

Care Coordination Goals

	2017-2019*	2019 Baseline	2020**	2021	2022	2023
# Care Coordination Clients seen by County Health***	85%	61%	58%	NA	NA	NA
# Clients seen at SMMC clinic	18%	16%	22%	25%	40%	50%

*Note data analysis methods differ between first column and second two columns
**2020 is an anomaly year
*** County Health includes Street/Field Medicine and Mobile Clinic *and* SMMC

Behavioral Health Goals

% of people who received MH or AOD Direct Services	People Experiencing Homelessness	Farmworkers
2018	6%	0%
2019 – Baseline	11%	0%
2020	9%	0%
2021	+30% from baseline	+10% from baseline
2022	+35% from baseline	+15% from baseline
2023 - Goal	+40% from baseline	+20% from baseline

Health Insurance Goals

	2018	2019 (baseline)	2020
Homeless Uninsured	20%	18%	17%
Farmworker Uninsured	10%	11%	11%