



First responders thank healthcare workers at San Mateo Medical Center during the height of the COVID-19 pandemic.

COUNTY OF SAN MATEO
**HEALTH CARE FOR THE
HOMELESS & FARMWORKER
HEALTH PROGRAM**

2020
Annual Report

LETTER FROM THE BOARD CHAIR

OUR MISSION:

To serve homeless and farmworker individuals and families by providing access to comprehensive health care in a supportive, welcoming, and accessible environment.



The pandemic has demonstrated that calamities rarely affect everyone equally. The most vulnerable among us generally suffer the most dire consequences, and the ravages of COVID-19 have unfortunately served to highlight this disparity. Farmworkers and their families and the homeless are prime examples of those with inequities in opportunity, including health care.

Incredibly, it's not a stretch to imagine that the the pandemic will ultimately serve to strengthen the infrastructure of services to these underserved populations. San Mateo County moved quickly to provide testing and then vaccinations to homeless persons as well as farmworkers communities west of the coastal range (see page 4).

Other opportunities have been leveraged as well. The risk of contagion amplified the need for remote care. A convenience for some, telehealth may ultimately prove to be an invaluable tool in the delivery of services for persons without transportation, the disabled, or those lacking the ability to take time off of work to receive health care. See the Tele-Health spotlight on page 7.

And the County is seizing opportunities, precipitated by the crisis, to move aggressively to provide non-congregate transitional shelter for the homeless. Through the lease and purchase of motels, providing private rooms to each sheltered individual may prove to be an especially effective 'housing first' intervention; single rooms provide privacy and a semblance of dignity for persons transitioning from the street, a car, or an oversized vehicle to a safe place in which to secure shelter and services (patient story below).

The Health Care for the Homeless and Farmworker Health program is a force for the provision of services to our County's most vulnerable. The staff and board will continue to focus on the support of promising practices, and helping health care professionals and the greater community deepen an understanding of the unique needs of the most disenfranchised among us. Our vision is for the entire community to embrace a stakeholder role in this work. We're proud to share this report of our efforts in 2020, and hope that it not only informs, but inspires empathy, continued innovation, and action.

Brian Greenberg

OUR VALUES:

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

DIGNITY Services provided by the HCH/FH Program 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 provided by the HCH/FH Program will be targeted to respond to the needs of the homeless and farmworker individuals and their families with the outcome of making these individuals healthier and their lives more stable

PATIENT STORY: FROM THE STREET, THROUGH COVID, INTO CARE & HOUSING

When he first met the Public Health Policy and Planning (PHPP) Street Medicine team in April 2021, T.H. was living on the streets of South San Francisco and feeling anxious about his health, COVID-19, and chronic homelessness. With the help of Street Medicine clinicians, the LifeMoves Homeless Outreach Team, Behavioral Health & Recovery Services Interface team, and Samaritan House shelter staff operating a non-congregate shelter called Bayfront Station*, T.H. was able to get his physical and mental health addressed, receive a Permanent Supportive Housing voucher, and get connected to the San Mateo Medical Center's Innovative Care Clinic for ongoing primary care.



**Early into the pandemic, the Bayfront Station was opened as a non-congregate shelter: a motel where clients had their own rooms & restrooms to allow for social distancing. After a year of consistent clinical engagement and housing stability, T.H.'s story is just one example of how a housing-first and multi-disciplinary care team approach can help even the most difficult-to-reach clients meet their goals.*

PROGRAM BACKGROUND



Health Care for the Homeless/Farmworker Health Program (HCH/FH)

San Mateo County's Health Care for the Homeless/Farmworker Health Program (HCH/FH) is a federally funded program which has delivered and coordinated health care and support services for homeless individuals and families 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 (Page 6) and the San Mateo County Board of Supervisors.

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

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

Quality Improvement/Quality Assurance

The purpose of the HCH/FH Program Quality Improvement Committee 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. The Committee underwent restructuring in 2020 and is now primarily comprised of Co-Applicant Board members and key SMMC staff.

In 2020, the HCH/FH Program was awarded \$40,105 for quality improvement work done in 2019. The program received a Health Center Quality Leader Bronze Award for ranking among the top 30% of all health centers for 14 clinical quality measures. This is the largest award received by the program in the past five years.

There are several quality improvement projects in progress since 2020:

- **Cervical Cancer Screening:** HCH/FH is working with Contra Costa County's HCH program to understand their work on Self-Administered Pap Testing, and working with the PHPP Mobile Clinic and Street Medicine Team to pilot in-field cervical cancer screening.
- **Training: Race, Ethnicity, Language, Sexual Orientation and Gender Identity, and Homeless and Farmworker Status:** In partnership with SMMC Diversity, Equity and Inclusion, HCH/FH has completed a learning module that will help Patient Service Assistants identify homeless and farmworker patients during registration at outpatient visits. Staff anticipates this will improve the quality of the HCH/FH data.

2020 HCH/FH IN REVIEW

Across the United States, Federally Qualified Health Centers saw decreases in utilization due to the pandemic:

The number of homeless individuals accessing HCH/FH services decreased 12.3% from 4,769 in 2019 to 4,184 in 2020. The number of homeless individuals living in shelters who accessed HCH/FH services in 2020 decreased by 16% and in transitional housing by almost 30%. This can potentially be explained by the reduced capacity of the shelter system to allow for social distancing in shelters, as well as a reduction in movement (in and out) of the shelters.

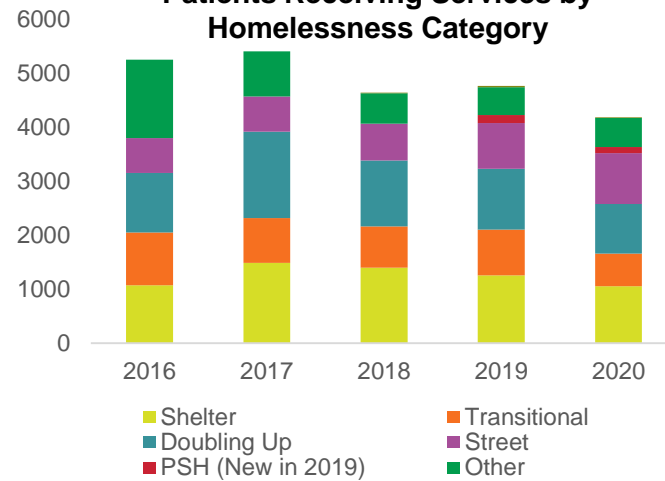
There was not a significant decrease in farmworkers' utilization of services between 2019 and 2020 (2%). However, over the past 5 years, the declining demand for farmworker labor in San Mateo County and the "chilling effect" of the previous administrations' immigration climate has resulted in a reduction of farmworkers and their families utilizing medical care and other social benefits. Utilization numbers not dropping more during the pandemic are perhaps the result of numerous efforts to engage people in the LatinX community due to their high disease burden.

PATIENT STORY: FINDING BEST PRACTICES TO SERVE FARMWORKER PATIENTS

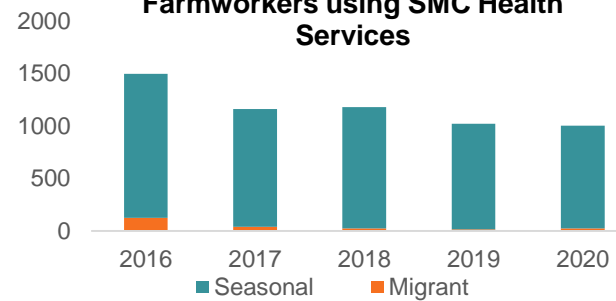
M. A., a farmworker in San Mateo County who had not seen a doctor in a long time, got connected to the Field Medicine team in Fall of 2020 with dangerous highly blood pressure. After frequent visits with the nurse practitioner and public health nurse without success in getting his BP under control, together with the patient, the team set up a prefilled medication box. M.A.'s BP slowly came down to safe levels. These types of pre-filled boxes, called Medi-sets, require extra time for the nurses to manage as they're filled weekly, but due to the success seen with this patient, the team has started implementing them as a standard practice for patients with the most barriers to positive health outcomes.

M.A. has shared he's feeling better and motivated to make other changes in his life like decreasing alcohol intake. The medical team now also provides care for his wife and adult son, highlighting the important work the Field Medicine team is able to do by building trust within the farmworker community via consistent engagement and truly meeting patients where they're at to help them live the healthiest lives possible.

Patients Receiving Services by Homelessness Category



Farmworkers using SMC Health Services



Financial Overview

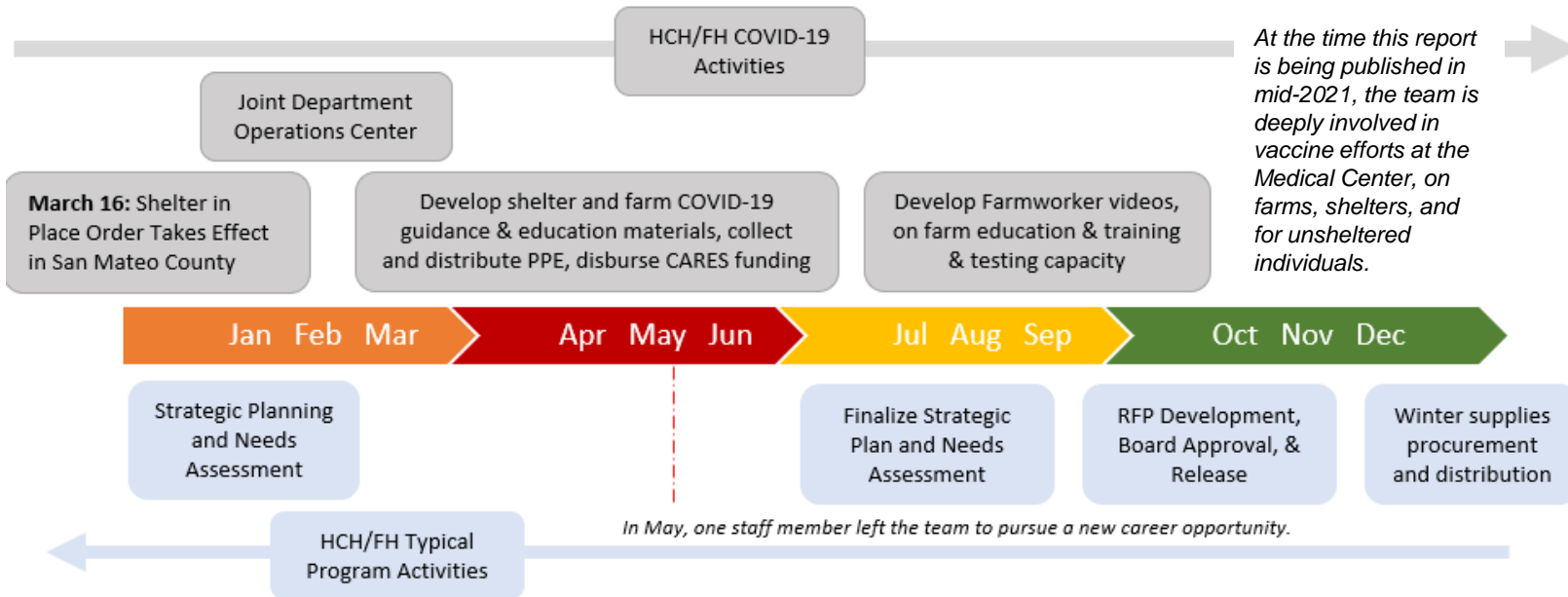
In 2020, HCH/FH received \$2.6M from HRSA, which supported 8 external agencies and 2 County Health divisions in delivering health related service to people experiencing homelessness and farmworkers. HCH/FH also supported the new hire of an Alcohol & Other Drug Case Manager who joined the PHPP Street/Field Medicine team in late 2020.

Total Program Costs & Revenues for Homeless & Farmworker Health Services

Item	Financial Cost
Total Clinical Cost	\$7,783,963
Total Enabling Cost	\$784,289
Facility & Non-Clinical Support	\$9,034,889
Total	\$17,603,141
Item	Revenue
Patient Revenue	\$3,969,188
Federal Grant (HRSA 3330 Farmworker & Homeless)	\$2,627,910
Non-Federal/Local Support	\$11,006,043
Total	\$17,603,141

REFLECTING ON A YEAR OF COVID-19

No one could have predicted the events of 2020. Before the pandemic, HCH/FH was already planning for a busy year in anticipation of developing a new-type of Request for Proposal (RFP) for specific services identified through the strategic planning process and starting a number of new services by end of 2021. When two weeks turned into months of the Shelter in Place order, the team recognized the RFP and contracting timelines would need to be significantly modified to reflect the immense impact of COVID-19 on our populations and operations. The below timeline depicts HCH/FH program activities over the course of 2020:



Responding to COVID-19 increased pathways of communication between HCH/FH and the County, allowing staff to better be involved and advocate for the farmworkers and people experiencing homelessness. Amid the day-to-day and emergency response work, HCH/FH staff and Board members alongside the hospital, Health, and County were reckoning with the death of George Floyd and racial injustice.

COVID-19 RELIEF FUNDING

In 2020, HCH/FH received \$881,720 in one-time supplemental funding from HRSA to mitigate, prevent and respond to the COVID-19 pandemic. HCH/FH worked with County and external stakeholders to identify the best way to effectively support the health of our target populations. In 2020, HCH/FH used the funding to support the following activities:

1. Purchase equipment & supplies to increase the County's Public Health lab capacity to conduct COVID-19 testing
2. Case management at Bayfront Station (see page 2)
3. Distribution of masks, hand sanitizers and hygiene supplies for shelters and community based organizations
4. COVID-19 education and outreach for farmworkers

HCH/FH plans to use remaining funds to support County vaccination and testing efforts.



Staff organizing winter/COVID-19 supplies for distribution to community partners



Mayela Perez, Field Medicine Nurse, conducting COVID-19 education at a farm

At the time this report is being published in mid-2021, The Biden Administration's **American Rescue Plan Act (ARPA)** has provided extensive one-time funding over a 2-year period to support health centers funded under the Health Center Program to prevent, mitigate, and respond to COVID-19 and to enhance health care services and infrastructure. HCH/FH received approximately \$1.6M in ARPA funding. The funding will support direct services as well medical center information technology improvements.

2019 NEEDS ASSESSMENT

The **2019 Needs Assessment** was completed summer of 2020 using a variety of data sources, including quantitative data from hospital medical records, federal Uniform Data System reporting, self-reported health data from ~400 surveys, and data from literature review. Surveys were designed by HCH/FH staff and administered by partner organizations and/or trusted community members. Different surveys were developed and administered for the homeless and farmworker populations.

Farmworker Population Estimate in SMC	Farmworker Dependents Estimate in San Mateo County	Total HCH/FH Target Population in San Mateo County
1,300-1,600	1,690-2,080	2,990-3,680
Homeless Population Point in Time Count 2019		Homeless Population using HRSA definition
1,512		4,640-6,800

Action Items from Needs Assessment for Consideration:

Farmworkers:

1. Develop a more robust community health program particularly in Half Moon Bay
2. Develop relationships with farm owners
3. Learn from Monterey's Migrant Health Program's relationship with California Rural Legal Assistance.

People Experiencing Homelessness:

1. Raise awareness about the complex needs of aging homeless populations and partner with appropriate stakeholders to collectively find solutions
2. consider supporting shelters in providing more health services on-site as their clients' health complexity continues to increase with time

STRATEGIC PLAN PROCESS AND PRIORITIES

The **strategic planning process** began in late 2019 and took a pause in March of 2020 due to COVID-19. The process entailed:

1. A day-long kick off meeting for the Co-Applicant Board in September 2019
2. Key informant interviews with ~40 stakeholders
3. Ten 2-hour brainstorming sessions attended by diverse stakeholders on each identified priority service area
4. A strategic planning subcommittee with Health Leadership

Five over-arching priorities were identified (on right); outputs and outcomes are being determined for each one.

The Board's priorities were reflected in the service-specific Request for Proposal that was released at the end of 2020, enabling the program to contract specifically for those services the Board found most urgent.



Strategic Priority 1:
Increase homeless & farmworker patient utilization of SMMC Brick and Mortar Clinics

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



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

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



Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements

MEET THE HCH/FH BOARD MEMBERS



Brian Greenberg, PhD
Board Chair

The Co-Applicant Board is responsible for the overall direction of the program, including selection of services and evaluation of progress. Board Members must be San Mateo County residents and cannot be employed by San Mateo County Health. The HCH/FH Program is always seeking passionate San Mateo County residents to join. People with lived experience are particularly encouraged to apply, however homeless or farmworker status is not required. More information can be found online at:

<https://www.smchealth.org/smmc-hchfh-board>



Victoria Sanchez De Alba
Vice Chair



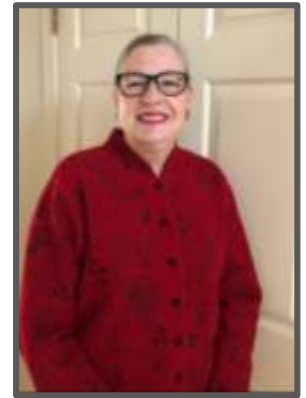
Robert Anderson



Steve Carey



Christian Hansen



Janet Schmidt, PhD



Eric DeBode



Tayischa Deldridge



Suzanne Moore



Tony Serrano

Welcome, New Board Members:



Mother Champion

In Memoriam:
At the time this report was going to publication, the Board learned about Mother Champion's untimely death due to a battle with cancer. The Board is grateful for the love and care Mother Champion gave to our most vulnerable patients - she was a fierce advocate and will be sorely missed.



Steve Kraft



Gabe Garcia, MD

2021 has already been a full year, some activities have been outlined throughout the report, vaccination efforts and American Rescue Plan funding (page 4) and an exciting tele-health project is outlined below. Staff changes include Amanda Hing Hernandez becoming the Medical Director as Dr. Frank Trinh took an exciting work out of class opportunity.

Much of 2021 has been dedicated to selecting contractors and agreeing upon contract terms for care coordination services for both people experiencing homelessness and farmworkers/their families. Contracts will begin in summer/fall of 2021. HCH/FH is also revamping its Memorandum of Understanding with PHPP for Mobile Clinic and Street/Field Medicine as well as with Behavioral Health and Recovery Services. Lastly, staff is working on an exciting free Saturday Dental Clinic at Coastsides Clinic dedicated to serving farmworkers and their family members. Updates on these services can be found in Board Packets and will be reported in summary in a future Annual Report.

2021 PROJECT SPOTLIGHT: Virtual Care Innovation & Telehealth Pilot

COVID-19 has shown that Tele-Health is a tremendous asset for vulnerable populations if harnessed correctly. HCH/FH received grant funding from the Virtual Care Innovation Network, a joint project between Kaiser, National Healthcare for Homeless Council, and Center for Care Innovations, for a telehealth pilot in partnership with LifeMoves Maple Street Shelter.

The vision for this pilot is to create accessible spaces at shelters for patients experiencing homelessness to access comprehensive virtual care with San Mateo Medical Center (SMMC). Long-term goals include:

- Establish shelter telehealth stations as points of access for comprehensive virtual visits
- Improve access and turnaround time for new patient appointments to establish care
- Standardize process of collaborative care model between PCP and PHPP Mobile Clinic for homeless shelter patients
- Establish a desktop tele-health access point for behavioral health services

The budget for this project includes funding for cell phones, blood pressure monitoring cuffs, gift card incentives, and outreach materials.

STAFF

Jim Beaumont
Director

Amanda Hing-Hernandez
NEW Interim Medical Director

Danielle Hull
Clinical Coordinator

Irene Pasma
Implementation Coordinator

Sofia Recalde
Management Analyst

Open Position
Program Coordinator

GET INVOLVED

- Attend a Board Meeting: meetings are open to the public
- Become a Board Member: <https://www.smchealth.org/smmc-hchfh-board>

CONTACT US:

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