

HCH/FH Strategic Planning Subcommittee

August 4, 2020 -- Virtual Meeting – 4:00-5:30pm

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[+1 628-212-0105](#) United States, San Francisco (Toll)

Conference ID: 198 768 220#

Agenda:

Review below two slides and finalize subcommittee's strategic plan recommendations to the HCH/FH Board

HCH/FH Strategic Subcommittee Recommendations

Included in RFP ~\$1.2M	Community Health Workers // Promotores with focus on Half Moon Bay	
	Keep your housing and health	
	Case Management for Street/Field/Mobile & NPCC	
Not included in RFP ~\$1M	Street/Field & Mobile Clinic	
	Dental Clinic at Coastside - [need to confirm recommendation]	
	Operational costs (training, conferences, consultants)	
Not included in RFP Staff Salaries ~\$700k	Mandatory	Strategic Priorities
	HRSA Reporting	X
	Quality Improvement	Y
	Needs Assessments/Patient Satisfaction	Z

Higher Priority



Lower Priority

More collaboration/partnership with SMMC clinics

Become a hub for conversations and actions around farmworkers and health (i.e. host forums, panels, one-day educational events)

Co-Applicant Board recruitment

Become a hub for conversations and actions around homelessness and health (i.e. host forums, panels, one-day educational events)

Tele-health at CBOs: primary care, behavioral health, nutritional services, and health education

Provide multi-disciplinary services at shelters to improve health of individuals staying at shelter.

Improve data collection for MH & AOD Services provided by BHRS

Solidify collaboration with Center on Homelessness and Department of Agriculture.

Slotting spaces at SMMC Clinics.

Work with BHRS to create more welcoming environments for homeless clientele at inpatient and outpatient AOD providers

Intra-county collaboration to promote/advocate for more SNF/B&C options for homeless individuals

Publish an Annual Report

Sliding fee scale revamp

Establish relationship with farm growers

Closer collaboration with Correctional Health Services

Partner with departments in County Health to set aspirational definition of “healthy food”

Designating Mobile Clinic as a primary care site

SURVEY RESULTS

Not all subcommittee members filled out the survey, so these items may be re-ordered/re-considered in priority during the meeting.

Appendix

	Needs Assessment / Strategic Planning Findings	Potential Service Stream <i>*Bold indicates UDS category*</i>
Included in RFP ~\$1.2M	<p>Our Needs Assessment showed we are not doing a good job engaging adult farmworkers in primary care. COVID-19 has proven the huge challenge we have in connecting with agricultural workers. This service stream should (ideally) drive patients to SMMC.</p>	<p>Enabling Services: Develop a Promotores aka Community health model to provide education to farmworkers about health (i.e. chronic disease management), pesticide safety, signing up for health insurance, seeing their primary care physician along the entire Coast, especially HMB.</p>
	<p>Behavioral Health was identified as the highest priority for Board Members throughout strategic planning but exactly what type of programs should be funded remains nebulous. BHRS provides services for SMI and IMAT. The gap is in ‘mild’ mental illness and the work of getting people willing to go to AOD.</p>	<p>Behavioral Health: Co-locate behavioral health services at facilities which provide services to homeless individuals or to farmworkers.</p> <p>Behavioral Health: a substance abuse counselor serves as a liaison between Street Medicine/HOT on one side and the recovery services treatment providers on the other side.</p>
	<p>Case Management services did not have their own planning session but came up throughout discussions. CM services have historically been integral to HCH/FH; currently we have \$660K in contracts for these services.</p>	<p>Enabling Services: Contractor will provide care coordination support to Street/Field Medicine, Mobile Clinic and New Patient Connection Center to enable homeless individuals to better access medical care through San Mateo County Health System.</p>

	Assessment / Strategic Planning Findings	Potential Service Stream <i>*Bold indicates UDS category*</i>
Included in RFP ~\$1.2M	<p>Strategic brainstorming sessions and National Alliance to End Homelessness speaks about keeping people connected to health care services after they are housed so they do not deteriorate (and potentially lose housing)</p>	<p>Enabling Services: When previously homeless individuals are housed, ensure they stay connected to health care, both for those moving into Permanent Supportive Housing or Section 8 housing.</p>
	<p>Throughout strategic planning work, nutrition came up numerous times as an interest area for the Board.</p>	<p>Enabling Services: Community garden program at shelter, PSH, etc</p> <p>Enabling Services: Kitchen retrofits with cooking classes etc at shelter or other facility which serves homeless individuals</p>
	<p>Our Needs Assessment and national data show that homeless individuals exhibit symptoms of aging at younger ages than the general population. Shelters cannot be board & cares or SNFs but shelter staff <i>could</i> be better equipped to medically support clients. Unfortunately, delivering primary care and counting it as such in the UDS outside of CMHC is a challenge.</p>	<p>Place holder: this was an important aspect of the Needs Assessment and Strategic Plan, however it is unclear how this service could be delivered via a competitive bid. May need a strategic focus to direct more County services to the shelters (see highlight on the last slide)</p>

	Assessment / Strategic Planning Findings	Potential Service Stream <i>*Bold indicates UDS category*</i>
Not included in RFP ~\$1M	<p>Street/Field/Mobile was listed as very high in the strategic planning process, and the strategic subcommittee back in February deemed it to be a cornerstone of the HCH/FH program and should continue to be funded.</p>	<p>Primary Care: Street/Field & Mobile Clinic (~\$800K) <i>Need to revisit MOU with desire to increase focus on Half Moon Bay.</i></p>
	<p>Dental services were ranked highly by Program Staff and less so by Board Members. However, it's known that non-emergency dental services are challenging under Medi-Cal, ACE, or uninsured. A Saturday dental clinic is feasible.</p>	<p>Dental: open Saturday dental clinic at Coastside Clinic to target agricultural community.</p>
	<p>Last year, Program spent about \$175K on training, consultants and travel (i.e. conferences). Training is a large focus of the Program's QI/QA work and consultants are used to write HRSA grants.</p>	<p>N/A: Health Provider and CBO training, consultants</p>