Health Care for the Homeless/Farmworker Health
Co-Applicant Board Strategic Planning Subcommittee
3:30-5pm || February 26, 2020 || SMMC Foundation Room

Agenda

I. **Welcome/introductions**

II. **Minutes** - TAB 1

III. **Discussion**
   a. Review SWOT Analysis – TAB 2
   b. Discuss SAC target and 2019 UDS
   c. Discuss HCH/FH Board's priorities – TAB 3
   d. Begin drafting recommendations to the HCH/FH Board

IV. **Wrap Up**
   a. Next Meeting: March 24, SMMC 1-2:30pm

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TAB 1

Consent Agenda:
Meeting Minutes

January 28th HCHFH Strategic Subcommittee Meeting Summary

What is SMMC/SMC Health Role in providing care to homeless and farmworker individuals?

1. Provide health care to the safety net population
2. Be able to see all county homeless and farmworker patients
3. Ensure services are non-redundant across Health departments (i.e. PHPP, BHRS, SMMC) and that they are coordinated within the health system. Ideally also coordinated with other county hospitals and community-based organizations (CBOs).
4. We provide **integrated** health care
5. Elevate health issues of patients to higher County level discussions

What is HCH/FH role in providing care to homeless and farmworker individuals?

1. Along with necessary stakeholders, lead the effort to:
   a. Identify our population volume and our current reach
   b. Define the population's health needs (and plan for future) and the unique SDOH which impact their care
   c. Conduct a cost analysis of providing care
   d. Build a case that we need to create a different scope of service to this population (i.e. their health needs *are* different from general safety net population)
   e. Ensure services are delivered
   f. Become embedded in county-wide policy
2. Get farm owners invested in the health of their employees
3. Work with Regional HCH and FW programs
4. Coordinate with and between CBOs providing health/enabling services in the County
5. Help people get ready to receive health care services when their predominant concern is housing and health is not a priority
6. Develop standards of work for SMMC providers
7. Coordinate services to homeless/farmworker population, including sharing all SMC resources and how to access

What are our shared values in delivering care?

1. Housing is healthcare
2. Social determinants of health are a priority
3. Resources need to be allocated appropriately
4. Deliver the best care possible, and utilize medical equipment that allows us to take medicine to the people we are trying to service
5. Meet patients where they are, both geographically and psychologically
6. Institutionalization is typically not the answer
7. Release from institutions is an important intervention point for services
8. Reducing barriers to care – including cost and access issues
9. Collaborate whenever possible, especially on data

Who is missing from this conversation?

Homeless Consumer
Farmworker Consumer
Farm owner
Other SMC hospitals
Human Services Agency
Housing Authority/Department of Housing

Other Themes

The County needs to be a convener on this topic: need to get cities, supervisors, and County Manager involved so we are addressing systemic, upstream issues – these issues must be addressed collectively, it cannot be done piece-meal

Although the homeless population in SMC is smaller than neighboring counties, the amount of resources needed per H/FW patient is just as intensive and expensive in SMC as in other areas.

Desire to know where our biggest "bang for our buck" is so that we are efficient

Consider having a demonstration project to show a success / be a model for other counties

The most difficult to reach homeless individuals have mental health/substance use disorder which must be first addressed

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

TAB 2

HCH/FH SWOT

STRENGTHS

SMMC/BHRS/PHPP/HEALTH

Homeless

- Geographically spread out primary care and BHRS clinics
- Street Medicine Team & Mobile Van
- Broad range of clinical services (both populations)

Farmworker

- ACE coverage
- Field Medicine Team

WEAKNESS (needs improvement)

Homeless

- Providers not oriented to provide services to this population
- There are not enough Board & Cares in the County
- Not enough services for methamphetamine addiction
- Difficulty getting appointment/assigned PCP

Farmworker

- Puente clinic staffed by Coastside providers is not reimbursable
- Mobile van does not go to the Coast
- BHRS services limited in Pescadero
- Lack of targeted outreach

OPPORTUNITIES (goals)

Homeless

- Improve clinical outcomes (i.e. increase screenings)
- More collaboration across Health Departments
- Health navigation

Farmworker

- Prenatal care
- Promotores Program

THREATS (obstacles/barriers)

Homeless

- Health system budget cuts (applies to both)

Farmworker

- Public Charge ruling

STRENGTHS

HCH/FH Program

Homeless

- Broad network of community partners
- Street Medicine Team & Mobile Van
- Nonprofit enabling services to get folks into clinic
- Applies to both populations: Dedicated Board and staff

Farmworker

- Relationship with Puente
- Field Medicine Team

WEAKNESS (needs improvement)

Homeless

- No standard of work between clinic providers and mobile HCH providers
- Lack of health navigator/advocate
- Not enough consumer input (applies to both populations)
- Applies to both: a lot of time spent on managing contracts

Farmworker

- Lack of relationships with Half Moon Bay farm owners, farmworkers, and community
- Health coverage of adults (27-65)
- Dental services not covered by ACE

OPPORTUNITIES (goals)

Homeless

- Aging shelter population
- More consumer input into program/Board planning and operations
- Nutrition focus
- Decrease wait time to get an appointment
- Improve sliding fee scale (applies to both)

Farmworker

- Increasing medical presence at Puente during non Wednesday and Thursdays
- Increase relationship with SMC's Department of Agriculture

THREATS (obstacles/barriers)

Homeless

- Federal government
- Funding (both populations)

Farmworker

- Public Charge (fear factor)

TAB 3

Board's Priorities

HCH/FH Co-Applicant Board Brainstorming Sessions Summaries

Brainstorming sessions included Board Members and subject matter experts, typically within County or Health. The below is a highly summarized version of the sessions.

1. **Behavioral Health and Addiction Services**
    a. Work with inpatient & outpatient providers to create welcoming environments for homeless clients
    b. Incidental medical services at residential facilities throughout county
    c. Designate detox beds at SMMC for medical detox
    d. Co-locate SUD services with shelters or medical respite, like HealthRight360 at Maple Street
    e. "Honor Dorms" in shelters to incentivize treatment compliance
    f. For farmworkers: Tele-health and Home visits
    g. There are limited SUD/AOD treatment facilities on the coast, i.e. no AA meetings in Spanish in Pescadero
2. **Street/Field Medicine & Mobile Clinic**
    a. Attach Care Navigator to Street/Field/Mobile Team and attach IMAT to Field Medicine Team
    b. PHPP to develop relationships with Farm owners / expand services to Mid & North Coast Farms
    c. Create Standard Work: Formalize/routinize process of how clinics work with mobile/street/field teams
    d. Designate Mobile Clinic as a primary care site
3. **Medical Acuity in Shelter & Housing**
    a. Increase medical staff at shelters // additional services for aging homeless
    b. Better equip 'clinic-like' spaces at shelters and CBOs (i.e. Puente and LifeMoves)
    c. Improve hand off between shelter and street homelessness (i.e. between shelter staff and HOT)
    d. Community space for previously homeless/newly housed individuals
    e. Need to incentivize newly housed individuals to complete tasks, i.e. OT, doctor's visit, etc.
    f. Improve data flow during hand off between shelter and PSH/affordable housing unit to prevent crisis
    g. Work with SMMC on Social Determinants of Health
    h. Support establishment of Medical Respite in San Mateo County
4. **Dental (Oral Health Coalition Meeting)**
    a. 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
    b. Further explore 'street/mobile' dental services; Look at other counties models, i.e. Santa Clara
    c. Dental care at shelters – Family Health Services is interested in partnering
    d. Get an oral health subject matter expert on the Board
5. **Patients at SMMC Clinics**
    a. Change how a patient becomes established to simplify & expedite access
    b. Create slots for homeless and farmworker patients at county clinics
    c. Care Navigator position linked to new patient connection line and focus on non-WPC patient population
6. **Collaboration with Corrections**
    a. Focus on how we coordinate health care during pre-release and post, esp. weekends/weeknights
    b. Finding housing or services for sex offenders is particularly challenging
    c. Increase focus on multiple booking short stay individuals: they are least connected to services
7. **Nutrition / Food Access**
    a. HCH/FH lead advocacy efforts on "healthy food" // set aspirational definition for "healthy food
    b. Community gardens linked with clinics/shelters
    c. Partner with existing organizations to deliver food to our populations
    d. Work with SMMC on Social Determinants of Health
8. **Farmworker Education/Outreach**
    a. Adopt a Promotores community health model on the Coast (particularly Mid- and North-Coast)
    b. "Attorney hours" at a clinic (Coastside, Rotacare) following CRLA's partnership with Monterey Health
    c. HCH/FH host forum for Farmworker Providers, analogous to CRLA/Monterey event
    d. In-depth training for clinicians on Public Charge / other legal issues
    e. Bridge/collaborate with organizations/systems the coast