

HCH/FH Board July 9th 2020 meeting Supplemental Documents

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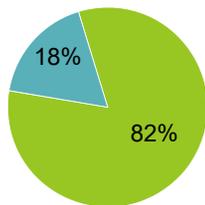
- HCH/FH Needs Assessment – p2
- 2019 SMC Annual Performance Report (UDS) – p3
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2019 HCH/FH Needs Assessment [topics for discussion]		
	Individuals experiencing homelessness	Farmworker + Families
Survey Response	N=274	N=180: 151 (farmworker) 29 (family)
Est. Population	4,638 to 6,798 [2019 UDS: 4769]	2,990 to 3,680 [2019 UDS: 1020]
Findings	The average age of a homeless client seen at SMMC or a contractor through HCH/FH was 42 years old; the mode of a homeless individual seen at SMMC alone is 58. Homeless individuals reported difficulty with moving around (like walking or changing clothes) as early as 18-29 age range.	The majority of 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 may indicate a need to better connect adults to brick & mortar care.
	Long term care/placement for homeless individuals is a large need	Saturday clinic in Pescadero is desired, especially since no transportation/can't take time off work are highest barriers to care.
	Shelters need to be able to provide more primary and behavioral health needs on-site	Promotoras health model is desired to provide culturally competent education to agricultural workers and help them connect to medical care
Distribution: Stakeholders + Method	County Health Center on Homelessness Health Plan San Mateo	CBOs Board of Supervisors SMMC <i>Who should send the report out to stakeholders?</i>

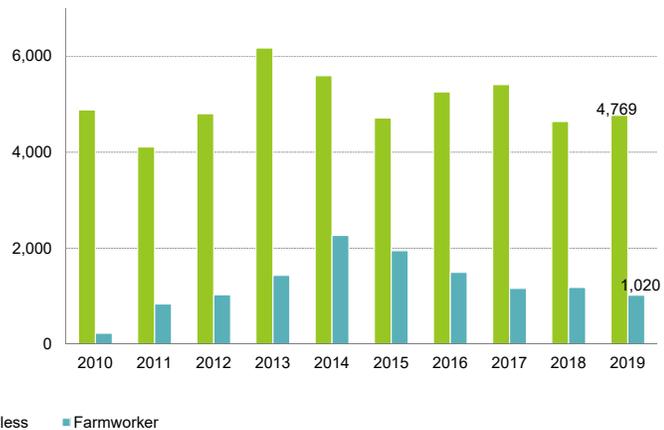
2019 Annual HCH/FH Performance (UDS)

- 5,721 Patients
- 33,379 Visits
- \$18.2M Cost of all HCH/FH services

2019 HCH/FH Patient Mix



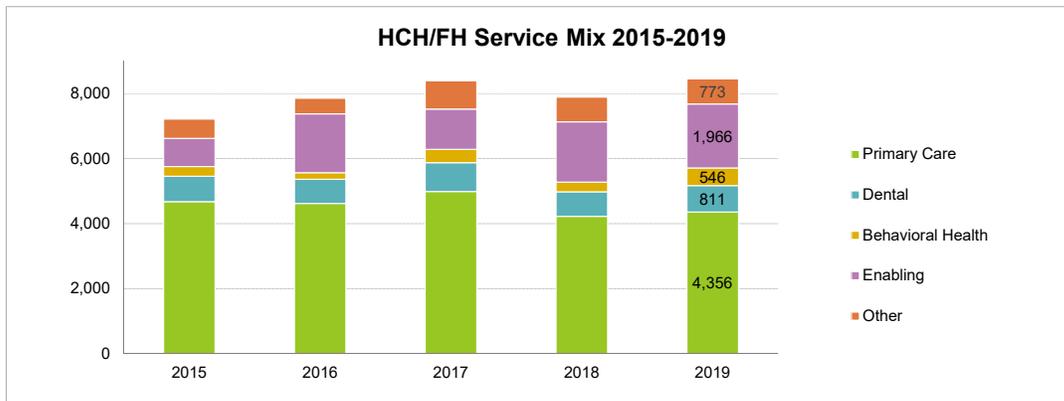
HCH/FH Patients 2010-2019



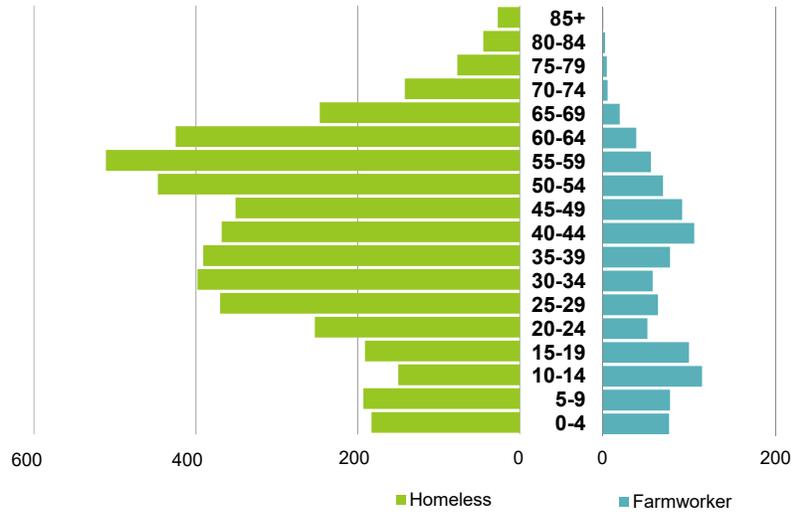
2019 HCH/FH Services

- 76% of HCH/FH clients seen for primary care services
- Clients seen for behavioral health services increased 74% from 2018 to 2019

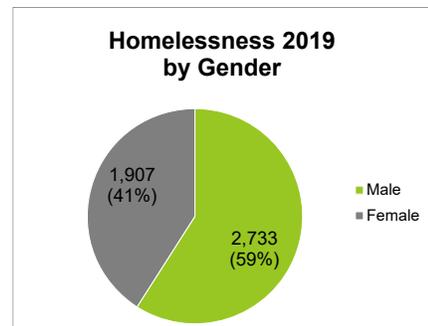
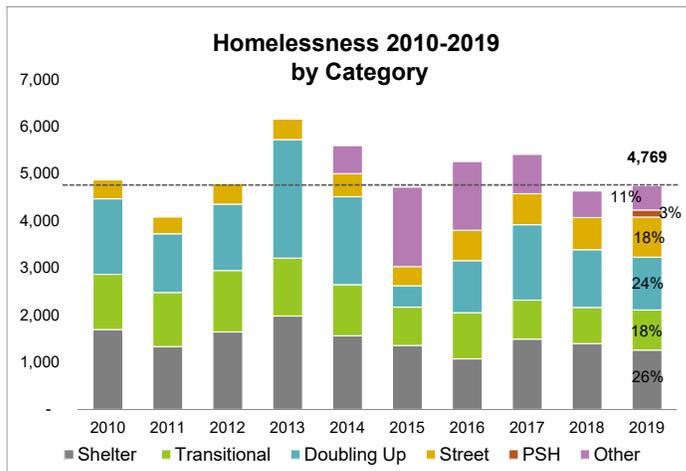
HCH/FH Service Mix 2015-2019



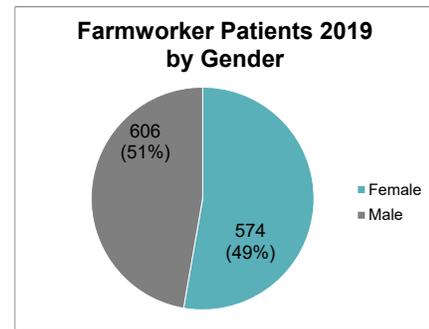
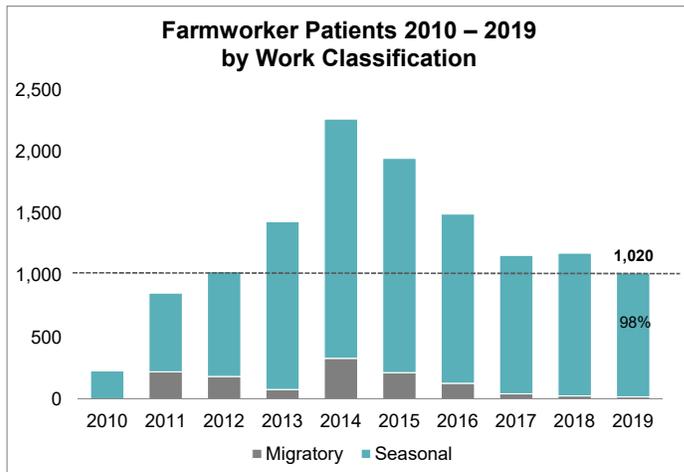
2019 HCH/FH Age Distribution



2019 HCH/FH Patients Experiencing Homelessness



2019 HCH/FH Farmworker Patients



UDS Outcome Measures	2012	2013	2014	2015	2016	2017	2018	2019	
Childhood IZs Completed by Age 2-3 (90%)	74%	87%	88%	86%	80%	66%	54%	64%	↑
Pap Test in Last 3 Years (70%)	86%	67%	57%	64%	60%	63%	*59%	54%	↓
Child & Adolescent BMI & Counseling (85%)	47%	83%	80%	74%	*57%	*59%	*58%	57%	↓
Adult BMI & Follow-up Plan (75%)	31%	66%	44%	50%	29%	43%	*33%	27%	↓
Tobacco Use Queried (96%)	80%	96%	77%	*92%	*86%	*78%	*87%	89%	↑
Tobacco Cessation Offered (96%)	90%	90%							
Treatment for Persistent Asthma (100%)	88%	100%	100%	100%	99%	*90%	*89%	100%	↑
Lipid Therapy in CAD Patients (96%) Replaced by Statin Therapy in 2019	96%	96%	90%	*80%	*74%	*81%	*73%	74%	↑
Aspirin Therapy in IVD Patients (96%)	99%	96%	98%	*89%	*84%	*86%	*85%	86%	↑
Colorectal Screening Performed (60%)	40%	54%	34%	*49%	*48%	*57%	*54%	58%	↑
Babies with Normal Birth Weight (95%) (all babies delivered)	87%	94%	99%	92%	97%	98%	92%	89%	↓
Hypertension Controlled <140/90 (80%)	60%	80%	64%	61%	*53%	*63%	64%	63%	↓
Diabetes Controlled <9 HgbA1C (75%)	71%	74%	49%	*69%	*54%	*72%	*71%	67%	↓
First Trimester Prenatal Care (80%)	71%	75%	84%	89%	65%	49%	44%	60%	↑
Depression Screening and Follow-up			8.6%	27%	37%	41%	27%	22%	↓

Strategic Planning – A Refresh

The most time sensitive task is to identify the specific services the Board wants to include in the RFP.

Included in RFP ~\$1.2M	Not included in RFP ~\$1M	Not in RFP
Service X	Street/Field & Mobile Clinic Services <i>[per recommendation from strategic subcommittee]</i>	Staff Salaries ~\$700k
Service Y	Strategic priorities which can be executed by HCH/FH staff partnering internally with stakeholders. May require consultants, training, technology, etc.	
<i>Request community based organizations to:</i>		
Behavioral Health	Care Coordination	Health Education
Connect homeless individuals and agricultural workers to recovery services by partnering with AOD providers	Provide care coordination services to homeless and farmworker individuals by supporting Mobile Clinic team	Provide culturally competent health education to agricultural workers in HMB and Pescadero
<p><i>These are examples of services the Board could request in the RFP; specifics would be fleshed out before RFP is finalized.</i></p> <p><i>HCH/FH Board should consider the option of doing a few larger contracts/MOUs for a targeted number of services versus doing a large number of smaller contracts for a wide variety of services. HCH/FH also should consider how to build in flexibility to response to COVID needs.</i></p>		

