HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

Co-Applicant Board Meeting Agenda

455 County Center, Redwood City, CA 94063 (Room 101)

April 13th, 2023, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at
455 County Center
Redwood City, CA 94063 (Room 101)
Remote participation in this meeting will not be available. To observe or participate in the meeting please attend in-person at above location.
*Written public comments may be emailed to masfaw@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting.
***Please see instructions for written and spoken public comments at the end of this agenda.**

A. CALL TO ORDER & ROLL CALL	Robert Anderson	10:00am

B. PUBLIC COMMENT
Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

C. ACTION TO SET THE AGENDA & CONSENT AGENDA	Robert Anderson	10:05am
1. Approve meeting minutes from March 9, 2023, Board Meeting		Tab 1
2. Contracts and MOUs update		Tab 2
3. Budget and Finance Report		Tab 3
4. Quality Improvement/Quality Assurance update		Tab 4
5. HCH/FH director's report		Tab 5

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER		
Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.		
Community updates	Board members	10:10am

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2640 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: http://www.smchealth.org/smmc-hfhfh-board

E. BUSINESS AGENDA			
1. Request to approve board members to attend the 2023 National Healthcare for the Homeless conference in Baltimore, MD	Jim Beaumont	10:20am	Tab 6
2. Request for the Board to approve our contracting with University of Pacific for Dental Services at the Navigation Center	Jim Beaumont	10:25am	Tab 7

F. REPORTING & DISCUSSION AGENDA			
1. 2023 Western Forum for Migrant and Community Conference Overview	Tayischa Deldridge	10:30am	
2. Strategic Plan: Review 2022 Progress Against Targets and Plan for Next Cycle	Irene Pasma	10:45am	Tab 8

G. ADJOURNMENT	12:00pm

Future meeting:
May 11th, 2023, 10am-12pm at County Building Room 101, RWC
Address: 455 County Center, Redwood City, CA 94063

*Instructions for Public Comment During Meeting

Members of the public may address the Members of the HCH/FH board as follows:

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:
1. Your written comment should be emailed to masfaw@smcgov.org.
2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
3. Members of the public are limited to one comment per agenda item.
4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the HCH/FH board and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, HCH/FH board will make every effort to either (i) provide such emailed comments to the HCH/FH board and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

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TAB 1

Meeting Minutes

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting Minutes

March 9th, 2023 10 am – 12 pm

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
Robert Anderson, Chair Victoria Sanchez De Alba, Vice Chair Francine Serafin Dickson Gabe Garcia Janet Schmidt Judith Guerrero Steve Carey Steve Kraft Suzanne Moore Tayischa Deldridge Tony Serrano Jim Beaumont, HCH/FH Program Director (Ex-Officio)	Alejandra Alvarado Amanda Hing Hernandez Anessa Farber Frank Trinh Gozel Kulieva Irene Pasma Kapil Chopra Louise Rodgers Meron Asfaw	Joaquin Jimenez, ALAS Ophelie Vico, Puente Rita Mancera, Puente	Brian Greenberg

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:03 am and did a roll call.	
B. Public comment	None	
C. Action to set the agenda and consent agenda	1. Approve meeting minutes from February 9, 2023, Board Meeting 2. Contracts and MOUs update 3. Budget and Finance Report. 4. Quality Improvement/Quality Assurance update	**Request to approve the Consent Agenda was** MOVED by Steve Kraft and SECONDED by Tayischa Deldridge. APPROVED by all Board members present.

A. Community announcements / Guest speaker **1. Community updates**	**Susanne Moore** Suzanne provided updates on housing developments. Many communities are currently in the process of drafting or revisiting their Housing Elements, with this 6th cycle being different in that the State suggests a much higher number of housing units to meet the needs of the communities. Farmworkers and the unhoused are considered populations with special needs - groups that are disproportionately impacted by housing insecurity. As part of the Housing Element, our communities are required to identify plans to better ensure their housing needs are met and to specify where, when, and how this will be accomplished. Unfortunately, many communities have failed to create much-needed low-income housing for decades. Now is the time for residents of each community to inform their cities to prioritize the development of low-income housing to address their housing needs and to specify where, when, and how this will be accomplished. The Association of Bay Area Governments recommends a three-pronged approach to the housing crisis: 1. Protection from displacement 2. Preservation of existing low-income housing 3. Production of housing at all levels of affordability At recent meetings, Suzanne heard that the Pacifica Resource Center is still seeing a greater number of clients seeking their services than ever before, and our county legal aid services are experiencing record-breaking numbers of evictions. It appears that a recession is anticipated later this year. Therefore, Suzanne suggests that we all participate in community study sessions and provide comments to our cities on the need to acutely address interim housing with wrap-around services to provide a path towards permanent housing for the unhoused, support ordinances that reduce displacement to keep those currently housed in their homes, and encourage communities to work with developers for housing preservation and low-income housing to best help those disproportionately impacted by the Bay Area housing crisis. **Joaquin Jimenez** Joaquin updated the group that the availability of mental health services in Half Moon Bay remains an issue. There have been instances where people have been turned away from	

	services. ALAS has been provided financial assistance to farmworkers affected by the shooting. Joaquin also mentioned about repurposing the La Honda building. HCH/FH staff will take the topic of repurposing the La Honda building offline.	
2. Chief of San Mateo County Health	Louise Rogers provided an update on county efforts and studies aimed at understanding the barriers preventing individuals from coming out of homelessness. Based on the studies, homeless individuals were categorized into the following rough categories: • Unsheltered for many years, unable to remain housed, or refuse housing • Untreated medical and behavioral health problems, and physical mobility challenges • Frequent users of emergency rooms • Ongoing interactions with law enforcement The recommendations centered around: • More support for frontline staff in the field: mental health and substance use disorder consultation, coordination, and problem-solving. • More deeply supportive and tolerant interim permanent housing • Incentives • Policy changes The findings align with the needs of four general groups: **Group 1**. Unhoused residents who are mentally ill and/or have substance use disorders, who would like to be housed but for whom there are no housing options. **Group 2.** Unhoused residents who are seriously mentally ill, isolative, and reject most assistance for housing**. Group 3.** Unhoused residents who have serious disabling substance use disorders that are frequently unable to take care of themselves. **Group 4.** Unhoused residents who have cognitive problems. The recommendations are as follows**:** **Group 1:** • Expand the inventory of permanent housing that is in county control versus private.	

	• Real-time mental health and substance use disorder consultation for frontline outreach staff to escalate and problem solve. • Extended level of housing locator/navigation support. • Greater financial subsidy for those who don't qualify for vouchers. • More intensive support for maintaining housing. • Onsite support at the new Navigation Center. **Group 2:** • Find ways to enlist volunteers. Avoid representatives of the "system" and stigmatizing mental health branding. • Support the frontline workers to have greater behavioral health clinician support. Tighter coordination with Eds/PES. • Consider joining statewide advocacy efforts. • Consider reforming law to reduce the threshold for Assisted Outpatient Tx (Lauran's Law). **Group 3:** • Continue to engage via IMAT, Bridges, sustained case management approaches to support people who struggle with SUD. The county is getting about $1M per year for 18 years from Opioid settlements. • Harm reduction approaches tied to housing. • Low barrier low key access to SUD. • Consider efforts to reform involuntary treatment law or use existing law more assertively for SUD. **Group 4:** • Early identification diagnosis of cognitive problems via neuropsychiatric evaluations. • Specialized housing support, residential care facilities. • In-home support services when appropriate. • Consideration of probate dementia conservatorship when appropriate.	
3. Pescadero assistance during the storm and HMB shooting	Rita Mancera, Executive director of Puente provided an overview of the activities and services that Puente offered during the winter storm that severely affected the farmworker community. She also updated the board on how Puente has been assisting the community after the HMB shooting incident and the recent weather events.	

	The storm relief efforts included assistance with: Damaged home essentials Replacement of lost wages Damage assistance. Distributed Safeway gift cards to those in need. Additionally, Puente partnered with WeHope to provide free laundry services to farmworkers and their families in Pescadero. However, the issue of housing is creating a lot of anxiety for farmworkers as there has not been any communication about the housing plans. This lack of information and uncertainty adds to the already challenging situation for this vulnerable population.	
4. Coastside assistance during the storm and HMB shooting	Judith Guerrero, the Executive Director of Coastside Hope, one of the county's core agencies, presented an overview of the services offered by the organization. These services include immigration and social services. In response to the recent storms, Coastside Hope has received a grant that allows them to provide gift cards, gas gift cards, and/or rent relief. The organization has also kept their pantry open every day, and they have set up a senior housing site and warehouse site. Second Harvest is the largest partner of Coastside Hope, and the organization also offers free tax preparation services, rental assistance, and utilities assistance programs.	
B. Business Agenda **1. Request to approve updated to the sliding fee discount schedule for 2023**	**Jim Beaumont** Jim asked the board to approve the 2023 Sliding Fee schedule, which is based on the federal poverty guidelines that are published yearly.	**Request to approve the updated 2023 Sliding Fee Schedule was** MOVED by Gabe Garcia SECONDED by Janet Schmidt APPROVED by all Board members present.

2. Request to re-nominate board members with terms expiring in April and May 2023	The agenda item is a request for approval to re-nominate Victoria Sanchez De Alba and Suzanne Moore, whose terms are expiring soon, for another term on the board. Board members serve a four-year term, and there are no limitations to the number of terms they can serve. The proposed new terms for the two board members are as follows: • Victoria Sanchez De Alba: The new term will start after her current term expires in April 2023 and will expire in April 2027. • Suzanne Moore: The new term will start after her current term expires in May 2023 and will expire in May 2027.	**Motion to extend Victoria's membership** MOVED by Steve Kraft, SECONDED by Tayischa Deldridge. APPROVED by all Board members present. **Motion to extent Susanne's membership** MOVED by Victoria Sanchez De Alba SECONDED by Gabe Garcia APPROVED by all Board members present.
C. Reporting and Discussion **1. 2023 Western Forum for Migrant and Community Conference overview.**	**Tayischa Deldridge**	Discussion regarding the Western Forum was moved to the next meeting in April
2. Strategic plan overview and update	Irene Pasma provided an overview of the planning progress for the HCH/FH program, including the status of the ongoing Needs Assessment and the projected timeline for its completion. She also shared updates on the strategic planning process and the upcoming	

	planning meetings. During the April board meeting, the board will review the targets and proposed changes for the next plan.	
3. HCH/FH Director's Report	**Jim Beaumont** Director's report is included in the board packet. The HCH/FH program successfully submitted its UDS report. National Healthcare for the Homeless Council conference this May and Board members are encouraged to attend. Board members are instructed to coordinate with HCH/FH staff.	
D. Adjournment	Meeting was adjourned by Robert Anderson at 12:02pm. Future meeting: April 13th, 2023, 10am-12pm at County Building Room 101, RWC Address: 455 County Center, Redwood City, CA 94063	

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SAN MATEO COUNTY HEALTH
All together better.

Housing our unhoused residents who have mental illness and substance use disorders

A learning journey - Where are we now

March 2023

Requested by Supervisor Horsley and County Manager Callagy as part of our County's commitment to find a pathway out of homelessness for all residents

How might we more effectively engage our unhoused mentally ill/co-occurring residents?

- 50+ responses to survey
- 30+ cases reviewed shared by staff of 15+ agencies
- Input from LifeMoves lived experience advisory groups and family members

What barriers should be eliminated, changes, strategies, resources would lead to housing our most challenging to reach?

Overarching themes --hardest to reach

- Multiple years of unsheltered homelessness—may have been housed but were unable to remain housed or may refuse housing altogether; may also refuse other services
- Untreated medical and behavioral health problems and physical mobility challenges
- Frequent emergency room visits and hospitalizations
- Ongoing interactions with law enforcement and incarcerations
- Isolation and lack of family/community support

Overarching themes --hardest to reach

Recommendations center around:

- More support for frontline staff in the field—mental health and substance use disorder consultation, coordination and problem-solving, and self-care
- More deeply supportive and tolerant interim and permanent housing
- Incentives to engage those who are reluctant
- Policy change

Findings align needs of 4 general groups

GROUP 1:
Unhoused residents who are mentally ill and/or substance use disorders, who generally accept supports and would be willing to be housed, but for whom there are no housing options.

GROUP 2:
Unhoused residents who are seriously mentally ill, isolative and reject most assistance including for housing.

GROUP 3:
Unhoused residents who have such serious disabling substance use disorders that they are frequently unable to take care of themselves and provide for food, clothing, or shelter.

GROUP 4:
Unhoused residents who also have cognitive problems—sometimes resulting from traumatic brain injury or dementia.

RECOMMENDATIONS BASED ON FINDINGS

Group 1: Unhoused residents who are mentally ill and/or have substance use disorders, who generally accept supports and would be willing to be housed, but for whom there are no housing options.

Terrel*

Is a Black man in his 80s.

He has been known to San Mateo County since 2009 as a result of multiple APS calls. He has severe depression, lost his wife and "let things go" and has a host of physical challenges for which he mostly refuses treatment: his insulin-dependent diabetes is not well-managed, he suffers from prostate cancer; and he is legally blind.

While he is now going through a period of being housed, he has a long history of evictions and homelessness. He is verbally aggressive and unable or unwilling to manage his activities of daily living, including personal hygiene, which has led to his eviction in the past.

***Summaries are now out of date. N**ames and other identifying information changed to protect privacy throughout.*

Recommendations and status - GROUP 1

RECOMMENDATIONS	STATUS
Expand inventory of permanent housing directly under County control (versus private landlords) that would be operated by entities with experience with mental illness and substance use disorders and more tolerant of smoking, drinking, drug use; consider separate units/tiny homes.	Overall, 4,500 housing units have been funded since 2013, more than 1000 of these for unhoused residents; $300M in County funds leveraging more than $2B in other funding. Priority for this target population and approach as subset is supported and we have made progress but have far to go. Still seeking properties as well as working with Housing Dept. on the NOFA funded by MHSA.
Realtime mental health and substance use disorder consultation for frontline outreach staff to escalate and problem-solve specific cases that are most challenging and require boundary spanning resources.	BHRS re-established HEAL Homeless Engagement, Assessment and Linkage Model with 3 FTE to improve consultation/support for front-line staff. Need 2 more. Model for problem-solving/escalation/support is under development based on cases brought forward by frontline staff and building on the existing MDT/field crisis consultation mtgs.
Higher, earlier and more extended level of housing locator/navigation support.	Mental Health Assoc received innovation grant from Housing Dept to provide housing navigation. Health Plan of San Mateo new Community Supports option for their members includes some housing navigation via Brilliant Corners.
Financial subsidy needs to be greater for certain populations that don't qualify for voucher.	SMC Housing Dept is currently developing pilot for 100 locally funded vouchers for 15 years that will be project based for $4 million but this does not meet full need.

Recommendations and status - GROUP 1 *cont.*

RECOMMENDATIONS	STATUS
More intensive supports for maintaining housing: coaching for making transition to housing; intensive case management with more frequent touches; SUD strategy, harm reduction, contingency management (incentives). Pathway to personal care services and cleaning to prevent homelessness.	AOD will be piloting contingency management incentives as part of State pilot this year.
Onsite supports at the new Navigation Center to address medical problems, substance use disorders and mental illness and the needs of older adult for assistance with activities of daily living and other needs.	Making progress: El Centro contracted to provide on-site support for SUD. AOD will using some opioid settlement funds for Medication Assisted Therapy liaison to Navigation Center. New Healthcare in Action street medicine team providing on-site medical support. Still in development but want to try: Aging and Adult Services to plan to train Nav Center staff on services for older adults and people with disabilities. Also would like to link In Home Support Services to eligible persons housed at the Nav Center and then continue that when they transition into permanent housing.

Examples of continued progress with Housing

WHAT	WHERE	DESCRIPTION	WHEN
Cedar Street Apartments	Redwood City	14 MHSA units	2009
El Camino Family Housing	South San Francisco	20 MHSA units	2010
Delaware Street Apartments	San Mateo	10 MHSA units	2011
Waverly Place Apartments	North Fair Oaks area	15 MHSA units	2018
Bradford Senior Housing	Redwood City	6 MHSA units	2019
2821 El Camino Real	North Fair Oaks	6 MHSA units	2019
Light Tree Apartments	East Palo Alto	• Eden Housing, 198 affordable units; and • 9 supportive housing units (No Place Like Home)	In process (2023 completion)

Examples of continued progress with Housing

PIPELINE

WHAT	WHERE	DESCRIPTION	COMPLETION
1580 Maple Street	Redwood City	Mid Pen - 110 units of which 108 are supported, and 14 of these will be MHSA	2025
493 Eastmoor	Daly City	CORE Companies + Abode - 72 units, of which 11 are MHSA	2024
Kiku Apartments	Downtown San Mateo	Mid Pen - 224 affordable housing and 9 supportive housing units (support for 9 will be MHSA)	2024
Week St. Apartments	East Palo Alto	Mid Pen & EPA CanDo - 135 affordable units and 8 supportive housing units	2025
North Fair Oaks Apartments	North Fair Oaks	Affirmed Housing - 84 affordable units and 11 supportive housing units	2025
Fire House Square Apartments	South San Francisco	Eden Housing - 82 affordable units and 7 Supportive Housing units	2025
Middlefield Junction	North Fair Oaks	Mercy Housing developer - MHA on-site supports = 20 units for people meeting WPC/unhoused SMI/SUD	2025
Midway Village	Daly City	Mid Pen developer and resident supports = 26 units for people meeting WPC/unhoused SMI/SUD	2025

Examples of continued progress with Housing

VOUCHERS

- Behavioral Health and Recovery Services (BHRS) and its providers have a longstanding collaboration with the Housing Department and Housing Authority to assure that people with mental illness and substance use disorders learn about the opportunities to apply for housing vouchers and follow up with the application process.
- Recent data suggest this collaboration continues to be effective:
  - As of November 9, 2022, BHRS has learned that of 329 mainstream vouchers the Housing Authority issued since 2018, at least 190 or 57% of the total have been issued to BHRS clients directly as a result of this collaboration.

RECOMMENDATIONS BASED ON FINDINGS

Group 2: Unhoused residents who are seriously mentally ill, isolative and reject most assistance including for housing.

Anne

is an early seventies-age white woman who demonstrates psychotic delusions and unaddressed mental health needs and appears to be developing medical problems. Community members report that she yells racial slurs and throws rocks at passers-by. She spends her days in an encampment and shelters in a bus during bad weather. She has lived in San Mateo County for the last 10 years and lived in another county prior to that. She was seen in emergency care four times in 2004 and once in 2022 and was delusional at that time but did not meet criteria for a 5150 hold. Anne declines most services offered by LifeMoves but has been seen by the Street Medicine team. She was briefly in touch with the Psychiatric Emergency Response Team in June 2021 but has recently declined any further contact with them. She gets upset when any services are offered. Anne doesn't receive social security and is not on Medi-Cal. She accepts food and supplies from local businesses and residents and has some contact with a chaplain who visits her regularly .

Recommendations and status - GROUP 2

RECOMMENDATIONS	STATUS
Find ways to enlist and support the volunteers in these individuals' lives, the people who have nominal positive connections to do more, as they are able and willing. Avoid representatives of the "system" and stigmatizing mental health branding.	Still to try --see possibilities if flexible resources were available as some individuals have these natural supports that could be enlisted.
Support our frontline workers to have greater behavioral health clinician support: tighten up the structure and systems for coordination in the field to provide for training, consultation, escalation of cases and coordinated planning including, when appropriate, to the involuntary treatment system. Tighter coordination with EDs/PES so plans will be implemented.	BHRS re-establishing HEAL Homeless Engagement, Assessment and Linkage Model with 3 FTE to improve consultation/support for front-line staff. Would like to have for each region but don't have yet. Model for problem-solving/escalation/support is under development based on cases brought forward by frontline staff and building on the existing MDT/field crisis consultation systems.

Recommendations and status - GROUP 2 *cont.*

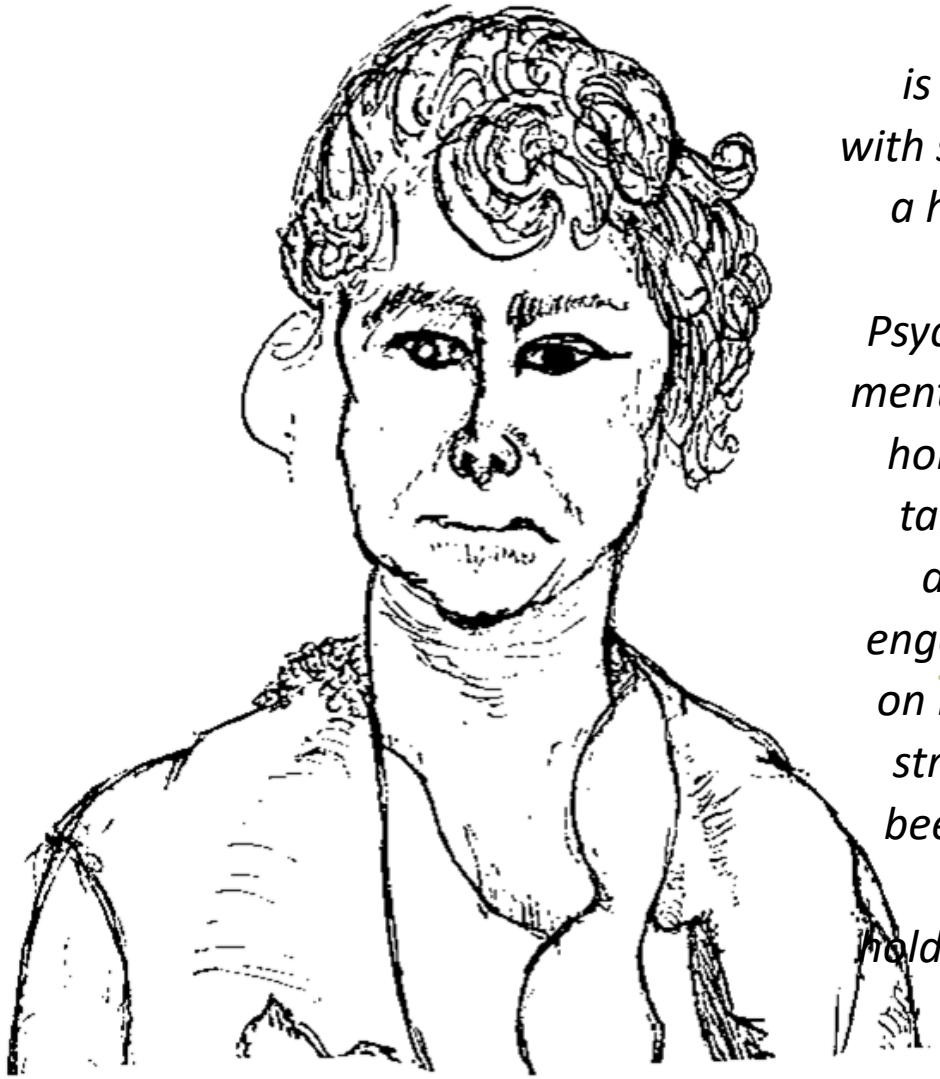
RECOMMENDATIONS	STATUS
Consider joining statewide advocacy efforts to reform the laws that govern involuntary detentions and treatment to address the person's self-neglect-- inability as a result of a mental illness to attend to their own physical/medical condition.	Advocacy paper developed and language in proposed leg agenda for BOS. Care Court initiative now also being moved forward in parallel, but criteria are very narrow (only schizophrenia/psychosis).
Consider reforming law to reduce threshold for Assisted Outpatient Tx (Laura's Law). The law has served very few in SMC though some people referred have benefited from services without the court petition.	As part of above, consider joining statewide advocacy efforts to reform.
Support of these frontline workers wellness and resilience to sustain this hard work.	Board heard this and approved funding for a modest CBO wellness initiative as part of pandemic relief package but this is a systemic challenge requiring long term approach.

RECOMMENDATIONS BASED ON FINDINGS

GROUP 3:

Unhoused residents who have such serious disabling substance use disorders that they are frequently unable to take care of themselves and provide for food, clothing, or shelter.

Angela



is an early forties-age white woman, English speaker who is diagnosed with schizoaffective disorder, psychosis, and stimulant abuse. She has had a history of homelessness since 2009. She has not engaged with Health for any planned services but has had more than 33 contacts with Psychiatric Emergency Services since 2019. Due to lack of treatment, her mental health has declined and led to drug use and reoccurring crisis and homelessness. She is known to sleep in piles of garbage and not able to take care of basic personal hygiene. Angela rejects all offers of support and resources but that was not always the case. 6 years ago, she was engaged and received detox and residential treatment for substance use on multiple occasions. Since then, she has relapsed and has been on the street. Angela has had multiple brushes with law enforcement. She has been on 5150 hold 10 times since 2012 and been booked 19 times since 2015 on drugs or warrants. In spite of the numerous grave disability holds, her symptoms clear up quickly in PES, and she is discharged as she does not meet the criteria for hospitalization.

Recommendations and status - GROUP 3

RECOMMENDATIONS	STATUS
Continue to engage via IMAT, Bridges, sustained case management approaches to support and engage people who struggle with substance use disorders.	Opioid settlement funds will allow some expansion of IMAT engagement, case management and linkage to medication assisted tx and improve detox with medical supports but more needed. Need higher level of detox/withdrawal management. Changed laws so that Sutter MP program cleared to reopen but not imminent.
Harm reduction approaches tied to housing and other recommendations for Group 1.	Approach planned for Navigation Center supported by El Centro and IMAT.
Low barrier low key access to SUD treatment continuum—motivational activities.	"Contingency management" incentives pilot planned for 2023. Would like to see at Navigation Center.
Consider efforts to reform involuntary treatment law or use existing law more assertively for SUD.	Exploring

RECOMMENDATIONS BASED ON FINDINGS

GROUP 4:

Unhoused residents who also have cognitive problems—sometimes resulting from traumatic brain injury or dementia.

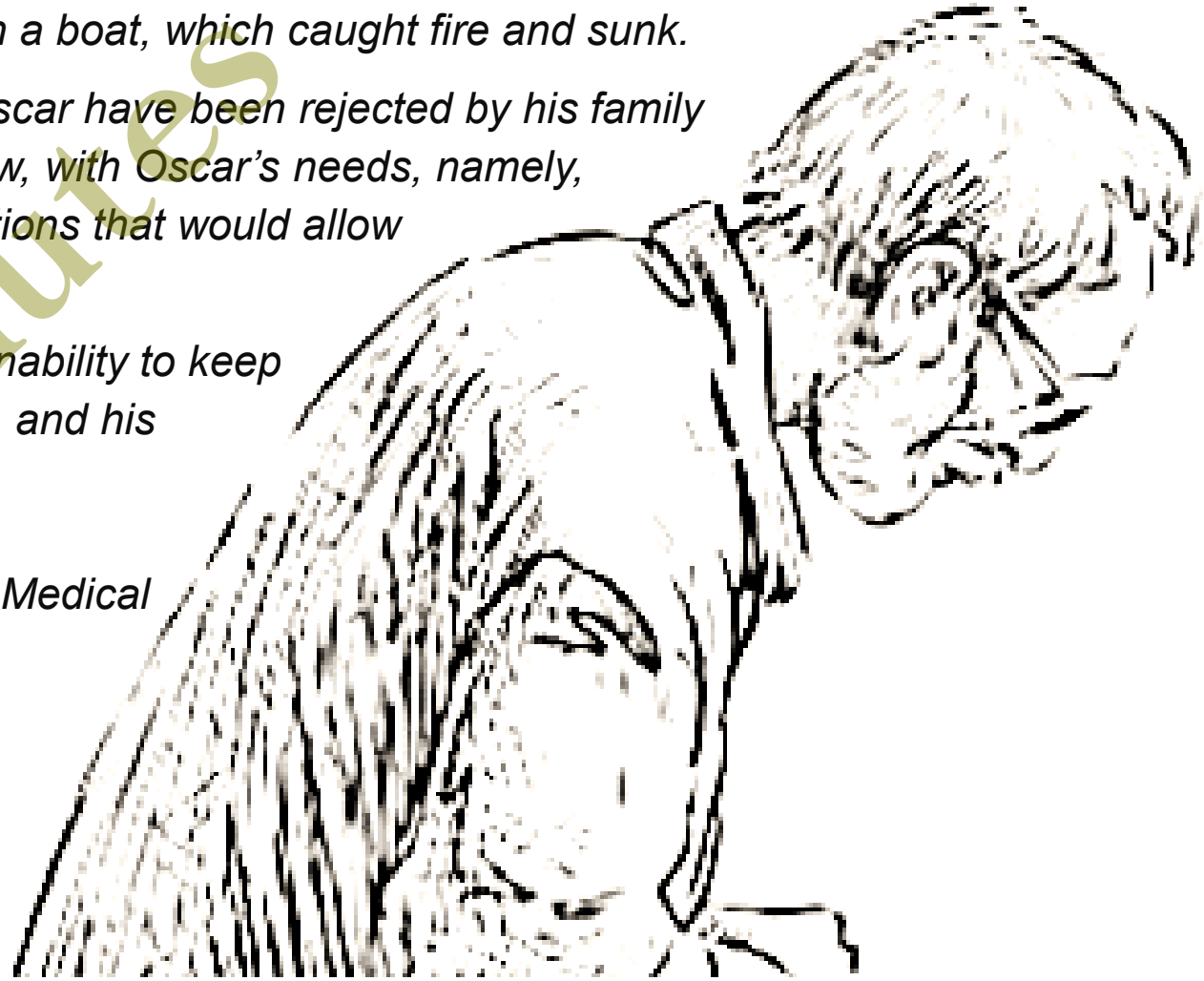
Oscar

is an eighties-age man of Hispanic origin who has been diagnosed with severe disabling anxiety and cognitive problems resulting from dementia. He was referred to Adult Protective Services (APS) in 2020. Oscar is homeless and lives in his car, after having lived in a boat, which caught fire and sunk.

The housing options that have been offered to Oscar have been rejected by his family on the basis that they are not aligned, in their view, with Oscar's needs, namely, appropriate housing for his age and accommodations that would allow smoking, as this is non-negotiable for him.

His homelessness episode was triggered by his inability to keep the parking spot associated with his sunken boat, and his repeated parking violations.

APS connected Oscar with a clinic of San Mateo Medical Center, but he is not following through with any physical or mental health treatment indicated for him.



Recommendations and status - GROUP 4

RECOMMENDATIONS	STATUS
Early identification/appropriate diagnosis of cognitive problems via neuropsychiatric evaluation.	This specialized sort of assessment is primarily accessible through medical/ institutional settings.
Specialized housing with supports, residential care facilities.	Have been able to make some placements, unfortunately most are out of county.
In Home Support Services when appropriate.	Referral pathways to IHSS and other protective or supportive services clients may be eligible for through Aging and Adult Services can be accessed via the escalation process once it is in place. Still needs a place-- would like to try at Navigation Center and continue on into perm housing.
Consideration of probate dementia conservatorship when appropriate.	This strategy is in place in coordination between AAS and SMMC.

PUENTE

The Trusted Bridge to Independence

Storm Relief 2023

March 9, 2023

PUENTE'S WINTER STORM RECOVERY ASSISTANCE PROGRAM

Assistance with Damaged Home Essentials

For residents of Pescadero, La Honda, San Gregorio, or Loma Mar who had flooding or tree damage in their home and had essential furniture and appliances damaged. Up to $3,000. Please call for an appointment.

Replacement of Lost Wages

For residents of Pescadero, La Honda, San Gregorio, or Loma Mar who lost work hours due to the winter storm. Please call for an appointment.

Damage Assistance

For residents of Pescadero, La Honda, San Gregorio, or Loma Mar who had fallen trees on their home or flooding inside their home. Up to $2,000. Please call for an appointment.

Safeway Gift Card Distribution

For residents of Pescadero, La Honda, San Gregorio, or Loma Mar. The distribution will be on January 24th from 12pm to 6pm at our Puente office in Pescadero. No pre-registration or appointment needed.

Puente also has its ongoing financial assistance program to help pay for rent, utilities, and other unforeseen expenses.

PUENTE

Pescadero Office
620 North Street
Pescadero, CA 94060

La Honda Office
8865 La Honda Road
La Honda, CA 94020

outreach@mypuente.org • 650.879.1691 • www.mypuente.org

Storm Relief Flyer Provide through March 03, 2023

- Flood Damage to Home- 18 applications totaling $49,200
- Winter Storm Income Replacement- 85 applications totaling $71,368
- Distribution of gift cards for food distribution - 951 gift cards to 449 households totalling $95,100

Population of Interest

Puente serves the South Coast Communities of Pescadero, La Honda, Loma Mar and San Gregorio regardless of immigration status. Our focus is on creating equitable opportunities for:

- Low-income households
- Children 0 to 5 years old
- First generation college students
- Farmworkers
- Students and parents in the local school district
- Seniors

Other financial assistance

- Year-Round
- Different funding sources, different requirements
- Rental, dental
- Eligibility requirements communicated
- Internal grievance process
- Coordination with other agencies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www.mypuente.org
outreach@mypuente.org
650-879-1691

A SAFETY NET FOR THE COASTSIDE

Coastside Hope offers basic life necessities with dignity and hope to all San Mateo County mid-coast residents living in Montara, Moss Beach, El Granada, and Half Moon Bay. We are designated by San Mateo County as the primary community assistance agency for our service area. Our ongoing services are designed to prevent homelessness by meeting basic life needs for food, clothing, shelter, and fundamental utilities such as electricity.

Coastside Hope does not discriminate based on race, religion, nationality, gender identity, or any other category. We serve all low-income persons living on the San Mateo County mid-coast, an area stretching from Montara to Half Moon Bay. Our client base consists mostly of the working poor, employed in agriculture, fishing, and the service industry. We also serve low-income seniors, the homeless, and the fallen middle class.

We help over 3,000 neighbors every year.

Coastside Hope is a 501 (c) (3) non-profit; our federal tax ID is 51-0199747.

3 FOOD PROGRAMS

FAMILY HARVEST

On the third Thursday of each month Coastside Hope distributes fresh, frozen and shelf-stable food to low-income famalies.

FOOD PANTRY

Our community pantry offers a variety of healthy food choices to our low-income neighbors.

SENIOR BROWN BAG

Coastside Hope distributes healthy fresh produce and staples to low-income seniors twice monthly.

FEED THE HUNGRY

In partnership with Second Harvest Food Bank, Coastside Hope distributes over 325,000 meals every year through these three food programs.

CIVIC SERVICES

IMMIGRATION STATUS COUNSELING AND FORM ASSISTANCE

Our BIA-certified paralegal assists Coastside workers and their famalies with immigration forms, applications and other issues every year.

CITIZENSHIP SERVICES

Coastside Hope provides citizenship classes and application assistance throughout the year.

FREE TAX PREPARATION

Every year our IRS-certified tax volunteer prepares tax returns for hundreds of our low-income neighbors in collaboration with the United Way.

KEY GOALS AND PROGRAMS

- ASSIST WITH CIVIC RESPONSIBILITIES
- PROVIDE SAFE SHELTER
- SHARE OUR GOOD FORTUNE
- COMFORT COASTSIDERS IN NEED

RENTAL AND TEMPORARY HOUSING

Coastside Hope provides rental assistance, utility assistance, and shelter referalls to prevent home-lessness.

OTHER WAYS TO HELP

ADOPT A FAMILY

Coastside Hope's annual Christmas giving program is run by volunteers. Local donors provide clothing, toys, and other items to hundreds of low-income famalies and seniors each year.

SPECIAL DELIVERY

Each moth, donor famalies purchase basic household supplies (toilet paper, soap, toothpaste, etc) for a family in need.

CRITICAL FAMILY NEEDS PROGRAM

Our critical needs program provides emergency and/or supplemental food, clothing, PG&E payments, and caring - simply being there in a time of need. Coastside Hope's trained case workers assist clients on site and facilitate referrals as needed.

Coastside Hope

Neighbors Helping Neighbors In Need...

Strategic Plan Update

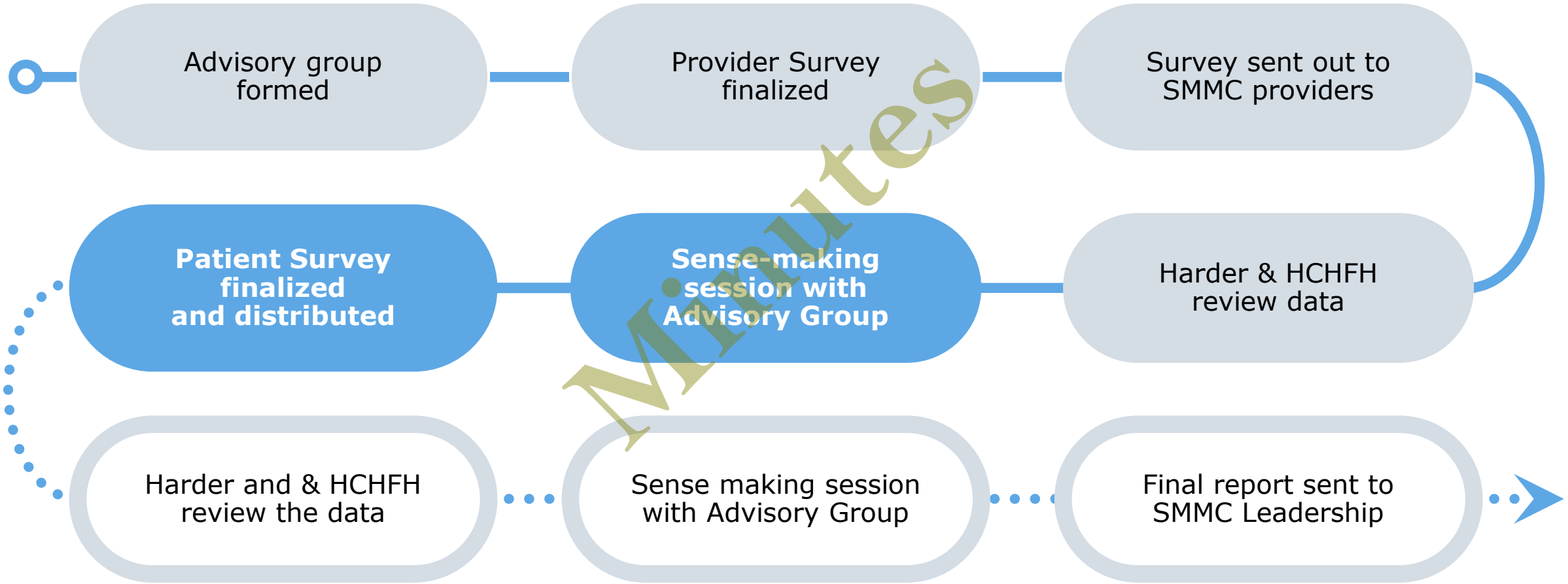
HCH/FH Board Meeting March 9, 2023
Irene Pasma, Program Planning & Implementation Coordinator

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

HCH/FH Program Planning Overview

Needs Assessment

scheduled to be finalized summer 2023



2020-2023 Strategic Plan Update

Review progress against targets → Meet with stakeholders for input → Make updates to Strategic Plan → Board Approval September/October 2023

March '23 | April | May | June | July | August | September | October '23

We are here

Needs Assessment Complete

RFP & Contracts Process

Next Steps

March 2023:
Strategic Planning Subcommittee Meets

April 2023 Board Meeting:
Review targets and discuss changes to next plan

May 2023-July 2023:
Staff attends standing meetings across County to get input on strategic plan

July 2023:
Strategic Plan Subcommittee Meets

August 2023 Board Meeting:
Share gathered information and additional Needs Assessment findings

August 2023:
Strategic Subcommittee Meets to create a recommendation to the board

September/October 2023 Board Meeting:
Board Approves new Strategic Plan

APPENDIX

2020-2023 Strategic Plan Priorities

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

- 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.

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

- By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to 5% and 10% respectively.

Strategic Priority 3: Support health care providers serving homeless andfarmworker patients.

- Refer to QI/QA Plan for patient satisfaction related outcomes.

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

- Refer to QI/QA Plan for clinical outcome goals

Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements

- Following a site visit, have no more than 5immediate enforcement actions, fewer than 2conditions enter the 90-day phase of Progressive Action and0 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)

TAB 2

Contracts & MOUs update

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: April 13th, 2023

TO: Co-Applicant Board Finance Sub-Committee, San Mateo County Health Care for the Homeless/ Farmworker Health (HCH/FH) Program

FROM: Meron Asfaw, Community Program Coordinator

SUBJECT: Contracts & MOUs Update

I am writing to provide you with a comprehensive update on the status of the contractors and MOUs associated with the HCH/FH program. HCH/FH program has collaborated with several County departments and community-based organizations to offer primary care, behavioral health, enabling, and dental services to people experiencing homelessness, farmworkers, and their dependents. Please find below a detailed description of each contractor's status update for March 2023:

Abode Services: In March, HCH/FH staff met with Abode Services for the monthly meeting. Abode Services reported receiving referrals from both within and outside of the agency. The organization is confident that the target number of serving 100 clients will be achieved by the end of 2023. HCH/FH staff facilitated an introductory meeting between Health Coverage Unit and Abode Services for the Abode Wellness Specialist to have a contact person assisting clients who require health coverage assistance.

Ayudando Latinos a Soñar (ALAS): HCH/FH staff provided health information resources for Chinese Farmworker for the promotores to distribute during their visits. ALAS had been responding to the Half Moon Bay shooting and winter weather storm and did not conduct in-field health education. This month, ALAS started conducting health education in farms. The organization expressed interest in learning about oral care and HCH/FH staff provided information about upcoming farmworker conferences for the staff to attend. ALAS has a $4,000 one-time fund for staff development, and they were encouraged to use the fund accordingly.

Public Health Policy & Planning (PHPP): HCH/FH staff held a meeting with PHPP this month to discuss program updates. HCH/FH staff created an information sheet outlining HEAL/HCH services for providers to refer to for behavioral health services. The HCH/FH program will sponsor four staff members to attend the 2023 National Health Care for Homeless Conference & Policy Symposium in Baltimore, Maryland, during the week of May 15th.

Behavioral Health & Recovery Services (BHRS): HCH/FH met with BHRS to discuss the staff transition plan. HCH/FH will sponsor two staff members from BHRS to attend the 2023 National Health Care for Homeless Conference & Policy Symposium in Baltimore, Maryland, during the week of May 15th.

LifeMoves: HCH/FH staff met with LifeMoves to discuss staff transitions and how the team can support the Street/Mobile clinic. LifeMoves will hire a new case manager in April, and the team will support Street medicine and mobile clinics once they hire a new case manager.

Puente: No update.

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Sonrisas: Sonrisas is currently stationed at Puente. However, Puente will need the space by May, and Sonrisas needs to move out by end of May. Sonrisas and Puente are looking for other possible spaces in Pescadero to offer dental services. Currently, no suitable location has been found and the team will continue searching for options.

Saturday Dental Clinic at Coastside Clinic: The Saturday dental team and ALAS are collaborating to identify patients and remind them of their appointments for the Saturday dental clinic. HCH/FH staff shared the patient satisfaction survey results with the Saturday dental clinic team. Overall, there is positive feedback from the patients about the Saturday dental service program. The Saturday dental team is anticipating hiring another dentist and increasing the Saturday service.

TAB 3
Budget and Finance Report

San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: April 13,2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Preliminary grant expenditures for the month total about $210,000. A number of routine County charges had not been completed when the report was run. Due to the lag in county month-end processing, we will have a much better idea of the rate of expenditure when we receive the quarterly drawdown report late in April for the first quarter. At that point we will update all of our expenditure estimates to the actuals for the first quarter. What we can tell so far is that our Salary & Benefit costs and office operational expenses appear to be within budget so far, running close to estimates.

Our preliminary expenditure projection for the 2023 Grant Year (GY) will leave us with around $522,763 in unexpended funding when compared to our total funds for the year (base grant award plus carryover from GY 2022). This is about 30% larger than our original spend-down target and provides some level of certainty for being able to fulfill our already awarded 2024 contracts, plus providing some flexibility for the Board in making potential finding choices during this and next GY.

Attachment:

- GY 2022 Summary Grant Expenditure Report Through 03/31/23

COUNTY OF SAN MATEO CALIFORNIA

GRANT YEAR 2023

Details for budget estimates	Budgeted [SF-424]	*March $$*	To Date **(03/31/23)**	Projection for end of year	Projected for GY 2024
EXPENDITURES					
Salaries					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	721,000	*57,207*	164,207	705,000	750,000
Benefits					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	270,000	*24,147*	68,912	275,648	292,500
Travel					
National Conferences (2500*8)	15,000			20,000	20,000
Regional Conferences (1000*5)	5,000			7,500	7,500
Local Travel	1,500			1,000	1,500
Taxis	1,000		108	1,000	1,500
Van & vehicle usage	1,500			1,000	1,500
	24,000		108	30,500	32,000
Supplies					
Office Supplies, misc.	10,000			10,000	10,000
Small Funding Requests					
	10,000		0	10,000	10,000
Contractual					
2021 Contracts			27,691	27,691	
2021 MOUs					
Current 2022 MOUs	1,241,000	*4,800*	4,800	1,175,000	1,200,000
Current 2022 contracts	865,979	*100,359*	100,359	825,000	825,000
---unallocated---/other contracts					
	2,106,979		132,850	2,027,691	2,025,000
Other					
Consultants/grant writer	40,000	*22,659*	29,007	75,000	40,000
IT/Telcom	4,200	*1,485*	2,907	20,000	30,000
New Automation				0	-
Memberships	2,000		2,875	4,000	5,000
Training	5,000			5,000	20,000
Misc				1,500	1,500
	51,200		34,789	105,500	96,500
TOTAL	3,183,179	*210,657*	400,866	3,154,339	3,206,000
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Carryover	818,470		818,470	818,470	
Available Expanded Services Awards **					522,763 carryover
HCH/FH PROGRAM TOTAL	3,677,102		3,677,102	3,677,102	3,381,395
BALANCE	**493,923**	**Available**	**3,276,236** **Current Estimate**	**522,763** **Projected**	**175,395** based on est. grant of $2,858,632
Non-Grant Expenditures					
Salary Overage	13,750	*3,000*	5,450	42,500	20,000
Health Coverage	57,000	*7,590*	20,430	48,000	62,000
base grant prep	60,000			40,000	
food	2,500			2,500	1,500
incentives/gift cards	1,000			1,000	1,500
	134,250	*10,590*	25,880	134,000	85,000
TOTAL EXPENDITURES	**3,317,429**	***221,247***	**426,746**	**3,288,339**	**NEXT YEAR** **3,291,000**

TAB 4

Quality Improvement/ Quality Assurance update

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: April 13, 2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI/QA COMMITTEE REPORT

- **Next HCH/FH QI/QA Committee Meeting**
  - HCH/FH Program QI/QA Committee Meeting is scheduled for April 13th 2023 after the April Board Meeting, where the 2022 UDS submission results and QI/QA Plan will be reviewed.
- **ACTIVATE Pilot**
  - HCH/FH working with Mitre and Coastside Clinic to pilot telehealth support for improved care of chronic illness, with potential focus on diabetes and hypertension. Development of Memorandum of Understanding (MOU) with San Mateo Medical Center Materials Management timeline being assessed with ACTIVATE project timeline, similar opportunities being explored if timeline conflicts.
- **Homeless Mortality Data**
  - HCH/FH Program working with San Mateo County Public Health Epidemiology and homeless service providers to accurately collect County homeless mortality data. Public Health Epidemiology will be working with HSA to intersect vital statistics records with HMIS database to identify deaths in homeless individuals over the past 10 years. In addition, Public Health Epidemiology will be accessing all County Health patient data to aid in identifying deaths in homeless persons. Public Health Epidemiology is targeting the end of 2023 to release a report on their findings. HCH/FH Program will continue to work with Public Health Epidemiology, especially as they get closer to finalizing their report.
- **2023 Clinical Quality Metrics**
  - 2023 Clinical quality metrics Q1 data will be available in mid-April. These reports will be analyzed and the quality metrics data will be reported once analysis is finalized, likely in an upcoming meeting.

TAB 5

HCH/FH director's report

San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 T
smchealth.org/smmc

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

DATE: April 13, 2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the March 09, 2023, Co-Applicant Board meeting:

The HCH/FH Program continues to work with Health Administration, PHPP, LifeMoves and HiA (Healthcare in Action) in preparing for the opening of the County Homeless Navigation Center. We are also continued to work with Health Administration on assisting with the equipment needs for the Navigation Center medical and dental clinics. As part of this effort, HCH/FH is proposing to manage the Dental Services agreement with University of Pacific for the Dental Services at the Navigation Center. The intent is to have the services primarily funded through third-part payors and organizational donations, although some HCH/FH funding may be involved. There is further discussion and a Board Action Request elsewhere on today's agenda.

The HCH/FH Program is planning to support two (2) Board members' attendance at the National Health Care for the Homeless National Conference in Baltimore in May, along with some staff and around a half dozen individuals from SMMC/Health/community partner organizations. Additionally, we will have Program and community partner organization staff attending a couple of Regional Farmworker Health Conferences (Orlando and Austin), and the National Farmworker Health Conference in Seattle.

The HCH/FH Program has also been preparing for our move into the new SMMC Administration building. With the space limitations imposed by the move this necessitated a great reduction in the amount of stored paper files and information.

The HCH/FH Program staff is also preparing for the submission of our Service Area Competition (SAC) application which will likely happen between May and August. This is the actual health center award of our base grant and is obviously critical to the program. We are in the midst of bringing aboard an experienced consultant entity to provide us with assistance in the process.

Seven Day Update

ATTACHED:

- Program Calendar

COUNTY OF SAN MATEO CALIFORNIA

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2023 Calendar - County of San Mateo Health Care for the Homeless & Farmworker Health (HCH/FH) Program

Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm.

Month	Events
January	• *HCH/FH Board's first meeting of the year* • *HCH/FH Board will vote on new time change for the board meeting*
February	• *Initial UDS Submission: February 15, 2023* • *2023 Western Forum for Migrant and Community Health, February 14-16, Long Beach, CA. https://www.nwrpca.org/events/event_details.asp?legacy=1&id=1670924*
March	• *HCH/FH Board will return to an in-person meeting. Location: SMMC Education Room 2* • *Sliding Fee Discount Scale (SFDS)-Approve*
April	• ***SMMC Annual Audit – Approve*** • ***In-person meeting location: County Building Room 101 455 County Center Redwood City, CA 94063***
May	• ***National Health Care for the Homeless Conference and Policy Symposium, May 15-18, Baltimore, Maryland*** https://nhchc.org/trainings/conferences/
June	• ***Services/Locations Form 5A/5B – Approve***
July	
August	
September	
October	
November	
December	

BOARD ANNUAL CALENDAR	
Project	**Timeframe**
UDS Submission – Review	Spring
SMMC Annual Audit – Approve	April/May
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	July/Sept (program)– December/January (grant)
Annual Conflict of Interest Statement	October (and during new appointments)
Annual QI/QA Plan – Approve	Winter
Board Chair/Vice Chair Elections	November/December
Program Director Annual Review	Fall/Spring
Sliding Fee Discount Scale (SFDS)	Spring
Strategic Plan Target Overview	December

TAB 6

Request to approve board members to attend the 2023 National Healthcare for the Homeless conference in Baltimore, MD

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

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222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: April 13th, 2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/ Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, HCH/FH Program Director

SUBJECT: TRAVEL REQUESTS FOR THE NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE

Background: HCH/FH staff received a travel request from HCH/FH Board members, Janet Schmidt and Tayischa Deldridge to attend the upcoming National Health Care for the Homeless Conference in Baltimore, MD from May 15-18. The conference is relevant to HCH/FH program and attendance will provide the opportunity to network, learn new skills and gain knowledge about industry trends.

Financial Implications:
The estimated cost of this trip for Janet Schmidt is $3,000 which includes airfare, conference registration, hotel, meals, and ground transportation.

The estimated cost of this trip for Tayischa Deldridge is $3,382 which includes conference registration, airfare, hotel, meals, and ground transportation.

The cost has been reviewed and deemed reasonable.

Action Required: We recommend that the Board approve the travel request submitted by Janet Schmidt and Tayischa Deldridge to attend upcoming National Health Care for the Homeless Conference in Baltimore, MD from May 15-18.

TAB 7

Request for the Board to approve our contracting with University of Pacific for Dental Services at the Navigation Center

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: April 13, 2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO APPROVE DEVELOPMENT OF A CONTRACT WITH UNIVERSITY OF PACIFIC FOR THE DELIVERY OF DENTAL SERVICES AT THE COUNTY HOMELESS NAVIGATION CENTER AND THE ADDITION OF THE NAVIGATION CENTER TO HRSA SCOPE OF PROJECT FORM 5B – SITES, IF NECESSARY

Under the Bylaws and HRSA Program Requirements, the Board is responsible for determining the services to be provided by the program and the way they are to be provided.

With the development of the County's Homeless Navigation Center and the intent to centralize at that site all necessary and appropriate services for the homeless population of the center, a dental operatory is being outfitted at the site. Health Administration reached out to a number of potential dental services providers and the University of Pacific (UOP) was selected to provide these services. In recognition that current (non-FQHC) third party reimbursement for services would not be sufficient to cover the costs of services incurred by UOP, Health Administration has been developing a series of donated funds to support the effort.

As HCH/FH is the designated county agency dedicated to supporting health care for the homeless population, it is a natural location for the agreement with UOP for dental services. The Program is currently engaged in development of the necessary agreement for the services with UOP and Health Administration.

Based on current available information, the agreement would be for five (5) years, with annual anticipated costs to UOP of ~$600,000 and estimated third party reimbursement of ~$300,000, leaving approximately $300,000 in needed funding to support the agreement. Health Administration has developed approximately $200,000 in year 1 specific funding, $75,000 in probable annual support for years 2 through 5, and ~$900,000 in additional support across the length of the contract. We anticipate, based on these commitments, that HCH/FH at most would be funding ~$50,000 per year – likely less.

While the contract has not reached final form and specifics, it is moving along quickly. In light of this, we are requesting the Board's approval to pursue this agreement along the lines of the general terms as described above, and the approval to pursue the County's contract execution process assuming no substantial changes or known additional financial risk to the Program.

It requires the approval of a majority of the Board members present and voting to approve this Request for Board Action.

TAB 8

Strategic Plan: Review 2022

Progress Against Targets and Plan for Next Cycle

SAN MATEO COUNTY HEALTH
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www.facebook.com/smchealth

DATE: April 13, 2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Irene Pasma, Program Implementation and Planning Coordinator

SUBJECT: Strategic Plan Update

The Strategic Planning sub-committee met on April 4th and reviewed how the program did against its 2022 Strategic Plan targets (see attached slides). Staff reviewed the process from needs assessment to RFP and had an in-depth conversation about each one of the targets. The main summary from that discussion is that:

1. Behavioral health services for people experiencing homelessness has increased from baseline (2019) by 25%, it is unclear if reaching a 40% increase from baseline will be feasible.
2. Behavioral health services for farmworkers has decreased since 2021. A review of the data and current events shows that this is an area where additional resources/services are needed.
3. Care coordination leading to a visit at SMMC or BHRS regional clinic has remained – like last year – at 36%. The goal by end of 2023 is 50%, it is unclear if this will be feasible.
4. Lastly, the percent of uninsured PEH has remained about 20%, but uninsured among farmworker patients has gone up steadily since 2019. Staff will need to do more analysis and speak with the Health Coverage Unit to better understand the increase.
5. Health outcomes: As the program now has a new clinical services coordinator, many of the QI/QA projects and targets will be re-evaluated and discussed with the QI/QA Subcommittee.

Staff also asked for input on the agenda for the April Board Meeting and how to best present the information. To prepare for the April meeting, Board Members are encouraged to review the attached document, in addition to the one mentioned above.

Target priorities: during the Board Meeting, members will be asked to focus on reviewing and discussing the activities associated with Target Priorities 1, 2, and 3. Updates on all the activities will be provided at the meeting.

Multi-stakeholder Meetings: staff compiled a list of multi-stakeholder meetings which occur in the county to discuss homeless and farmworker issues. Members are encouraged to note that HCH/FH is one of the few venues dedicated to speaking specifically about healthcare access for both populations.

HCH/FH Needs Assessment Provider Preliminary Results: these slides were presented during a sense making session to SMMC's Advisory Group to the HCH/FH Needs Assessment. Th

Attachments:

- April 2023 Strategic Planning Subcommittee Meeting Slides
- Target Priorities
- Multi-stakeholder meetings for topics related to farmworkers and people experiencing homelessness
- HCH/FH Needs Assessment Provider Preliminary Results

HCH/FH Strategic Planning Subcommittee

April 4, 2023

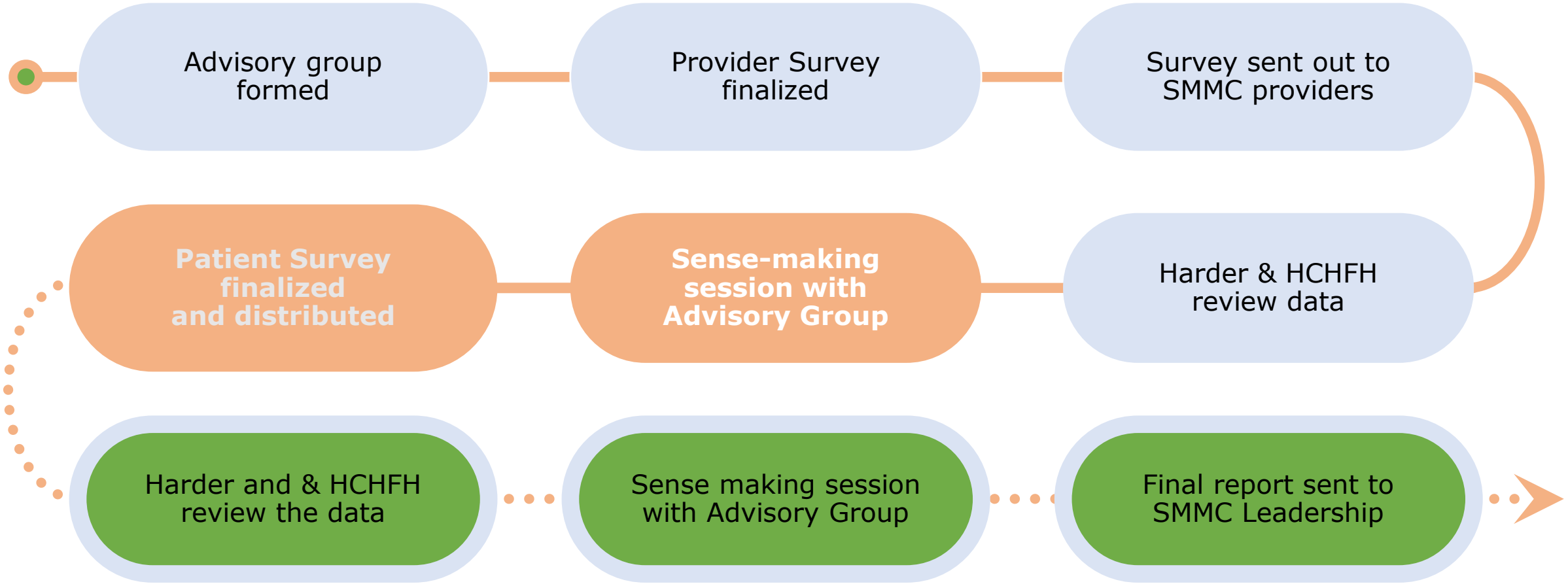
Agenda

- Strategic Plan Roadmap Overview
- Targets Review
- Break
- April 13th Board Meeting & Beyond Planning Input
- Wrap up and Next Steps

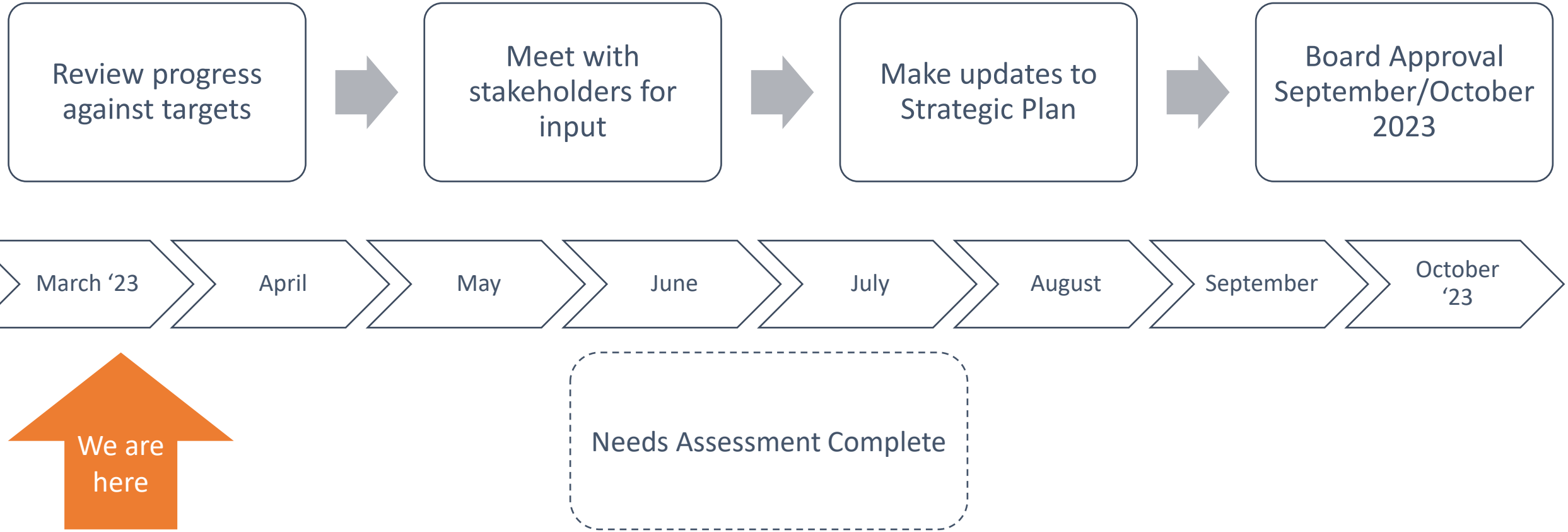
HCH/FH Program Planning Overview

Needs Assessment

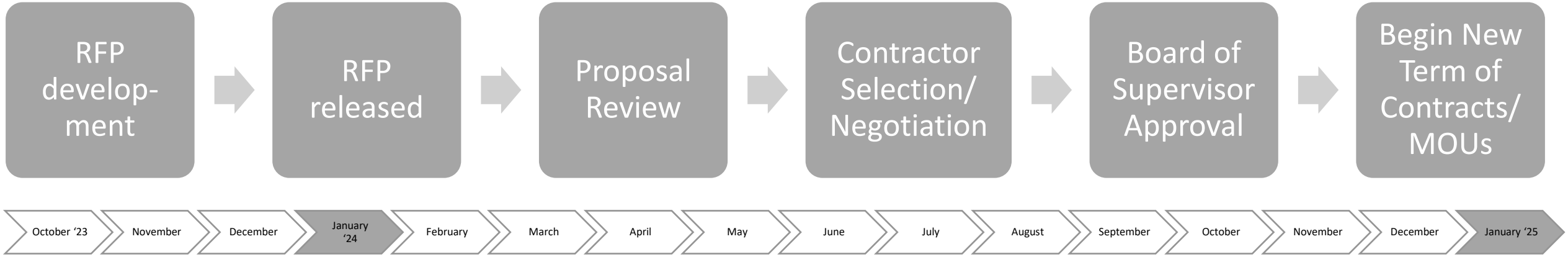
scheduled to be finalized summer 2023



2020-2023 Strategic Plan Update



RFP & Contracts Process



Next Steps


March 2023:
Strategic Planning Subcommittee Meets
April 2023 Board Meeting:
Review targets and discuss changes to next plan
May 2023-July 2023:
Staff attends standing meetings across County to get input on strategic plan
July 2023:
Strategic Plan Subcommittee Meets
August 2023 Board Meeting:
Share gathered information and additional Needs Assessment findings
August 2023:
Strategic Subcommittee Meets to create a recommendation to the board
September/October 2023 Board Meeting:
Board Approves new Strategic Plan

2020-2023 Strategic Plan Priorities

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

- 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.

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

- By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to 5% and 10% respectively.

Strategic Priority 3: Support health care providers serving homeless andfarmworker patients.

- Refer to QI/QA Plan for patient satisfaction related outcomes.

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

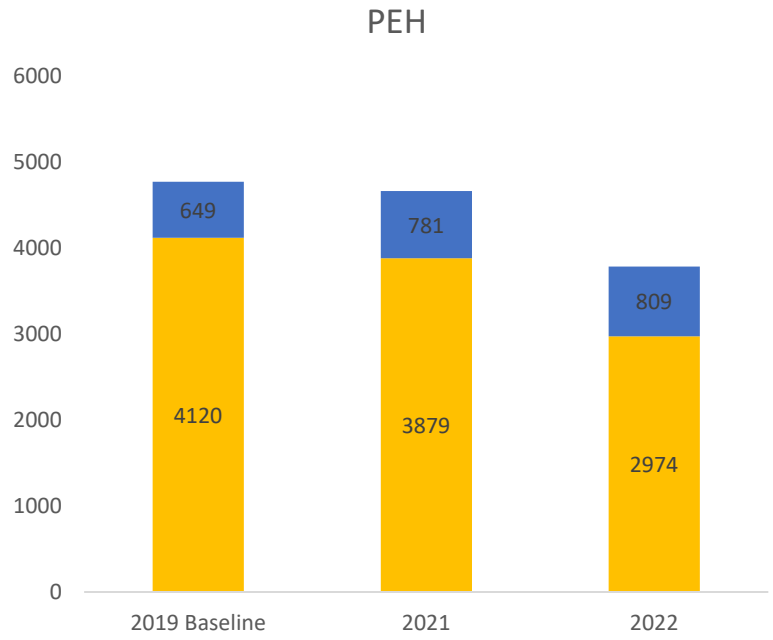
- Refer to QI/QA Plan for clinical outcome goals

Strategic Priority 5: Meet and Exceed all HRSA Compliance Requirements

- Following a site visit, have no more than 5immediate enforcement actions, fewer than 2conditions enter the 90-day phase of Progressive Action and0 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)

By EOY 2023, increase percent of people experiencing homelessness receiving mental health & AOD services by 40% from 2019 baseline

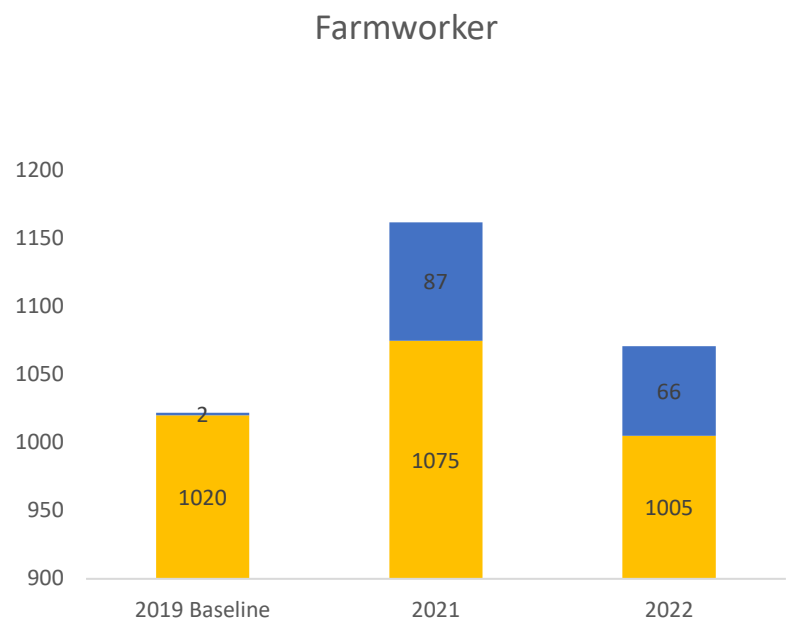
Year	# of PEH served by HCH/FH	PEH who have received MH or AOD Services via SMMC and BHRS*	Strategic Plan Goal	Target Value	% Change from Baseline
2019 Baseline	4769	649	N/A		
2021	4660	781	30% more than baseline	844	20%
2022	3783	809	35% more than baseline	876	25%
2023			40% more than baseline	909	



*BHRS Regional Clinics and Outreach teams. Does not include outpatient/inpatient AOD programs

By EOY 2023, increase percent of farmworkers receiving mental health & AOD services by 20% from 2019 baseline.

Year	# of PEH served by HCH/FH	PEH who have received MH or AOD Services via SMMC and BHRS*	Strategic Goal	Value	% change from baseline
2019 Baseline	**1022**	2	N/A	N/A	
2021	1162	87	10% more than baseline	2.20	4250%
2022	1071	66	15% more than baseline	2.30	3200%
2023			20% more than baseline	2.40	

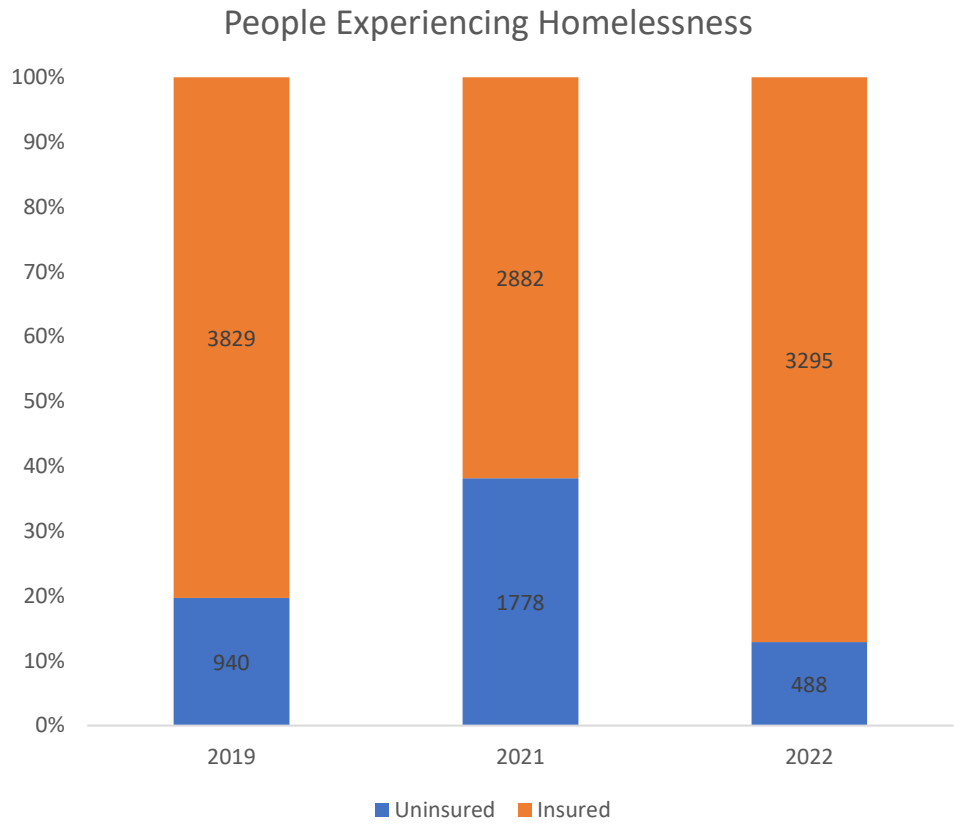


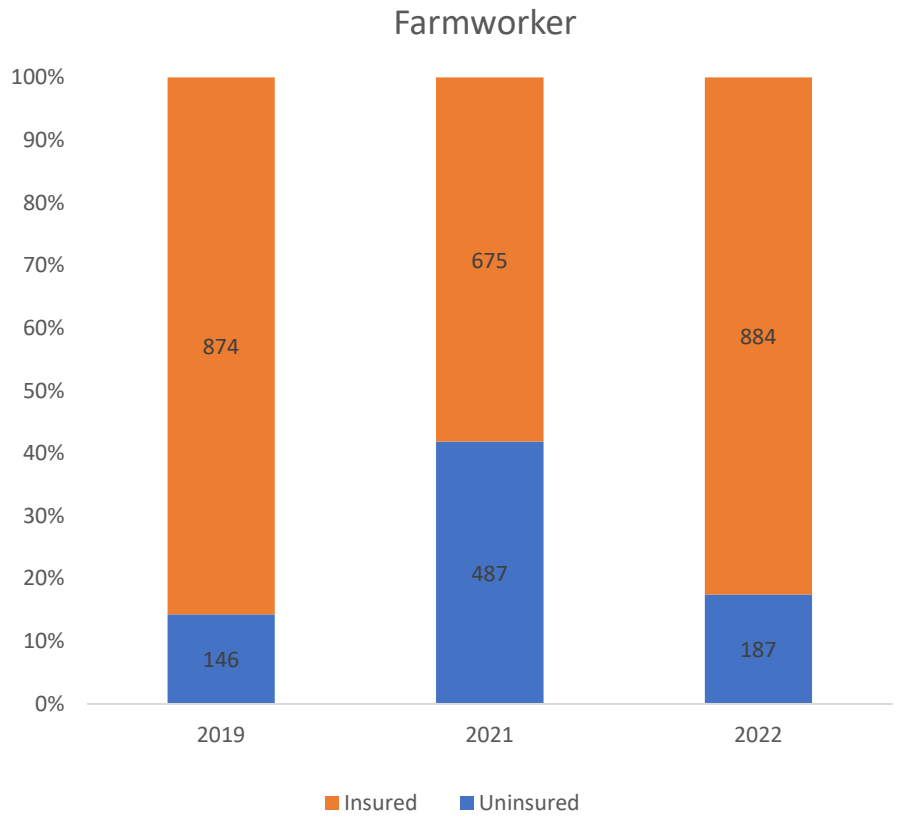
*BHRS Regional Clinics and Outreach teams. Does not include outpatient/inpatient AOD programs

By EOY 2023, 50%of clients receiving care coordination will have at least one brick and mortar health care visit within a 12-month period at SMMC or BHRS

Year	Strategic Plan Goal	# of PEH and FW in HCHFH Program	**Denominator**: clients who received care coordination services via a contractor	**Numerator**: clients seen by CC agencies who had at least one SMMC or BHRS clinic visit	% of clients who received CC and had at least one visit
2021	25%	5822	1137	407	35%
2022	40%	4854	1353	486	35%
2023	50%				

By EOY 2023, decrease the number of un-insured homeless and farmworker patients seen by HCH/FH to 5% and 10% respectively.





Draft Agenda – April 13

- HCH/FH's Scope
- Strategic Plan Goals Description
- Current services
- Progress against goals
- Current status/updates
  - PEH and FW multi-stakeholder meetings
  - Provider Needs Assessment survey data
- Updating the Strategic Plan – break out groups
  - Should any priorities be added? Should any priorities be removed?
  - How should targets be set next time?
  - Who should be part of the planning process?

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	

Multi-Stakeholder Meetings Focused on Issues for Farmworkers in San Mateo County - Draft

**Consumer input means a farm laborer (i.e. not owner) is present at the meetings. For HCHFH/HRSA purposes, it also means someone who is an SMMC patient.*

Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input	Type of Meeting
HCH/FH Board Meeting	Provision of health care services by FQHC	Oversight of HRSA grant: review SMMC and contractor performance, strategy, needs assessment	Monthly	HCH/FH (SMMC)	-Board Members (community leaders, nonprofit execs) -SMMC	One consumer on the Board. Conduct surveys. Public comment. Seeking to improve.	Open to the public Brown Act Meeting
HCH/FH Provider Collaborative	Health care topics	Place for homeless and farmworker providers to gather to discuss health care needs and access issues	**Currently on pause**	HCH/FH (SMMC)	-SMMC providers -nonprofits -county partners	No	Open to all county and non-county providers/non-profits
Farmworker Affairs Coalition (FAC)	Farmworker Rights, focus on labor and housing	Arose out of Covid-19 as a central place where everyone supporting farmworkers can gather/coordinate.			ALAS, Puente, Coastside Hope, City of HMB,	Organizers are hoping to have farmworkers on the coalition	Open to farmworker providers
Farmworker Advisory Commission	Farmworker rights	Advising the Board of Supervisors and County agencies on effectively outreaching to farmworkers and their families; helping farmworkers and their families navigate public agencies and access benefits and services; raising awareness among farmworkers about labor laws and other protections; bringing visibility to issues that disproportionately affect farmworkers; and helping to build trust and relationships in the County's agricultural	2nd Wednesday, every other month 7:00pm - 8:30pm	CMO's Office	Four (4) Farmworkers Three (3) Members from community-based organizations One (1) Family member of a farmworker One (1) Member who works in the agriculture industry (but not a farmworker)	Yes	Brown Act Meeting

Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input	Type of Meeting
		community, particularly between employers and employees.			One (1) San Mateo County Agricultural Advisory Committee member		
San Mateo County Agricultural Advisory Committee	Agricultural Land Use and Organizer	To actively assist in the preservation of agriculture on the Coast side, advising and recommending to the County Planning Commission and the Board of Supervisors	Every 2nd Monday of the Month 6:00pm-8:00pm	Planning and Building	15 members, consisting of one Agricultural Business, one Conservationist, seven Farmer/Growers, two Public Members and four Non-Voting members (Executive Director, San Mateo County Farm Bureau; Executive Director, National Resource Conservation Service NRCS; County Director, UC Cooperative Extension; and County Agricultural Commissioner).	No	Brown Act Meeting
Coastside Collaborative	Half Moon Bay community updates	**Will reach out to Rubi.**	Monthly	Youth Leadership Institute		No	Any interested community member can participate
San Mateo County Farm Bureau	Enhance the agricultural industry in San Mateo County	Many activities focus on education of consumers, employees and farmers. In addition, we offer local scholarships, safety programs, school agriculture support and bilingual training materials for farm operators.			Board of Directors Bureau members ($ to join) Director: Jess Brown	No	For Bureau members and invited guests

Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input	Type of Meeting
San Mateo Food System Alliance							

Multi-Stakeholder Meetings Focused on Issues for People Experiencing Homelessness in San Mateo County – Draft

**Consumer input means presence of someone who has in the past or is currently experiencing homelessness. For HCHFH/HRSA purposes, it also means someone who is an SMMC patient.*

Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input?	Type of Meeting
HCH/FH Board Meeting	Provision of health care services by FQHC	Oversight of HRSA grant: review SMMC and contractor performance, strategy, needs assessment	Monthly	Health (HCH/FH)	-Board Members (community leaders, nonprofit execs) -SMMC	One consumer on the Board. Conduct surveys. Public comment. Seeking to improve.	-Open to the public -Brown Act Meeting
HCH/FH Provider Collaborative	Health care topics	Place for homeless and farmworker providers to gather to discuss health care needs and access issues	**Currently on pause**	Health (HCH/FH)	-SMMC providers -nonprofits -county partners	No	Open to relevant nonprofit and county agencies
Measure K Housing Program	Housing for medically fragile patients to get a housing voucher	This committee receives referrals from case managers seeking rental subsidies for their unhoused clients who are medically fragile. The committee reviews the referrals, meets with the referrer and makes decisions using a vulnerability index on whether to approve a subsidy or not	First and third Wednesday of the month	Health	Health and HPSM partners	No	Meeting for specific attendees
Unengaged complex clients who are homeless working group	Supporting unhoused persons who have mental illness and/or sub use issues and are not adequately engaged with available services	Develop an "escalation process" for frontline teams to support the targeted population of this workgroup	Weekly	Getting more information	LEAP, BHRS, HSA, AAS	No	Meeting for specific attendees
Housing Operations & Policy Committee (HOP)	Housing Policy			Health (BHRS)			

Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input?	Type of Meeting
Behavioral Health Commission Meeting (MHSA Prop 63)	People living with SMI in SMC	While note exclusively focusing on PEH, PEH are often population of interest/target for MHSA	Monthly	Health (BHRS)			Yes
Field Crisis Collaborative Care (FCCC) Meeting	High needs clients across county	Coordination meeting of law enforcement, various county systems, and CBOs	Monthly	Health (BHRS PERT)	PD (from all county); BHRS; SMMC; Correctional Health; AAS; District Attorney; FSP; LM; PRC; PHPP; CBO	No	Meeting for service providers in the county with signed agreement
Continuum of Care Steering Committee	Shelter System	The Continuum of Care (CoC) is a collaboration of stakeholders promoting a community-wide commitment to end homelessness. The San Mateo County Human Services Agency, as the Lead Agency for the San Mateo County CoC, convenes the CoC Steering Committee. The CoC Steering Committee generally meets quarterly, and schedules additional meetings as needed. Members of the CoC Steering Committee include representatives of people with lived experience, homeless service providers, mainstream services, and many community partners. Community stakeholders are welcome to attend meetings of the CoC Steering Committee.	Quarterly	COH (HSA)			Brown Act Meeting

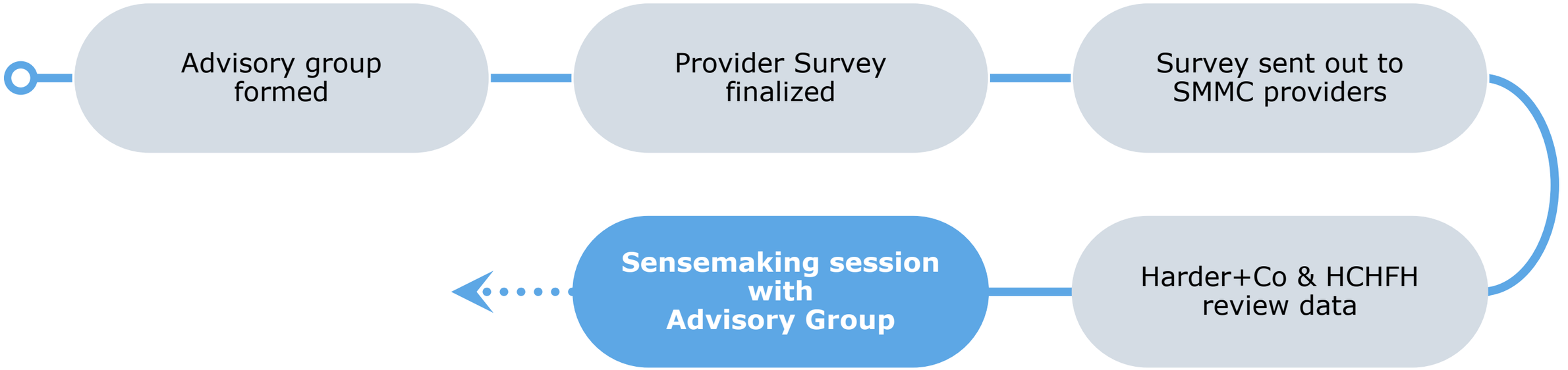
Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input?	Type of Meeting
Homeless and Safety Net Provider's Meeting	Homelessness and Safety Net	HSA updates Information sharing between agencies	Quarterly	COH (HSA)	-Homeless and Safety Net provider agencies - Street Medicine/Mobile	No	For homeless providers
CoC Subcommittee on Racial Equity	Racial Equity	Assess racial equity at the CoC/system-level, strategize and implement methods to reduce disparities	Quarterly	COH (HSA)	-Homeless and Safety Net provider agencies -County partners		For CoC Steering Committees
CoC Subcommittee Lived Experience	Lived Experience	Maintain an active and responsive group of individuals to review and make recommendations on CoC-funded services. Review and make recommendations on CoC and CoC service provider funding proposals.	Monthly	COH (HSA)	Community members with lived experience of homelessness (including some members who are also homeless system service providers)	Yes	
CES Outreach Workgroup	Homeless Outreach and Coordinated Entry	For homeless outreach teams and service partners to convene to share information and resources, to collaborate to improve outreach services, and to coordinate service delivery.	Monthly	COH (HSA)	-LifeMoves -PWH -PRC -RWC Homeless Outreach Team -CES		For outreach nonprofits and invited speakers
Rapid Rehousing Workgroup	Rapid Rehousing Programs	Peer-to-peer and presentation-based skill-building and resource sharing among RRH providers	Every two months	COH (HSA)	-Staff from the 5 nonprofit rapid rehousing provider agencies	No	
HOPE IAC	Homeless Services	Information sharing with city and county leaders with inter-departmental county representation (HSA/DOH/Health)	Quarterly	COH (HSA)			

Meeting Name	Focus	Purpose	Frequency	Organizer	Attendees	Consumer Input?	Type of Meeting
Multidisciplinary Team (MDT)	Case management/Care Coordination	Place for field teams to discuss specific complex clients, region-specific.		LifeMoves	LifeMoves Law Enforcement Street Medicine		
Outreach and Provider Meeting (Redwood City Interagency Group)			Every other Wednesday	Redwood City (Teri Chin) Isha George			
Bay Area Coordination Call	COVID-19 All topics	Information sharing for Bay Area counties on a myriad of homeless topics					

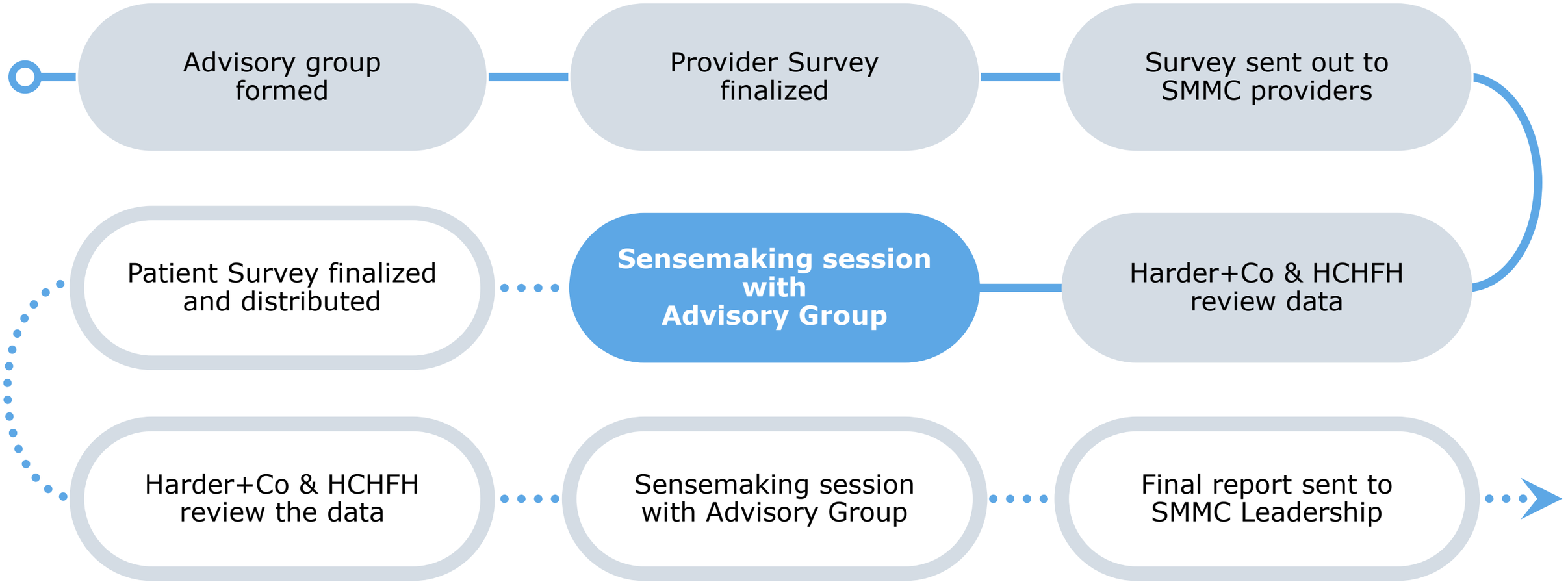
March 10, 2023

Healthcare for Homeless/Farmworker Health Needs Assessment
Care Team Survey Sensemaking

Where are we **now**?



Where are we **going**?



What are we trying to answer with the provider survey?

Health Literacy & Communication

Connection to Resources & Structural Supports

Behavioral Health

Care Team Satisfaction

Survey Respondents

Respondents' characteristics

Roles	Patient Population		Total
	Homeless	Farmworkers	
MD / NP / PA (non-PCP)	9	5	14
PCP /Physician / NP / PA	5	0	5
MSA	8	2	10
PSA	17	4	21
RN	11	2	13
Social worker	10	2	12
Licensed professional*	8	3	11
Total	68	18	86

* Licensed professional: Dietician, Physical Therapist, Therapist, Radiology, Respiratory Therapist, Speech-language pathologist

Respondents' characteristics

Roles	SMMC Locations									Total
	39th Ave	Coast-side	FOHC	MHPC	SSF	Adoles-cent Clinics	Mobile Clinic	Mobile Dental	Other	
MD / NP / PA (non-PCP)	9	2	2	0	1	2	1	1	1	19
PCP /Physician / NP / PA	3	1	2	0	0	1	0	0	1	8
MSA	7	1	2	0	0	0	2	0	0	12
PSA	4	0	3	0	2	9	0	1	0	19
RN	9	0	2	0	0	1	1	0	0	13
Social worker	10	0	2	1	2	2	0	0	0	17
Licensed professional*	8	2	2	0	0	0	0	0	0	12
Total	50	6	15	1	5	15	4	2	2	100

* Licensed professional: Dietician, Physical Therapist, Therapist, Radiology, Respiratory Therapist, Speech-language pathologist

Overarching Guiding Questions

1. Who on the care team is this most relevant or irrelevant to?

2. Is there a potential recommendation that you would like to see based on this information?

3. Who should see these interim results?

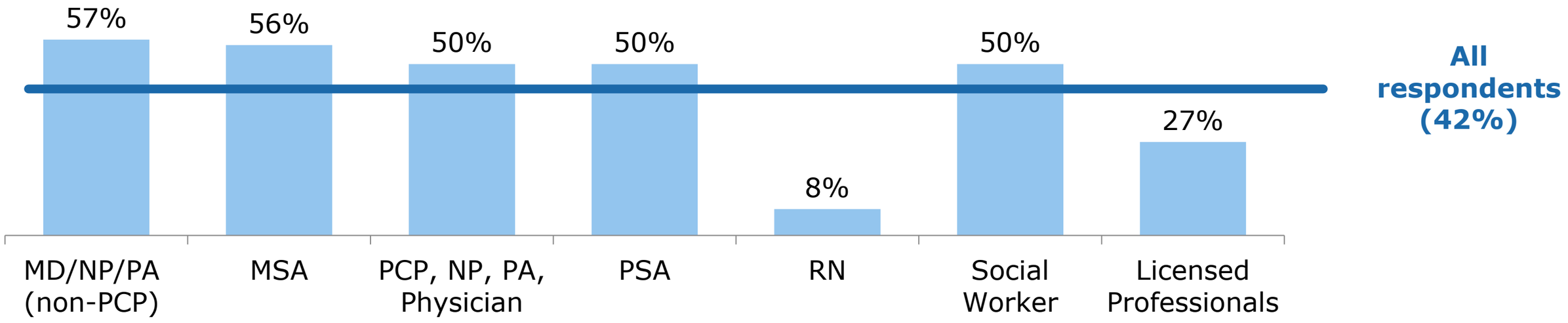
4. What’s the best way to disseminate these interim results?

RESULTS

Health Literacy & Communication

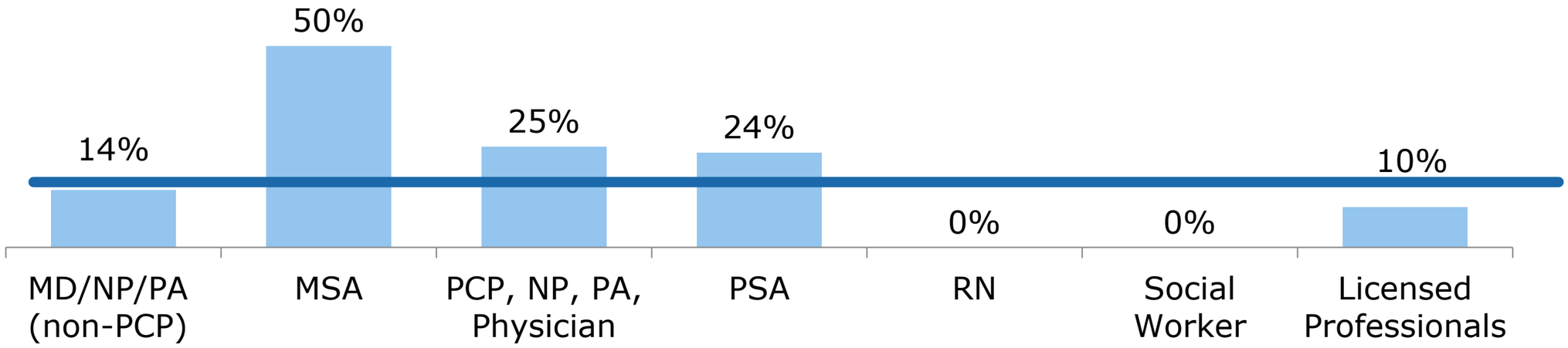
Health Literacy & Communication

I am confident that my patients understand what they need to do regarding their health when they leave the clinic or are discharged.



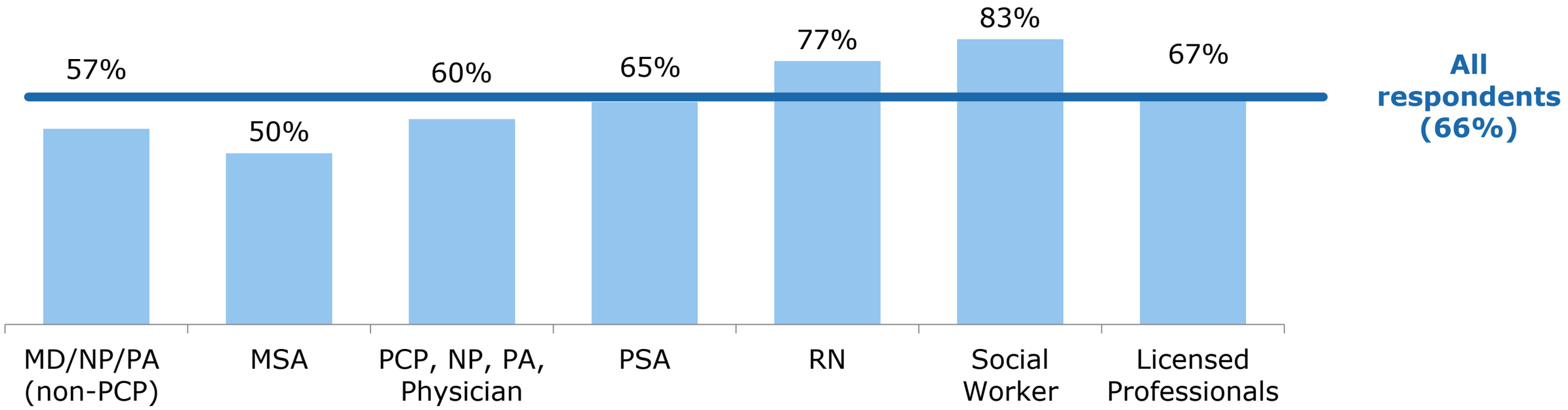
Health Literacy & Communication

I am confident my patients are taking their medicines as prescribed.



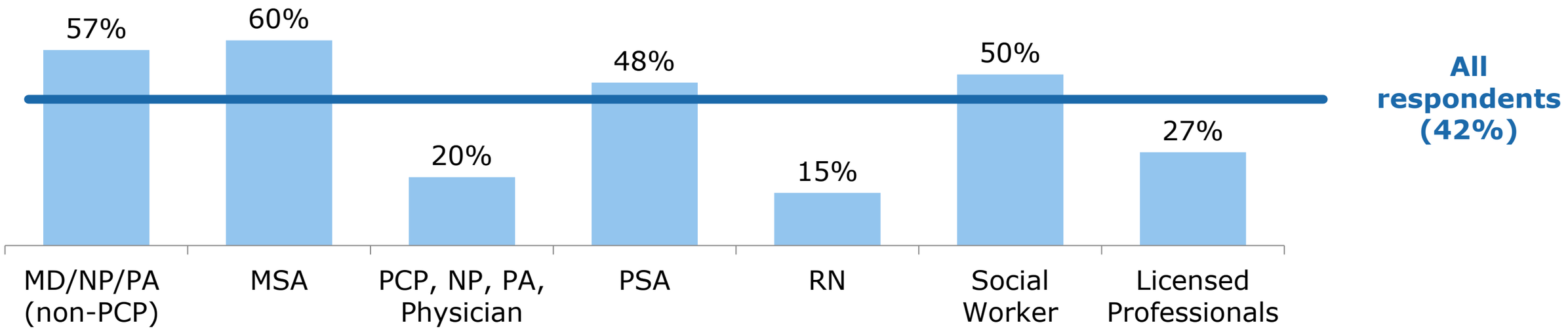
Health Literacy & Communication

It would be helpful to learn more about how to tailor medications for patients based on their lifestyle, living situation, health literacy, and mental acuity



Health Literacy & Communication

I am confident in my ability to address the complex needs that patients have.



Open ended responses: Improve communication

Which communication pathways between departments could be improved?

- Between substance abuse treatment and primary care
- Between the Emergency Department and Rehabilitation
- Between Social Services and Rehabilitation
- Between Emergency Department and Dental
- Hire more care navigators
- Would like real time assistance when scheduling appointments for homeless clients. Clients may not have a phone and may not be able to call back to schedule appointments.

Guiding Questions

1. Who on the care team is this most relevant or irrelevant to?

2. Is there a potential recommendation that you would like to see based on this information?

3. Who should see these interim results?

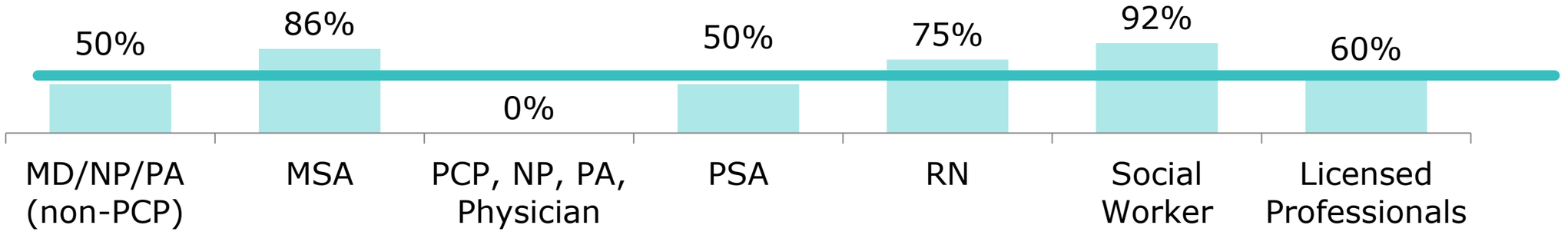
4. What’s the best way to disseminate these interim results?

RESULTS

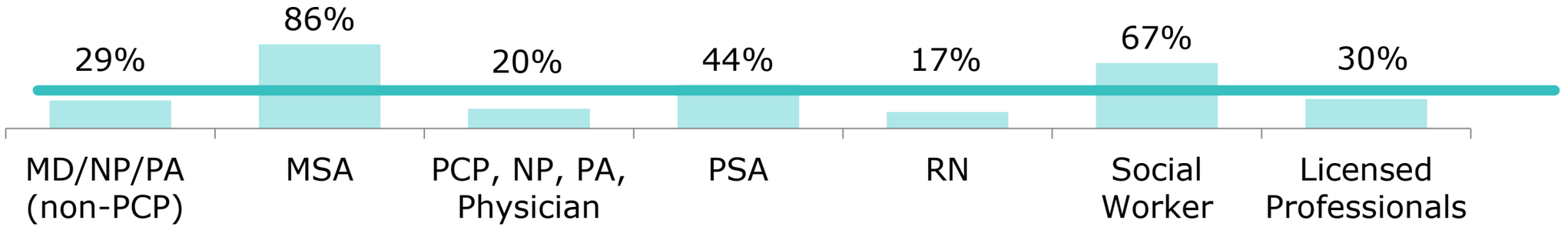
Connection to Resources & Structural Supports

Connections to Resources & Structural Supports

I feel confident contacting a patient's case manager when necessary.

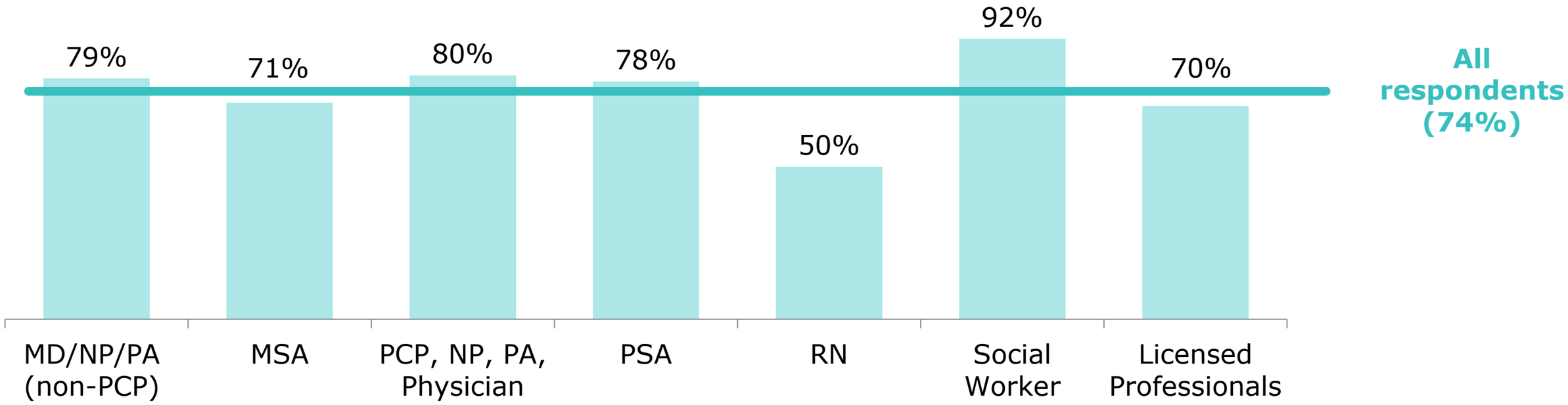


I know how to find out who a patient's community case manager is.



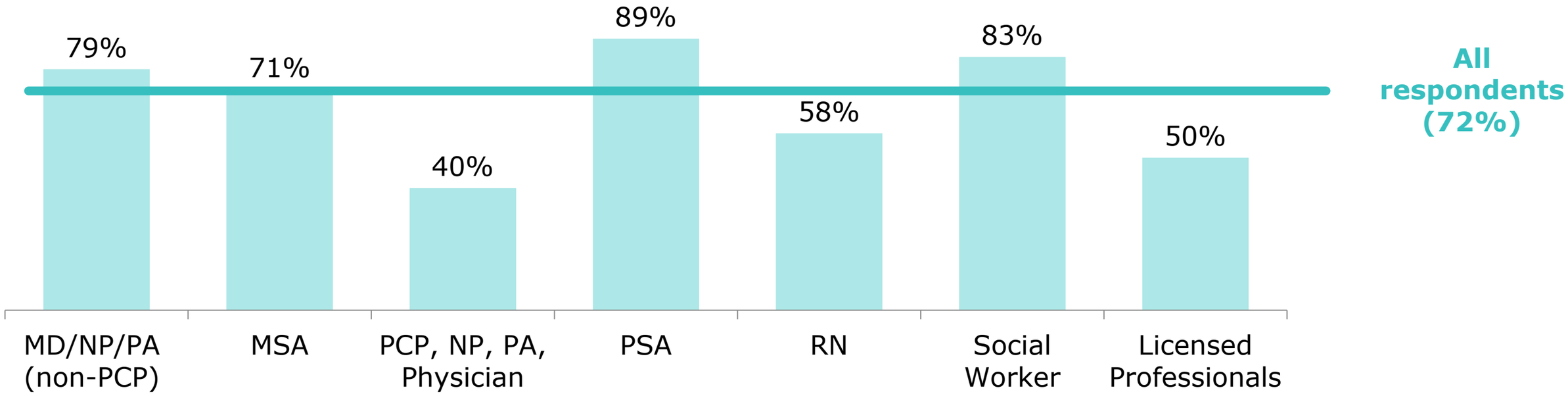
Connections to Resources & Structural Supports

Referral pathways exist: **Food Security**



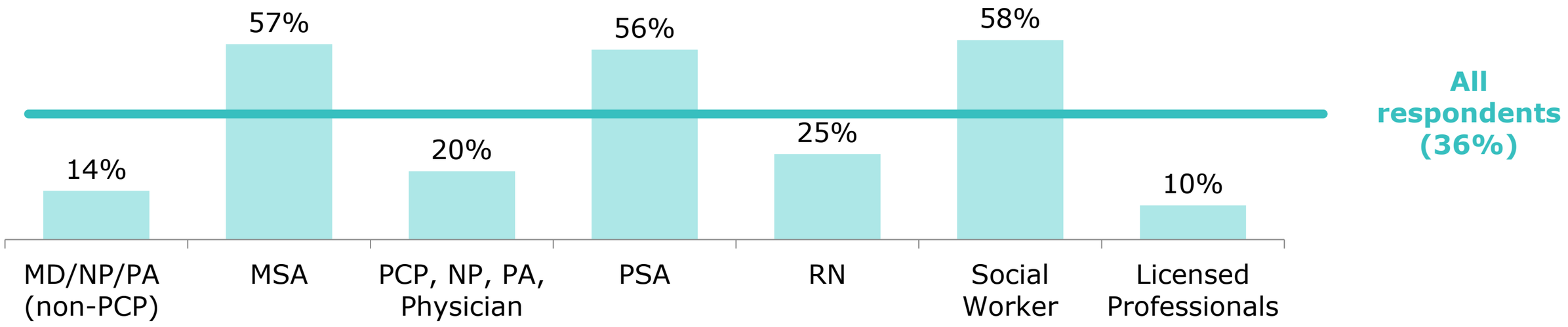
Connections to Resources & Structural Supports

Referral pathways exist: **Benefits and Insurance**



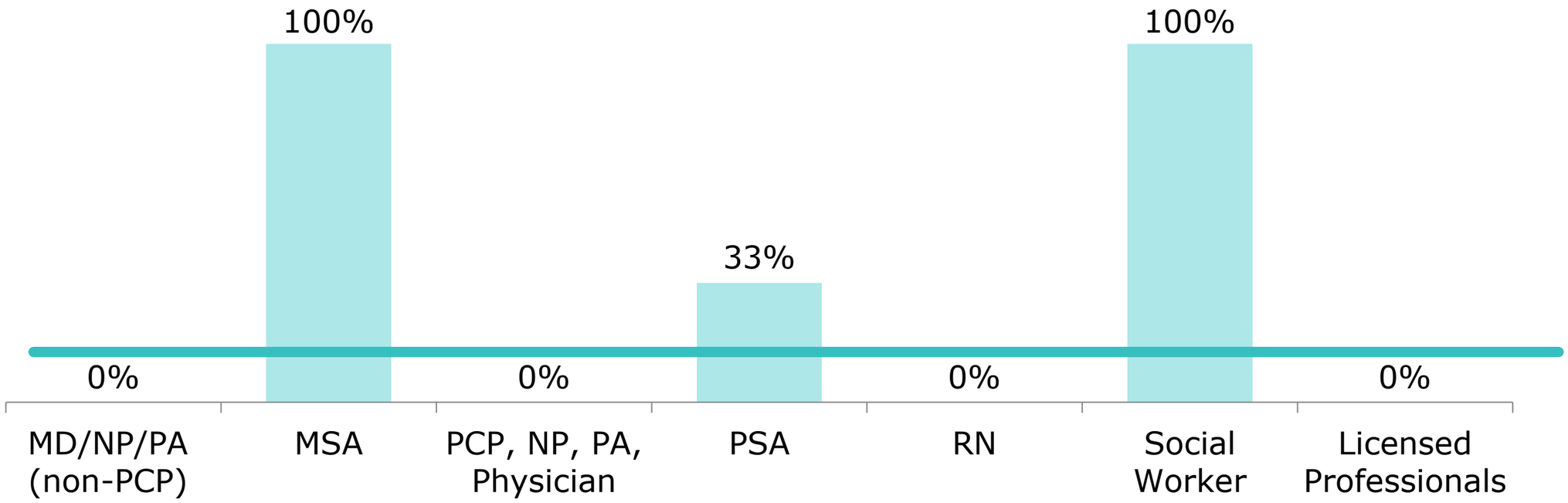
Connections to Resources & Structural Supports

Referral pathways exist: **Legal Assistance**



Connections to Resources & Structural Supports

Referral pathways exist: **Employment Assistance**



Guiding Questions

1. Who on the care team is this most relevant or irrelevant to?

2. Is there a potential recommendation that you would like to see based on this information?

3. Who should see these interim results?

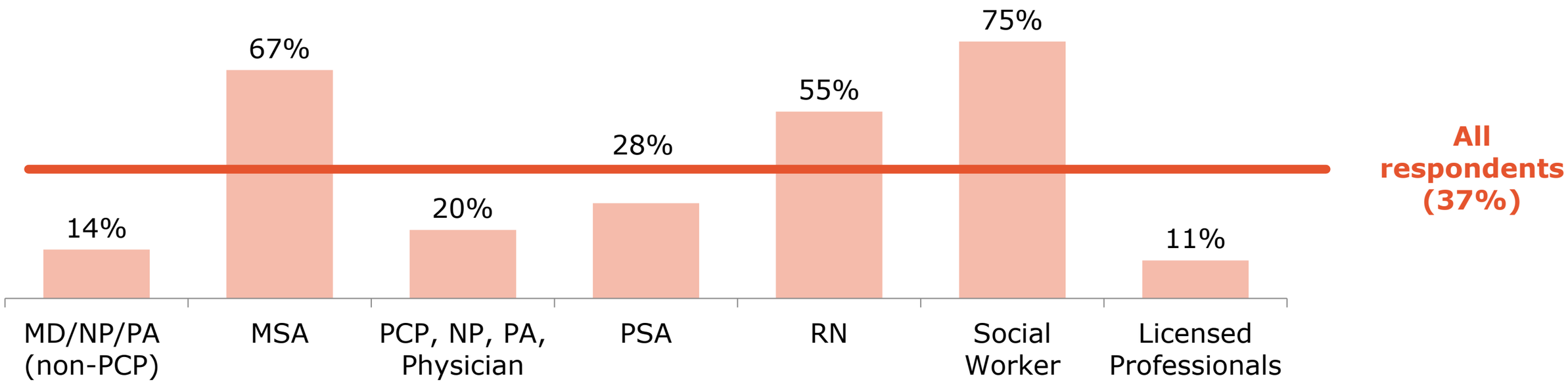
4. What’s the best way to disseminate these interim results?

RESULTS

Behavioral Health

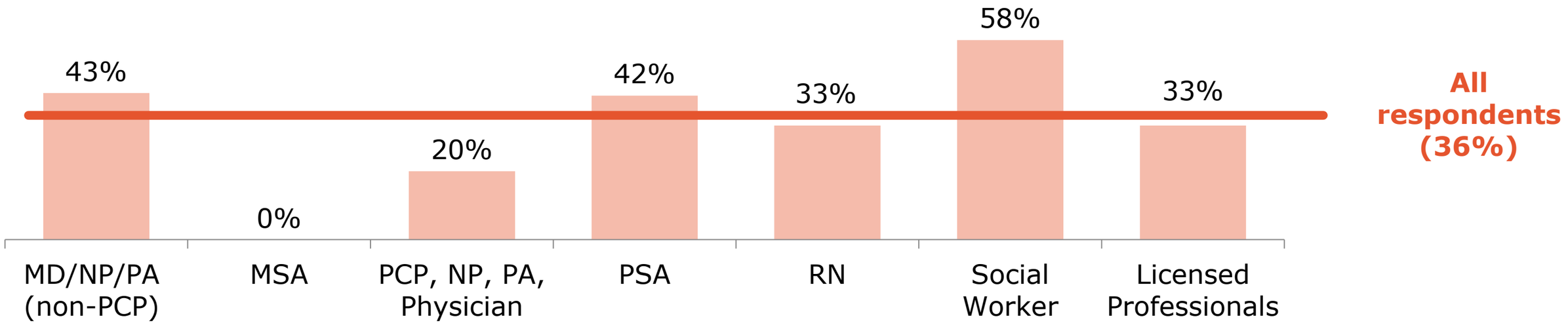
Behavioral Health

When a patient asks for help, I feel confident I can educate them on behavioral health and available behavioral health services.



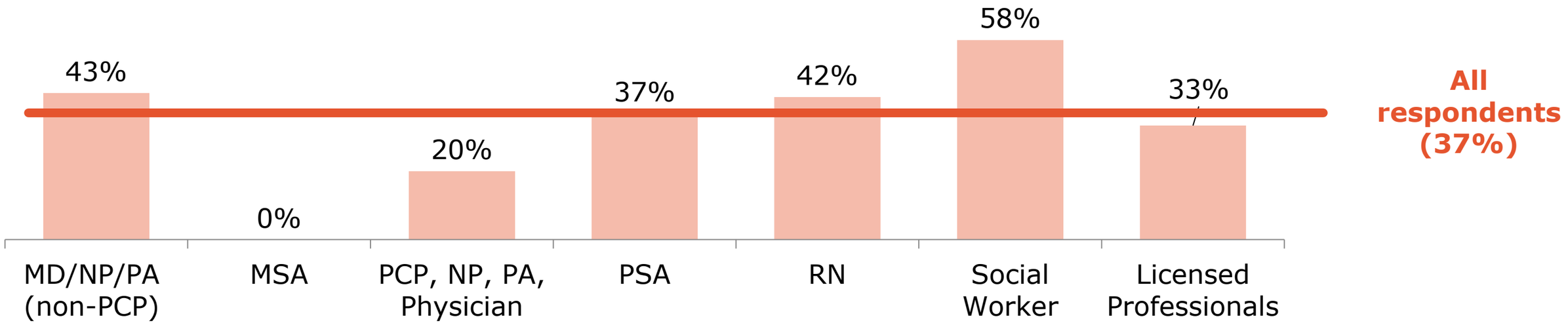
Behavioral Health

Referral Information Needed: El Centro de Libertad



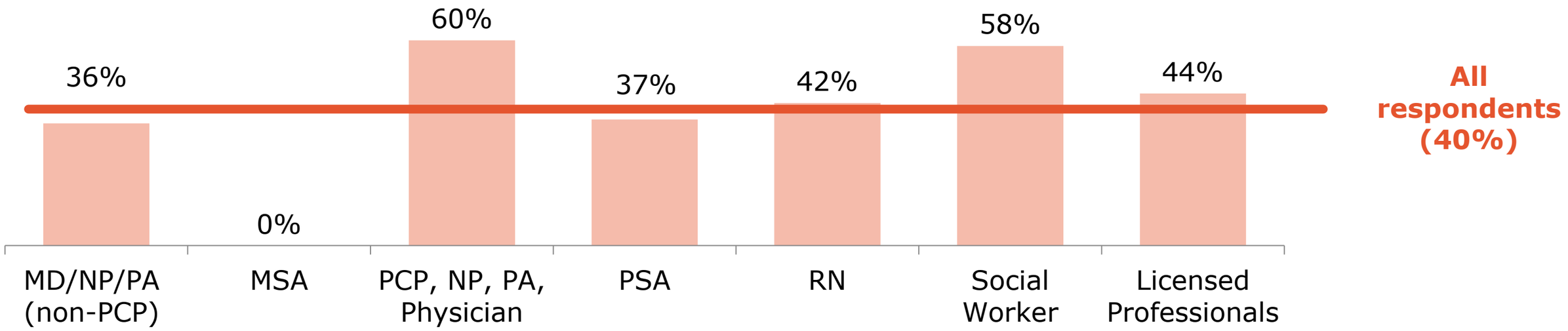
Behavioral Health

Referral Information Needed: ALAS in Half Moon Bay



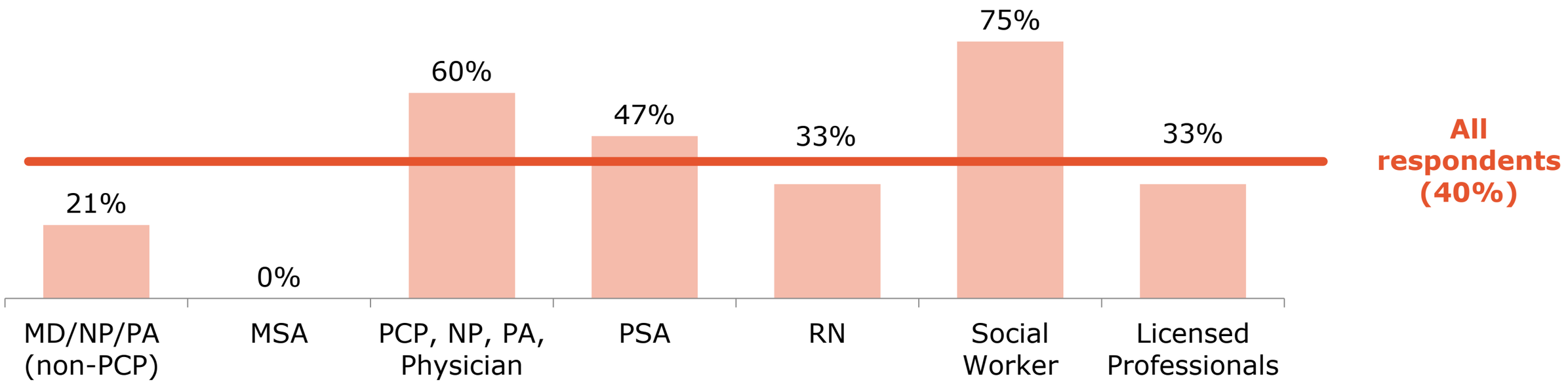
Behavioral Health

Referral Information Needed: StarVista Detox Facilities



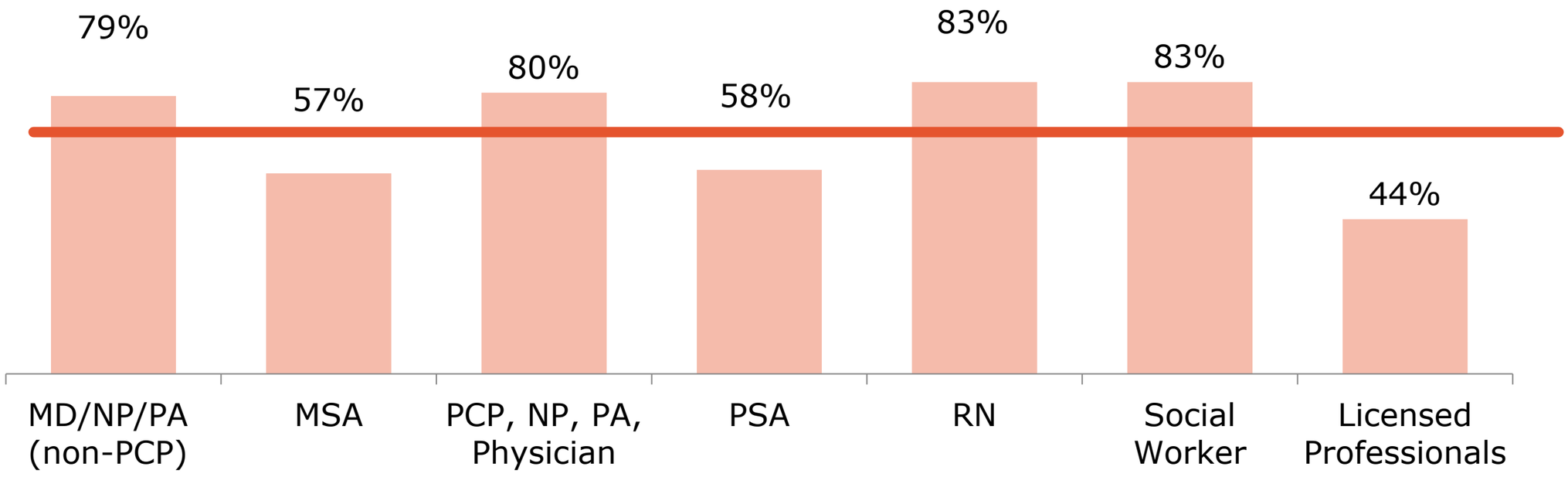
Behavioral Health

Referral Information Needed: Palm Avenue Detox and Treatment



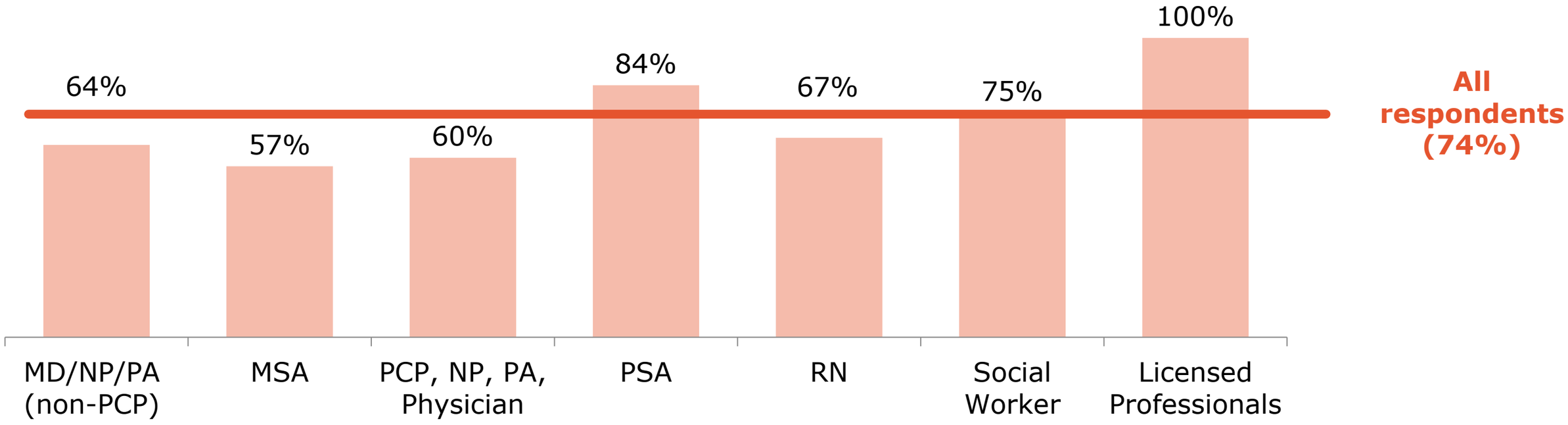
Behavioral Health

I have the skills to de-escalate a heightened or tense situation with a patient.



Behavioral Health

My department would benefit from more training on how to de-escalate a heightened or tense situation with a patient.



Guiding Questions

1. Who on the care team is this most relevant or irrelevant to?

2. Is there a potential recommendation that you would like to see based on this information?

3. Who should see these interim results?

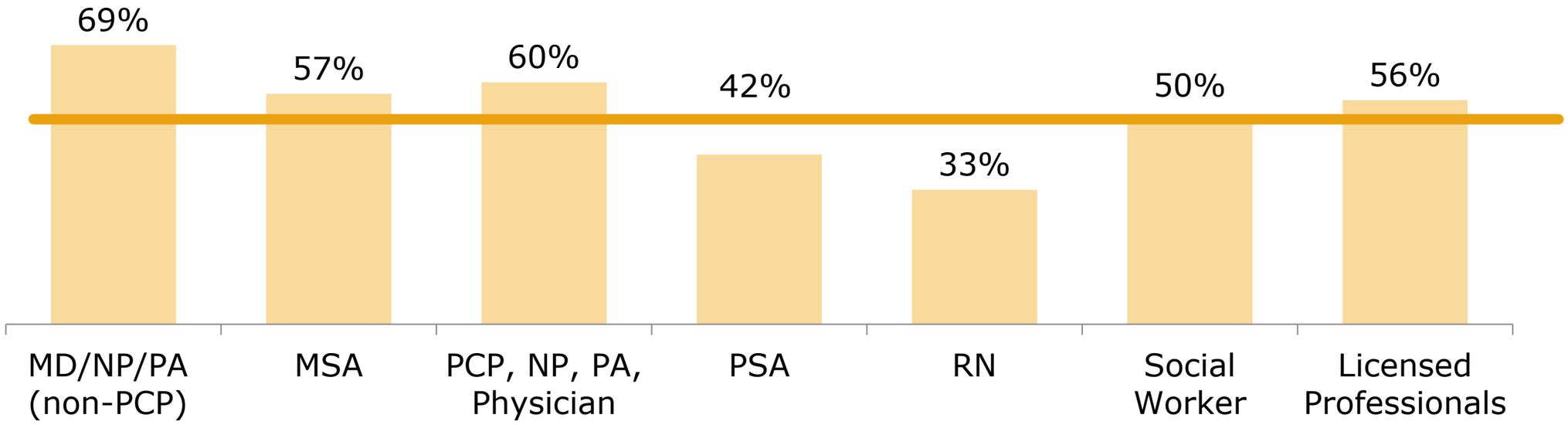
4. What’s the best way to disseminate these interim results?

RESULTS

Care Team Satisfaction

Care Team Satisfaction

I feel valued by San Mateo Medical Center for the work I do.



Open ended responses: Staff feel valued

What would help *improve* your satisfaction in providing services and make you feel valued in your work?

- Better connections to access services for patients
- Having all SMMC venues and sites culturally competent for homeless & farmworker care
- It would be great to get more specific info about patient satisfaction
- Opportunities for learning and improvement
- Resource books/tools to be able to refer to when patients ask questions
- Good communication with case manager
- More information on outcomes after discharge

Guiding Questions

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Next Steps

How to communicate this back to providers in the interim

Who should see these interim results?

What's the best way to disseminate these interim results?

Where do we go from here?