

Health Care for the Homeless/Farmworker Health: Strategic Planning Subcommittee

Agenda and Background Information

1-2:30pm || January 28, 2019 || SMMC Foundation Room

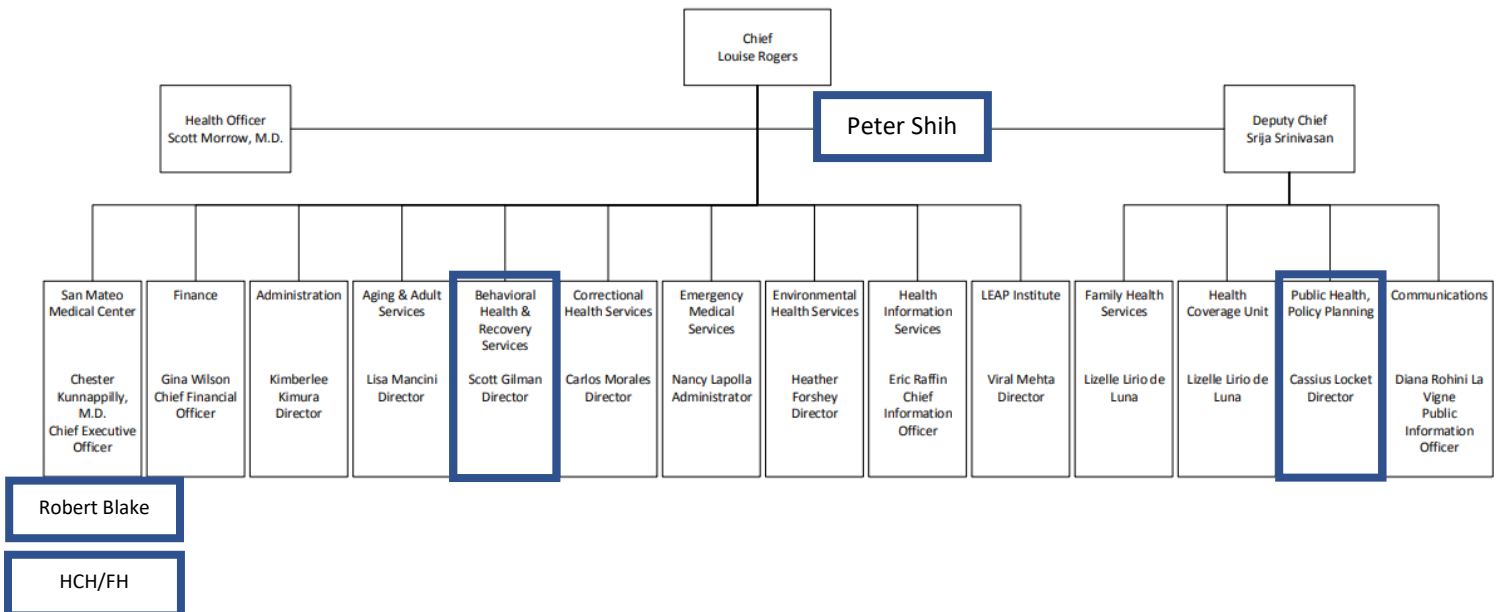
Agenda

- I. Introductions + response to this question:
 - a. What is something noteworthy, big or small, you or your organization has done in 2019 related to health care for the homeless or farmworker populations?
- II. Discussion Questions:
 - a. What role does SMMC/SMC Health play in providing health care to homeless and farmworker individuals?
 - b. What role does HCH/FH play?
 - c. What are our shared values/goals in providing care to homeless patients? To farmworker patients?
- III. Wrap Up and Next Steps
 - a. Next Meeting: February 26, SMMC 3:30-5pm Foundation Room

Subcommittee Members

Member	Title
Robert Blake	Chief Operating Officer, San Mateo Medical Center
Scott Gilman	Director, San Mateo County Behavioral Health & Recovery Services
Peter Shih	Senior Manager of Delivery System Planning, San Mateo County Health
Cassius Lockett	Director, Public Health, Policy, and Planning, San Mateo County Health
Brian Greenberg	Chair of HCH/FH Co-Applicant Board, Vice President of Programs & Services
Eric DeBode	Vice Chair of HCH/FH Co-Applicant Board, Executive Director of Abundant Grace
Suzanne Moore	Board Member, Retired San Mateo County Nurse, Community Leader
Victoria Sanchez de Alba	Board Member, Public Relations & Community Leader
Robert Anderson	Board Member, Retired San Mateo Police Officer
Jim Beaumont	Director HCH/FH
Frank Trinh, MD	Medical Director HCH/FH; Vice Chief of Staff San Mateo Medical Center
Linda Nguyen	Program Coordinator, HCH/FH
Sofia Recalde	Management Analyst, HCH/FH
Irene Pasma	Implementation Coordinator, HCH/FH
Danielle Hull	Clinical Coordinator, HCH/FH

San Mateo County Health



1. Who does HCH/FH provide services to?

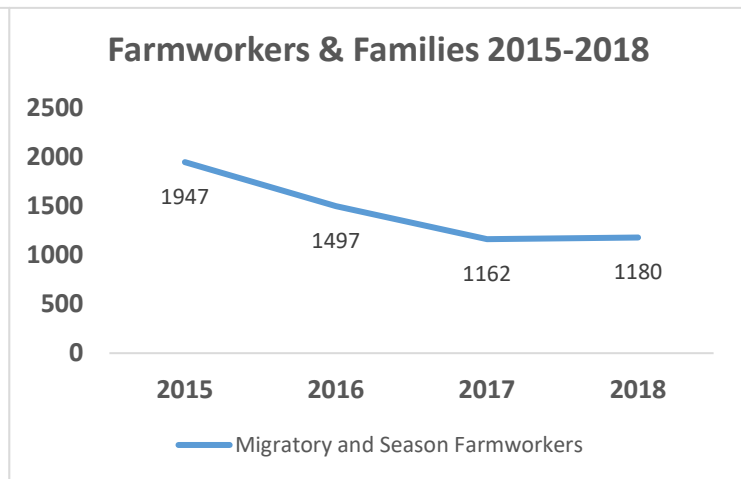
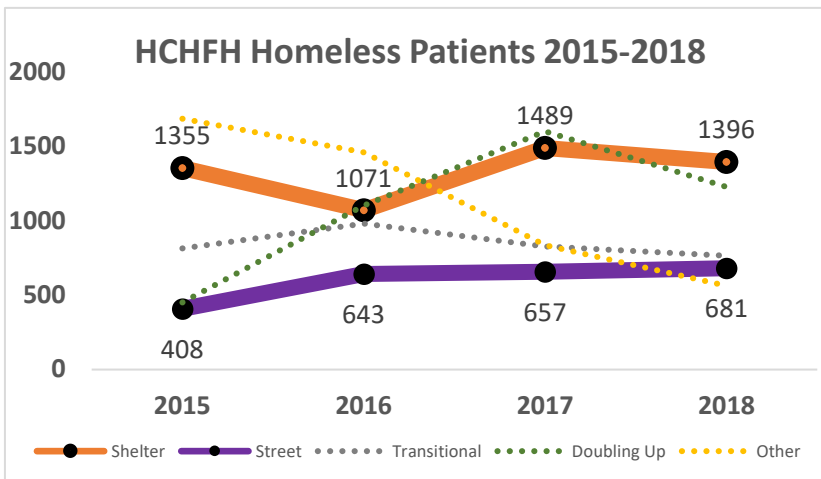
Individuals experiencing homelessness are those who identify with any of the below categories:	Agricultural workers – includes nurseries and aquaculture
Shelter: residing at short term shelter	Includes migrant and season worker as well as aged and disabled workers
Street: living on the street, which includes RV or car	Includes their family members
Transitional: living in a long-term shelter or transitional/ supportive housing	
Doubling Up: Couch surfing, staying with friends or non-immediate family, no tenancy rights, non-permanent:	
Other: living in Single Room Occupancy at hotel/motel, permanent supportive housing, formerly homeless in last 12 months	

2. What services does HRSA expect San Mateo County Health to provide to homeless and farmworker individuals in San Mateo County?

General primary care	Well child services	Eligibility Assistance*
Diagnostic Laboratory	Gynecological care	Health education*
Diagnostic Radiology	Obstetrical care (prenatal, lab & delivery, postpartum)	Outreach*
Screenings	Preventive dental	Transportation*
Coverage for emergencies during and after hours	Pharmaceutical services	Translation*
Voluntary family planning	HCH required SUD services	Additional dental services *
Immunizations	Environmental Health Services	Mental health services *
Optometry	Nutrition	Cardiology*
Physical Therapy	Podiatry	Dermatology*
Occupational Therapy	Ophthalmology	Case management*
Psychiatry	Orthopedics	Neurology
Gastroenterology	Hepatology	Backpack medicine

*Indicates the service is provided by SMMC and is also contracted for

3. Over the years, how many homeless or farmworker patients were served by SMMC and HCH/FH contractors?



We estimate about 60% of street and shelter homeless are connected to care at SMMC or HCHF contractors. It is difficult to estimate the total transitional and doubling up population in San Mateo County.

The total farmworker + family member population is difficult to estimate. Estimates show 30-50% of the total farmworker/family population is connected to care at SMMC or HCHF Contractors.

4. What services is HCH/FH contracting out to community-based organizations or county departments in 2020?

HCH/FH has contracts/MOUs accounting for roughly \$2M

Primary Care	Description	Population	Location
Public Health Policy & Planning Mobile Clinic	Basic primary care: wellness, screening, blood tests, diabetes, prescription, IZ	Homeless	County-wide
Public Health Policy and Street & Field Medicine	Basic primary care: wellness, screening, blood tests, diabetes, prescription, IZ	Both	County-wide
Ravenswood Family Health Center	Full scope primary care	Homeless	East Palo Alto

Dental	Description	Population	Location
Sonrisas	Limited scope	Farmworker	South Coast
Ravenswood Family Health Center	Full scope	Homeless	East Palo Alto

Behavioral Health (Mental Health/Substance Abuse)	Description	Population	Location
BHRS ARMS (MH)	Screening, link to PC	Homeless	County-wide
El Centro (SUD)	Screening Education/outreach	Both	County-wide
StarVista (SUD + MH)	Screening, E/O, counseling	Both	County-wide

Enabling Services	Description	Population	Location
LifeMoves	Health insurance enrollment, eligibility assistance, regular & intensive care coordination	Homeless	County-wide
Puente de la Costa Sur		Farmworker	South Coast
Samaritan House	Regular & intensive care coordination	Homeless	Safe Harbor Shelter in SSF
Ravenswood Family Health Center		Homeless	East Palo Alto

HCH/FH Co-Applicant Board Brainstorming Sessions Summaries

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

1. Street/Field Medicine & Mobile Clinic

- a. Attach Care Navigator to Street/Field/Mobile Team and attach IMAT to Field Medicine Team
- b. PHPP to develop relationships with Farm owners / expand services to Mid & North Coast Farms
- c. Create Standard Work: Formalize/routinize process of how clinics work with mobile/street/field teams
- d. Designate Mobile Clinic as a primary care site

2. Farmworker Education/Outreach

- a. Adopt a Promotores community health model on the Coast (particularly Mid- and North-Coast)
- b. "Attorney hours" at a clinic (Coastside, Rotacare) following CRLA's partnership with Monterey Health
- c. HCH/FH host forum for Farmworker Providers, analogous to CRLA/Monterey event
- d. In-depth training for clinicians on Public Charge / other legal issues
- e. Bridge/collaborate with organizations/systems the coast

3. Patients at SMMC Clinics

- a. Change how a patient becomes established to simplify & expedite access
- b. Create slots for homeless and farmworker patients at county clinics
- c. Care Navigator position linked to new patient connection line and focus on non-WPC patient population

4. Collaboration with Law Enforcement

- a. Focus on how we coordinate health care during pre-release and post, esp. weekends/weeknights
- b. Finding housing or services for sex offenders is particularly challenging
- c. Increase focus on multiple booking short stay individuals: they are least connected to services

5. Nutrition / Food Access

- a. HCH/FH lead advocacy efforts on "healthy food" // set aspirational definition for "healthy food"
- b. Community gardens linked with clinics/shelters
- c. Partner with existing organizations to deliver food to our populations
- d. Work with SMMC on Social Determinants of Health

6. Dental (Oral Health Coalition Meeting)

- a. Co-locate "dental and primary care" services or "dental and BHRS" services – do a "warm hand off" between the clinicians; follow what SMMC is doing on this effort
- b. Further explore 'street/mobile' dental services; Look at other counties models, i.e. Santa Clara
- c. Dental care at shelters – Family Health Services is interested in partnering
- d. Get an oral health subject matter expert on the Board

7. Behavioral Health and Addiction Services

- a. Work with inpatient & outpatient providers to create welcoming environments for homeless clients
- b. Incidental medical services at residential facilities throughout county
- c. Designate detox beds at SMMC for medical detox
- d. Co-locate SUD services with shelters or medical respite, like HealthRight360 at Maple Street
- e. "Honor Dorms" in shelters to incentivize treatment compliance
- f. For farmworkers: Tele-health and Home visits
- g. There are limited SUD/AOD treatment facilities on the coast, i.e. no AA meetings in Spanish in Pescadero

8. Medical Acuity in Shelter & Housing

- a. Increase medical staff at shelters // additional services for aging homeless
- b. Better equip 'clinic-like' spaces at shelters and CBOs (i.e. Puente and LifeMoves)
- c. Improve hand off between shelter and street homelessness (i.e. between shelter staff and HOT)
- d. Community space for previously homeless/newly housed individuals
- e. Need to incentivize newly housed individuals to complete tasks, i.e. OT, doctor's visit, etc.
- f. Improve data flow during hand off between shelter and PSH/affordable housing unit to prevent crisis
- g. Work with SMMC on Social Determinants of Health
- h. Support establishment of Medical Respite in San Mateo County