



24-4362

**DATE:** February 27, 2024 (Item No. 13)  
**TO:** Board of Supervisors  
**FROM:** Paul E. Lorenz, Chief Executive Officer, Santa Clara Valley Healthcare  
**SUBJECT:** Monthly Report on Valley Homeless Healthcare Program

### **RECOMMENDED ACTION**

Consider recommendations relating to the Valley Homeless Healthcare Program. (Santa Clara Valley Healthcare)

Possible action:

- a. Approve operational report from Health Resources and Services Administration (HRSA) Project Director.
- b. Approve Calendar Year 2024 Homeless Quality Improvement Program.
- c. Approve quarterly update relating to the Homeless Quality Improvement program and metrics.
- d. Approve quarterly grant budget update for June 1, 2023 through December 31, 2023.

### **FISCAL IMPLICATIONS**

Approval of the recommended actions would not require modification to the Fiscal Year (FY) 2023-2024 Adopted Budget for Santa Clara Valley Healthcare (SCVH). There are no costs or revenues associated with approval of the report.

### **REASONS FOR RECOMMENDATION AND BACKGROUND**

Since 2004, Valley Homeless Healthcare Program (VHHP) has played a crucial role as a lifeline for the homeless residents of Santa Clara County, actively addressing and mitigating healthcare disparities. Committed to reducing the gap in healthcare access, VHHP has tailored its services to meet the unique needs of residents in Santa Clara County. VHHP employs a comprehensive service delivery model, acting as a vital “safety net for the safety net”. This approach integrates primary care, mental health, substance abuse, oral health, and enabling services for the homeless community. VHHP’s network of front-line mobile and fixed-site services, linked to the SCVH system of care, engages and serves homeless people who face challenges in accessing or utilizing primary healthcare services in traditional settings. This program prioritizes accessibility, affordability, and relationship-building,

recognizing and addressing practical, cultural/linguistic, and attitudinal barriers that impede homeless individuals from accessing essential healthcare services.

For many years, VHHP has received grant funding from the Health Resources and Services Administration (HRSA). As part of the grant requirements, VHHP is required to provide monthly updates on its programs and services to the Board of Supervisors including any actionable items for the Board's consideration. This month's report will focus on updates to the 2024 Quality Improvement Program and grant expenditures to date.

### ***Calendar Year 2024 Quality Improvement Program***

The Homeless Quality Improvement Committee (HQIC) in Santa Clara County plays a crucial role in advancing healthcare maintenance goals for the homeless population. The Committee actively reviews and approves the annual Quality Improvement (QI) Program and QI Evaluation. It focuses on interdisciplinary involvement to ensure the quality of health care and services provided to the homeless population.

HQIC staff actively monitor quality indicators guiding the implementation and evaluation of the plan's quality improvement activities. The Committee has started a root-cause analysis on Uniform Data System (UDS) metrics, customizing its approach to the distinctive challenges of the homeless population. This includes developing specific action plans and interventions to tackle the fundamental issues in health maintenance, particularly in Colorectal Cancer Screening, Hemoglobin A1c Monitoring, and Depression Screening with follow-up.

HQIC actively assesses care for homeless individuals and is committed to targeted interventions addressing their unique needs. Additionally, the Committee is developing data tools to assess current programs and interventions, set to be implemented early this year. Patient lists in the electronic health record (EHR) will track FIT kit and incentive distribution, minimizing duplication and resource waste.

Strategic quality improvement initiatives encompass medication management, education, and complex care management. For instance, VHHP's pharmacists collaborate closely with clinic patients to offer personalized support in diabetes management, ensuring tailored medication regimens aligned with patients' physical health and living conditions, and fostering a patient-centric approach to care.

### ***Homeless Quality Improvement Program & Uniform Data System Metrics Quarterly Update***

#### **Colorectal Cancer Screening**

- Target population – Homeless persons 50-75 years of age who have had at least one medical visit and who do not have a diagnosis or history of colorectal cancer or colectomy.
- Goal – To increase the percentage of the target population screened for colorectal cancer by 2% each year.

### **Figure 1: Colorectal Cancer Screening -Calendar Year 2023**

2022 Annual Baseline	Q1 2023 (Jan-Mar)	Q2 2023 (Apr-June)	Q3 2023 (Jul-Sept)	Q4 2023 (Oct-Dec)	2023 Goal
35%	50.6%	52.0%	55.4%	40.0%	37%

In the third quarter of 2023, colorectal cancer screening rates improved due to ongoing educational programs and patient incentives. However, a subsequent 15.4% decrease was seen in the fourth quarter (**Figure 1**). In response, the VHHP QI committee shifted focus, redirecting efforts toward outreach to residents in Permanent Supportive Housing sites. The main goal was to educate individuals about the accessibility and effectiveness of the fecal immunochemical test (FIT), dispelling misconceptions about invasiveness. Targeted education emphasized FIT's non-invasive nature and its ability to detect pre-cancerous polyps and early-stage cancers. A small gift card incentive remained effective, with patients frequently inquiring about it during follow-up appointments. Ongoing monitoring of screening rates at Permanent Supportive Housing sites will continue into 2024.

#### Uncontrolled Diabetes - Hemoglobin A1c (HbA1c) Monitoring

- Target population – Homeless persons 18-75 years of age with diabetes who have a HbA1c >9.0%, who have missing data, or who were not tested during the measurement period.
- Goal – To reduce the rate of patients who have a hemoglobin A1c >9.0% by 3% by the end of the year (lower % is better).

**Figure 2: Uncontrolled Diabetes – Hemoglobin A1c Monitoring -Calendar Year 2023**

2022 Annual Baseline	Q1 2023 (Jan-Mar)	Q2 2023 (Apr-Jun)	Q3 2023 (Jul-Sept)	Q4 2023 (Oct-Dec)	2023 Goal
26%	31.9%	34.1%	31.3%	27.5%	23%

In the third quarter, interventions targeting HbA1c improvement adopted a comprehensive approach to diabetes management. Emphasizing patient empowerment through education on regular monitoring, medication adherence, and lifestyle modifications has led to positive outcomes. There has been a notable 3.8% improvement in patients with a hemoglobin A1c >9.0% (**Figure 2**), indicating increased effectiveness in diabetes management.

VHHP clinics have also been providing information on health education classes in the patient waiting areas. These classes are free to patients, with many available online, aligning with our commitment to accessibility.

#### Depression Screening

- Target population – Homeless persons 12 years or older who have had at least one

medical visit.

- Goal – To increase the rate of depression screening of patients by 6% each quarter to meet and rise above the California Benchmark.

**Figure 3: Depression Screening – Calendar Year 2023**

2022 Annual Baseline	Q1 2023 (Jan-Mar)	Q2 2023 (Apr-Jun)	Q3 2023 (Jul-Sept)	Q4 2023 (Oct-Dec)	2023 Goal
47%	13.4%	14.1%	13.2%	20.7%	46%

In the fourth quarter, depression screening and follow-up improved by 7.5%. During the third quarter, a barrier emerged during staff education and internet connectivity in the Mobile Medical Units (MMU) (**Figure 3**). To address this, a supplemental MiFi device, providing wireless internet, was added to the MMU. Staff reports an improvement in registration time, enabling more time for screening completion as staff can review patients’ charts for health maintenance care gaps.

Interventions across VHHP clinics vary, including laminating and distributing a Staying Healthy Assessment (SHA) to patients with appointments. Based on patient feedback, the team will prioritize pre-screening patient charts for those expected to return for follow-up visits. For patients in Permanent Supportive Housing (PSH), nurses will pre-screen patient charts to identify if an SHA is required before visiting the PSH site.

***Quarterly Grant Budget Update***

The Homeless Grant has been successfully renewed for a three-year term, ensuring the continuous service provision to the homeless population. The total grant amount for the first year, covering the period from June 1, 2023, to May 31, 2024, is \$2,651,258. Primarily allocated for administrative and medical staff, quarterly expenditures are consistently reported to HRSA to access the allocated funds. As of December 31, 2023, VHHP has claimed \$1,415,369, constituting 53% of the grant funding. A detailed list of expenditures to date is attached to the legislative file for the Board's review and approval.

**CHILD IMPACT**

The recommended action will have no/neutral impact on children and youth.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**CONSEQUENCES OF NEGATIVE ACTION**

The report will not be received.

## **STEPS FOLLOWING APPROVAL**

Clerk of the Board will notify Selene Ho at [selene.ho@hhs.sccgov.org](mailto:selene.ho@hhs.sccgov.org).

## **ATTACHMENTS:**

- Quality Improvement Plan 2024
- VHHP Q2 FY24 Budget Update Final