REFUGEE HEALTH PROMOTION PROJECT (RHPP) PROGRESS REPORT

Project Objectives Status (FFY 2023-2024)

COUNTY:	San Francisco
GRANT NUMBER:	23-38-90893-00-RHPP
REPORTING PERIOD:	10/1/23 – 3/31/24

⊠ First Semi-Annual Report (10/1/23 – 3/31/24)

 \Box Second Semi-Annual Report (4/1/24 – 9/30/24)

Directions: For each project objective, provide the info	•
use data from RHEIS and the referral logs	(activity reports)
1. Demographics	
Provide the number of unduplicated individual clients ser	
each demographic in the total column. Do not leave any	blanks; indicate 0 where
applicable.	
Data Indicator	Total
1.1 Number of unduplicated clients served in the	33
RHPP program by immigration status	
Refugee	15
Asylee	9
SIV	1
Parolee	7
Cuban or Haitian Entrant	0
Trafficking Victim	1
Amerasian	0
1.2 Number of unduplicated clients served in the	
RHPP program by country of origin (top 5 and	
others)	
Guatemala	11
Ukraine	7
El Salvador	5
Honduras	3
Ethiopia	2
Belarus, Nicaragua, Mexico, Afghanistan	5
Total unduplicated number of clients served from all	33
countries	
1.3 Number of unduplicated clients served in the	24 18 and Over
RHPP program by age:	9 Under 18
	15 Male

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use data from RHEIS and the referral logs	
1.4 Number of unduplicated clients served in the RHPP program by gender:	18 Female
1.5 Number of unduplicated clients served in the RHPP program with a significant medical condition (SMC)	17
 1.6 Number of unduplicated clients served in the RHPP program with a significant mental health condition (SMHC) 	16
1.7 Number of unduplicated clients who exited the program during this reporting period	28
2. Objectives	
Objective 1 : Ensure that 100% of RHPP clients identifier medical condition (SMC) and/or a significant (high risk) n as defined in your approved program plan Attachment E room/urgent care or to a primary care/specialty care prov	nental health condition (SMHC), , are <u>referred</u> to the emergency vider.
2.1 Total number of unduplicated clients identified with a SMC and/or SMHC who were <u>referred</u>	29
2.2 Total number of clients with a SMC <u>referred</u> to primary care or specialty providers:	16
2.3 Total number of clients with a SMC <u>referred</u> to urgent care or emergency care:	0
2.4 Total number of clients with a SMHC <u>referred</u> to primary care or specialty providers:	13
2.5 Total number of clients with a SMHC <u>referred</u> to urgent care or emergency care:	0
Objective 1 Outcome (%) (2.1) Total number of unduplicated SMC and/or SMHC referred	88%
(1.1) Total unduplicated clients served	
2.6 Gender of unduplicated clients <u>referred</u>	14 Male 15 Female
If objective was not met, please provide the challenges/obstacles, and what problem-solving activities have been implemented to prevent these challenges/obstacles in the future:	2 of the clients with SMHC were not referred due to having retained remote therapy services from their country of origin.

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		 1 of the clients moved out of the county and lost contact. Client was provided with the behavioral health ACCESS line at their new county of residence. 1 of the clients were not referred for LTBI treatment due to medical contraindication.

Directions: For each project objective, provide the information requested. Be sure to use data from RHEIS and the referral logs

Objective 2: Confirm that clients, who were referred to a primary care or specialty care provider for a significant (high risk) medical condition (**SMC**) and/or a significant (high risk) mental health condition (**SMHC**), have kept their first appointment to initiate continuum of care.

2.7 Total number of unduplicated SMC and/or	24
SMHC clients who kept their appointment with a	
primary care or specialty care provider:	
2.8 Total number of clients with a SMC who kept	15
their appointment with a primary care or	
specialty care provider:	
2.9 If there are clients with a SMC who have not	1. Total # of clients referred but
been seen by a service provider, please answer	still pending 0
the two questions:	2. Total # of clients referred but
	did not keep their
	Appointment 1
	Why:
	a. Moved

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Directions : For each project objective, provide the information requested. Be sure to use data from RHEIS and the referral logs	
	b. Lost to Follow-up
	c. Refused 1
	Other: <u>if applicable</u> , list other reasons provided and indicate how many clients for each <u>Medical Contraindication : 1</u> Total for other reason 1: 1
	Other reason:
	Total for this reason:
	Total for other (<i>if applicable</i>) 1
2.10 Total number of clients with a SMHC who kept their appointment with a primary care or specialty care provider:	9
2.11 If there are clients with a SMHC who have not been seen by a service provider, please answer the two questions:	 Total # of clients referred but still pending 4 Total # of clients referred but did not keep their Appointment 3 Why: a. Moved b. Lost to Follow-up c. Refused 3 Other: <i>if applicable</i>, list other reasons provided and indicate how many clients for each Other reason 1: Total for other reason 1: Other reason 2: Total for other reason 2:
	Total for other, <u>if applicable</u> :

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Directions: For each project objective, provide the information requested. Be sure to		
use data from RHEIS and the referral logs		
Objective 2 Outcome (%)		
	83%	
Total number of unduplicated clients who kept their		
appointment		
÷		
Total unduplicated clients referred		
2.12 Gender of unduplicated clients who kept their	12 Male	
appointment	12 Female	
Please provide the challenges/obstacles for keeping		
a first appointment, and what problem-solving		
activities have been implemented to prevent these	We have experienced minimal	
challenges/obstacles in the future:	challenges for patients keeping	
	first appointments on the	
	patient's side. We have	
	experienced some structural	
	challenges of dropped referrals,	
	and Medi-Cal coverage being	
	dropped/paused for unknown	
	reasons.	
	We have also experienced	
	patients declining mental health	
	referrals due to being connected	
	to therapists virtually from their	
	country of origin.	
	Because our RHPP team	
	routinely conducts follow up we	
	are able to reschedule	
	appointments and resolve Medi-	
	Cal coverage issues with those	
	systems.	

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Activities, Accomplishments/New Initiatives and Challenges/Emerging Issues	
Report any activities, accomplishments and challenges in the administration or implementation of the refugee health promotion program.	
Accomplishments and New Initiatives	Challenges and Emerging Issues
Allocated staff to assist with monthly status updates and follow up with RHAP staff and/or patients and providers regarding follow up appointments.	None.

ADDITIONAL COMMENTS: Please provide any comments that are relevant to the success of your program, including a vignette about a client who has gone through the RHPP. The vignette should <u>minimally</u> include the following information:

- What is the country of origin?
- What is their immigration status?
- What medical/mental health conditions were identified during the health assessment process?
- What referrals did you provide to the refugee through the RHPP to address his/her medical/mental health conditions?

Please share your client success story here. Thank you for sharing and for all you do! In December 2023, SF RHPP served a refugee family of 5 from Guatemala with RHAP services, including a 17-year-old boy who has had a tracheotomy since age 1. At the RHAP appointment our program provided comprehensive care and multiple specialty connections including referrals to UCSF Pediatric ENT, Radiology, Pediatric Pulmonary, Gastroenterology and Hepatology, Audiology / Multidisciplinary Assessment Center for his learning disability, and Otolaryngology, Head and Neck Surgery.

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Please share your client success story here. Thank you for sharing and for all you do! Our health workers also assisted the family with applying for disability assistance benefits and school vaccination forms and connection to social benefits to cover basic necessities needed by patient and family.

While this patient was living in Guatemala, he required mechanical ventilation as a baby and was supposed to have further evaluation, but it was difficult to get that specialty surgery in his home country. Due to the connections with RHAP and then RHPP, the patient was able to receive specialty evaluations and will have a Tracheoplasty, Tracheal Reconstructive Surgery in May 2024 with UCSF. He will better be able to continue in school to get appropriate education to meet is learning-specific needs.