

**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: 10/1/2023-09/30/2024

- First Semi-Annual Report (10/1/23 – 3/31/24)
- Second Semi-Annual Report (4/1/24 – 9/30/24)

Directions: For each project objective, provide the information requested. Be sure to use data from RHEIS and the referral logs (activity reports)	
1. Demographics	
Provide the number of unduplicated individual clients served in the RHPP program for 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 RHPP program by immigration status	46
Refugee	24
Asylee	5
SIV	0
Parolee	17
Cuban or Haitian Entrant	0
Trafficking Victim	0
Amerasian	0
1.2 Number of unduplicated clients served in the RHPP program by country of origin (top 5 and others)	
Country 1: Ukraine	14
Country 2: Guatemala	13
Country 3: Nicaragua	9
Country 4: Cuba	3
Country 5: Honduras	3
All other countries	4
Total unduplicated number of clients served from all countries	46
1.3 Number of unduplicated clients served in the RHPP program by age:	31 18 and Over
	15 Under 18
1.4 Number of unduplicated clients served in the RHPP program by gender:	18 Male
	28 Female

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1.5 Number of unduplicated clients served in the RHPP program with a significant medical condition (SMC)	34
1.6 Number of unduplicated clients served in the RHPP program with a significant mental health condition (SMHC)	12
1.7 Number of unduplicated clients who exited the program during this reporting period	42
2. Objectives	
Objective 1: Ensure that 100% of RHPP clients identified with a significant (high risk) medical condition (SMC) and/or a significant (high risk) mental health condition (SMHC), as defined in your approved program plan Attachment E, are referred to the emergency room/urgent care or to a primary care/specialty care provider.	
2.1 Total number of unduplicated clients identified with a SMC and/or SMHC who were referred	36
2.2 Total number of clients with a SMC referred to primary care or specialty providers:	30
2.3 Total number of clients with a SMC referred to urgent care or emergency care:	0
2.4 Total number of clients with a SMHC referred to primary care or specialty providers:	6
2.5 Total number of clients with a SMHC referred to urgent care or emergency care:	0
Objective 1 Outcome (%)	
(2.1) Total number of unduplicated SMC and/or SMHC referred	36 /46
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(1.1) Total unduplicated clients served	78.26%
2.6 Gender of unduplicated clients referred	14 Male
	22 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:	5 clients declined mental health services, and we advise clients to reach out to us when they are ready for support or referral services. 1 client was not referred but we advised the client to reach out to their new PCP if symptoms persist. 2 clients returned to

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	their country of origin. 2 clients were lost to follow up.

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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 SMHC clients who kept their appointment with a primary care or specialty care provider:	29
2.8 Total number of clients with a SMC who kept their appointment with a primary care or specialty care provider:	24
2.9 If there are clients with a SMC who have not been seen by a service provider, please answer the two questions:	1. Total # of clients referred but still pending 7
	2. Total # of clients referred but did not keep their Appointment 0
	Why:
	a. Moved
	b. Lost to Follow-up
	c. Refused
	Other: <i>if applicable</i> , list other reasons provided and indicate how many clients for each Other reason 1:
	Total for other reason 1:

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	Other reason:
	Total for this reason:
	Total for other (<i>if applicable</i>) 0
2.10 Total number of clients with a SMHC who kept their appointment with a primary care or specialty care provider:	5
2.11 If there are clients with a SMHC <i>who have not been seen</i> by a service provider, please answer the two questions:	1. Total # of clients referred but still pending 0
	2. Total # of clients referred but did not keep their Appointment 0
	Why:
	a. Moved
	b. Lost to Follow-up 1
	c. Refused 5
	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, if applicable:	
Objective 2 Outcome (%)	
Total number of unduplicated clients who kept their appointment	29 / 36
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Total unduplicated clients referred	80.55%
2.12 Gender of unduplicated clients who kept their appointment	10 Male
	19 Female

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Please provide the challenges/obstacles for keeping a first appointment, and what problem-solving activities have been implemented to prevent these challenges/obstacles in the future:	Due to the increase in patient load at various health systems, clients are often told they are on a waitlist for the next new patient appointment. Also, when clients move to another county, it takes time for the transfer to complete in the Medi-Cal system and to enroll in a managed health plan. We advise the patients to visit urgent care as needed if they need to see a provider sooner or if they need med refill.

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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
As of August 2024, we are now able to provide transportation support for RHPP clients who need it in order to initiate and maintain care.	The biggest challenge is the low availability of medical appointments across many health systems. This results in the delay of follow-up care for RHPP clients. Another challenge is clients declining mental health referrals. Some clients state that they are already engaged in care via telehealth with their therapist from their home country, and some are not ready to seek care. We advise clients to reach out to us when they are ready.

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 minimally 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 June 2024, SF RHPP served a refugee family of 2 from Nicaragua with RHAP services, including a 29-year-old female who presented in the 25 th week of her first pregnancy. At the RHAP appointment, our program enrolled her in temporary Medi-Cal coverage while she waits for her full Medi-Cal application to be processed in neighboring San Mateo County where she lived with her partner and brother. The temporary coverage provided her with 30-60 days of coverage. The client also met

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with a behavioral health clinician who counseled her on coping skills to manage her symptoms of depression. In July, the client's Medi-Cal still had not been processed, and she requested a letter of verification of pregnancy to expedite her case. Our RHPP staff was able to retrieve this letter of verification from the RHAP provider, and in early August was informed that her Medi-Cal case was approved. Our RHPP staff also supported the client in getting an appointment with a provider, by referring her to San Mateo's Baby + Me program. A nurse reached out to the client immediately for a phone assessment and scheduled an appointment with a prenatal provider. Additionally, the client was connected to San Mateo's ACCESS line for mental health services at the same time. Client was able to connect with a medical provider in-person in mid-August, and the plan was for the baby to be delivered at Stanford Medical Center in late September!