

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

Co-Applicant Board Meeting Agenda

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

August 13th, 2026, 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, (Room 101), Redwood City, CA, 94063

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 rnash@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	Victoria Sanchez De Alba	10:00am
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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		10:02am
1. Approve meeting minutes from: a. July 9 th Board Meeting		Tab 1
2. Budget and Finance Report		Tab 2
3. HCH/FH Director's Report		Tab 3

D. COMMUNITY ANNOUNCEMENTS		
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	10:05am

E. BUSINESS AGENDA		
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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 Community Program Coordinator at least five working days before the meeting at rnash@smcgov.org 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>



San Mateo County HCH/FH Program Co-Applicant Board Agenda

Swearing-In Oath for New Board Member: Robert Vernon	Glenn Levy	10:20am
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F. GUEST SPEAKERS		
San Mateo County Health Foundation Programs and Impact	John Jurow, CEO, San Mateo County Health Foundation	10:30am
Behavioral Health and Recovery Services - HCH/FH Program	Shirley Chu, LCSW, Clinical Services Manager, Crisis & Outreach Team	11:05am
Program Services in the Peninsula	Danny Hays, Outreach Coordinator, Street Life Ministries	11:35am

G. REPORTING & DISCUSSION AGENDA		
Summary of National Healthcare for the Homeless Conference & Policy Symposium	Taysicha Deldrige	11:55am
Federal Updates	Jim Beaumont	11:59am

H. ADJOURNMENT	12:00pm
Future meeting: September 10th, 2026 Time: 10am - 12pm Location: Half Moon Bay Library, 620 Correas St, Half Moon Bay, CA 94019	

***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 rnash@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

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

**500 County Center (COB 3, Manzanita Hall) Redwood City, CA 94063
July 9th, 2026, 10:00am - 12:00pm**

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
- Robert Anderson - Gabe Garcia - Jim Beaumont (Ex Officio) - Suzanne Moore - Tony Serrano - Alison Superko - Janet Schmidt - Steve Carey - Brian Greenberg - Victoria Sanchez De Alba - Tayischa Deldridge	- Chester Kunnappilly - Isabel Cassidy-Soto - Alejandra Paw - Anessa Farber - Jack Nasser - Amanda Hing-Hernandez - Glenn Levy - Gozel Kulieva - Raven Nash	- Carmen Vescia, ALAS - Anthony Cascerceri, LifeMoves - Elisa Calafiore, LifeMoves - Osama Al-masri, LifeMoves - Sofia Raquel Gonzalez-Rodriguez - Dagoberto Gavidia, Interpreter - Micaela Altamirano, Interpreter - Eric DeBode, Abundant Grace - Sarah Buller, Abundant Grace - Robert Vernon	- Judith Guerrero - Tony Serrano

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A. Call to order & roll call Victoria called the meeting to order at 10:00 am and did a roll call. Janet Asked how COVID-19 and Long COVID continue to affect operations. CJ reported that inpatient services remain vigilant and continue to partner with Stanford to improve evaluation and treatment for patients with Long COVID. Operations are stable, and the situation continues to be monitored. Suzanne asked about the impact of Medi-Cal and ACE funding cuts. CJ reported that proposed State Medi-Cal changes affecting the adult, unsatisfactory immigration status (UIS population,) including the loss of PPS reimbursement and dental coverage, have been delayed for one year. The State budget will transition adult UIS patients from managed care to fee-for-service Medi-Cal. At the federal level, HR1 will introduce twice-yearly eligibility reviews and work requirements beginning January 1. The organization is closely monitoring these changes due to the anticipated loss of coverage. Members discussed the importance of reducing no-show rates under fee-for-service reimbursement. Current efforts include increasing MyChart activation, restoring automated appointment reminders following the Epic transition, expanding patient outreach, and improving scheduling efficiency. The current no-show rate is approximately 10 percent, with a goal of reducing it to 5 to 8 percent. CJ also reported that Epic has improved coordination among participating County departments, with additional departments planned for Phase 2 implementation. Gabe Raised concerns that farmworkers, particularly those experiencing homelessness, may be underrepresented in UDS data. CJ acknowledged that data challenges are common during information system transitions and noted that preliminary data suggest an increase in identified farmworkers. Victoria agreed that this issue should remain a focus of ongoing discussions. Jim Announced that County Attorney Lauren Carroll is on parental leave. Glenn Levy of the County Executive Office is serving in her place and previously assisted with drafting the Board's bylaws and ordinances. Public Comment

Carmen Reported continued collaboration with Isabel on Sunday Clinic scheduling and patient coverage screening. She announced the upcoming launch of <i>Compadres</i>, a mental health and wellness group for male farmworkers, and shared that an ongoing six-week farmworker group has generated referrals to in-house behavioral health services and will include a resource fair. She also reported expanded bus outreach in collaboration with Field Medicine Nurse Heather. Anessa Reported that a PHPP Coach will begin serving Half Moon Bay next week, Safe Harbor is extending hours in Redwood City, and an MOU is being developed with Coastside Hope to allow Public Health Nurse Heather to provide services on site. She also shared that outreach occurs weekly at Safe Harbor, outreach at WeHOPE has not yet begun, and efforts are underway to further expand service hours. Brian noted that Safe Harbor serves nearly 200 individuals annually due to the length of stay.		
B. Action to set the agenda and consent agenda.	1. Approve meeting minutes of June 2026 Board Meeting 2. Budget and Finance Report 3. HCH/FH Director's Report 4. Quality Improvement/Quality Assurance Update	Request to approve the Consent Agenda was MOVED by Robert Anderson SECONDED by Suzanne APPROVED by all Board members present.
C. Community Announcements	Suzanne Shared findings from Urban Habitat's tenant outreach, noting rising rents, increasing utility costs, and significant housing affordability challenges along the Coastside. She referenced the 2026 Point-in-Time Count, which identified unique issues affecting coastal workers, including paying more than half of their income toward housing to remain close to work while lacking reliable transportation. Coast House remains at capacity, and while the HOT Team continues to connect individuals with services, additional resources are needed. Suzanne highlighted the success of the	

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	Safe Parking Program and encouraged Board members to support the Pacifica City Council meeting, where public comment regarding homelessness was anticipated. Board members discussed the impact of eviction on housing stability, noting that eviction records create long-term barriers to securing housing and emphasizing the importance of early intervention before eviction proceedings are finalized. Members also discussed homelessness as a regional issue and the need for greater coordination across counties, including through APEG and other regional partnerships.	
D. Business Agenda Request to Approve SMMC Abortion Services Billing Policy Request to Appoint New Board Member: Robert Vernon	Jim Reported that a policy had been submitted to the federal government and requested formal adoption by the Board. The policy clarifies that abortion services provided by the County are not billable. Robert Vernon was introduced as the Board's newest member, nominated by Steve Carey and Brian Greenberg. Robert shared his lived experience of homelessness, including periods of street and vehicle homelessness, and his professional background in behavioral health, homelessness services, and farmworker health. He currently has 15 to 20 years of experience serving individuals experiencing homelessness, substance use disorders, and co-occurring mental health conditions.	Motion to approve Janet Seconded by Gabe. Approved by all board members present Motion to approve Janet Seconded by Victoria. Approved by all board members present

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UDS Report (Report to be provided at the meeting)	prevented implementation of several federal policy changes and anticipate additional legal challenges. A copy of the UDS Trends report was provided to Board members. Due to time constraints, the report was not reviewed in detail. Members were encouraged to review the report independently and submit questions by email or discuss them at the next meeting. The Board discussed reporting categories, including the importance of identifying individuals who are both farmworkers and experiencing homelessness. Staff clarified that individuals living in vehicles are classified as street homeless and confirmed that PSH refers to Permanent Supportive Housing. Jim announced that a flyer is being developed for the September meeting and encouraged Board members to distribute it and invite community partners to attend and provide input. Jim also shared that the Expanded Hours Grant will support expanded services at Puente and Coastside Hope, increasing access for patients on the Coastside	
G. Adjournment	Future meeting: August 13th, 2026 455 County Center, Room 101, Redwood City, CA 94063 Time: 10am-12pm	The meeting was adjourned at 12:04pm.

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Immigrant Health in San Mateo County

Emergent Findings & Recommendations

*Presented by the San Mateo County
Public Health Community Collaborative*



Who We Are

The Public Health Community Collaborative (PHCC) is a cross-sector initiative focused on advancing health equity through community-informed research and policy advocacy. Established in 2023, the collaborative also seeks to build trust and strengthen relationships between County Health and community partners.



HEALTHWAYS

Neighbors Helping Neighbors

Introduction

Amid increasing federal enforcement activity and restrictions on public benefits, many individuals are experiencing heightened barriers to healthcare access and overall wellbeing.

These challenges call for informed, proactive responses from local county and health leadership.

2025: At least **153** detentions in San Mateo County

2026 (Jan–May): At least **35** detentions in San Mateo County



News stories of ICE in hospitals

Methodology

Qualitative

Focus groups – 37 participants

Provider Interviews – 3 participants

Quantitative

Community Survey – 41 responses

Provider Survey – 22 responses

Community Survey



1 in 3 people
avoided going to the doctor for fear of ICE

Community Survey

50%
reported a
drastic
decrease in
wellbeing.

Symptoms Reported



Focus Groups

“**Traveling** [from Half Moon Bay] all the way to San Mateo or Stanford for a **medical appointment** is risky.”

“I left my job out of that fear.”



“Hospitals should have **signage** in all areas about how to respond to ICE for both patients and staff.”

“I only feel safe at home and at church. I know my church has a **safety protocol.**”

Provider Perspectives

“We got a couple emails and **talked about protocol once** in the clinic. I’d say we were **informed** on legal best practice more than *trained.*”



“Clients also are **delaying** their physical health needs **appointments** out of fear of potential detainment.”

“I wish I knew what is the county’s plan to ensure people continue to be able to access care.”

Other Themes

- Medi-cal eligibility changes
- Youth mental health impacts
- Related needs

Recommendations

Short-term:

a win !



To **expand protocol for immigration response** to include guidance for staff working in public spaces AND **implement a training** for front-facing staff

Long-term:



To **elevate and share existing community, social service, resources** and make **investments to retain or expand existing mental health resources** for immigrant communities

The work continues...

Please **share and discuss the takeaways** from this presentation within your teams.

Our goal is for all county health staff to **sign up for upcoming web and in-person trainings** from OCA!

For more information:
sofiaraquel@el-concilio.org | dlee1@smcgov.org

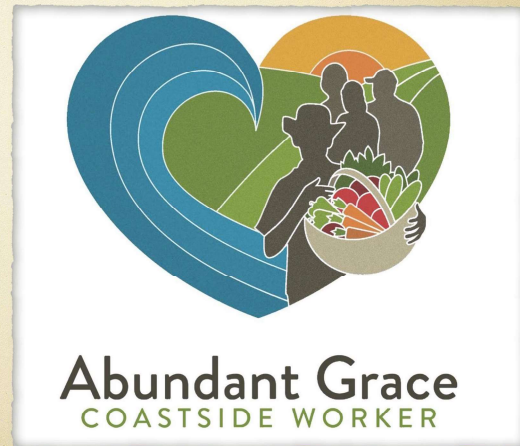
Thank You

For your attention

Abundant Grace Coastside Worker

*Transforming Lives
Through Meaningful Work*

- Full Circle Food Justice Farm Programs
- Coastal Clean Teams
- Workforce Development Center



Potrero Nuevo Farm

- Farm overview and history
- What we grow
- Works days on the farm
- Field snacks - eat and enjoy what we grow together!





Farm Programming

- Full Circle Food Justice
- Monday and Thursday farming
- Tuesday Conservation Crew
- Wednesday Farm Apprenticeship

Food Distribution

- 20,000 pounds of fresh, organic produce are handed out for free to low-income families each year
- We partner with other agencies to get the food out to people
 - Abundant Grace
 - Coastside Lutheran Church
 - Table of Plenty, free dinner on Thursday nights at the Senior Center



Conservation Crew

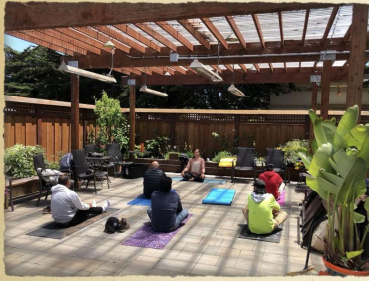
- › Conservation crew
- › Description of program
- › Land stewardship projects



Farm Apprenticeship

- › Farm Apprenticeship
- › Group of 6 committed for a weekly 3 hour for 6 weeks
- › Focus area of farm + Accountability + Mindfulness + goal setting + Future Authoring
- › Culinary & Nutrition Apprenticeship

ENRICHMENTS



Yoga



Biking

Bee-keeping



Arts & Crafts

Coastal Clean Teams



➤ Coastside Clean Team

- 4-days per week, multiple routes, cleaning beaches and coastal trails impacted by tourist traffic and high public use.

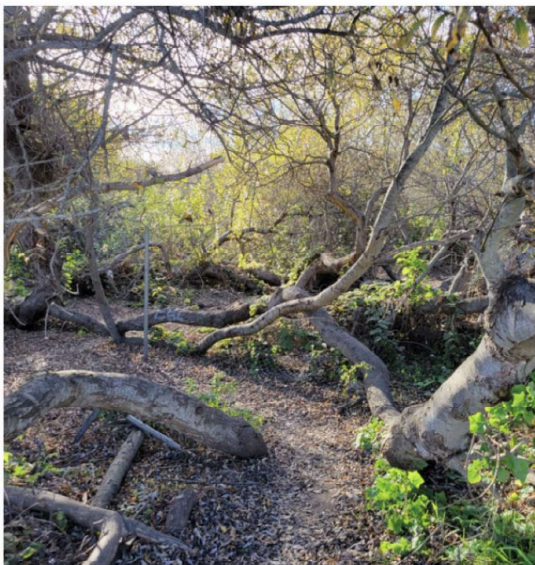
➤ Abandoned encampment clean ups.



BEFORE



AFTER



Workforce Development Center



- History
- Vision
- *Transforming Lives
Through Meaningful Work*



Workforce Development Center

- Services:
 - Showers, laundry, community kitchen, computers, storage, clothing room, referrals to Street Medicine, Pacifica Resource Center, Coastside Hope, El Centro, rehab services and more.







Homeless Mortality in San Mateo County: 2019-2024

Eamonn Hartmann, MPH, Epidemiologist II



Office of Epidemiology & Evaluation



Agenda

- Background
- Methods
- Analysis
- Conclusions
- Questions & Discussion



Background



Office of Epidemiology and Evaluation (OEE)

The primary goal of OEE is to promote and facilitate the use of data to improve the health of San Mateo County. By identifying the root causes of and risk factors for various health conditions, OEE collaborates with internal and external partners to address health inequities, allocate resources effectively, and inform policy and programmatic decision-making.

OEE collects and monitors health data, participates in disease investigations, conducts data analysis, assessment, and management, and interprets and shares findings. OEE also optimizes how data can be used effectively and efficiently through the development of tools, systems, and workflows for ingesting, processing, managing, and presenting data. OEE provides data support and trainings to other departments and community groups.

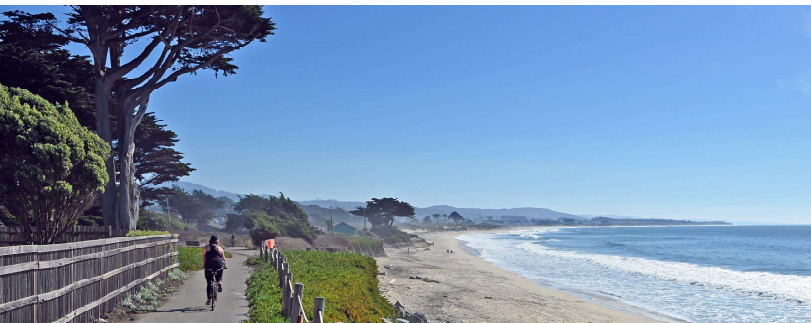
Context

- Homeless population
 - Impact of physical and mental health
- San Mateo County
 - One of the most expensive counties to live in the United States



Objectives

- To assess causes of mortality among the current and formerly homeless population in SMC
- To examine demographic trends among this population
- To explore geographic variation of mortality among this population
- To highlight potential disparities and points of intervention for future programming aimed to address the adverse health consequences experienced by the population



Methods



Methods

- Data sources
 - Vital Records Business Intelligence System (VRBIS) California Comprehensive Death Files (CCDF)
 - Homeless Management Information System (HMIS)
 - Health Care for the Homeless/Farmworker Health (HCH/FH) data
- Analyses
 - Time period: 2019-2024
 - Decedents with a documented history of homelessness within the last five years prior to death
 - Age, sex, race, city of last known residence, city where the injury/death occurred, and injury location
 - Cause of death categories

Defining the population

- Categories based on housing status at time of death
 - Homeless at the time of death
 - Recent homelessness within the last five years, housed at the time of death
 - Recent homelessness within the last five years, unknown housing status at the time of death

Questions

- What terminology should be used to describe this population?
 - Homeless
 - Unhoused
 - Other terminology?
- Which housing status category or categories are you most interested in?
- What data are you most interested in?
 - Demographics
 - Specific causes of death (e.g., drug or alcohol related deaths)
 - Injury location
 - HMIS service utilization



Housing status: all decedents

Housing status	2019	2020	2021	2022	2023	2024	Total
Homeless at time of death	16	25	31	41	59	28	200
Housed at time of death	8	26	42	38	55	44	213
Unknown housing status at death	44	55	57	74	49	86	365
Total	68	106	130	153	163	158	778

Analysis



Broad causes of death: all decedents

- All decedents
 - Acute/chronic diseases: 58.1%
 - Drug or alcohol related: 29.9%
- Homeless decedents
 - Acute/chronic diseases: 46%
 - Drug or alcohol related: 38%
- Housed decedents
 - Acute/chronic diseases: 60.6%
 - Drug or alcohol related: 33.3%
- Unknown housing status
 - Acute/chronic diseases: 63.3%
 - Drug or alcohol related: 23.6%

Specific causes of death: all decedents

- All decedents:
 - Drug related: 21.7%
 - Heart disease: 20.1%
 - Cancer: 13.9%
- Homeless decedents:
 - Drug related: 31.5%
 - Heart disease: 20.5%
 - Cancer: 8%
- Housed decedents
 - Drug related: 23%
 - Heart disease: 22.5%
 - Cancer: 15.5%
- Decedents with unknown housing status at time of death
 - Heart disease: 18.4%
 - Cancer: 16.2%
 - Drug related: 15.6%

Demographics: all decedents

- Age:
 - Average age: 57.9 (Median age: 60)
 - 33.4% were 65+
- Sex: 73% male
- Race
 - 45.9% White
 - 21.2% Hispanic/Latino
 - 18% Black
- City of last known residence
 - Redwood City: most common city of last known residence (19.2%)
- 91.3% accessed services documented in HMIS



Unattended deaths

Unattended deaths

- Deaths that occurred outside of a hospital, long term care facility, hospice facility, or nursing home.
- 458 (58.9%) decedents died in unattended settings
- All decedents
 - Drug or alcohol related: 43.9%
 - Acute/chronic diseases: 37.1%
- Homeless decedents
 - Drug or alcohol related: 53.5%
 - Acute/chronic disease: 24.4%
- Housed decedents
 - Acute/chronic diseases: 57.7%
 - Drug or alcohol related: 35.7%
- Decedents with unknown housing status at time of death
 - Drug or alcohol related: 46.7%
 - Acute/chronic diseases: 19.3%

Unattended deaths: Injury location

- All decedents:
 - Decedent's own residence: 41.5%
 - Street/sidewalk: 16.4%
 - Hotel/motel: 6.3%
- Homeless decedents:
 - Street/sidewalk: 20.5%
 - Transportation vehicle/station/hub: 13.4%
 - Encampment: 11.8%
- Housed decedents
 - Decedent's own residence: 95.4%
- Decedents with unknown housing status at time of death
 - Street/sidewalk: 34.8%
 - Another residence: 12.6%
 - Hotel/motel: 11.1%

Unattended deaths: Injury location

- All decedents
 - 71.1% of accidental injury deaths occurred on a street or sidewalk
 - 62.9% of acute/chronic disease deaths occurred at the decedent's own residence
 - 46.7% of homicides occurred on a street or sidewalk
 - 33.3% of suicides occurred at the decedent's own residence
 - Drug or alcohol related deaths
 - 33.8% occurred at the decedent's own residence
 - 12.9% occurred on a street or sidewalk
 - 10.4% occurred in a transportation vehicle/station/hub



Drug deaths

Drug deaths

- 2019-2024: 169 drug related deaths among decedents with a known history of homelessness in the last five years prior to death
 - Acute drug deaths comprised 93.5% of all drug related deaths
 - Homeless decedents accounted for 37% of all drug related deaths

Drug deaths: Demographics

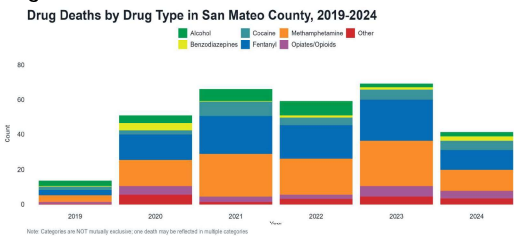
- Age:
 - Average age: 48.5 (Median age: 51)
 - 29% were 55-64 years old
- Sex: 81% male
- Race:
 - 47% White
 - 22% Black
 - 21% Hispanic/Latino
- City of last known residence:
 - Redwood City: 17.2%
- 84% utilized services documented in HMIS

Drug deaths: Injury city & location

- Injury city: where the overdose occurred
 - No known injury city: 27.2%
 - Redwood City: 14.8%
- Injury location:
 - Decedent's own residence: 27%
 - Street/sidewalk: 15%
 - Transportation vehicle/station/hub: 11%

Drug deaths: Drug type

- 2019, 2021, 2022, 2023, and 2024: methamphetamine was involved in the highest number of drug deaths
- 2020: fentanyl and methamphetamine were implicated in the most drug deaths





Alcohol deaths



Alcohol deaths

- 2019-2024: 64 alcohol related deaths among decedents with a known history of homelessness in the last five years prior to death
 - Chronic alcohol deaths comprised 93.8% of all alcohol related deaths
 - Decedents with an unknown housing status at time of death accounted for 45% of all alcohol related deaths

Alcohol deaths: Demographics

- Age
 - Average age: 53.8 (Median age: 56)
 - 42.2% were 55-64 years old
- Sex: 73% male
- Race:
 - 48% White
 - 22% Hispanic/Latino
 - 17% Black

Alcohol deaths (cont.)

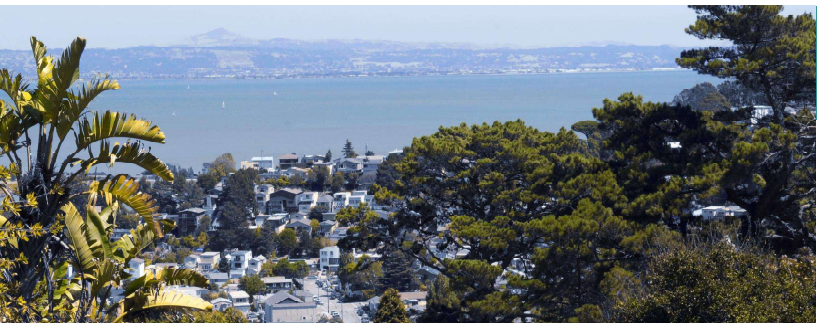
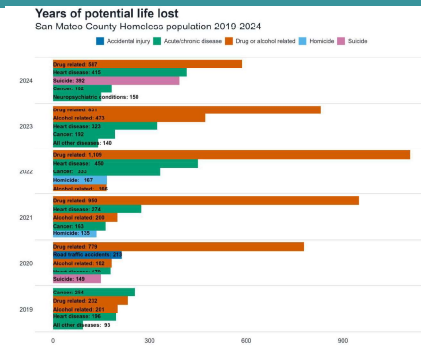
- HMIS service utilization:
 - 93.8% accessed services
- City of last known residence:
 - Redwood City: 20.3%
 - San Mateo: 17.2%
 - South San Francisco: 10.9%
- Injury location:
 - Decedent's own residence: 34%
 - Hospital: 31%
 - Long term care/hospice facility/nursing home: 9%

Substance Use Disorders

- 130 (16.7%) decedents had a substance use disorder listed as a final or contributing cause of death
 - Alcohol use disorder: 86
 - Stimulant use disorder (excluding cocaine): 16
 - Psychoactive substance use disorder: 15
 - Cocaine use disorder: 7
 - Opioid use disorder: 6

Years of Potential Life Lost (YPLL)

- Measure of premature death
- Every death younger than 75 contributes to YPLL. A 30-year-old contributes 45 years, a 72-year-old contributes 3 years.
- Top categories contributing to YPLL among all SMC decedents (2019-2024)
 - Cancer
 - Heart disease
 - All other diseases



Conclusions

- Decedents with a history of homelessness in the last five years are affected by early death, substance use
 - Drug and alcohol related deaths
- Touch points for intervention
 - Injury locations
 - Contact with service providers (e.g., HMIS)

Conclusions



Contact

- Eamonn Hartmann at ehartmann@smcgov.org



Questions

- What terminology should be used to describe this population?
 - Homeless
 - Unhoused
 - Other terminology?
- Which housing status category or categories are you most interested in?
- What data are you most interested in?
 - Demographics
 - Specific causes of death (e.g., drug or alcohol related deaths)
 - Injury location
 - HMIS service utilization



**Housing ends homelessness.
Healthcare keeps people housed.**

A care coordination model that strengthens stability after move-in

Early housing success depends on more than keys. The Medical Care Coordination effort connects newly housed residents to benefits, specialty care, behavioral health and transportation.

Benefits

Medi-Cal HPSM enrollment support

Care Access

Medical, dental, oncology, vision, behavioral health

Retention

Preventive care + follow-through to protect housing

New housing stability is strongest when healthcare, benefits, and supportive services move together. We assist clients navigate the complicated healthcare system at a vulnerable time

Goal 1: To ensure that clients who are transitioning into a stable housing situation, especially those with no supportive services, can access or continue to access medical, dental and behavioral health services after exiting homelessness.

What this work makes possible

- Faster connection to critical appointments and specialty care
- Reduced barriers caused by transportation, enrollment, or provider navigation
- Stronger follow-through for residents with complex health needs
- Earlier intervention before health issues become housing crises

Medical care coordination is a housing-retention strategy

Partnership + Prevention + Retention

New housing stability is strongest when healthcare, benefits, and supportive services move together.

Goal 2: To reduce or prevent incidence or onset of loneliness, isolation or behavioral health issues during the transition to being housed and up to 12-months after the transition.

EXAMPLE

In one case, the WS assisted a client experiencing significant mental health instability who had been ordered by the court to participate in a diversion program as an alternative to incarceration. The client was successfully referred to the Oasis Program in San Mateo County for behavioral health treatment and supportive services.

Key Accomplishments



Coordinated complex healthcare services

Supported connections across specialty medical, dental, oncology, behavioral health, and IHSS services.



Improved coverage and benefits access

Assisted residents with Medi-Cal, Health Plan of San Mateo, and healthcare coverage enrollment.



Connected residents to stabilizing supports

Linked clients to nutrition support, mental health therapy, and case management resources.



Removed practical barriers to care

Supported transportation, appointment scheduling, and provider coordination across multiple systems.

Medically Tailored Meal Referrals (Mom's Meals)

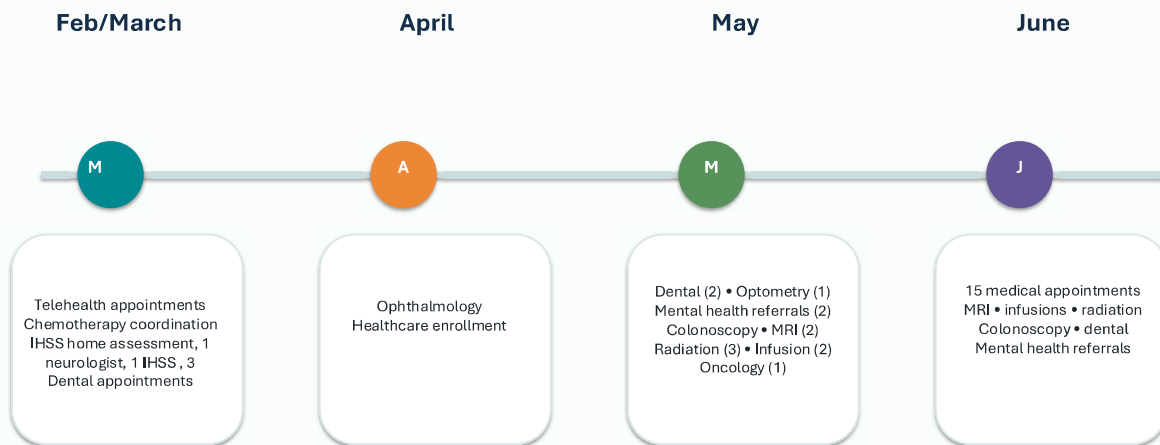
During client medical appointments, the WS identified that inadequate nutrition was a significant factor affecting clients' overall health and their ability to manage chronic medical conditions. To address this need, the WS initiated referrals to Mom's Meals, a nationwide meal delivery program that provides fully prepared, medically tailored meals designed to support individuals with chronic illnesses, disabilities, and specialized dietary needs.

The WS educates eligible clients about the program, completes referrals, and coordinates enrollment. For qualifying clients enrolled in Medi-Cal/HPSM, these medically tailored meals are covered as a health benefit, improving nutritional stability and supporting positive health outcomes.

Appointment Activity: March–June

Care coordination touched urgent, preventive, behavioral health, and specialty care needs.

Note that this timeline represents a general overview.



Care Coordination Model

A practical bridge between housing services and healthcare systems.

Healthcare Navigation

Scheduling, follow-up, provider coordination, and specialty care access.

Benefits Enrollment

Coverage support including Medi-Cal, HPSM.

Newly Housed Resident

Behavioral Health

Referrals and warm connections to therapy and mental health supports.

Practical Support

Transportation, appointment reminders, documentation, and cross-agency coordination.

The work is hands-on, relationship-based, and prevention-focused.

Outreach & Early Impact

The program is already strengthening pathways for older adults transitioning from homelessness.

4

**external referrals received
through HIP Housing**

Focused on older adults moving into permanent
housing with rental assistance

Why this matters

HIP Housing Collaboration

Beginning July 1, 2026, Abode's HCHF program established a collaborative partnership with HIP Housing. Through this partnership, the Housing Readiness Program Coordinator referred 4 senior older adults who had previously experienced homelessness and are now residing in permanent housing through HIP Housing's Rental Scholarship Program. This collaboration is particularly significant given the growing needs of California's aging population. According to the Harvard Joint Center for Housing Studies, the population of adults age 80 and older is projected to double by 2040. Research also indicates that approximately 41% of older adults experiencing homelessness for the first time face increased risks of:

Worsening chronic medical conditions.

Anxiety, depression, and other behavioral health concerns.

Greater susceptibility to illnesses such as asthma and coronary artery disease.

Social isolation, loneliness, and reduced community connectedness.

Community Partnership Network

Expanding collaboration to improve outcomes and reduce barriers.

Healthcare & Specialty Care

- San Mateo Medical Center
- Stanford
- NEMS
- Ron Robinson Senior Care

Community Support

- Fair Oaks Community Center
- Mental Health Association
- HIP Housing Program
- Nutrition and therapy resources

Housing & Navigation

- Abode case management teams
- Navigation Center
- LifeMoves Shelter
- MHA Navigator
- YMCA
- HIP HOUSING

Partnership goal: make the handoff from homelessness to housing feel coordinated, humane, and reliable.

Looking Ahead: Strengthen, Prevent, Retain

Future focus areas that can deepen impact and protect housing stability.

1. Expand Partnerships

Formalize referral loops, strengthen partner communication, and build faster pathways to specialty care, behavioral health, and benefits support.

2. Strengthen Preventive Care

Move from crisis response to early intervention: appointment follow-through, routine screenings, medication support, and transportation coordination.

3. Improve Housing Retention

Track care barriers, support stabilization after move-in, and use health-related touchpoints to reduce avoidable housing loss.

Tab 2

Program Budget and Financial Report



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

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

DATE: August 13, 2026

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 FINANCE REPORT

Preliminary grant expenditures for July 2026 total an estimated \$61,338. This total is an artificially low number created by the fact that almost all fiscal processing is delayed during July while the various fiscal offices close the books on the just completed Fiscal Year (that ended on June 30, 2026). The only costs/payments reported for the month are salary and benefits costs; there is no processing of any contractual payments or standard county support costs. All of these should “catch-up” come August.

The month of July did see the completion of the drawdown of our reimbursable expenditures as grant funds for the April through June quarter. These totals will have picked up any processing that occurred after we complete our monthly Board report, so we were able to update the actuals for the first six months of the year. Therefore, the expenditures-to-date are now very accurate.

Based on the expenditures to date, we anticipate expending about \$3.65M, including our BHSE and Expanded Hours (EH) grants. This would leave us with approximately \$504,000 in carryover for next year. This is a little better than originally anticipated, partly due to staff Work-Out-of-Class outside of HCH/FH, which reduces our Salary & Benefit costs.

Attachment:

- GY 2026 Summary Grant Expenditure Report Through 07/31/26



GRANT YEAR 2026

Jul-26

Details for budget estimates	Budgeted [SF-424]		To Date (07/31/26)	Projection for end of year	Projected for GY 2027
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	740,000	46,780	340,225	640,000	750,000
<u>Benefits</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	230,000	14,558	108,298	185,000	260,000
<u>Travel</u>					
National Conferences (2500*8)	12,000		4,652	7,250	12,000
Regional Conferences (1000*5)	1,500		0	250	1,500
Local Travel	250		40	100	250
Taxis	250		0	0	250
Van & vehicle usage	1,000		0	500	1,000
	15,000		4,692	8,100	15,000
<u>Supplies</u>					
Office Supplies, misc.	2,000		9,785	12,000	5,000
Small Funding Requests					
	2,000		9,785	12,000	5,000
<u>Contractual</u>					
2022 Contracts			140,872	140,872	
2022 MOUs			237,696	237,696	
Current 2023 MOUs	1,150,000		664,317	1,125,000	1,400,000
Current 2023 contracts	1,250,000		661,166	1,150,000	1,200,000
---unallocated---/other contracts					
	2,400,000		1,704,051	2,653,568	2,600,000
<u>Other</u>					
Consultants/grant writer	60,000		15,835	40,000	60,000
IT/Telcom	110,000		48,697	95,000	120,000
New Automation				0	-
Memberships	5,000		0	3,000	5,000
Training	5,000			0	5,000
Misc	30,000		7,119	15,000	30,000
	210,000		71,651	153,000	220,000
TOTAL	3,597,000	61,338	2,238,702	3,651,668	3,850,000
GRANT REVENUE					
Available Base Grant	2,858,632	w/BHSE & EH	3,525,299	3,525,299	3,858,632 w/ BHSE and EH
Prior Year Unexpended to Carryover (verified)	630,529		630,529	630,529	
Other					504,160 carryover
HCH/FH PROGRAM TOTAL	3,489,161		4,155,828	4,155,828	4,362,792
***Once 2025 carry-over is established. We will roll BHSE & EH into 2026 grant year reporting {DONE}					
BALANCE	(107,839)	Available	1,917,126	504,160	512,792
		Current Estimate		Projected	
2025 Carryover is from:	39950 Exp Hours				based on est. grant of \$3,858,632
	365000 BHSE				
	225579 Base Grant				
	630529				
<u>Non-Grant Expenditures</u>					
Salary Overage	12,000	250	1,250	9,000	15,000
Health Coverage	143,000	7,151	38,625	110,000	150,000
base grant prep	0			0	
food	7,500		1,601	6,500	8,000
incentives/gift cards	1,500			1,500	1,500
	164,000		41,476	127,000	174,500
TOTAL EXPENDITURES	3,761,000	68,739	2,280,178	3,778,668	NEXT YEAR 4,024,500

Tab 3

HCH/FH Director's
Report



DATE: August 13, 2026

TO: Co-Applicant Board, 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 July 09, 2026, Co-Applicant Board meeting.

On Monday, July 13, 2026, HRSA/BPHC released the funding opportunity for Expanding Nutrition Services. They anticipate approximately 350 awards of up to \$350,000 each year for a two-year period. Deadline for submission is September 09, 2026. Program is actively looking at potential projects including a Nutrition/Cooking class to support housing readiness for homeless individuals moving into permanent housing, support for the expansion of work based, nutritional training, food security effort(s), potential support for ongoing food pantries, and targeted medically appropriate meals for chronic disease patients. We are actually very excited and optimistic about the possibilities of these projects.

With a year of piloting the Sunday Primary Care Clinic for Farmworkers at Coastside Clinic, we are moving into year two with adding Puente and Coastside Hope to the referral partners for the Sunday appointments. We are hoping that this will help reduce the rate of "no shows" that end up creating unfilled appointment slots. It should also give us a much better understanding of the need for the Sunday clinic and if we have to adjust the capacity. We are also adding ACE patients to the patients eligible to be scheduled on Sundays. While they may have co-payments, that same co-pay exists for any weekday care visits, so this still meets the intent of expanding access. We continue to pursue options for expanding the availability to uncovered/uninsured farmworkers.

Frank Trinh and Amanda Hing Hernandez have switched positions in support of the HCH/FH program to better fit other activities and responsibilities for them. Amanda will now be our Medical Director and Dr. Trinh will be our Mobile Services Liaison.

Alejandra Paw, our HCH/FH Clinical Services Coordinator, will be going on Parental Leave next week through springtime-ish 2027. We have backfilled her position with Angela Leung from Public Health Policy & Planning (PHPP), Epidemiology, to be a Work-Out-of-Class (WOC) Clinical Services Coordinator while Alejandra is out. Angela also brings previous experience with the Bridges to Wellness Program and has an MPH from University of San Francisco. As Alejandra had been most recently also doing her own WOC to cover Gozel's HCH/FH Management Analyst position (while Gozel is doing a WOC in the County Executive Office through December 31, 2026), Raven Nash, our current HCH/FH Community Services Coordinator will now step into the WOC Management Analyst position of HCH/FH.

Seven Day Update

ATTACHED: Program Calendar





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County of San Mateo
Health Care for the Homeless & Farmworker Health (HCH/FH) Program
2026 Co-Applicant Board Calendar
Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm

MONTH	AREA			
	Programmatic	Learning/Conferences	Recognition (Health, Historical/ Cultural, Holidays)	
JANUARY	- HCH/FH Board Meeting (1/8)		- Glaucoma Awareness Month - Cervical Cancer Screening Month - National Human Trafficking Prevention Month - International Holocaust Remembrance Day (1/27)	- New Year's Day (1/1) - Martin Luther King Day (1/19)
FEBRUARY	- HCH/FH Board Meeting/ Finance Subcommittee Meeting (2/12) - UDS submission - Review	American Hospital Association Rural Health Care Leadership Conference (San Antonio, TX – February 8-11, 2026)	- National Children's Dental Health - American Heart Month - National Cancer Prevention Month - National Wear Red Day (2/6) - Black History Month - World Day of Social Justice	- Lincoln's Birthday (2/12) - President's Day (2/16) - Lunar New Year (2/17)
MARCH	- HCH/FH Board Meeting/ QI/QA Subcommittee Meeting (3/12) - Updated Sliding Fee Discount Scale (SFDS) - Approve	Leadership Summit on Ending Homelessness (San Diego, CA – March 2-4 2026)	- Colorectal Cancer Awareness Month - Developmental Disabilities Awareness Month - National Doctors Day (3/30)	
APRIL	- HCH/FH Board Meeting (4/9) - SMMC Annual Audit - Approve	National Center for Farmworker Health Spring Symposium (New Orleans, LA – April 15-17 2026)	- Alcohol Awareness Month - Sexual Assault Awareness Month - Counseling Awareness Month - National Minority Health Month - Defeat Diabetes Month - National Public Health Week (4/6-4/12)	
MAY	- HCH/FH Board Meeting/ Finance Subcommittee Meeting (5/14)	NRHA Rural Health Access Conference (San Diego, CA – May 8-19)	- American Stroke Awareness Month - High Blood Pressure Education Month - Mental Health Awareness Month - National Trauma Awareness Month - Asian Pacific American Heritage Month	Memorial Day (5/25)
JUNE	- HCH/FH Board Meeting/QI/QA Subcommittee Meeting (6/11) - Services/Locations Form 5A/5B – Approve	National Healthcare for the Homeless Conference. (Orlando, Florida – June 8-11 2026)	- PTSD Awareness Month - Cancer Survivor's Month - LGBTQIA+ Pride Month	Juneteenth (6/19)



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JULY	- HCH/FH Board Meeting (7/9) - Budget Renewal (Program) Approve		• National Minority Mental Health Awareness Month • Healthy Vision Month	• Independence Day (observed on (7/3))
AUGUST	- HCH/FH Board Meeting/ - Finance Subcommittee Meeting (8/13)		• National Breastfeeding Month • National Immunization Awareness Month • National Health Center Week (8/2 – 8/8)	
SEPTEMBER	- HCH/FH Board Meeting/ QI/QA Subcommittee Meeting (9/10) - Program Director Annual Review	• International Street Medicine Symposium. (TBD – September or October 2026)	• Healthy Aging Month • National Suicide Prevention Month • Gynecological Cancer Awareness Month • Hispanic Heritage Month (Starts 9/15)	• Labor Day (9/7)
OCTOBER	- HCH/FH Board Meeting (10/8) - Annual Conflict of Interest Statement due - Board Chair/Vice Chair Nominations		• Breast Cancer Awareness Month • Depression Awareness Month • Domestic Violence Awareness Month • Health Literacy Month • Patient-Centered Care Awareness Month • Child Health Day (10/6)	• Indigenous Peoples' Day/Columbus Day (10/12)
NOVEMBER	- HCH/FH Board Meeting/ - Finance Subcommittee Meeting (11/12) - Board Chair/Vice Chair Elections		• American Diabetes Month • National Sexual Health Month • Native American Heritage Day (11/27)	• Veteran's Day (11/11) • Thanksgiving (11/26)
DECEMBER	- HCH/FH Board Meeting/QI/QA Subcommittee Meeting (12/10)	• Institute for Healthcare Improvement (IHI) Forum (Phoenix, AZ – December 6-9, 2026)	• Seasonal Affective Disorder Awareness Month	• Christmas Eve (12/24) • Christmas Day (12/25) • New Year's Eve (12/31)

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