



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

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

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

December 14th, 2023, 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

Redwood City, CA 94063 (Room 101)

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 masfaw@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	Robert Anderson	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	Robert Anderson	10:05am
1. Approve meeting minutes from November 9, 2023, Board Meeting		Tab 1
2. Budget and Finance Report		Tab 2
3. Quality Improvement/Quality Assurance update		Tab 3

D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER		
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	10:10am
Tim Sullivan	SM Co. Code Compliance (Farmworker Housing Task Force)	10:15am

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

E. BUSINESS AGENDA			
There is no business agenda			

F. REPORTING & DISCUSSION AGENDA			
1. HCH/FH’s Director Report	Jim Beaumont	10:50am	Tab 4
2. Past and Future Board speakers	Meron Asfaw	11:15am	
3. Reflecting on 2023 and looking ahead 2024	Jim Beaumont & All board members	11:30am	

G. ADJOURNMENT			12:00pm
Future meeting: January 11, 2024, 10am-12pm at 455 County Center, Redwood City, CA 94063 (Room 101)			

*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 masfaw@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 Minute



**HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
 Co-Applicant Board Meeting Minutes
 455 County Center, Redwood City, CA
 November 9th, 2023, 10:00am - 12:00pm**

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
<ul style="list-style-type: none"> • Robert Anderson, Chair • Victoria De Alba Sanchez, Vice Chair • Suzanne Moore • Francine Serafin-Dickson • Judith Guerrero • Brian Greenberg • Gabe Garcia • Steve Kraft • Steve Carey • Janet Schmidt • Tayischa Deldridge • Jim Beaumont (Ex officio) 	<ul style="list-style-type: none"> • Alejandra Alvarado • Meron Asfaw • Gozel Kulieva • Irene Pasma • Lauren Carroll • Linda Franco • Connie Juarez-Diroll • Amanda Martin 	<ul style="list-style-type: none"> • Cristhian Landaverde, ALAS 	<ul style="list-style-type: none"> • Tony Serrano

A. Call to order & roll call	Robert Anderson called the meeting to order at 10:04 am and did a roll call.	
B. Public comment	<p>Christian, ALAS</p> <p>There is a men’s group every Thursday at ALAS men can spend time together and bond; this provides time for farmworkers to relax by walking along the beach and doing other activities. People spend time talking, and everyone is welcome.</p>	
C. Guest Speaker	<p>Mike Callagy, County Executive Officer, attended the board meeting to provide insight into the San Mateo County Encampment Ordinance Initiative. He shared information about the county’s efforts to generate several hundred shelter beds, highlighting different shelter opportunities emerging in various regions. The primary goal is to support voluntary homeless individuals living on the streets.</p> <p>Having extensive experience with the homeless population over 30 years, Mike discussed the worsening conditions observed in certain encampments.</p>	

	<p>He emphasized the multifaceted nature of the issue and outlined the county's strategy, including the establishment of Homeless Outreach Teams (HOT) across five zones, aiming for direct connections with those experiencing homelessness.</p> <p>The ordinance's steps were discussed, starting with a shelter team offering shelter to unhoused individuals on the streets, emphasizing that the ordinance aims to encourage shelter use to prevent the deterioration of health due to substance use or mental health issues.</p> <p>While some concerns were raised about potential trauma and the effectiveness of the ordinance, Mike Callagy highlighted the multiple opportunities provided before any enforcement takes place. He clarified that the ordinance operates based on bed availability, stating that while there's a need for more resources and services, currently, the law doesn't mandate beds for all homeless individuals.</p> <p>Discussions around the ordinance's success in other counties, the need for additional Homeless Outreach Teams, and concerns about mental health challenges and engagement with service providers were also addressed. Members emphasized the importance of offering not just shelter but ensuring physical and mental safety, acknowledging that displacement from familiar environments can impact individuals emotionally.</p> <p>The board agreed to dedicate more time to discuss these complexities further in future meetings.</p>	
<p>D. Action to set the agenda and consent agenda.</p>	<ol style="list-style-type: none"> 1. Approve meeting minutes from October 12th 2023, Board Meeting 2. Contracts and MOUs Update 3. Budget and Finance Report 4. Quality Improvement/Quality Assurance update 5. HCH/FH Director's Report <p>Jim requested that the Directors Report be pulled out and put on discussion agenda.</p>	<p>Request to approve the Consent Agenda was <u>MOVED</u> by Gabe Garcia and <u>SECONDED</u> by Steve Kraft</p> <p>APPROVED by all Board members present.</p>
<p>E. Community Announcements / Guest Speaker</p> <ol style="list-style-type: none"> 1. Community Update 	<p>Susanne Moore</p> <p>Susanne took the opportunity to thank the board for discussing ordinance, and for putting it as a future agenda item. She noted it's the boards letter that started this discussion and made a difference.</p> <p>Victoria de Alba Sanchez</p>	

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	<p>ALAS offers accordion classes for farmworkers. KQED covered a story about these classes, and Victoria will be sending a link to HCH/FH staff and board members for viewing. Los Tigres Del Norte, a popular Mexican band, is contributing to the community by providing these classes through one of their sons. The sessions take place every Wednesday at Cabrillo Farms, offering workers a way to relax after a long day. The lone survivor of the Half Moon Bay shooting has participated in these sessions. Victoria appreciates seeing people engage in music practice and play. She also credits Belinda for originating this idea.</p>	
<p>F. BUSINESS AGENDA</p> <p>1. Vote for 2024 HCH/FH Board Officers</p>	<p>Jim Beaumont</p> <p>The Board's bylaws mandate a vote for the Chair and Vice Chair for the upcoming 2024 term. During the previous meeting, nominations were accepted for the positions, including the possibility of renominating Robert and Victoria for the coming year. Jim extended the opportunity for nominations between meetings, yet no additional submissions were received. This marked the final chance for nominations, and Janet expressed the board's collective sentiment that both Robert and Victoria would be honored to continue as Board Officers for another year.</p>	<p>Request to re-elect Robert Anderson for 2024 Board Chair and Victoria Sanchez De Alba for 2024 Board Vice Chair <u>MOVED</u> by Janet Schmidt and <u>SECONDED</u> by Gabe Garcia.</p> <p>APPROVED by all Board members present.</p>
<p>2. Request to re-nominate board members with terms expired in September 2023</p>	<p>Jim Beaumont</p> <p>Tayischa's term is set to expire, and Jim has submitted a request to re-nominate her for another term as a board member. Tayischa herself has expressed her interest in being re-nominated, prompting the board to call for a vote on her re-nomination</p>	<p>Request to re-nominate board members with terms expired in September 2023 <u>MOVED</u> by Robert Anderson and <u>SECONDED</u> by Susanne Moore</p> <p>APPROVED by all Board members present.</p>
<p>3. Approving HCH/FH Strategic Planning</p>	<p>Irene Pasma:</p> <p>Irene provided the Strategic Plan to board members, requesting their review of revisions and updates. The purpose of this discussion was to aid members in voting.</p> <p>Susanne Moore:</p> <p>Susanne presented a slide explaining that the current Strategic Plan was crafted based on the 2020-2023 plan with stakeholder and HCH/FH</p>	<p>Request to approve the HCH/FH Strategic Planning was <u>MOVED</u> by Steve Kraft and <u>SECONDED</u> by Brian Greenberg</p> <p>APPROVED by all Board members present.</p>

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	<p>subcommittee input. These meetings helped determine the services slated for RFP in 2024. The board's missions and values are embedded in this mindset. Some goals of the Strategic Plan include reducing barriers to access care, engaging in harm reduction, and improving cultural competence. The vision aims to expand oral health care. These objectives were formulated due to the impacts of recent historic events, such as COVID-19 and the Half Moon Bay shooting. Field-based services play a significant role in understanding the importance and necessity of these services.</p> <p>Gabe Garcia:</p> <p>Gabe stressed the significance of themes discussed in the subcommittee over the last three years. Prioritizing service delivery at the location where individuals are emotionally and physically present has become a higher priority in the Strategic Plan. He emphasized the importance of delivering services where individuals are located. Celebrating the provision of services at the most suitable place is essential, considering that some individuals might be tied up with daily obligations, preventing them from visiting a physical clinic. He underscored the importance of measuring success by meeting individuals where they are. Ensuring these places are well-resourced is critical for effective collaboration.</p> <p>Gabe highlighted the importance of tailoring behavioral health discussions based on best practices and data-driven results. Utilizing data to make decisions that best serve the population is a strategic goal. He proposed developing working relationships with clients and examining best practices, recognizing that different populations may require different approaches. For instance, when working with clients on the coast, ensuring cultural sensitivity and structural knowledge is essential to ensure comfort. This may involve employing strategies like transactional events or contingency management, providing rewards or positive reinforcement for adherence to services.</p> <p>Gabe also stressed the need for cross-collaboration to address gaps in data, tailored specifically to this population, which might require additional funding. Discussions on funding sources or better utilization of existing funds for these purposes are necessary. He highlighted the importance of social determinants of health and understanding how they affect the population, advocating for its influence on decision-making. For instance, housing significantly impacts healthcare, as evidenced by the Needs Assessment indicating improved health perception when housing needs are met.</p>	
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	<p>Irene Pasma:</p> <p>Irene reminded board members that the Strategic Plan has five priority areas, capturing lessons learned and reflecting program goals. Efforts on social determinants of health are evident across these priorities. For example, care coordination efforts, such as supporting housing retention and mental health services, fall within these priorities. Another example is Priority #5, EPIC implementation, including a social determinants of health module. Brian mentioned Stanford students interested in social determinants of health and community engagement. Janet acknowledged the need for improvements in documentation and data.</p> <p>Irene asked the board if they believe the envisioned objectives for the next three years are encompassed. Brian suggested monitoring outcomes related to the ordinance and their integration into the Strategic Plan, examining engagement in healthcare services. Gabe indicated that the ordinance won't be applied to the coast as it is in the central county and inquired whether this would affect outcome measures based on geographical location. Jim noted the potential expansion of the ordinance to other areas of the county in the future and the need to evaluate its impact on the visibility of unsheltered individuals.</p> <p>Francine raised concerns about farmworker issues impacting the medical center and suggested incorporating this into the Strategic Plan due to staffing issues. Janet stressed the importance of using this guidance to direct funding decisions and learning from other homeless organizations in different counties. Irene emphasized the significance of partnerships and learning from other agencies, highlighting the importance of attending national and regional conferences to share information with board members.</p>	
<p>4. Encampment Ordinance Letter Status</p>	<p>Jim Beaumont:</p> <p>Jim explained that the ordinance letter had been sent to the CEO's office. The agenda included a discussion on whether the board wanted to take action on the letter. He inquired whether the board wanted to send another letter or modify the existing one. A suggestion was made about a follow-up letter addressing specific areas of concern. Questions arose regarding who would be visiting the encampments—police officers or co-compliant officers. Jim acknowledged the efforts made to remove some enforcement language and sought the board's response.</p>	

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	<p>Robert highlighted the poor living conditions of people on the streets, citing issues with cleanliness and visible animal carcasses along with the deaths of individuals in those conditions.</p> <p>Brian, with experience in homeless settings and working with substance use recovering individuals, emphasized the role of the criminal justice system as a motivating factor for individuals to seek recovery. He mentioned challenges in getting people into detox without a certain period of cleanliness and highlighted the need to provide a safe place with mental health resources for this purpose.</p> <p>Janet expressed concerns about locking up individuals with mental health issues, believing it might hinder their recovery. Brian suggested providing support for people with mental health issues in jail.</p> <p>Francine expressed concerns about the letter and suggested it should be signed by specific board members instead of the entire board. She stressed the need for the board to support some form of intervention for people experiencing homelessness on the streets. Gabe asked for clarification on the services available in jail and their definitions, proposing a need to define these services similar to how services in navigation centers are defined. Susanne voiced concerns about the efficacy of proposed services in this context.</p> <p>Irene mentioned that the ordinance works on a broad scale but lacks details about the steps for providing care within facilities. Tayisha shared her experience of giving homeless clients too much flexibility, which didn't work for her. She acknowledged that some individuals are not ready for confinement but questioned how to address such cases.</p> <p>There was consensus to defer any immediate action on the letter. Jim suggested reviewing the copy of the ordinance provided by Mike and asked board members to identify parameters for tracking various aspects, such as the number of people transitioning between different environments, moving from wet to dry shelters, different shelter locations, incorporated vs. unincorporated areas affected, etc. Susanne sought guidance from Lauren, our legal advisor, about board recommendations. Lauren mentioned that general or public information on this issue can be shared among board members.</p>	
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<p>G. REPORTING & DISCUSSION AGENDA</p> <p>1. Board Letter Policy</p>	<p>Robert Anderson:</p> <p>Robert outlined the steps necessary to ensure that any future letters from our board are appropriately submitted in the future. Connie reminded board members of the established process for relaying messages and information to the Board of Supervisors. She recommended sending such information to staff, who can collaborate with the board to forward it to the Board of Supervisors. Additionally, there's a procedure for incorporating policy areas advocated by commissions and sending them for approval by the Board of Supervisors. County representatives are available to attend board meetings to answer questions and foster dialogue if necessary.</p>	
<p>2. HCH/FH Director's Report</p>	<p>Jim Beaumont</p> <p>Jim shared several recent updates with the board. Firstly, on Monday, the HCH/FH staff received notification of being awarded 2 badges from HRSA. Additionally, grants from Kaiser and the Sequoia Health District for the navigation center, alongside the Zuckerberg initiative, are among the awards the programs have received.</p> <p>Furthermore, the program has been granted the SOA award for the next 3 years.</p> <p>Lastly, Jim mentioned that the new staff civil service panels are currently underway, and he anticipates having more updates by next month.</p>	
<p>G. ADJOURNMENT</p>	<p>Future meeting: December 14th, 2023, 10am-12pm at County Building Room 101, RWC Address: 455 County Center, Redwood City, CA 94063</p>	<p>The meeting was adjourned at 12:20 pm.</p>

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County of San Mateo
**Healthcare for the
Homeless/Farmworker
Co-Applicant Board**
Strategic Plan 2024-2027

Minutes

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HCH/FH Background

San Mateo County's Health Care for the Homeless/ Farmworker Health Program (HCH/FH) is a federally funded program which has delivered and coordinated health care and support services for people experiencing homelessness since 1991. In July 2010, the program expanded its scope of services to include the farmworker population and their families/dependents.



HCH/FH Board Members and Staff

HCH/FH is funded by U.S.

Department of Health and Human Services' Health Resources and Services Administration (HRSA) pursuant to Sections 330(g) and 330(h) of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations. It is jointly governed by an independent Co-Applicant Board, and the San Mateo County Board of Supervisors.

People in San Mateo County experiencing homelessness or who work as farmworkers (and their families) can access any San Mateo County Health touch point – San Mateo Medical Center (SMMC), satellite clinics, mobile clinics – and numerous other County and community-based organizations to receive outpatient health services regardless of insurance or documentation status. The HCH/FH Program has agreements with county and nonprofit organizations to provide these services and compliance with HRSA regulations provides SMMC with Federally Qualified Health Center (FQHC) status.

HRSA has a broad definition of homelessness which, in addition to people residing in shelters or on the street/in cars/RVs, includes doubling up (i.e. couch surfing) and those in transitional or permanent supportive housing. For farmworkers, both seasonal and migrant workers are included in HRSA's definition, and importantly, so are family members.

Strategic Plan Background

This strategic plan is built upon the 2020-2023 Strategic Plan ([link](#)). Over 25 stakeholder meetings were conducted by HCH/FH staff with relevant key stakeholders, publications were read such as the California Statewide Study of People Experiencing Homelessness ([link](#)) and 2023 The California Street Medicine Landscape Survey and Report ([link](#)) which helped inform both the stakeholder conversations and the recommendations staff made to the HCH/FH Board in adopting this strategic plan. The HCH/FH Strategic Planning Subcommittee met three times and the Board was updated throughout the process. Further, the 2022/2023 Needs Assessment ([link](#)) informed the strategic plan in fundamental ways by shedding light on attitudes, beliefs and values of San Mateo Medical Center clinicians and patients alike.

This plan, like its predecessor, outlines major strategic priority areas which are slightly revised from the last plan to reflect current trends and environment. The priorities outlined in this strategic plan is intended to inform the HCH/FH Co-Applicant Board in deciding which services it will go out to Request for Proposal (RFP) in 2024 with contracts starting in 2025 and how to direct staff time.

Mission & Values

Vision

- Health care services provided to homeless and/or farmworker individuals are patient centered and utilize a harm reduction model that meets patients where they are in their progress towards their goals.
- The HCH/FH Program lessens the barriers that homeless and/or farmworker individuals and their families may encounter when they try to access care.
- Health services are provided in consistent, accessible locations where people experiencing homelessness and farmworkers can receive timely care and have their immediate needs addressed in a supportive, respectful environment.
- Through its funded services and partnership with the Medical Center, the HCH/FH Program reduces the health care disparities in the homeless and farmworker populations.
- HCH/FH advocates on behalf of both populations' health needs and becomes a hub for health-related information for both San Mateo County and Community Based Organizations for these two populations.

Values

Access: Homeless and farmworker individuals and their families have full access to the continuum of health care and social services.

Dignity: Services provided are respectful, culturally competent, and treat the whole person's physical health and behavioral health.

Integrity: Homeless and farmworker individuals and their families are valued and considered a partner in making decisions regarding their health care.

Innovation: Services will continuously evolve to reflect current best practices and technological advances.

Glossary of Terms and Abbreviations

The Strategic Plan refers to industry-specific terminology the reader might find helpful to familiarize themselves with at the start of the document.

Enabling Services: Non-clinical services that enable individuals to access health care and improve health outcomes. These include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families on relevant health topics, environmental health risk reduction, health literacy, and screenings, referrals, etc.

Federally Qualified Health Center (FQHC): FQHCs are primary care clinics that receive federal funds to provide healthcare services to underserved communities. They operate in both rural and urban areas designated as shortage areas.

Behavioral Health and Recovery Services (BHRS): is a division within San Mateo County Health which oversees mental health, substance use disorders, outpatient treatment and other related services.

Non-conventional health settings: this is reflective of the understanding that people experiencing homelessness and farmworkers/family members are often unable to come into a typical outpatient clinic for a variety of reasons, including inability to come during regular clinic hours, lack of transportation, no health insurance/inability to pay out of pocket, or past negative experiences with the health care system. Therefore, HCH/FH strives to bring health care services to places (physically and emotionally) where people experiencing homelessness or farmworker and their family members meet, live, or reside. This includes non-conventional health care settings such as tent encampments, shelters, safe parking programs, permanent supportive housing projects, farms, farmworker housing, and others as they arise.

Patient Population: San Mateo County's HCH/FH is a unique Federally Qualified Health Center because it focuses on two sub-populations: 1) people experiencing homelessness and 2) farmworkers and their families in San Mateo County. People experiencing homelessness includes those residing in shelter, on the street – which includes vehicularly housed - doubling up (i.e. couch surfing), permanent supportive housing, and transitional housing. Farmworkers include both seasonal and migrant workers, though due to the crops grown here, most of SMC's farmworkers are classified as migrant (i.e., they permanently live in the county).

Public Health Policy & Planning (PHPP): is a division within San Mateo County Health which includes Epidemiology, Public Health Lab, and Mobile Clinics. HCH/FH collaborates extensively and provides funding for Mobile Clinics for Street and Field Medicine.

Scope of services: includes services provided by the San Mateo Medical Center outpatient clinics, Behavioral Health and Recovery Services regional clinics, and Public Health Policy and Planning's Mobile Clinics teams. Additionally, it includes services contracted by the HCH/FH program (see Annual Report for full list, [link](#)).

Service Providers: HCH/FH works with a myriad of service providers. In the present report, this term - unless it is further defined – includes both healthcare providers (i.e. physicians, nurses, social workers) as well as non-profit organizations HCH/FH contracts with (see Annual Report for full list, [link](#)).

Sub-populations: Sub-populations refer to further stratifying the two target populations by additional defining characteristics, such as by LGTBQ+ status, age, health condition, race/ethnicity as well as the intersectionality of these categories.

Achievements from previous Strategic Plan:

Three years have passed since the last strategic plan was finalized, during which the world dramatically changed due to the Covid-19 pandemic and San Mateo County increased focus on both target populations. Despite the turbulent times and because of the increased focus, the HCH/FH Program was able to make strides in several noteworthy areas - more can be found in the 2022 HCH/FH Annual Report ([link](#)):

1. **Expanding oral health programs:** oral health has consistently been identified in HCH/FH Needs Assessments as an unmet need for both target populations. HCH/FH began funding a monthly Saturday Dental Clinic at Coastside Clinic, continued weekly Sonrisas services co-located at Puente, and providing a portion of the funding for University of Pacific at the Navigation Center (service slated to begin end of 2023/early 2024).
2. **Launching enabling services for newly housed individuals:** while HCH/FH cannot pay for housing, as a result of the last strategic planning effort, it became clear newly housed individuals might lose their housing due to health-related issues. This service provides medical care coordination to recently housed individuals or those preparing to move into permanent housing.
3. **Expanding field health services:** the Board was passionate about mirroring the Pescadero Field Medicine program in Half Moon Bay and provided seed funding to PHPP to do so. Additionally, the Board began funding ALAS, a nonprofit in Half Moon Bay, to provide health education and health promotion on Half Moon Bay farms. The Board also supported the re-establishment of the Homeless Engagement, Assessment, & Linkage (HEAL) team by funding one position and elevating the need for more funding to the Mental Health Services Act which agreed to fund additional positions.
4. **Deepening collaborations:** with the Center on Homelessness, Department of Agriculture, Department of Housing, Health Plan of San Mateo, and all Health departments particularly within SMMC have enabled more work to be accomplished as well as an ability to focus on data sharing and more data-based decision making.
5. **Increasing stakeholder engagement:** over the last several years at HCH/FH Board Meetings has led to robust conversations and deepening the Board's understanding of pressing issues, such as how the federal poverty level guidelines impact farmworkers' ability to access the County's health insurance program ACE.



Dr. Scopazzi and dental assistant Eliza on the inaugural Saturday Clinic at Coastside Clinic in Half Moon Bay



An HCH/FH Board Meeting well attended by members of the community at the Half Moon Bay library



Francisco Vargas and Amanda Martin, two fantastic behavioral health outreach workers attending an HCH/FH Board meeting to present on their work

Themes for the 2024-2027 Strategic Plan

In updating the strategic plan, several major themes arose which are summarized below. While not each theme is captured explicitly in a stated strategic priority or activity beneath, these are embedded in everything staff does in implementing the Board's vision for the program.



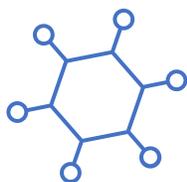
Obtaining services at a Brick-and-Mortar clinic is not the correct goal for all: There has been a transition from prioritizing treatment at brick-and-mortar clinics as the goal for all patients to – instead – celebrating being able to bring medical, dental, and behavioral health care in the most appropriate modality to the target population. For some patients, making it to a physical primary care clinic will never be a possibility, therefore bringing services to them – both by physically meeting them where they are as well as meeting them emotionally – should be counted as a success. It remains necessary to simultaneously partner with SMMC to ensure clinics are able to meet the needs of both populations by having the necessary resources to do so.



Tailoring behavioral health: like the previous strategic planning cycle, behavioral health continues to be a large focus for the Board. For farmworkers, there is a desire to not only fund behavioral health services but to better understand *how* to deliver those services – both mental health and substance use-related – in a culturally competent manner and supported by best practices¹. For people experiencing homelessness, the ability to monetarily incentivize individuals to participate in treatment and/or abstaining from substances (called contingency management) is a promising model to further explore, among others, with BHRS colleagues.



Collaboration: HCH/FH staff and Board members are uniquely positioned as subject matter experts to promote and conduct cross-collaboration, information sharing and problem solving between Health, Human Services Agency (HSA), Department of Housing (DOH), as well as contracted and non-contracted providers. In order to make headway in any of the priority areas listed below, this type of cross-departmental collaboration is imperative. Additionally, HCH/FH's ability to write grants to access supplemental funding – be it from HRSA or other entities such as Health Districts, Hospital Systems, Chan Zuckerberg Initiative and others – and accessing technical assistance is being increasingly leveraged.



Social Determinants of Health: The Board continues to firmly believe that housing – a classic social determinant of health (SDOH) example - is healthcare. The 2022/2023 Needs Assessment ([link](#)) elegantly showed when patients have access to necessities such as housing, food, employment – they rank their health higher. Finding ways to promote social determinants of health will continue to influence the Board's decision making. Though it is not always possible to fund them directly, there are numerous other ways the Board could support SDOH efforts, including funding relevant studies.

¹ The shooting in Half Moon Bay in early 2023 reminds us of the importance of addressing behavioral health in all our communities

Areas for improvement for the next strategic planning effort:

1. Continue identifying best practices to engage with the community to gain input into the strategic plan at each stage
2. Continue building team’s capacity to set and monitor quantifiable goals
3. Improve alignment with other County Needs Assessment efforts to augment HCH/FH Strategic Planning efforts

2024-2027 Priority Area and Metrics

Each Priority Area is further defined on the next page. The Board may choose to assign additional metrics to each area in future iterations of the Strategic Plan, which is intended to be a living document.

Priority Area	Metrics
1. Decrease barriers to accessing health care services	Increase the number of 'touches' or 'visits' across all services (enabling, primary, behavioral, dental) and modalities (mobile and brick & mortar clinics) year over year.
2. Improve health outcomes	Refer to goals set forth in the HCH/FH Quality Improvement/Quality Assurance Plan
3. Support health care and service providers	Track number of trainings and other professional development opportunities offered annually and increase year over year*
4. Meet and exceed all HRSA compliance requirements	Following a HRSA site visit, have no more than 5 immediate enforcement actions. The next site visit is anticipated in 2025.
5. Seek innovation and expansion opportunities	Add at least one new funding source or supplemental award in the 2024-2027 cycle.

**pending external factors such as conference location/costs and ability/willingness of staff to engage in offerings*

Strategic Plan Activities

Below are high-level activities associated with each strategic priority area. More granular-level activities are listed out in separate, program-level documents to ensure priorities are met.

1. Decrease barriers to accessing health care services

1. Fund and coordinate enabling services
2. Fund and coordinate delivery of primary care, dental, and behavioral health
3. Collaborate with SMMC, BHRS, and PHPP to optimize clinic operations and reduce patient grievances
4. Collaborate with Health Coverage Unit (HCU) and other partners to ensure patients have and maintain insurance coverage

2. Improve health outcomes

1. Follow work outlined in HCH/FH Quality Improvement/Quality Assurance Plan
2. Provide outreach & health education to patients
3. Identify sub-populations for additional data analysis and efforts to reduce health disparities
4. Ensure social determinants of health are embedded in clinic and HCH/FH workflows

3. Support health care and service providers

1. Develop and provide relevant training
2. Provide financial support for professional development and well-being initiatives
3. Connect SMMC, BHRS, and PHPP care teams with external case managers and community resources

4. Meet and exceed all HRSA compliance requirements

1. Pass HRSA Site Visit audits with minimal to no findings
2. Timely and accurate annual Uniform Data System (UDS) reporting
3. Have a well-functioning Co-Applicant Board with consumer representation
4. Regularly monitor and evaluate financial performance of contracted services/contractors
5. Maximize all available HRSA opportunities and relationships

5. Seek innovation and expansion opportunities

1. Continuously explore and engage partnerships that align with the program goals and apply for supplemental awards when appropriate
2. Be active thought partners and leaders in the County's program evaluation efforts
3. Be an active partner in the County's EPIC implementation initiatives
4. Collect data and advocate for medically fragile homeless individuals' needs
5. Partner, engage, and collaborate with relevant stakeholders to explore impacts of CalAIM and other policies on quality of care and finance

Stakeholders

Thank you to the over 40 individuals who gave their time and perspectives to forming this strategic plan as well as the members of the HCH/FH Strategic Planning Subcommittee for their dedication to this work:

1. **Anessa Farber**, San Mateo County Health
2. **Belinda Arriaga**, ALAS
3. **Clara Boyden**, San Mateo County Health
4. **Corie Schwabenland**, ALAS
5. **Corina Rodriguez**, Puente de la Costa Sur
6. **Don Orr**, San Mateo County Health
7. **Elisa Calfiore**, LifeMoves
8. Farmworker Affairs Coalition (7/14/23 meeting)
9. Farmworker Focus Group at Puente
10. **Francisco Valencia**, LifeMoves
11. **Frank Trinh**, San Mateo County Health
12. **Gabe Garcia**, HCH/FH Board Member
13. **Gale Carino**, Health Plan of San Mateo
14. **Ione Yuen**, San Mateo County Department of Agriculture/Weights & Measures
15. **Jack Nasser**, San Mateo County Health
16. **Janet Schmidt**, HCH/FH Board Member
17. **Jei Africa**, San Mateo County Health
18. **Judith Guerrero**, HCH/FH Board Member
19. **Kacie Patton**, San Mateo County Health
20. **Karen Krahn**, San Mateo County Health
21. **Kate Arsenault**, Health Plan of San Mateo
22. **Khalia Parish**, San Mateo County Human Services Agency
23. **Kique Bazan**, ALAS
24. **Koren Widdel**, San Mateo County Department of Agriculture/Weights & Measures
25. **LEAG Meeting** (6/20/23 meeting)
26. **Lody Burdick**, San Mateo County Human Services Agency
27. **Lucinda Dei Rossi**, San Mateo County Health
28. **Luis Valdivias**, El Centro
29. **Marc Meulman**, San Mateo County Health
30. **Maricela Zavala**, Puente de la Costa Sur
31. **Marmi Bermudez**, Health Coverage Unit
32. **Matthew Hayes**, San Mateo County Human Services Agency
33. **Patrick Grisham**, San Mateo County Health
34. **Peter Shih**, San Mateo County Health
35. **Rita Mancera**, Puente de la Costa Sur
36. **Robert Anderson**, HCH/FH Board Member
37. **Rose Cade**, San Mateo County Department of Housing
38. **Sandra Sencion**, ALAS
39. **Steve Kraft**, HCH/FH Board Member
40. **Suzanne Moore**, HCH/FH Board Member
41. **Tanya Beat**, LGBTQ Commission
42. **Tasha Souter**, San Mateo County Health
43. **Tejasi Khatri**, Health Plan of San Mateo
44. **Ziomara Ochoa**, San Mateo County Health

Appendix – Program Activities Breakdown

Each of the sections outlined in “Strategic Plan Activities” (page 9) is further detailed to give visibility into how Strategic Plan Activities will be executed.

1. Decrease barriers to access services

- a. Fund and coordinate enabling services
 - i. Attach Medical Care Coordinator capacity to PHPP to help those teams and their patients be as successful as possible in the provision and obtaining of healthcare services
 - ii. Attach Medical Care Coordinator capacity to newly housed individuals to create new or maintain existing connection to health care services
 - iii. Fund transportation and language interpretation services
- b. Fund and coordinate delivery of primary care, dental, and behavioral health services to non-conventional health care settings
 - i. Bring and/or coordinate primary care, mental health and Alcohol and Other Drug (AOD) services to locations where people experiencing homelessness reside or gather, encampments, shelters, etc.
 - ii. Bring and/or coordinate primary care, mental health and AOD services to farmworkers along the entire coast
 - iii. Coordinate and provide health care services at the Navigation Center
- c. Collaborate with SMMC, BHRS, and PHPP to optimize clinic operations and reduce patient grievances
 - i. Work with SMMC to create appointment slots/walk-in hours for patients
 - ii. Optimize Saturday Dental Clinic at Coastside Clinic
 - iii. Explore and develop tele-health options for interested patients, including the provision of technology if/when appropriate.
 - iv. Regularly meet with clinic managers and SMMC Improvement Councils
 - v. Administer targeted surveys to clinics seeing the largest volume of target population patients to better understand clinic staff needs, beliefs, and attitudes.
 - vi. Continue partnering with SMMC to ensure clinic registration processes accurately capture homeless and farmworker status as well as SOGIE (Sexual orientation, gender identity, and gender expression, Race & Ethnicity data)
 - vii. Continue investigating SMMC clinic wait times for target populations and how they could be reduced
 - viii. Continue refining grievance data collection and follow up for target population
- d. Collaborate with HCU and other partners to ensure patients have and maintain insurance coverage
 - i. Work with relevant partners to expand ACE income eligibility criteria

2. Improve health outcomes

- a. Follow work outlined in HCH/FH Quality Improvement/Quality Assurance Plan
- b. Provide outreach & health education to patients
- c. Identify sub-populations for additional data analysis and efforts to reduce health disparities

- i. Conduct comprehensive assessments to understand the unique healthcare needs and barriers faced by sub-populations, including youth, LGBTQ individuals, aging individuals, etc.
- d. Ensure social determinants of health are embedded in clinic and HCH/FH workflows.

3. Support health care and service providers

- a. Develop and provide relevant training
 - i. Provide population appropriate training to SMMC, BHRS, PHPP, and community providers at least 2x/year
 - ii. Host forums for providers within SMMC, PHPP, BHRS, and nonprofits to discuss healthcare needs of homeless and farmworker patients
 - iii. Create/maintain/update LMS modules (i.e. PSA training, homeless & farmworker health topics)
- b. Provide financial support for professional development and well-being initiatives
 - i. Partner with SMMC on opportunities to support and fund staff wellness initiatives
 - ii. Empower and encourage program staff in areas of professional growth and development
 - iii. Attract, develop, and retain a diverse and talented team
- c. Connect SMMC, BHRS, PHPP care teams with external case managers and community resources
 - i. Support SMMC and Health in the EPIC EHR implementation (Integr8 Health), particularly its Case Management component

4. Meet and exceed compliance requirements

- a. Pass HRSA Site Visit audits with minimal to no findings
 - i. Timely and accurate annual UDS reporting
 - ii. Conduct Needs Assessment, update QI/QA and Strategic Plans on an ongoing basis
- b. Have a well-functioning Co-Applicant Board with consumer representation that:
 - i. is representative of the target population served
 - ii. is subject matter expert in topics pertinent to the program
 - iii. is connected and an active participant in the community
 - iv. is compliant with local, state, and federal regulations including the Brown Act, Ethics, Conflict of Interest and other
- c. Regularly monitor and evaluate financial performance of contracted services/contractors
- d. Maximize all available HRSA opportunities/relationships
 - i. FQHC loan forgiveness
 - ii. Support County Health and SMMC in getting FQHC sites when appropriate
 - iii. Engage and explore technical assistance opportunities through HRSA and other entities.
 - iv. Apply for supplementation HRSA awards when appropriate

5. Seek innovation and expansion opportunities

- a. Continuously explore and engage in partnerships that align with the program goals and apply for additional funding (beyond HRSA)
- b. Be active thought partners and leaders in the County's program evaluation efforts
 - i. Review relevant literature and attend germane conferences
 - ii. Information share with relevant stakeholders

- c. Be an active partner in the County's Epic implementation initiatives
 - i. Participate in Improvement Councils and Redesign meetings
- d. Collect data and advocate for medically fragile homeless individuals' needs
- e. Partner, engage and collaborate with relevant stakeholders to explore impacts of CalAIM and other policies on quality of care and finance
 - i. Meet with the Health Plan of San Mateo and other

Minutes

ORDINANCE NO. .

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

AN ORDINANCE ADOPTING A NEW CHAPTER [] OF TITLE [] OF THE SAN MATEO COUNTY ORDINANCE CODE TO REGULATE ENCAMPMENTS ON PUBLIC PROPERTY IN THE UNINCORPORATED AREAS OF THE COUNTY

The Board of Supervisors of the County of San Mateo, State of California, **ORDAINS** as follows:

[INSERT UNCODIFIED FINDINGS]

SECTION 1. A new Chapter [] of Title [] of the San Mateo County Ordinance Code regulating illegal encampments on public property in the unincorporated areas of San Mateo County, which Chapter shall be known as the [TITLE] Ordinance, is hereby adopted to be numbered and entitled and to read as follows:

Chapter [] – Transition to Shelter Ordinance.

[] .100 - Definitions.

- (a) **“Encampment”** means any tent, makeshift structure, or accumulation of belongings in a place not meant for human habitation, belonging to at least one person, where the person or people plan to stay in one location continuously with no definite plans to move, except when such activity occurs (i) in a public area that the County has specifically set aside or clearly marked for public camping, such as a campground or picnic area, and (ii) with a valid permit, reservation, or other applicable authorization from the County.

- (b) **“Exigent Circumstances”** means there are facts and circumstances that would cause a reasonable person to believe that, in the interest of public safety and welfare, an Encampment urgently needs to be removed with less than twenty-four hours’ notice. Exigent Circumstances include, but are not limited to, material fire risk, obstructing or interfering with the flow of pedestrian or vehicular traffic, blocking access to a parking lot of a building, or outbreak of a communicable or contagious disease.

“Personal Effects” means personal property consisting of any of the following items:

1. Identification/Social Security cards;
 2. Medications, medical devices, eyeglasses;
 3. Photos/photo albums;
 4. Tax, medical or legal records;
 5. Nonperishable food items; and
 6. Any other reasonably usable, not overly soiled, nonverminous items that reasonably appear to have value to persons experiencing homelessness, including tents, sleeping bags, clothes, and functional bicycles.
- (c) **“Shelter Location”** means a public or private facility, with available space, including a bed, for an indigent, homeless individual to stay at no charge to the individual. For purposes of this Chapter, Shelter Location does not include any of the following: (a) shelter space where an individual cannot stay because the individual has exceeded a shelter’s maximum stay rule; (b) shelter space that cannot reasonably accommodate the individual’s mental or physical disabilities; (c) shelter space that does not permit a minor child to be housed in the same facility with at least one parent or legal guardian when the individual in question has custody of a minor child; (d) shelter space for which an individual is required to attend or participate in religious activities or programs as a condition of utilizing the shelter space; or (e) shelter space that is unavailable due to the individual’s gender, religious affiliation, criminal convictions, or pet(s).

[**.110 – Intent.**

The intent of this Chapter is to preserve the health, safety, and welfare of the inhabitants of San Mateo County, including individuals experiencing homelessness. This Chapter addresses issues such as fire risk, unsanitary conditions, public safety hazards, and environmental degradation associated with unregulated encampments in the County. To that end, this Chapter generally prohibits the establishment of unregulated encampments on public property when there is an available Shelter Location, as defined herein.

[**].120 Encampment Prohibitions.**

- (a) When there is an available Shelter Location for a person, it is unlawful and a public nuisance for that person to place, erect, configure, construct, or maintain an Encampment on public property anywhere in the unincorporated area of the County.
- (b) Section [].120(a) shall not be enforced against any person unless that person has declined an offer of an available Shelter Location or otherwise has access to shelter or the means to obtain it.

[**].130 – County Executive Authority To Promulgate Regulations.**

The County Executive is authorized to establish standard policies, procedures, forms, and/or administrative regulations that are consistent with this Chapter in order to implement this Chapter.

[**].140 – Penalties For Violations.**

- (a) Any person who is in violation of this Chapter shall be given at least two (2) written warnings prior to enforcement of the violation as a misdemeanor. The written warnings may be issued at any time a violation is identified regardless of the duration of time between each warning, subject to the requirements of Subsection (b) below, and regardless of the location of the Encampment. Each written warning shall provide the person with information about at least one available Shelter Location, as required by Section [].120(b) and shall include a written offer of placement in such Shelter Location.
- (b) Each day that an Encampment exists under Section [].120 shall be a separate violation of this Chapter, and each written warning required under this Section [].140 shall be given no more frequently than once during every twenty four-hour period.
- (c) A person who is in violation of this Chapter shall be guilty of a misdemeanor twenty four hours after receiving a second written warning as set forth above and failing to vacate the Encampment.
- (d) If a person who violates this Chapter is subject to arrest, the arresting officer shall be permitted to seize and store the Personal Effects of the person arrested if necessary to prevent items from being stolen or damaged and/or if deemed

necessary to prevent the immediate reestablishment of an Encampment that violates this Chapter.

- (e) Any person charged with a misdemeanor violation under this Chapter shall be entitled to participate in any appropriate diversion programs offered by the Superior Court.

[**.150 –Removal and Storage of Personal Effects.**

- (a) The establishment of an Encampment that violates this Chapter is declared a public nuisance, and appropriate County representatives are authorized to remove any such Encampment after providing notice and complying with the Shelter Location requirements set forth in this Chapter. Unless a seizure of Personal Effects or other items of property and arrest occur related to a misdemeanor violation, as set forth above in Section [.140(d), or unless Exigent Circumstances exist, at least 72-hours' written notice shall be given before the County removes any Personal Effects belonging to anyone found to be in violation of this Chapter.
- (b) Personal Effects or other items of property that pose an imminent threat to public safety or health, are contraband, are evidence of a crime, are obstructing or interfering with the flow of pedestrian or vehicular traffic, and/or are blocking access to a parking lot of a building shall not be subject to the above-described notice requirements and may be immediately removed by appropriate County staff, pursuant to law.
- (c) When neither Exigent Circumstances nor the circumstances described in [.150(b) exist, prior to removing an Encampment found to be in violation of this Chapter, a written notice with the following information shall be provided to the person violating this Chapter:
 1. The date and time of written notice;
 2. The location of the notice;
 3. The following statement: "Persons in this area must vacate and remove all belongings on or before: [insert date and time to vacate]. The County will clean this site on or after the time and date specified above. Unaccompanied items are subject to removal and may be discarded or destroyed."
 4. A telephone number and a physical address for individuals receiving the notice to direct questions or concerns regarding removal and storage of

Personal Effects, and to make requests for reasonable assistance from County representatives in the removal of Personal Effects.

(d) After the notice period has expired, at the time of removal of any Personal Effects from an Encampment, County representatives shall conspicuously post a dated notice, at or near the location from which Personal Effects were removed, with the following information:

1. A statement that Personal Effects were removed;
2. A telephone number for information on retrieving Personal Effects;
3. A physical address where the Personal Effects are temporarily stored and instructions for retrieving the Personal Effects;
4. A statement that Personal Effects will be stored for 90 days.

The posting of notice required under this subsection shall not apply if the removal of Personal Effects is conducted pursuant to section [].140(d) and the arresting officer has reason to believe that all items belong to the individual(s) being arrested. In such cases, the individual(s) being arrested shall be provided with written notification of where their Personal Effects are being stored and how to retrieve them at a later date.

(e) County representatives shall itemize and photograph all removed Personal Effects and place such Personal Effects in containers labeled in a manner facilitating identification by County representatives and the owner and which reasonably protect such Personal Effects from damage or theft.

(f) Personal Effects stored by the County which are claimed within 90 days from removal shall be released to the person claiming ownership providing they provide reasonable evidence of ownership, including, for example, identifying the property and the approximate location where the property was left. Presentation of a government-issued identification shall not be required to reclaim Personal Effects.

(g) Personal Effects that remain unclaimed after 90 days may be discarded, recycled, dedicated for public use, or given to a nonprofit agency for charitable use.

(h) Where the County has a reasonable basis to believe that an Encampment has been abandoned and is not occupied, the County may promptly remove any items that reasonably appear to be garbage. For items that do not reasonably appear to be garbage, the County may post a written "notice of apparently

abandoned property” which notifies potentially interested parties that the County believes the site to be abandoned and will discard unclaimed items in no fewer than 72 hours. In these circumstances, the County shall have no obligation to attempt to identify, remove, and/or store any unattended items that reasonably appear to have no value. If unattended items remain at an apparently abandoned site after a notice period of 72 hours or longer, the County may discard, recycle, or donate items that remain.

[**.160 Interpretation of Chapter.**

- (a) Nothing in this Chapter shall be interpreted or applied so as to create any requirement, power, or duty in conflict with any federal or state law.
- (b) Nothing in this Chapter shall be interpreted as excusing any individual from complying with other provisions of the County’s Ordinance Code.

SECTION 2. SEVERABILITY. If any section, subsection, sentence, clause or phrase of this Ordinance is for any reason held to be invalid or unconstitutional by the decision of a court of competent jurisdiction, it shall not affect the remaining portions of this Ordinance. The Board of Supervisors declares that it would have adopted this Chapter and each and every section, subsection, sentence, clause, and phrase thereof not declared invalid or unconstitutional, without regard to whether any portion or this ordinance would be subsequently declared invalid or unconstitutional.

SECTION 3. EFFECTIVE DATE. This Ordinance shall be effective 30 days from the date of adoption.

Tab 2
Budget and Finance Report



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

DATE: December 14, 2023

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 FINANCIAL REPORT

The initial expenditure report for November 2023 shows \$105,21 in grant expenditures. As usual, this does not include all of our contractor payments nor many routine County charges that are captured as part of month-end processing. Based on past experience, this value indicates a fairly typical expenditure amount of the month.

Based on current projections, the Program will expend approximately \$3.5M for the 2023 Grant Year (GY). Based on the total amount authorized by HRSA for the GY, this will leave around \$977K of unexpended funds that would be available for carryover (on approval of HRSA) into the 2024 GY. This is higher than what we had previously been projecting as a result of the salary savings from the staff vacancy now being built into the projection, along with slightly lower contract and MOU expenditures.

Attachment:

- GY 2023 Summary Grant Expenditure Report Through 11/30/23



GRANT YEAR 2023

November \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (11/30/23)	Projection for end of year	Projected for GY 2024
EXPENDITURES					
<u>Salaries</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	<u>721,000</u>	49,505	<u>627,509</u>	<u>706,000</u>	<u>798,375</u>
<u>Benefits</u>					
Director, Program Coordinator					
Management Analyst ,Medical Director					
new position, misc. OT, other, etc.					
	<u>270,000</u>	17,323	<u>238,254</u>	<u>260,000</u>	<u>330,000</u>
<u>Travel</u>					
National Conferences (2500*8)	15,000	2,979	21,948	25,000	35,000
Regional Conferences (1000*5)	5,000			1,000	10,000
Local Travel	1,500	28	28	100	1,000
Taxis	1,000	153	340	500	500
Van & vehicle usage	1,500		311	500	1,500
	<u>24,000</u>		<u>22,627</u>	<u>27,100</u>	<u>48,000</u>
<u>Supplies</u>					
Office Supplies, misc.	10,000	4,164	5,476	7,500	10,000
Small Funding Requests					
	<u>10,000</u>		<u>5,476</u>	<u>7,500</u>	<u>10,000</u>
<u>Contractual</u>					
2022 Contracts			27,691	27,691	
2022 MOUs			412,500	412,500	
Current 2023 MOUs	1,241,000		602,230	1,115,000	1,200,000
Current 2023 contracts	865,979	28,587	735,746	840,000	825,000
---unallocated---/other contracts					
	<u>2,106,979</u>		<u>1,778,167</u>	<u>2,395,191</u>	<u>2,025,000</u>
<u>Other</u>					
Consultants/grant writer	40,000		64,995	65,000	25,000
IT/Telcom	4,200	2,456	26,410	35,000	30,000
New Automation				0	-
Memberships	2,000		3,661	7,500	5,000
Training	5,000		495	2,500	20,000
Misc		24	1,366	1,500	1,500
	<u>51,200</u>		<u>96,927</u>	<u>111,500</u>	<u>81,500</u>
TOTAL	<u>3,183,179</u>	105,219	<u>2,768,960</u>	<u>3,507,291</u>	<u>3,292,875</u>
GRANT REVENUE					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Prior Year Unexpended to Carryover	1,626,390		1,626,390	1,626,390	
Other					977,731 carryover
HCH/FH PROGRAM TOTAL	<u>4,485,022</u>		<u>4,485,022</u>	<u>4,485,022</u>	<u>3,836,363</u>
BALANCE	1,301,843	Available	1,716,062	977,731	543,488
			Current Estimate	Projected	
					based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	13,750	1,600	20,840	25,000	45,000
Health Coverage	57,000	14,732	76,744	78,000	90,000
base grant prep	60,000		36,020	40,000	
food	2,500	426	2,372	2,500	2,500
incentives/gift cards	1,000		288	1,000	1,500
	<u>134,250</u>		<u>136,264</u>	<u>146,500</u>	<u>139,000</u>
TOTAL EXPENDITURES	3,317,429	121,977	2,905,224	3,653,791	NEXT YEAR 3,431,875

Tab 3
**Quality Improvement/Quality
Assurance update**



DATE: December 14th, 2023

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Frank Trinh, Medical Director HCH/FH Program
Alejandra Alvarado, Clinical Services Coordinator HCH/FH Program

SUBJECT: QI/QA COMMITTEE REPORT

- **UDS Submission**

- The UDS submission process will begin on January 1st and will take place until February 15th. The HCH/FH team has taken active strides to assure this high priority task is successful by aligning all metric criteria with the updated requirements, meeting weekly with the BI team, and setting internal deadlines.

- **IPV Safety Cards**

- The Intimate Partner Violence Safety Cards have been successfully distributed to contracted partners along the coast and to the street/field medicine team (PHPP). HCH/FH has begun their second round of distribution to organizations that require more safety cards for their clients, now available in Spanish and English.

- **Provider Templates**

- The HCH/FH Provider Templates are in their final iteration phase. They will soon be posted onto San Mateo Medical Center's health database, eClinical Works, for providers to begin sharing the documents with their patients. This project stems from the HCH/FH Needs Assessment feedback to support providers in sharing community resources with their respective homeless and farmworker patients.

- **Smart Watches Project**

- HCH/FH is commencing a pilot project where smart watches will be distributed to people experiencing homelessness throughout the County of San Mateo. The goal of this quality improvement effort is to empower individuals to track their health habits on a daily basis. By engaging in the various health education data features that are embedded in a smart watch, people experiencing homelessness will be able to set long-term health goals for themselves.

Tab 4
HCH/FH's Director 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: December 14, 2023

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: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the November 14, 2023, Co-Applicant Board meeting,

The recruitment for the vacant HCH/FH Planning & Implementation Coordinator position has completed. We were fortunate to have received a number of highly qualified applications and selected three candidates for final interviews. After lengthy discussion and reference checking, we have offered the position to Jocelyn Vidales, who has accepted. The hiring is still pending her physical and background check, but we are not expecting any issues to arise. If these items can get completed and reported back to us this week, we may be able to bring Jocelyn onboard next week (prior to the holidays!). A recent MPH graduate, Jocelyn brings a lot of dynamic skills to the Program, including being multi-lingual. We look forward to being able to introduce her to the Board.

Program continues to move forward with planning for the delivery of dental services by The University of Pacific (UoP) at the Navigation Center. On Tuesday, December 5, 2023, the Board of Supervisors approved the receipt of a \$271,000 grant award from Chan Zuckerberg Initiative (CZI), to be split between HSA and the HCH/FH Program. The HCH/FH portion is dedicated to supporting the dental services at the Navigation Center.

Reminder for Board members, the Western Forum for Migrant and Community Health (our regional forum sponsored by the National Center for Farmworker Health) will be held next in Seattle, WA, February 22-24, 2024. Please provide Program with notice should you have interest in attending as we will need to bring it to the Board in January for approval. Information on the conference can be found here: <https://web.nwrpca.org/events/2024-Western-Forum-for-Migrant-and-Community-Health-1735167/details>.

The National Health Care for the Homeless Council's Conference and Policy Symposium will next be held in Phoenix, AZ from May 13-16, 2024. Begin thinking about it now.

Seven Day Update

ATTACHED:

- Program Calendar





**2023 Calendar - County of San Mateo Health Care for the Homeless
 & Farmworker Health (HCH/FH) Program**

Board meetings are in-person on the 2nd Thursday of the Month 10am-12pm

Month	Events
January	<ul style="list-style-type: none"> HCH/FH Board's first meeting of the year HCH/FH Board will vote on new time change for the board meeting
February	<ul style="list-style-type: none"> Initial UDS Submission: February 15, 2023 2023 Western Forum for Migrant and Community Health, February 14-16, Long Beach, CA. https://www.nwrpca.org/events/event_details.asp?legacy=1&id=1670924
March	<ul style="list-style-type: none"> HCH/FH Board will return to an in-person meeting. Location: SMMC Education Room 2 Sliding Fee Discount Scale (SFDS)-Approve
April	<ul style="list-style-type: none"> East Coast Migrant Health Stream, Orlando FLA; sponsored by North Carolina Comm Health Center Assoc. April 5-7 Midwest Stream Forum on Agricultural Worker Health, Austin, TX; sponsored by National Center for Farmworker Health, April 24-26 SMMC Annual Audit – Approve In-person meeting location: County Building Room 101 455 County Center Redwood City, CA 94063
May	<ul style="list-style-type: none"> 2023 National Conference for Agricultural Worker Health, Seattle WA; sponsored by National Association of Community Health Centers (NACHC), May 2-4. National Health Care for the Homeless Conference and Policy Symposium, May 15-18, Baltimore, Maryland https://nhchc.org/trainings/conferences/
June	<ul style="list-style-type: none"> Services/Locations Form 5A/5B – Approve In-person meeting location: Half Moon Bay Library 620 Correas St, Half Moon Bay, CA 94019 (Half Moon Bay Library)
July	<ul style="list-style-type: none"> In-person meeting location: 264 Harbor Blvd., Bldg. A Belmont, CA 94002 (Department of Housing, Venus Room) Approving policy and procedures Approving SAC application
August	<ul style="list-style-type: none"> Meeting location: Navigation Center
September	<ul style="list-style-type: none"> Program Director Annual Review Meeting location: Half Moon Bay Library
October	<ul style="list-style-type: none"> Meeting location: Navigation Center
November	<ul style="list-style-type: none"> Approve 2024-2027 HCH/FH Strategic Plan Board Chair/Vice Chair Elections Meeting location: County Building Room 101 455 County Center Redwood City, CA 94063
December	<ul style="list-style-type: none"> Meeting location: County Building Room 101 455 County Center Redwood City, CA 94063

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