

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

**Co-Applicant Board Meeting Agenda**

**Navigation Center, 275 Blomquist street, Redwood City, CA**

**February 8th, 2024, 10:00am - 12:00pm**

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at  
**Navigation Center, 275 Blomquist street, Redwood City, CA**  
 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](mailto: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.**

<b>A. CALL TO ORDER &amp; ROLL CALL</b>	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.

<b>C. ACTION TO SET THE AGENDA &amp; CONSENT AGENDA</b>	Robert Anderson	10:02am
1. Approve meeting minutes from January 11 <sup>th</sup> , 2024, Board Meeting		
2. Budget and Finance Report		
3. HCH/FH Director's report		
4. Management Analyst report on financial performance for 2023		
5. Quality Improvement /Quality Assurance report		

<b>D. COMMUNITY ANNOUNCEMENTS / GUEST SPEAKER</b>		
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.		
1. Community updates	Board members	10:05am
2. Navigation Center Update	Robert Moltzen	10:30am

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**E. BUSINESS AGENDA**

1. Approve the updated Sliding Fee Schedule for 2024

**F. REPORTING & DISCUSSION AGENDA**

1. Contractor spotlight: Public Health Policy and Planning (PHPP)

Anessa Farber

11:00am

**G. ADJOURNMENT**

12:00pm

Future meeting: **March 14th, 10am-12pm**  
**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](mailto: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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**HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH (HCH/FH) PROGRAM**  
**Co-Applicant Board Meeting Minutes**  
**455 County Center, Redwood City, CA**  
**January 11th, 2024, 10:00am - 12:00pm**

<b>Co-Applicant Board Members Present</b>	<b>County Staff Present</b>	<b>Members of the Public</b>	<b>Absent Board Members/Staff</b>
<ul style="list-style-type: none"> <li>• Robert Anderson, Chair</li> <li>• Gabe Garcia</li> <li>• Francine Serafin-Dickson</li> <li>• Tayischa Deldridge</li> <li>• Steve Kraft</li> <li>• Suzanne Moore</li> <li>• Brian Greenberg</li> <li>• Steve Carey</li> <li>• Janet Schmidt</li> <li>• Victoria De Alba Sanchez, Vice Chair</li> <li>• Jim Beaumont (Ex officio)</li> </ul>	<ul style="list-style-type: none"> <li>• Meron Asfaw</li> <li>• Gozel Kulieva</li> <li>• Marisol Escalera Durani</li> <li>• Anessa Farber, PHPP</li> <li>• Frank Trinh</li> <li>• Alejandra Alvarado</li> <li>• Amanda Hing Hernandez</li> <li>• Linda Franco</li> </ul>	<ul style="list-style-type: none"> <li>• Kique, ALAS</li> <li>• Soneida Deline Caballero</li> <li>• Jocelyn Vidales</li> </ul>	<ul style="list-style-type: none"> <li>• Judith Guerrero</li> <li>• Tony Sorrano</li> </ul>

<b>A. Call to order &amp; roll call</b>	Robert Anderson called the meeting to order at 10:01 am and did a roll call.	
<b>B. Public comment</b>	<p><b>Kique, ALAS</b>  ALAS is distributing 300 Christmas baskets to community. Kique mentioned that two of ALAS's team member were awarded the 2023 San Mateo County Health Coverage Coalition Toby J. Douglas (TJD) Leadership and Community Advocacy Award recipients. Belinda and ALAS have gotten recognitions in the past but not the people doing the groundwork. ALAS is starting their Latino community assessment implementation- they are trying to figure out what are the major health issues. ALAS are getting a committee together this week to work on the assessment. Kique wanted to thank Meron and Linda regarding issue where a farmworker went to Coastside Clinic who had a negative experience, and was grateful for getting connected to a doctor. ALAS bus update- CHP alerted ALAS that the bus they got from Genentech has no record of arrival date into the United States. ALAS is working with the DMV to create the necessary paperwork to begin using the bus. They cannot use the bus until they figure this out, and are hoping that this will be resolved in the next couple of weeks.</p>	

	<p><b>Marisol Escalera Durani</b></p> <p>Marisol provided a brief summary on last year's accomplishment for Supervisor Mueller's office. Right after the HMB shooting last year, Supervisor Mueller pushed for a grant for 5 million dollars for housing along the coast for 28 units, 18 of those for farmworkers and displaced families. The Board of Supervisors approved Supervisor Mueller's request for Measure K, so families with financial difficulties could afford diapers and wipes. There is a final event on this topic occurring on January 28th from 10:30am-12:30pm. Marisol also wanted to thank the library system for this in collaboration. Each kit has 100 diapers and 80 wipes.</p> <p>She informed the board about contaminated water tested from the Pescadero area. On September 17, a group went to the coastal commission where this issue was brought up which consisted of the county executives office, department of planning and building, fire staff, district and commission members from Pescadero and Puente were there as well. They demonstrated impact on community and coastal commission received it and they are beginning work to have clean water at school.</p> <p>On December 12, the supervisor presented before the board of supervisors what he'd promised to bring forth, and a resolution passed for the office of labor and standards enforcement. This resolution was to provide education and outreach on wage theft for employers, and be involved with the process of being in compliance of labor codes in the county.</p> <p>On December 15, there was a successful event where resources were provided like winter kit and food for the community to be prepared in case of other severe weather conditions arise. They are hoping to spend more time in Pescadero so they see more presence from the county and supervisors office.</p> <p>In the past, the supervisor voted in favor of purchasing of a lot worth 9 million dollars to be used for farmworker housing with a co-op center. The property is past HMB and used to be a flower farm. They are still working to improve roads in District 3, trying to fix pot holes and asked members of community to report if they see any road damages.</p>	
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<p><b>C. Action to set the agenda &amp; consent agenda</b></p>	<ol style="list-style-type: none"> <li>1. Approve meeting minutes from December 2023 Board meeting.</li> <li>2. Budget and Finance Report</li> <li>3. HCH/FH Director's Report</li> </ol>	<p>Request to approve the Consent Agenda was <b>MOVED</b> by Steve Kraft and <b>SECONDED</b> by Susanne Moore Approved by all members present.</p>
<p><b>D. Community Announcements / Guest Speaker</b></p> <p>1. Community Announcements</p>	<p><b>Susanne Moore, Board Member</b></p> <p>Susanne began by thanking Meron for the article she put into board packet regarding the HUDS report, indicating that the homeless count increased by 12% last year. Susanne expressed concern about the sharp rise in people who became homeless for the first time, and an increase in unaccompanied homeless youth. She believes this is Covid-19 driven, and that the people impacted the most are probably the most economically vulnerable and essential workers. She reflected that families lost caregivers, breadwinners, and probably lost housing as well. She stated the board doesn't have a lot of data on these Covid-19 related issues. There's been a rapid increase of kids who aren't attending class in school, and it seems like these are new unhoused people who are not attending classes.</p> <p>Janet contemplated about the number of people aging out of foster care being a big portion of people becoming homeless. She asks if there are not as many people going to group homes or receiving support, and it would be interesting to look into this and collect data on this topic.</p> <p>Brian recommended looking at county data to see how many of foster kids are aging out of the foster care system and into adult unhoused data. He's seen several community college kids living in cars, then they move into a shelter. He hasn't been seeing many foster kids staying in his shelter. The community college kids aren't provided as much support compared to kids struggling in school from foster care. Anessa confirmed that her department doesn't see a lot of kids from this population transitioning out of foster care, compared to unhoused youth entering shelters.</p> <p>Kique reminded the board of the anniversary of the HMB mass shooting. On January 21<sup>st</sup>, there will be a public memorial for at The Boys and Girls Club. There will also be a vigil in the plaza, where some attendees will make public comments. On the actual anniversary of the shooting, there will be a round table to discuss what policies have been changed because of this tragic incident, what are the gaps in support, and what are the challenges the community is facing.</p>	

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<p><b>E. BUSINESS AGENDA</b></p> <ol style="list-style-type: none"> <li>1. Approval of Western Conference Attendance for Board Members and External Partner</li> <li>2. Request for Board to Confirm Financial Support for Coastside AOD/MH Services for Farmworkers</li> <li>3. Reinstating the Board Recruiting Subcommittee</li> </ol>	<p><b>Approval of Western Conference Attendance for Board Members and External Partner</b>  <b>Jim Beaumont, Program Director</b>  Jim has not heard of any board members interested in attending the Western farmworker conference; if any board members want to attend Jim should be notified and the board must approve this. Jim reminded the board that the healthcare for the homeless conference is in Phoenix in May.</p> <p>Jim introduced Jocelyn, the new staff member, to the board members. Jocelyn provided background information about herself and board members introduced themselves and provided background info about themselves, and their interest being on the board.</p> <p><b>Request for Board to Confirm Financial Support for Coastside AOD/MH Services for Farmworkers</b>  <b>Jim Beaumont, Program Director</b>  Jim explained that right now HCH/FH has services for AOD for Coastside being delivered by El Centro through a contract with BHRS. BHRS is going back out to RFP in a few months, and Jim asked if the board is committed to continuing to provide these services on Coastside. This is just a request for the board to confirm their interest in funding alcohol and drug services on Coastside. Susanne asked if any decision the board makes will cause a lapse in services; Jim stated that BHRS bases contracts off the county fiscal year.</p> <p><b>Reinstating the Board Recruiting Subcommittee</b>  <b>Victoria Sanchez de Alba, Board Member</b>  Previously the board had a subcommittee to recruit new board members, and Victoria stated its important to reinstate this. She wants to recruit more board members with lived experience focusing on farmworkers. She is requesting board to devise steps to get a committee together. This subcommittee doesn't need to meet consistently, they can meet ad-hoc, to help identify and select appropriate people with lived experience and more diversity to join board. Gabe reflected that the board has been unwilling to change the structural</p>	<p>Request to approve the Business Agenda item was MOVED by Susanne Moore and SECONDED by Tayischa Deldridge  Approved by all members present.</p> <p>Request to approve the Business Agenda item was MOVED by Susanne Moore and SECONDED by Steve Carrey  Approved by all members present</p>

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	<p>nature of board meetings to be more inclusive of farmworkers because they cannot attend the current board meetings. Brian has attempted to contact retired farmworkers and churches along the coast and was unsuccessful. The board meeting venue and time was found to be the main barrier. Competing interests could also be an issue- Gabe sits on the board of Puente and sees that people that engage with Puente or the school board so this competes with their interest in being on the HCH/FH board. Francine asked the board to think about bringing in a farm owner to come to board meetings; it would open their eyes to what's going on and we would still get an interesting perspective on farmworkers. Marisol commented you can reach out to the Agricultural Advisory Commission- there are several motivated individuals there. Susanne recommended reaching out to core service agencies, stating it would be good to have one of their outreach workers come to our board meetings monthly.</p>	
<p><b>1. REPORTING &amp; DISCUSSION AGENDA</b></p> <ol style="list-style-type: none"> <li>1. Contractors and MOUs Performance Update</li> <li>2. Expansion for Research Capacity of HCH/FH Program</li> </ol>	<p><b>Contractors and MOUs Performance Update</b>  <b>Meron Asfaw</b></p> <p>Meron wanted to give the board idea of how contractors are doing in 2023; she reviewed all contracts between HCH/Fh and the contracted partners. Some highlights of the presentation are as follows: Abode has been contracted to provide services to newly unhoused people, and Alas is contracted for care coordination and met their target goals by 98% this year despite transportation challenges like limited uber/lyft for farmworkers. Gabe stated that transportation is a big challenge along the coast, and agencies sometimes hire drivers. There's sometimes issues with availability when relying on 3<sup>rd</sup> party drivers, and Meron states that Puente recently hired drivers and is meeting with them soon to hear feedback on how this is going.</p> <p>Janet asked how the contracts with partners aligns with the strategic plans, and stressed the importance of making sure contracts aligns. LifeMoves met all goals, and Brian reminded the board that telehealth is an untapped resource, and board members should explore this. Puente met target numbers except for transportation. Anessa asked if we can view how many patients and what patients are touched by all the different services available within the county and contracted agencies. Gozel noted that this is challenging since HCH/FH de-duplicates patients and its difficult to track down patients on an individual level to see what services they're receiving. BHRS met all its targets, and El Centro is facing a lot of staff turnover and did not meet target for these reasons. Brian stated they're contracted for 7 days per week at the Nav</p>	

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Center, but have only been there a couple of days per week. He noted this can mess with services and evaluation.

### **Expansion for Research Capacity of HCH/FH Program**

#### **Janet Schmidt, Board Member**

Janet hoped this is the first of many discussions to assist board members in talking through this topic of how the board would benefit from having students be involved in collaborative projects. Sonny was a guest who provided information about being a student group at Stanford with a variety educational backgrounds, and how they look into evaluating best practices and protecting the well-being of community members. This student group is currently focused on the Stanford housing equity project, where they're trying to evaluate issues in real time to address systemic barriers; they've also worked on specific projects like SUD management at the Navigation Center. This group hopes to use this project as validation for better funding allocations and identifying gaps for this patient population. The students are not receiving credit but they have institutional support since they can earn a fellowship or funding credits towards a degree program.

Sonny explained that the student group is constantly looking for new partnerships and building relationships. For example, student volunteers provide case management support, there's a team of graduate students who developed digital literacy support, they've explored local policy initiatives and local decisions, and have conducted research projects.

Anessa asked what the effort required is for the organizations, and what the setup would be like. Sonny explained that the student group tries to use existing infrastructures when establishing partnerships. They try to find a question or challenge that staff wishes to address and what resources they have to evaluate. For example, once the group identifies an issue and priority, they recruit appropriately for the project to make sure all needs are met. They are open to establishing a signed contract with the county to enter work together.

Frank asked if projects will be research and peer review requiring IRB approval, or if there are other projects requiring data overview that wouldn't require IRB oversight. Frank asks if every project requires a faculty PI for the Stanford group, and from a funding standpoint if there is any funding that could

	<p>help support projects. Sonny explains that funding sources are broken up, and how there's a lot of institutionalized funding available to allocate seed funding for these projects and to specific student groups.. For these project ideas and collaborations starting at a student level, the students work to find a faculty or PI to support the project. The program can function as the PI if a faculty is not available to support a project.</p> <p>The initial decision of partnership is largely word of mouth and they're looking to work with an organization that works directly with people experiencing homelessness. They send out "cold emails" and try to make introductions to partners in community. Gabe expressed concerns about sustaining a relationship with this program if the students leave the school and interest is lost over time. Sonny explained that the program is working to institutionalize themselves on campus and embed faculty into the program. So even as students or faculty transition off, there are other people present to pick up the torch. They are also in the process of becoming an academic center on the university. This would help them with institutional credibility, allowing for Stanford staff to provide administrative support of students or staff transitioning out of a project.</p> <p>Janet asked how the partnership with the Navigation Center was established. LifeMoves has staff who served as project managers who had capacity and were prepared to manage this project and students on this project. Janet says staff time is limited and we have new staff, so her concern was regarding how much supervision would be required from staff. Sonny reminded the board that they can meet staff where they're at, and don't want to create more work. They want to make sure they have access to all the resources they need and move forward independently with their responsibilities. Brian says it takes constant communication from staff and requires effort on both ends.</p> <p>Susanne reminded the board that the county is doing research on people experiencing homelessness, so it would be good to receive an update on what data is available. The county CEOs office, is working on reviewing data at HOMESTAT meetings to aggregate data from various county departments to review data compilation.</p> <p>Janet would like to come back to the board in the future, knowing how the Stanford program now operates, to see what projects could be possible to review, what the staff is interested in, knowing that HCH/FH is very data-driven. There's a lot of manual work so the students could help with this to</p>	
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	make it a win-win. Gabe stated we have an interesting epidemiology project in the county, and it would be interesting to ask them if they have any ongoing projects related to people experiencing homelessness. Francine asked what are the new county health officers priorities, and suggested it would be beneficial to have them come to a board meeting to speak and provide an update.	
<b>G. ADJOURNMENT</b>	<b>Future Meeting:</b> February 8 <sup>th</sup> , 10am-12pm Navigation Center 275 Blomquist street, Redwood City, CA	The meeting was adjourned at 12:03 pm.

*Meeting Minutes submitted by Alejandra Alvarado*

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# HCH/FH Contractors and MOUs Performance

*As of November 2023*

**January 11/2024**

**Meron Asfaw**



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
MEDICAL CENTER**

# Abode

Performance Metric	CY 2023 Target	Year to end performance as of November	
Number of unduplicated <b>newly housed individual</b> that receive care coordination services	100	106	106%
Number of unduplicated <b>newly housed individuals</b> that attend <b>1 medical appointment</b> within <b>12 months of entering stable housing</b>	80	41	52%
Number of unduplicated <b>newly housed individuals</b> that attend <b>1 dental care</b> appointment within <b>12 months of entering stable housing</b>	40	4	10%

# ALAS

Performance Metric	CY 2023 Target	Year to end performance as of November	
Care Coordination	200	183	92%
Health Education Classes	50	49	98%
Transportation	120	21	18%
Staff Professional Development	1	0	0%

# LifeMoves

Performance Metric	CY 2023 Target	Year to end performance as of November	
Care Coordination	400	321	80%
Health Insurance	75	62	82%
In-person Medical Visits	100	164	164%
Telehealth Medical Visits	20	15	75%
Street Medicine	100	99	99%
Transportation	145	204	141%

# Puente

Performance Metric	CY 2023 Target	Year to end performance as of November	
Care Coordination	200	165	83%
Health Insurance Assistance	200	200	100%
Transportation	250	167	67%

# BHRS HCH

Performance Metric	CY 2023 Target	Year to end performance as of November	
Behavioral Care Coordination	150	150	100%
HCH Telehealth Visits		367	
HCH in-person Visits		656	

# BHRS El-Centro

Performance Metric	CY 2023 Target	Year to end performance as of November	
Substance Use Disorder (SUD) Care Coordination	30-35	13	43%

# Sonrisas

Performance Metric	CY 2023 Target	Year to end performance as of November	
Dental Visit	384	329	86%
Dental Visits No-Show	-	30	
New Patients	-	49	

# Saturday Dental Clinic

Services	Year to end performance as of November
Dental Visit	101 out of 119 scheduled appointments
Dental Visits No-Show	18 no shows
New Patients	22

# Public Health Policy & Planning (PHPP)

- Next board meeting.



DATE: February 08, 2024

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 January 2024 shows \$185,784 in grant expenditures. As usual, this may not include any contractor payments for January and only a few December payments as we diligently attempted to get as much of December as possible posted during month-end. In addition, a number of county support charges that are captured as part of month-end processing had not been posted when the report was run. Based on past experience, this value indicates a fairly typical expenditure amount of the month for what has been reported so far, given the above.

Being this early in the year, we really don't have enough information to change any of our initial projections for spending for the grant year. Based on these projections, the Program will expend approximately \$3.3M for the 2024 Grant Year (GY). Based on the total amount authorized by HRSA and that expected to be carried over for the GY, this will leave around \$547K of unexpended funds that would be available for carryover into the 2025 GY. As the Program goes through the upcoming RFP and contracting process for the next 3 years, we will be refining the unexpended funds amount to spread it across the contract period to ensure sufficient funding for the period.

For GY 2023. The final amounts claimed against the grant were:

Salaries	\$ 716,904
Benefits	\$ 260,362
MOUs	\$ 1,514,723
Contracts	\$ 789,506
Consultant (Needs Assessment)	\$ 64,995
IT/phone	\$ 38,414
Travel	\$ 22,766
Other (supplies, training, misc.)	\$ 25,530

Total \$ 3,433,200 \$ 2,858,632 Actual GY 2023 Award

Other grant expenditures (ARPA, etc.) \$ 1,084,525  
Non-grant funded expenditures \$ 140,636

Attachment:

- GY 2023 Summary Grant Expenditure Report Through 01/31/24





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: February 08, 2024

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 January 11, 2024, Co-Applicant Board meeting,

Jocelyn Vidales has joined our team as our new Planning & Implementation Coordinator. We welcome her aboard and look forward to working with her going forward.

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. As Board action is required for approval for payment of Board members' costs for attending these conferences, we will be taking any such action necessary at today's meeting.

Also, 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.

Program has initiated discussions with members of the EPIC/Integr8 implementation team. This will help ensure as seamless a transition as possible for HCH/FH data, and, hopefully, create simple pathways to improve connectivity between clinical services and our contract partners.

HCH/FH staff is now deeply immersed in preparing the required annual federal UDS Report, which is due by February 15<sup>th</sup>. There have been a few rough moments as we are supported by IT staff who are not as experienced in the UDS as those we have had in the past. However, we are working through all of the issues and should be prepared for a timely submission.

Seven Day Update

ATTACHED:

- Program Calendar



GRANT YEAR 2023

January \$\$

Details for budget estimates	Budgeted [SF-424]		To Date (01/31/24)	Projection for end of year	Projected for GY 2025
<b>EXPENDITURES</b>					
<u>Salaries</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	745,000	43,805	43,805	745,000	795,000
<u>Benefits</u>					
Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	245,000	13,874	13,874	245,000	320,000
<u>Travel</u>					
National Conferences (2500*8)	30,000			30,000	25,000
Regional Conferences (1000*5)	10,000			10,000	5,000
Local Travel	1,500			1,500	1,000
Taxis	500			500	500
Van & vehicle usage	1,500			1,500	1,500
	43,500		0	43,500	33,000
<u>Supplies</u>					
Office Supplies, misc. Small Funding Requests	10,000			10,000	10,000
	10,000		0	10,000	10,000
<u>Contractual</u>					
2022 Contracts		85,408	85,408	85,408	
2022 MOUs		26,571	26,571	26,571	
Current 2023 MOUs	1,200,000			1,200,000	1,100,000
Current 2023 contracts	875,000			875,000	775,000
---unallocated---/other contracts					
	2,075,000		111,979	2,186,979	1,875,000
<u>Other</u>					
Consultants/grant writer	20,000	11,908	11,908	20,000	20,000
IT/Telcom	25,000	4,011	4,011	25,000	25,000
New Automation				0	-
Memberships	7,500			7,500	7,500
Training	5,000			5,000	5,000
Misc	1,000	207	207	1,000	1,000
	58,500		16,126	58,500	58,500
<b>TOTAL</b>	<b>3,177,000</b>	<b>185,784</b>	<b>185,784</b>	<b>3,288,979</b>	<b>3,091,500</b>
<b>GRANT REVENUE</b>					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Prior Year Unexpended to Carryover	977,731		977,731	977,731	
Other					547,384 carryover
HCH/FH PROGRAM TOTAL	3,836,363		3,836,363	3,836,363	3,406,016
<b>BALANCE</b>	<b>659,363</b>	<b>Available</b>	<b>3,650,579</b> Current Estimate	<b>547,384</b> Projected	<b>314,516</b>  based on est. grant of \$2,858,632
<u>Non-Grant Expenditures</u>					
Salary Overage	20,000	690	690	20,000	30,000
Health Coverage	85,000	7,853	7,853	85,000	90,000
base grant prep	0			0	
food	2,500	448	448	2,500	3,000
incentives/gift cards	1,000			1,000	1,500
	108,500		8,991	108,500	124,500
<b>TOTAL EXPENDITURES</b>	<b>3,285,500</b>	<b>194,775</b>	<b>194,775</b>	<b>3,397,479</b>	<b>NEXT YEAR 3,216,000</b>



DATE: February 9<sup>th</sup>, 2024

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

FROM: Gozel Kulieva, Management Analyst

SUBJECT: Contracts Financial Progress Report 2023

**Contractor Financial Progress Report**

The table below provides an overview of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program agreements with eight community-based providers and two County-based programs for Calendar Year 2023. Contracts are for primary care services, behavioral health, dental care services, and enabling services such as care coordination and eligibility assistance.

The following is a summary of HCH/FH Contractor financial performance from Jan – December 2023:

**Contracts & Agreements Overview**

Contractor	Services
Abode	Enabling Services: <ul style="list-style-type: none"> <li>• Medical Care Coordination</li> <li>• Helping to establish medical home</li> <li>• Assisting client with scheduling and attending healthcare appointments</li> <li>• Transportation Assistance</li> <li>• Assisting client with completion and renewal eligibility benefits</li> <li>• Providing health related resources</li> </ul>
ALAS Promotores Model	Enabling Services: <ul style="list-style-type: none"> <li>• Health Navigation Assistance</li> <li>• Health Education Classes</li> <li>• Transportation Assistance</li> </ul>
Behavioral Health & Recovery Services (BHRS)	1. Homeless Care Coordination (HCH)
	2. Homeless Engagement Assessment and Linkage (HEAL)
	3. El Centro Substance Use Services for Farmworkers and their Dependents
Life Moves	Enabling Services: <ul style="list-style-type: none"> <li>• Medical Care Coordination</li> <li>• Health Insurance Assistance</li> <li>• Transportation Assistance</li> <li>• Assisting clients with scheduling and attending healthcare appointments</li> </ul>
Public Health Policy and Planning (PHPP)	Primary Care: <ul style="list-style-type: none"> <li>• Mobile Clinic</li> <li>• Street &amp; Field Medicine</li> </ul>

	Alcohol and Other Drug (AOD) Services <ul style="list-style-type: none"> <li>• Counseling</li> <li>• Referral to services</li> <li>• Case management</li> </ul>
Puente	Enabling Services: <ul style="list-style-type: none"> <li>• Medical Care Coordination</li> <li>• Health Insurance Assistance</li> <li>• Transportation Assistance</li> </ul>
Coastside Clinic – Saturday Dental Clinic	Dental Services
Sonrisas	Dental Services



**SAN MATEO  
COUNTY HEALTH**

**2023 Contract & MOU Expenditures**  
(Updated 01/31/2024)

<b>Contract</b>	<b>Contract Amount</b>	<b>YTD (11/12)</b>	<b>% YTD (11/12)</b>
<b>Abode</b>	\$ <b>149,999</b>	\$ <b>101,124</b>	<b>67%</b>
<b>ALAS</b>	\$ <b>182,200</b>	\$ <b>161,343</b>	<b>89%</b>
<i>Care Coordination</i>	200	183	92%
<i>Health Education Classes</i>	50	49	98%
<i>Transportation</i>	120	21	18%
<i>Staff Professional Development</i>	1	0	0%
<b>Life Moves</b>	\$ <b>350,000</b>	\$ <b>350,000</b>	<b>100%</b>
<i>Care Coordination</i>	400	415	104%
<i>Health Insurance Assistance</i>	75	79	105%
<i>Transportation (one way)</i>	145	262	181%
<i>Medical Visits (in person)</i>	100	220	220%
<i>Medical Visits (telehealth)</i>	20	20	100%
<i>Medical Visits (street medicine)</i>	100	107	107%
<b>Puente</b>	\$ <b>186,100</b>	\$ <b>168,000</b>	<b>69%</b>
<i>Care Coordination</i>	200	166	83%
<i>Health Insurance Assistance</i>	200	200	100%
<i>Transportation (round trip)</i>	250	174	70%
<b>BHRS HCH</b>	\$ <b>90,000</b>	\$ <b>90,000</b>	<b>79%</b>
<i>BHRS HCH Patients</i>	150	152	79%
<i>BHRS HCH Visits (Televisit)</i>		415	
<i>BHRS HCH Visits (In-person)</i>		726	
<b>BHRS HEAL</b>	\$ <b>150,000</b>	\$ <b>150,000</b>	<b>100%</b>
<b>BHRS El Centro</b>	\$ <b>91,469</b>	\$ <b>91,469</b>	<b>100%</b>
<b>PHPP</b>	\$ <b>825,000</b>	\$ <b>825,000</b>	<b>100%</b>
<b>Saturday Dental Clinic</b>	\$ <b>70,000</b>	\$ <b>17,802</b>	<b>25%</b>
<b>Sonrisas</b>	\$ <b>123,000</b>	\$ <b>122,910</b>	<b>100%</b>
<i>Dental Visit</i>	384	354	92%
<i>Dental Visit No-Show</i>		30	
<i>New Patients</i>		49	
<b>TOTAL</b>	\$ <b>2,217,768</b>	\$ <b>2,077,648</b>	<b>94%</b>



**DATE:** February 8, 2024

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

**FROM:** Gozel Kulieva, HCH/FH Management Analyst

**SUBJECT:** REQUEST TO APPROVE UPDATES TO THE SLIDING FEE DISCOUNT SCHEDULE FOR 2024

One of the HRSA health center program requirements is having a Board established Sliding Fee Discount Program (SFDP). This Board established the SFDP policy in October 2014 and has been approving an updated fee schedule annually based on federal poverty guidelines. The last Sliding Fee Discount Schedule was updated in March 2023.

According to the HCH/FH Sliding Fee Discount Program Policy “The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level” (FPL). The attached revisions to the Sliding Fee Scale Schedule are based on the updates to the 2024 (FPL) guideline.

This request is for the Co-Applicant Board to approve an updated Sliding Fee Discount Schedule to adjust for the new FPL for 2024. A majority vote of the members present is necessary and sufficient to approve the request.

**ATTACHMENTS:**

- 2024 Federal Poverty Guidelines
- Revised 2024 Sliding Fee Scale Discount Schedule
- Sliding Fee Discount Policy (Last updated in 2023)

# San Mateo County Health Care for the Homeless Farmworker Health (HCH/FH) Program

(HRSA 330 Program/FQHC)

## Sliding Fee Discount Schedule

### Monthly Income Thresholds by Family Size for Sliding Fee Discount Policy

Poverty Level*	0-100%	101-138%	139-175%	176-200%	>200%
Family Size					
1	\$1,255	\$1,732	\$2,196	\$2,510	\$2,511
2	\$1,703	\$2,351	\$2,981	\$3,407	\$3,408
3	\$2,152	\$2,969	\$3,765	\$4,303	\$4,304
4	\$2,600	\$3,588	\$4,550	\$5,200	\$5,201
5	\$3,048	\$4,207	\$5,335	\$6,097	\$6,098
6	\$3,497	\$4,825	\$6,119	\$6,993	\$6,994
7	\$3,945	\$5,444	\$6,904	\$7,890	\$7,891
8	\$4,393	\$6,063	\$7,688	\$8,787	\$8,788
<b>For each additional person add:</b>	\$448	\$619	\$785	\$897	\$898
<b>Patient Cost</b>	<b>No Charge</b>	<b>\$20</b>	<b>\$25</b>	<b>\$30</b>	<b>No sliding fee discount**</b>

\* Based on 2024 HHS Poverty Guidelines (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>)

\*\* Reduced payments may be available through other state or locally funded discount programs

## 2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

### Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,530.00	11,295.00	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	27,861.00
2	10,220.00	15,330.00	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	37,814.00
3	12,910.00	19,365.00	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	47,767.00
4	15,600.00	23,400.00	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	57,720.00
5	18,290.00	27,435.00	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	67,673.00
6	20,980.00	31,470.00	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	77,626.00
7	23,670.00	35,505.00	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	87,579.00
8	26,360.00	39,540.00	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	97,532.00
9	29,050.00	43,575.00	58,100.00	72,625.00	75,530.00	77,273.00	78,435.00	80,178.00	87,150.00	101,675.00	104,580.00	107,485.00
10	31,740.00	47,610.00	63,480.00	79,350.00	82,524.00	84,428.40	85,698.00	87,602.40	95,220.00	111,090.00	114,264.00	117,438.00
11	34,430.00	51,645.00	68,860.00	86,075.00	89,518.00	91,583.80	92,961.00	95,026.80	103,290.00	120,505.00	123,948.00	127,391.00
12	37,120.00	55,680.00	74,240.00	92,800.00	96,512.00	98,739.20	100,224.00	102,451.20	111,360.00	129,920.00	133,632.00	137,344.00
13	39,810.00	59,715.00	79,620.00	99,525.00	103,506.00	105,894.60	107,487.00	109,875.60	119,430.00	139,335.00	143,316.00	147,297.00
14	42,500.00	63,750.00	85,000.00	106,250.00	110,500.00	113,050.00	114,750.00	117,300.00	127,500.00	148,750.00	153,000.00	157,250.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	30,120.00	33,885.00	37,650.00	41,415.00	45,180.00	48,945.00	52,710.00	56,475.00	60,240.00	75,300.00	90,360.00	105,420.00
2	40,880.00	45,990.00	51,100.00	56,210.00	61,320.00	66,430.00	71,540.00	76,650.00	81,760.00	102,200.00	122,640.00	143,080.00
3	51,640.00	58,095.00	64,550.00	71,005.00	77,460.00	83,915.00	90,370.00	96,825.00	103,280.00	129,100.00	154,920.00	180,740.00
4	62,400.00	70,200.00	78,000.00	85,800.00	93,600.00	101,400.00	109,200.00	117,000.00	124,800.00	156,000.00	187,200.00	218,400.00
5	73,160.00	82,305.00	91,450.00	100,595.00	109,740.00	118,885.00	128,030.00	137,175.00	146,320.00	182,900.00	219,480.00	256,060.00
6	83,920.00	94,410.00	104,900.00	115,390.00	125,880.00	136,370.00	146,860.00	157,350.00	167,840.00	209,800.00	251,760.00	293,720.00
7	94,680.00	106,515.00	118,350.00	130,185.00	142,020.00	153,855.00	165,690.00	177,525.00	189,360.00	236,700.00	284,040.00	331,380.00
8	105,440.00	118,620.00	131,800.00	144,980.00	158,160.00	171,340.00	184,520.00	197,700.00	210,880.00	263,600.00	316,320.00	369,040.00
9	116,200.00	130,725.00	145,250.00	159,775.00	174,300.00	188,825.00	203,350.00	217,875.00	232,400.00	290,500.00	348,600.00	406,700.00
10	126,960.00	142,830.00	158,700.00	174,570.00	190,440.00	206,310.00	222,180.00	238,050.00	253,920.00	317,400.00	380,880.00	444,360.00
11	137,720.00	154,935.00	172,150.00	189,365.00	206,580.00	223,795.00	241,010.00	258,225.00	275,440.00	344,300.00	413,160.00	482,020.00
12	148,480.00	167,040.00	185,600.00	204,160.00	222,720.00	241,280.00	259,840.00	278,400.00	296,960.00	371,200.00	445,440.00	519,680.00
13	159,240.00	179,145.00	199,050.00	218,955.00	238,860.00	258,765.00	278,670.00	298,575.00	318,480.00	398,100.00	477,720.00	557,340.00
14	170,000.00	191,250.00	212,500.00	233,750.00	255,000.00	276,250.00	297,500.00	318,750.00	340,000.00	425,000.00	510,000.00	595,000.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



## Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	627.50	941.25	1,255.00	1,568.75	1,631.50	1,669.15	1,694.25	1,731.90	1,882.50	2,196.25	2,259.00	2,321.75
2	851.67	1,277.50	1,703.33	2,129.17	2,214.33	2,265.43	2,299.50	2,350.60	2,555.00	2,980.83	3,066.00	3,151.17
3	1,075.83	1,613.75	2,151.67	2,689.58	2,797.17	2,861.72	2,904.75	2,969.30	3,227.50	3,765.42	3,873.00	3,980.58
4	1,300.00	1,950.00	2,600.00	3,250.00	3,380.00	3,458.00	3,510.00	3,588.00	3,900.00	4,550.00	4,680.00	4,810.00
5	1,524.17	2,286.25	3,048.33	3,810.42	3,962.83	4,054.28	4,115.25	4,206.70	4,572.50	5,334.58	5,487.00	5,639.42
6	1,748.33	2,622.50	3,496.67	4,370.83	4,545.67	4,650.57	4,720.50	4,825.40	5,245.00	6,119.17	6,294.00	6,468.83
7	1,972.50	2,958.75	3,945.00	4,931.25	5,128.50	5,246.85	5,325.75	5,444.10	5,917.50	6,903.75	7,101.00	7,298.25
8	2,196.67	3,295.00	4,393.33	5,491.67	5,711.33	5,843.13	5,931.00	6,062.80	6,590.00	7,688.33	7,908.00	8,127.67
9	2,420.83	3,631.25	4,841.67	6,052.08	6,294.17	6,439.42	6,536.25	6,681.50	7,262.50	8,472.92	8,715.00	8,957.08
10	2,645.00	3,967.50	5,290.00	6,612.50	6,877.00	7,035.70	7,141.50	7,300.20	7,935.00	9,257.50	9,522.00	9,786.50
11	2,869.17	4,303.75	5,738.33	7,172.92	7,459.83	7,631.98	7,746.75	7,918.90	8,607.50	10,042.08	10,329.00	10,615.92
12	3,093.33	4,640.00	6,186.67	7,733.33	8,042.67	8,228.27	8,352.00	8,537.60	9,280.00	10,826.67	11,136.00	11,445.33
13	3,317.50	4,976.25	6,635.00	8,293.75	8,625.50	8,824.55	8,957.25	9,156.30	9,952.50	11,611.25	11,943.00	12,274.75
14	3,541.67	5,312.50	7,083.33	8,854.17	9,208.33	9,420.83	9,562.50	9,775.00	10,625.00	12,395.83	12,750.00	13,104.17

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	2,510.00	2,823.75	3,137.50	3,451.25	3,765.00	4,078.75	4,392.50	4,706.25	5,020.00	6,275.00	7,530.00	8,785.00
2	3,406.67	3,832.50	4,258.33	4,684.17	5,110.00	5,535.83	5,961.67	6,387.50	6,813.33	8,516.67	10,220.00	11,923.33
3	4,303.33	4,841.25	5,379.17	5,917.08	6,455.00	6,992.92	7,530.83	8,068.75	8,606.67	10,758.33	12,910.00	15,061.67
4	5,200.00	5,850.00	6,500.00	7,150.00	7,800.00	8,450.00	9,100.00	9,750.00	10,400.00	13,000.00	15,600.00	18,200.00
5	6,096.67	6,858.75	7,620.83	8,382.92	9,145.00	9,907.08	10,669.17	11,431.25	12,193.33	15,241.67	18,290.00	21,338.33
6	6,993.33	7,867.50	8,741.67	9,615.83	10,490.00	11,364.17	12,238.33	13,112.50	13,986.67	17,483.33	20,980.00	24,476.67
7	7,890.00	8,876.25	9,862.50	10,848.75	11,835.00	12,821.25	13,807.50	14,793.75	15,780.00	19,725.00	23,670.00	27,615.00
8	8,786.67	9,885.00	10,983.33	12,081.67	13,180.00	14,278.33	15,376.67	16,475.00	17,573.33	21,966.67	26,360.00	30,753.33
9	9,683.33	10,893.75	12,104.17	13,314.58	14,525.00	15,735.42	16,945.83	18,156.25	19,366.67	24,208.33	29,050.00	33,891.67
10	10,580.00	11,902.50	13,225.00	14,547.50	15,870.00	17,192.50	18,515.00	19,837.50	21,160.00	26,450.00	31,740.00	37,030.00
11	11,476.67	12,911.25	14,345.83	15,780.42	17,215.00	18,649.58	20,084.17	21,518.75	22,953.33	28,691.67	34,430.00	40,168.33
12	12,373.33	13,920.00	15,466.67	17,013.33	18,560.00	20,106.67	21,653.33	23,200.00	24,746.67	30,933.33	37,120.00	43,306.67
13	13,270.00	14,928.75	16,587.50	18,246.25	19,905.00	21,563.75	23,222.50	24,881.25	26,540.00	33,175.00	39,810.00	46,445.00
14	14,166.67	15,937.50	17,708.33	19,479.17	21,250.00	23,020.83	24,791.67	26,562.50	28,333.33	35,416.67	42,500.00	49,583.33

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



**SAN MATEO COUNTY**

**HEALTHCARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM**

**Program Policy**

<b>Policy Area:</b> Fiscal	<b>Effective Date:</b> October 20, 2014
<b>Subject:</b> Sliding Fee Discount Program (SFDP)	<b>Revised Date:</b> July 13, 2023
<b>Title of Policy:</b> Sliding Fee Discount Policy	<b>Approved by:</b> Co-Applicant Board

**1. Rationale or background to policy:**

To reduce financial barriers to care in an organized manner and maximize the use of HCH/FH Program’s 330 Federal Grant Funding. This Policy is meant to assure that no patient will be denied healthcare services due to an individual’s inability to pay for such services. It is also meant to assure that any fees or payments required by the center for such services will be reduced or waived to enable the health center to fulfill the assurance.

**2. Policy Statement:**

The HCH/FH Program maintains a standard procedure for qualifying patients for a reduction in fees for services rendered at sites where HCH/FH patients receive care. In general, a sliding fee scale discount is available to a patient with income at or below 200% of the Federal Poverty Guidelines (FPG), which consider the household size. The sliding fee scale discounts apply to all HCH/FH medical and specialty services (within the HRSA approved Scope of Service) provided to eligible patients. Patients with insurance coverage who otherwise qualify may participate in the SFDP.

This policy and the Sliding Fee Scale and resultant Discounts (Sliding Fee Discount Scale – SFDS) shall be reviewed and approved by the Co-Applicant Board at a minimum of every three (3) years to ensure that it is not a barrier to care. The income levels included in the SFDS shall be updated annually based on the annual release of the Federal Poverty Level (FPL) data, with an effective date of no later than April 1 of the year.

For purposes of this policy, the Co-Applicant Board establishes these definitions:

**Income.** Income shall be defined as the total sum of money that is currently typically becomes available, or is projected to typically become available, to the family on a monthly basis for use in their support and livelihood. Irregular income may be assessed on an annual basis and pro-rated as monthly.

**Household.** Household shall be defined as those individuals who share a common residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group.

At no time will a patient be denied services because of an inability to pay.

All partner programs outside of the San Mateo County Health System with whom the HCH/FH Program

has agreements for services must have a Co-Applicant Board approved Sliding Fee Discount Program if they ever change patients/clients for services rendered under the agreement.

### 3. Procedures:

1. Sites where HCH/FH patients receive services will ask patients who call for an appointment, arrive for an appointment, or drop in for services if they have health insurance. If so, the insurance information is documented in the Electronic Health Record (EHR) system at the time of registration and the insurance card is copied and filed in the patient's health record. Prior to receiving services, the staff member will also inform these patients that they have the option of applying for a sliding fee scale discount on co-payments, deductibles, coinsurance, or any other patient responsible charge, with the staff of the onsite eligibility unit.
2. If the patient does not have insurance, the scheduler or front desk staff will advise the patient that they may be eligible for discounts under the SFDP, and health coverage programs. In order to qualify, the patient must make application with staff of the eligibility unit, and be willing to share **Household Size and Income** (in the case of Homeless and Farmworker patients income may be adjusted as is reasonable). If the patient agrees to begin the qualification process, the patient is directed to the eligibility unit where a staff member assures that the patient gets the information necessary to complete application for any coverage programs they may be eligible for and choose to apply for, and to determine eligibility for the SFDP. The eligibility unit staff person assigned to these duties will do recertification of existing Sliding Fee Scale Discount patients.
3. Application is made for the SFDP through completion of the SFDP Application Form. The Sliding Fee Scale Discount Application form is complete when the following has been achieved:
  - a. The form has been filled out in its entirety, signed, and dated by the applicant.
  - b. Income has been documented as appropriate. This may include:
    - Recent Federal IRS 1040 tax return form,
    - Two current pay stubs or
    - Unemployment stub or
    - Letter from employer on company letterhead - If no letter head is available, a notarized letter will be accepted or
    - Award or benefit letter orIf patient has none of the above, they must provide a signed self-declaration of their income.

**Note:** A patient is eligible for sliding fee scale discounts even if their residency status is unknown or they are disqualified from government benefits.

4. The patient is eligible for a sliding fee discount when:
  - The Sliding Fee Scale Discount Application form is complete AND
  - All documentation is received by the eligibility unit staff member assigned to these duties AND
  - The income criteria are met. The proof of income must be attached to the application and placed in the patient's eligibility record.

Using the attached sliding fee scale, the appropriate eligibility unit staff person determines the specific amount of discount for which the patient is eligible. All eligibility and EHR systems will be updated with the information.

The HCH/FH Program has prepared the sliding fee discount schedule (SFDS), so that the amounts owed for covered services by eligible patients are adjusted based on the patient's ability to pay.

The SFDS includes the following elements:

- Applicability to all individuals and families with annual incomes at or below 200 percent of the Federal Poverty Guidelines (FPG);
  - Full discount for individuals and families with annual incomes at or below 100 percent of the FPG;
  - Adjustment of fees (partial sliding fee discount) based on family size and income for individuals and families with incomes above 100 and at or below 200 percent of the FPG; and
  - No sliding fee discounts through the HCH/FH Sliding Fee Discount Program for individuals and families with annual incomes above 200 percent of the FPG. These patients may be eligible for other state or locally funded discount programs. The eligibility unit staff will assist these patients in identifying and applying for all such programs.
5. The patient's account is updated in the EHR according to health center procedures.
  6. The discount is applied to medical and specialty services provided at HCH/FH sites according to the following:
    - a. The discount cannot be applied to any service unless the form is complete, and the patient meets the above criteria.
    - b. The discount also applies to prescriptions filled by a HCH/FH contracted pharmacy under 340B on or after the patient's eligibility has been confirmed.
  7. If a patient is in the process of applying for another coverage program such as MediCal or Medicare, s/he will be offered temporary sliding fee scale discounts based on their household income and size, but only if all other documentation is complete.
  8. Patients who are denied other coverage, or have yet to apply for other coverage, will be evaluated by the eligibility unit staff and offered assistance in applying for other programs available through private and public sectors. If the patient is deemed eligible for services and does not apply within 30 days, they will be charged full price until the appropriate applications are completed and submitted.
  9. Collection of outstanding amounts will be handled in accordance with the HCH/FH Billing & Collection Policy Approved August 11, 2016.
  10. The Sliding Fee Scale Discount Application form must be completed with updated household income and size documentation every year or sooner if financial circumstances change.
  11. No patient will be denied healthcare services due to an individual's inability to pay for such services. See policy on Waiver of Fees, currently being developed, for further information.

Approved 07/13/2023

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Board Chair

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Program Director



DATE: February 8<sup>th</sup>, 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 began on January 1<sup>st</sup> and will take place until February 15<sup>th</sup>. This is a high priority task for the HCH/FH team who is meeting weekly with the BI team to set internal deadlines for all submission requirements.

- **Provider Templates**

- The HCH/FH Provider Templates have been posted onto San Mateo Medical Center's health database, eClinical Works, for providers to begin sharing the documents with their patients. HCH/FH will create an announcement in the monthly Heartbeat Newsletter sent to SMMC staff, to make providers aware of this resource. HCH/FH will also share this resource with providers in their upcoming staff meetings, and will create an active feedback loop to keep the documents updated regularly.

- **HMB Library- Flyers**

- In an effort to further promote the blood pressure cuffs available to community members at the Half Moon Bay library, HCH/FH has generated flyers to distribute to contracted partners and agencies along the coast. HCH/FH has also created flyers for their clients, to share in common areas or print out and distribute individually.



# County of San Mateo

## Inter-Departmental Correspondence

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**Department:** BOARD OF SUPERVISORS  
DISTRICT 1  
**File #:** 24-070

Board Meeting Date: 1/30/2024

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**Special Notice / Hearing:** None  
**Vote Required:** Majority

**To:** Honorable Board of Supervisors

**From:** Supervisor Warren Slocum, District 4  
Supervisor Dave Pine, District 1

**Subject:** Hopeful Horizons: Empowering Lives Initiative Ordinance Regulating Encampments on Public Property in the Unincorporated Areas of San Mateo County

**RECOMMENDATION:**

Adopt the Hopeful Horizons: Empowering Lives Initiative, an ordinance adding a new Chapter 3.109 to Title 3 of the San Mateo County Ordinance Code regulating encampments on public property in the unincorporated areas of San Mateo County, previously introduced on January 23, 2024, and waive the reading of the ordinance in its entirety.

**BACKGROUND:**

The County is dedicated to reaching and maintaining Functional Zero homelessness, where every unsheltered homeless person in San Mateo County who chooses assistance will be provided interim or permanent housing. A key part of that goal involves appropriately addressing homeless encampments, which are plagued by fire risks, unsanitary conditions, public safety hazards, and environmental degradation; are unsafe and unhealthy for individuals living in them; and make surrounding communities less safe and less healthy.

The County recognizes that homelessness is connected to trauma in a number of ways, as individuals and families experiencing homelessness face the daily trauma of not knowing whether they will be able to sleep in a safe environment or obtain regular meals; are highly vulnerable to violence, victimization, and adverse health outcomes; and a disproportionate number of those experiencing homelessness have suffered past forms of trauma, such as child abuse and domestic violence.

Thus, when engaging with homeless individuals living in encampments, the County employs, and will continue to employ, multi-disciplinary outreach teams who are trained to utilize trauma-informed care, an evidence-based practice that recognizes the trauma associated with homelessness and focuses on tenets such as safety, compassion, trustworthiness, learning, and empowerment.

The County's trauma-informed engagement efforts directed to homeless individuals living in encampments include: Coordinated Entry System ("CES") assessment and placement; transportation assistance; food and hygiene resources and care kits; referrals to Street Medicine and/or the Homeless Engagement Assessment and Linkage (HEAL) program, which provides field-based mental health and additional treatment; connection to the Healthcare for the Homeless outreach team for linkages to primary care, dental, and/or vision services; assistance with obtaining vital documentation (ID, Social Security Card, birth certificate); and assistance with employment resources.

Further, when engaging with homeless individuals living in encampments, the County's outreach and enforcement teams are, and will remain, cognizant of potential language barriers, and take steps to comply with the County's Language Access Policy, which calls for meaningful access to County services, programs, benefits, and information for all County residents, regardless of their English language proficiency. Additionally, when engaging with homeless individuals living in encampments, the County's outreach and enforcement teams will remain cognizant of providing County services, programs, benefits, and information to all County residents, regardless of citizenship status.

When homeless individuals living in encampments accept shelter, they are placed at one of the County's congregate or non-congregate shelters, with women and families placed separately from single men.

All individuals placed in a County shelter are assigned a shelter case manager, who will meet with each individual regularly and work with them on a housing-focused case plan, which includes obtaining housing readiness documentation (ID, Social Security Card, birth certificate), applying to housing waitlists, earning income either through benefits (such as General Assistance, Supplemental Security Income, and Social Security Disability Insurance), or securing employment, and addressing healthcare and treatment needs. Shelter stays in the County generally last for 90 to 120 days, but extensions are approved if the individual is actively working on a case plan toward longer-term stable housing.

The County has dedicated significant resources to expanding both interim and long-term housing for residents experiencing homelessness. Since the start of the COVID-19 pandemic in March 2020, the County has added 146 permanent supportive housing units and 409 non-congregate units, including the Navigation Center - which offers 240 safe temporary living spaces for individuals and couples, along with intensive wrap-around support services - and successfully converted five hotels into interim non-congregate housing and permanent supportive housing:

- Coast House (formerly Coastside Inn), a 51-room interim housing site serving the Coastside community; and
- The Pacific Shelter (formerly Pacific Inn), a 74-room interim housing site located in Redwood City; and
- El Camino House (formerly The Stone Villa Inn), a 44-room interim housing site located in San Mateo; and
- Shores Landing (formerly Towneplace Suites), a 95-unit permanent affordable housing site for seniors who were previously homeless or at risk of homelessness, also located in Redwood City; and

- Casa Esperanza (formerly The Comfort Inn), a 51-unit permanent supportive housing site for previously homeless individuals, also located in Redwood City.

## **DISCUSSION:**

The Hopeful Horizons: Empowering Lives Initiative (“Initiative”) is intended to allow the County to better address the health, safety, and environmental concerns associated with encampments on public property in the unincorporated areas of San Mateo County and to offer those experiencing homelessness continued access to services, supports, and shelter. Homeless individuals will be placed in shelters that can reasonably accommodate their mental or physical disabilities, that prohibit the attendance or participation of homeless individuals in religious activities or programs as a condition of using shelter space, and that are available regardless of sexual orientation, gender identity or gender expression, religious affiliation, criminal conviction, or pet(s).

The Initiative sets forth a process to remove encampments that are abandoned, active, or a threat to the public’s health and safety, and would operate in tandem with the County’s existing robust trauma-informed engagement efforts. The goal of the Initiative is to move homeless individuals off the streets and into shelter, not into jail.

The Initiative prohibits encampments on public property in the unincorporated areas of the County and makes violations a misdemeanor. However, mindful of the decision of the United States Court of Appeals for the Ninth Circuit in *Martin, et al. v. City of Boise* (2019) 920 F.3d 584, and related case law, enforcement is expressly conditioned on the availability of shelter. Before enforcement, absent exigent circumstances, the County must issue at least two written warnings. Each written warning will be issued in accordance with the County’s Language Access Policy, provide the person receiving the warning with information about at least one available shelter, and include a written offer of placement in that shelter.

The Initiative further provides that those charged with a misdemeanor violation shall be entitled to participate in appropriate diversion programs offered by the San Mateo County Superior Court.

Recognizing practical difficulties faced by homeless individuals attempting to remove their property from encampments, the Initiative mandates that the County offer reasonable assistance in the removal and temporary storage of such property. The County will also ensure that all storage locations for such property are near accessible transit and reasonable transportation services will be offered to individuals. Because encampment clearances will likely impact surrounding residents, the County also plans to notify all adjacent private property owners within a 300-foot radius before actively clearing an encampment.

At the request of the Board, the ordinance text was amended at the time of its introduction at the Board meeting on January 23, 2024 to clarify that medical and mental health screenings will be done before individuals receive written warnings under the ordinance and to clarify that individuals will not be charged when their property is stored by the County under the terms of the ordinance.

The Initiative was prepared after extensive outreach efforts, and staff received input from various groups, including the Housing Leadership Council, the American Civil Liberties Union, the Superior

Court, the Private Defender Program, City Attorneys, City Police Chiefs, non-profit organizations, and faith groups.

The County Attorney's Office has reviewed and approved as to form the Initiative.

**FISCAL IMPACT:**

The fiscal impact associated with the Initiative is currently unknown, but the County will likely incur increased administrative and enforcement costs. Staff will provide a report regarding such costs at a future Board meeting.

**ORDINANCE NO. \_\_\_\_\_**

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

\* \* \* \* \*

**AN ORDINANCE ADDING A NEW CHAPTER 3.109 OF TITLE 3 OF THE SAN MATEO COUNTY ORDINANCE CODE TO REGULATE ENCAMPMENTS ON PUBLIC PROPERTY IN THE UNINCORPORATED AREAS OF SAN MATEO COUNTY (HOPEFUL HORIZONS: EMPOWERING LIVES INITIATIVE)**

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The Board of Supervisors of the County of San Mateo, State of California,

**ORDAINS** as follows:

**WHEREAS**, all San Mateo County residents should have safe, healthy, and dignified shelter, and the County is dedicated to reaching and maintaining Functional Zero homelessness, where every unsheltered homeless person in the County who chooses assistance will be provided interim or permanent housing; and

**WHEREAS**, homeless encampments, which are plagued by fire risks, unsanitary conditions, public safety hazards, and environmental degradation, are unsafe and unhealthy for individuals living in them and make surrounding communities less safe and less healthy; and

**WHEREAS**, the County recognizes that homelessness is connected to trauma in a number of ways, as individuals and families experiencing homelessness face the daily trauma of not knowing whether they will be able to sleep in a safe environment or obtain regular meals; are highly vulnerable to violence, victimization, and adverse health

outcomes; and a disproportionate number of those experiencing homelessness have suffered past forms of trauma such as child abuse and domestic violence; and

**WHEREAS**, trauma-informed care is an evidence-based practice that recognizes the trauma associated with homelessness and focuses on tenets such as safety, compassion, trustworthiness, learning, and empowerment; and

**WHEREAS**, the County employs, and will continue to employ, multi-disciplinary outreach teams who are trained to utilize trauma-informed care when engaging with homeless individuals living in encampments over the course of weeks, months, and sometimes years to support them in their healing and housing journeys; and

**WHEREAS**, the County's trauma-informed care engagement efforts directed to homeless individuals living in encampments include: Coordinated Entry System ("CES") assessment and placement; transportation assistance; food and hygiene resources and care kits; referrals to Street Medicine and/or the Homeless Engagement Assessment and Linkage (HEAL) program, which provides field-based mental health and additional treatment; connection to the Healthcare for the Homeless outreach team for linkages to primary care, dental, and/or vision services; assistance with obtaining vital documentation (ID, Social Security Card, birth certificate); and assistance with employment resources; and

**WHEREAS**, when engaging with individuals living in encampments, the County's outreach and enforcement teams are, and will remain, cognizant of potential language barriers, and take steps to comply with the County's Language Access Policy, which calls for meaningful access to County services, programs, benefits, and information for all County residents, regardless of their English language proficiency; and

**WHEREAS**, County services, programs, benefits, and information are, and will continue to be, offered to all individuals living in encampments, regardless of citizenship status; and

**WHEREAS**, when individuals living in encampments accept shelter, they are placed at one of the County's congregate or non-congregate shelters, with women and families placed separately from single men; and

**WHEREAS**, all individuals placed in a shelter are assigned a shelter case manager, who will meet with each individual regularly and work with them on a housing-focused case plan, which includes obtaining housing readiness documentation (ID, Social Security Card, birth certificate), applying to housing waitlists, earning income either through benefits (such as General Assistance, Supplemental Security Income, and Social Security Disability Insurance), or securing employment, and addressing healthcare and treatment needs; and

**WHEREAS**, shelter stays in the County generally last for 90 to 120 days, but extensions are approved if the individual is actively working on a case plan toward longer-term stable housing; and

**WHEREAS**, since the start of the COVID-19 pandemic in March 2020, the County has added 146 permanent supportive housing units and 409 non-congregate units, including the Navigation Center – which offers 240 safe temporary living spaces for individuals and couples, along with intensive wrap-around support services – and successfully converted five hotels into interim non-congregate housing and permanent supportive housing: (1) Coast House (formerly Coastside Inn), a 51-room interim housing site serving the Coastside community; (2) The Pacific Shelter (formerly Pacific Inn), a 74-room interim housing site located in Redwood City; (3) El Camino House (formerly The Stone Villa Inn), a 44-room interim housing site located in San Mateo; (4) Shores Landing (formerly Towneplace Suites), a 95-unit permanent affordable housing site for seniors who were previously homeless or at risk of homelessness, also located in Redwood City; and (5) Casa Esperanza (formerly The Comfort Inn), a 51-unit permanent supportive housing site for previously homeless individuals, also located in Redwood City; and

**WHEREAS**, mindful of the decision of the United States Court of Appeals for the Ninth Circuit in *Martin, et al. v. City of Boise* (2019) 920 F.3d 584, and related case law, this Ordinance conditions enforcement of prohibitions on illegal encampments on public property in the unincorporated areas of the County on the availability of shelter, and

further provides that those charged with a misdemeanor for violations of the Ordinance shall be entitled to participate in appropriate diversion programs offered by the San Mateo County Superior Court, the goal being to route individuals to shelter, and not to jail; and

**WHEREAS**, also mindful of practical difficulties faced by individuals attempting to remove property from encampments, this Ordinance mandates that the County offer reasonable assistance in the removal and temporary storage of such property, at no cost to the owner of the property. The County is also dedicated to ensuring that all storage locations for such property will be near accessible transit and reasonable transportation services will be offered to individuals.

**SECTION 1.** A new Chapter 3.109 of Title 3 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 Hopeful Horizons: Empowering Lives Initiative (“Chapter”), is hereby adopted to be numbered and entitled and to read as follows:

**Chapter 3.109 – Hopeful Horizons: Empowering Lives Initiative.**

**3.109.010 - 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 24 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.

(c) **“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.

(d) **“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 sexual orientation, gender identity or gender expression, religious affiliation, criminal convictions, or pet(s).

**3.109.020 – 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.

### **3.109.030 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 3.109.030(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.

### **3.109.040 – 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.

### **3.109.050 – 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. No initial written warning shall be given to a person without a screening of the person's mental and physical condition. 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 will be issued in accordance with the County's Language Access Policy and shall provide the person with information about at least one available Shelter Location, as required by Section 3.109.030(b) and shall include a written offer of placement in such Shelter Location.
- (b) Each day that an Encampment exists under Section 3.109.030(a) shall be a separate violation of this Chapter, and each written warning required under this

Section 3.109.050 shall be given no more frequently than once during every 24-hour period.

- (c) A person who is in violation of this Chapter shall be guilty of a misdemeanor 24 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.

### **3.109.060 –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 3.109.050(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 Section 3.109.060(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 in accordance with the County's Language Access Policy:
  - 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 at no cost to owner(s) of the Personal Effects.

The posting of notice required under this subsection shall not apply if the removal of Personal Effects is conducted pursuant to Section 3.109.050(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.

**3.109.070 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.

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