

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

Co-Applicant Board Meeting Agenda

Half Moon Bay Library, 620 Correas Street, Half Moon Bay, CA 94019

September 11th, 2025, 10:00am - 12:00pm

This meeting of The Health Care for The Homeless/Farmworker Health board will be held in-person at 620 Correas Street, Half Moon Bay, CA 94019

Remote participation in this meeting will not be available. To observe or participate in the meeting please attend in-person at above location.

*Written public comments may be emailed to rnash@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting.

*Please see instructions for written and spoken public comments at the end of this agenda.

B. PUBLIC COMMENT

Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

C. ACTION TO SET THE AGENDA & CONSENT AGENDA	10:10am
 Approve meeting minutes from: a. August 14th Board Meeting 	Tab 1
2. Budget and Finance Report	Tab 2
3. HCH/FH Director's Report	Tab 3
Quality Improvement/Quality Assurance Update	Tab 4

D. COMMUNITY ANNOUNCEMENTS

Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Community Program Coordinator at least five working days before the meeting at rnash@smcgov.org in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FHCo-Applicant Board meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: http://www.smchealth.org/smmc-hfhfh-board



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

E. GUEST SPEAKER	
Carolina Babbidge and Michelle Flores,	10:30am
Office of Labor Standards and Enforcement	
Dr. Mariam Hashoush,	11:00am
Dental Program Manager,San Mateo Medical Center	

F. REPORTING & DISCUSSION AGENDA		
Discussion on Annual Program Director Evaluation	Jim Beaumont	11:35am
Expanded Hours Sunday Clinic Updates	Jocelyn Vidales	11:40am
Federal Updates and Impacts on HCH/FH Program	Jim Beaumont	11:50am

G. ADJOURNMENT	12:00pm
Future meeting: October 9 th , 2025	
Time: 10:00am-12pm	
Location: 500 County Center, Redwood City, CA (Manzanita Hall)	

^{*}Instructions for Public Comment During Meeting

Members of the public may address the Members of the HCH/FH board as follows:

Written public comments may be emailed in advance of the meeting. Please read the following instructions carefully:

- 1. Your written comment should be emailed to rnash@smcgov.org.
- 2. Your email should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda.
- 3. Members of the public are limited to one comment per agenda item.
- 4. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words.
- 5. If your emailed comment is received by 5:00 p.m. on the day before the meeting, it will be provided to the Members of the HCH/FH board and made publicly available on the agenda website under the specific item to which your comment pertains. If emailed comments are received after 5:00p.m. on the day before the meeting, HCH/FH board will make every effort to either (i) provide such emailed comments to the HCH/FH board and make such emails publicly available on the agenda website prior to the meeting, or (ii) read such emails during the meeting. Whether such emailed comments are forwarded and posted, or are read during the meeting, they will still be included in the administrative record.

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Tab 1 Meeting Minutes



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

500 County Center COB 3 Redwood City, CA 94063 (Manzanita Hall) July 10th, 2025, 10:00am - 12:00pm

Co-Applicant Board Members Present	County Staff Present	Members of the Public	Absent Board Members/Staff
Steve Kraft Brian Greenberg Janet Schmidt Robert Anderson Judith Guerrero Gabe Garcia Steve Carey (Vice-Chair) Jim Beaumont (Ex Officio) Francine Dickson-Serafin Suzanne Moore Victoria Sanchez De Alba (Chair) Tony Serrano	Alejandra Alvarado Gozel Kulieva Raven Nash Jocelyn Vidales Jen Gordon, Patient Experience Sophia Recalde, BHRS Linda Franco, SMMC Coastside	Rita Mancera, Puente Sandra Sencion, ALAS Ophelie Vico, Puente Ivonna Barrios, LifeMoves	Tayischa Deldridge

A.	Call to order & roll call	Victoria Sanchez De Alba called the meeting to order at 10:00 am and did a roll call.	
B.	Public Comment	Rita Mancera, Puente Rita informed and invited the Board about the upcoming Photo Exhibition event, hosted by Puente and Coastside Hope, to honor farmworkers in San Mateo County. The event is to take place in Half Moon Bay on Tuesday, August 26, 2025 (Flyer is attached). Sandra Sencion, ALAS Sandra updated the Board on the work that ALAS has carried out over the last couple of months. The work includes partnering with Second Harvest Food Bank to provide nutrition programs and County Divisions, such as the Human Services Agency (HSA) Rapid Response teams, Standards and Labor Enforcement, and SMMC's Health Coverage Unit (HCU), to provide these services for their clients.	
C.	Action to set the agenda and consent agenda.	Approve meeting minutes from July 2025 Board Meeting Budget and Finance Report	Request to approve the Consent Agenda was

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		HCH/FH Director's Report Quality Improvement/Quality Assurance Update	MOVED by Janet Schmidt and SECONDED by Robert Anderson APPROVED by all Board members present.
D.	Community Announcements	Suzanne Moore Suzanne informed the Board that eviction lawsuits in San Mateo County have now surpassed pre-pandemic levels, driven by nuisance complaints, third-party payor issues, and nonpayment of rent. In July, several Section 8 housing evictions occurred without prior notification to the Housing Authority of San Mateo County (HAS). Encampment sweeps are scheduled next week in Menlo Park and Half Moon Bay, while enforcement of local parking ordinances is increasing. Robert noted that the encampment ordinance applies only to incorporated areas and it's believed that the County's approach is more lenient than other jurisdictions, with citations not yet issued. To support displaced residents, Pacifica Resource Center (PRC) is working to provide a "soft landing," and multiple outreach efforts are underway to connect affected individuals with resources and services.	
E.	Business Agenda	No Business Agenda.	
F.	Guest Speaker Jen Gordon, Health Services Manager – SMMC Patient Experience Sofia Reclade, Mental Health Services Act (MHSA) Management Analyst, Behavioral Health Recovery Services (BHRS)	Jen Gordon, SMMC Patient Experience Jen presented patient feedback processes, distinguishing grievances, complaints, feedback, and compliments. She outlined the grievance workflow: submission by patients or family, logging and acknowledgment within seven days, investigation as needed, and documentation of responses. Patients can provide feedback via phone, email, MyChart, or multilingual clinic flyers. Jen noted that NRC surveys offer useful but limited insights, citing an Emergency Department project where survey feedback led to improved communication during wait times. She also highlighted that her team provides monthly grievance reports and is developing a 2025 aggregated report to consolidate feedback from multiple sources. Emphasizing trust and accessibility, she noted patients may submit concerns anonymously and that BHRS is partnering with community organizations to enhance comfort and participation. Board members asked questions and shared observations. Janet asked about the distinction between Quality and Risk Management; Francine	

inquired about integration of feedback from HCH/FH patients, specifically from the Farmworker Affairs Commission report and raised phone access issues; and Tony asked how patients can feel safe given fears of retaliation or immigration consequences. Jen emphasized anonymous reporting options, MyChart access, and CBO partnerships to build trust. Tony also inquired about whether grievances could reveal systemic issues like discrimination, and Jen confirmed they could, though additional data is often needed. Jen also shared a Coastside Clinic example where farmworker patients faced communication barriers, partially addressed via MyChart. Suzanne highlighted including AAPI voices, and Francine suggested staff huddles to capture concerns in real time. Gabe inquired about linking grievance data to access metrics and incorporating social determinants of health were raised, and Jen confirmed these will be explored. The session concluded with suggestions for using feedback to drive systemwide improvements, and Jen reminded board members of upcoming public meeting dates.

Sofia Recalde, Behavioral Health Recovery Services (BHRS) Sophia provided background context for the Mental Health Services Act (MHSA), and how CA Proposition 1 (aka BHSA), passed in 2023, with the goal of improving behavioral health services, includes two major pieces of legislation that restructures the MHSA. These reforms redirect prevention dollars to housing and full service partnerships and building on existing programs such as Medi-Cal Enhances Care Management (ECM). More specifically, funding community based treatment facilities, rental subsidies, and other wraparound services. A key difference is that there will be very little funding dedicated to homeless outreach.

Sophia informed the Board that Behavioral Health and Recovery Services (BHRS) will begin a community planning process this Fall 2025 to develop a three year integrated plan that must be approved by the State by July 1, 2026. BHSA prioritizes folks with serious mental illness (SMI) and/or Substance Use Disorders (SUD), those at risk or experiencing homelessness, justice involved.

She further detailed that BHSA requires CA counties to identify local data gaps and adopt at least one additional local goal beyond statewide priorities. Robert inquired about how funds are divided across CA's 58 counties. Sophia clarified that the distribution formula has not changed but the allowable uses of funding have. Suzanne asked how data will be collected, how Epic relates, does BHRS have recovery beds, and whether

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new data requirements will be added. Sophia explained that the state dictates metrics, including mandatory reporting on homelessness using the Point-in-Time Count, and that BHRS is working with consultants to determine additional local data sources and internal responsibilities.

Tony raised concerns about ensuring long-term care once housing is attained. Sophia responded that Prop 1 ties funding for capital projects directly to the provision of social services. Victoria asked whether funding could support psychiatric emergency or institutional services. Robert noted that extended holds beyond 72 hours could theoretically be funded if beds and resources are available, but details remain uncertain. Gabe asked whether specific outcomes have been defined. Sophia responded with a stakeholder group previously set preliminary outcomes, further discussion is needed to refine and track them.

Sophia asked the Board for any recommendations on priorities that BHRS can support through BHSA. Jim and Brian discussed SUD treatment services in shelters and suggested offering technical assistance or incentives for providers to better serve people experiencing homelessness. Judith highlighted concerns about access to specialty and nonspecialty care and the quality of care when individuals are referred to mental health facilities. Nonna (LifeMoves) emphasized the shortage of domestic violence shelter beds, noting that many who call CORA cannot be placed. Judith and Gabe concluded by offering suggestions on best practices and recommended including public meeting dates in the planning process.

G. Reporting & Discussion Agenda

- Jocelyn Vidales Expanded Hours Grant Update
- Jim Beaumont Federal Updates and Impacts on HCH/FH Program

Jocelyn Vidales, Planning and Implementation Coordinator

Provided updates on the program's Sunday Clinic for farmworkers at SMMC Coastside Clinic. There was a discussion around attendance rates, possible clinic improvements, and billing for uninsured patients.

Jim Beaumont, HCHFH Program Director

Provided updates on federal policies related to the health and safety of our priority populations. There was a discussion on how state and federal budgets may affect the HCH/FH program.

G. Adjournment	Future meeting: September 11th, 2025 Time: 10:00am-12pm Location: 620 Correas Street, Half Moon Bay, CA 94019	The meeting was adjourned at 12:05 pm.
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Tab 2 Program Budget and Financial Report





DATE: September 11, 2025

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker

Health (HCH/FH) Program

FROM: Jim Beaumont

Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET AND FINANCE REPORT

Preliminary grant expenditures for August 2025 total an estimated \$117,566. This total does not include almost any expenses outside of salary and benefits and a couple of contract invoices. Overall, the current known total for expenditures is \$1,710,552.

Based on the total year-to-date, we look to be expending right at original estimates, at just under \$3,100,000. Our Salaries & Benefits are running slightly behind projections for the year, which is appropriate since salary increases occur during the last quarter of the year. Contracts are running slightly ahead of year-end estimates, which is normal as our contractors' invoice for heavier case load counts early in the year, tapering off as we move through the year.

Attachment:

GY 2024 Summary Grant Expenditure Report Through 08/31/25



Batalla face builded asklovator	Budastad	Aug-25		al drawdown thru 06/30/25	Purcla start for CV 2025
Details for budget estimates	Budgeted [SF-424]		To Date (08/31/25)	Projection for end of year	Projected for GY 2026
EXPENDITURES	[31 424]		(00/31/23)	cha or year	
Salaries Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.	725,000	55,588	457,015	700,000	740,000
- 0					
Benefits Director, Program Coordinator Management Analyst ,Medical Director new position, misc. OT, other, etc.					
	225,000	16,815	144,229	220,000	230,000
<u>Travel</u>					
National Conferences (2500*8)	20,000		4,709	7,000	12,000
Regional Conferences (1000*5)	5,000		250	1,000	1,500
Local Travel	500			500	250
Taxis	500			500	250
Van & vehicle usage	1,000 27,000		4,959	1,000	1,000 15,000
	27,000		4,959	10,000	15,000
Supplies					
Office Supplies, misc.	10,000		680	2,000	2,000
Small Funding Requests					
	10,000		680	2,000	2,000
Contractual					
2022 Contracts			154,132	154,132	
2022 MOUs				0	
Current 2023 MOUs	1,000,000		341,092	925,000	1,000,000
Current 2023 contracts	950,000	44,775	507,862	900,000	900,000
unallocated/other contracts					
unanocateu/other contracts					
	1,950,000		1,003,086	1,979,132	1,900,000
Other Consultants/grant writer	40.000		15.025	20,000	10,000
IT/Telcom	40,000 55,000	388	15,835 60,997	30,000 80,000	10,000 60,000
New Automation	,		55,551	0	-
Memberships	5,000		2,875	3,000	3,000
Training	10,000			3,000	2,000
Misc	5,000		20,876	30,000	5,000
	115,000		100,583	146,000	80,000
TOTAL	3,052,000	117,566	1,710,552	3,057,132	2,967,000
GRANT REVENUE					
<u> </u>					
Available Base Grant	2,858,632		2,858,632	2,858,632	2,858,632
Prior Year Unexpended to Carryover (verified)	333,590		333,590	333,590	125.000
Other HCH/FH PROGRAM TOTAL	3,192,222		3,192,222	3,192,222	135,090 carryover 2,993,722
TICH/TH PROGRAW TOTAL	3,192,222		3,132,222	3,192,222	2,333,722
BALANCE	140,222	Available	1,481,670 Current Estimate	135,090 Projected	26,722
			Current Estimate	Projecteu	based on est. grant
					of \$2,858,632
Non-Grant Expenditures					
Salary Ovorago	10.000	250	2 012	9,000	12 000
Salary Overage Health Coverage	10,000 123,000	250 9,226	3,813 69,263	9,000 110,000	12,000 143,000
base grant prep	0	-/0	,	0	-,
food	6,000		2,563	5,750	7,500
incentives/gift cards	1,000			1,500	1,500
	140,000		75,639	126,250	164,000
TOTAL EXPENDITURES	3,192,000	127,042	1,786,191	3,183,382	NEXT YEAR 3,131,000

Tab 3 HCH/FH Director's Report





September

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 August 14, 2025, Co-Applicant Board meeting.

While there will definitely be no additional funding opportunities this Federal FY, our BHSE award from September 1, 2024, has been made permanent and rolled into our base grant (effective 09/01/25). We received this notice on July 18th of the increase in our base grant to \$3.3M

The Expanded Hours award is continuing with dates now established (Sundays, bi-weekly) through September. While there have been some issues, we seem to be able to work through them productively with the many partners and move the effort forward.

Litigation on recent federal Executive Orders and policy changes are ongoing, with nothing new to report at this time.

As is normal for a non-SAC application year, Proaam is preparing the required NCC-BP (Non-Competing Continuation-Business Period Report) for HRSA. Deadline for the report is September 26th.

Seven Day Update

ATTACHED:

Program Calendar





County of San Mateo Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2025 Co-Applicant Board Calendar

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

		AREA		
HLNOM	Programmatic	Learning/Conferences	Recognition (Health, DEI, Holidays and Misc.)	nd Misc.)
JANUARY	- HCH/FH Board Meeting (1/9) - HRSA Operational Site Visit (OSV) (1/14-1/16) - OSV Special Board Meeting (1/15)		Glaucoma Awareness Month Cervical Cancer Screening Month National Human Trafficking Prevention Month International Holocaust Remembrance Day (1/27)	New Year's Day (1/1) Martin Luther King Day (1/20) Inauguration Day (1/20) Lunar New Year (1/29)
FEBRUARY	- HCH/FH Board Meeting (2/13) - Finance Subcommittee Meeting (2/13) - UDS submission - Review	National Alliance to End Homelessness Winter Conference: Innovations and Solutions for Ending Unsheltered Homelessness. (Los Angeles, CA – Feb 26-28)	National Children's Dental Health American Heart Month National Cancer Prevention Month National Wear Red Day (2/7) Black History Month World Day of Social Justice	 Lincoln's Birthday (2/12) Valentine's Day (2/14) President's Day (2/17)
MARCH	- HCH/FH Board Meeting (3/13) - QI/QA Subcommittee Meeting (3/13) - Updated Sliding Fee Discount Scale (SFDS) - Approve		Colorectal Cancer Awareness Month Developmental Disabilities Awareness Month National Doctors Day (3/30)	 Lent Begins (3/5) Daylight Saving Time Starts (3/9) St. Patrick's Day (3/17)
APRIL	- HCH/FH Board Meeting (4/10) - Strategic Plan Subcommittee Meeting (4/10) - SMMC Annual Audit - Approve	2024 Midwest Stream Forum- Agricultural Worker Conference (TBD)	Alcohol Awareness Month Sexual Assault Awareness Month Counseling Awareness Month National Minority Health Month Defeat Diabetes Month National Public Health Week (4/7-4/11)	 Lent Ends (4/19) Passover (4/13 – 4/20) Easter Sunday (4/20)
MAY	- HCH/FH Board Meeting (5/8) - Finance Subcommittee Meeting (5/8)	National Healthcare for the Homeless Conference. (Baltimore, MD – May 12-15) NRHA Health Equity Conference. (Atlanta, GA – May 19-20) NHRA Annual Rural Health Conference (Atlanta, GA – May 20-23)	American Stroke Awareness Month High Blood Pressure Education Month Mental Health Awareness Month National Trauma Awareness Month Asian Pacific American Heritage Month	Mother's Day (5/11) Memorial Day (5/26)
JUNE	- HCH/FH Board Meeting (6/12) - QI/QA Subcommittee Meeting (6/12) - Services/Locations Form 5A/5B – Approve	NCFH Agricultural Worker Health Symposium (TBD – May/June2025)	PTSD Awareness Month Cancer Survivor's Month LGBTQIA+ Pride Month	Father's Day (6/15)Juneteenth (6/19)



JULY	- HCH/FH Board Meeting (7/10) - Strategic Plan Subcommittee Meeting (7/10) - Budget Renewal (Program) Approve		• •	National Minority Mental Health Awareness Month Healthy Vision Month	Independence Day (7/4)
AUGUST	- HCH/FH Board Meeting (8/14) - Finance Subcommittee Meeting (8/14)		• • •	National Breastfeeding Month National Immunization Awareness Month National Health Center Week (8/10 – 8/16)	
SEPTEMBER	- HCH/FH Board Meeting (9/11) - QI/QA Subcommittee Meeting (9/11) - Program Director Annual Review	International Street Medicine Symposium. (Hilo, Hawai'l – Sept 9 – 12)	• • •	Healthy Aging Month National Suicide Prevention Month Gynecological Cancer Awareness Month Hispanic Heritage Month (Starts 9/15)	• Labor Day (9/1)
OCTOBER	 HCH/FH Board Meeting (10/9) Strategic Plan Subcommittee Meeting (10/9) Annual Conflict of Interest Statement due Board Chair/Vice Chair Nominations 		• • • • •	Breast Cancer Awareness Month Depression Awareness Month Domestic Violence Awareness Month Health Literacy Month Patient-Centered Care Awareness Month Child Health Day (10/6)	 Indigenous Peoples' Day/Columbus Day (10/13) Halloween (10/31)
NOVEMBER	 HCH/FH Board Meeting (11/13) Finance Subcommittee Meeting (11/13) Board Chair/Vice Chair Elections 	East Coast Migrant Stream- Agricultural Worker Conference Forum (TBA)	• • •	American Diabetes Month National Sexual Health Month Native American Heritage Day (11/28)	 Daylight Savings Time Ends (11/2) Veteran's Day (11/11) Thanksgiving (11/27)
DECEMBER	- HCH/FH Board Meeting (12/11) - QI/QA Subcommittee Meeting (12/11)	Institute for Healthcare Improvement (IHI) Forum (TBD)	•	Seasonal Affective Disorder Awareness Month	 Christmas Eve (12/24) Christmas Day (12/25) New Year's Eve (12/31)

BOARI	BOARD ANNUAL CALENDAR
Project	<u>Timeframe</u>
HRSA Operational Site Visit (OSV)	January 14 - 16
SMMC Annual Audit - Review	April/May
UDS Submission - Review	Spring
Sliding Fee Discount Scale (SFDS)	Spring
Services/Locations Form 5A/5B – Approve	June/July
Budget Renewal - Approve	July/August/September (Program)— December/January (Grant)
Annual Conflict of Interest Statement	October (and during new appointments)
Program Director Annual Review	Winter
Annual QI/QA Plan – Approve	Winter
Board Chair/Vice Chair Elections	November/December

Tab 4 QI/QA Report



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

DATE: September 11th, 2025

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker

Health (HCH/FH) Program

FROM: Frank Trinh, HCH/FH Medical Director

Raven Nash on behalf of Alejandra Alvarado, HCH/FH Clinical Services Coordinator

SUBJECT: QI/QA COMMITTEE REPORT

Q2 2025 Clinical Quality Measures Quarterly Reports

O HCH/FH has received the Q2 2025 quarterly reports and is working closely with the SMMC BI team and EPIC analysts to validate the data. The team is ensuring the accuracy of the reported number of homeless and farmworker individuals by confirming proper data collection within the database. In addition, HCH/FH is verifying that homeless and farmworker status is being accurately collected by PSAs at the time of registration across all clinic locations.

Clinical Staffing Update

Alejandra Alvarado has accepted a Work-Out-of-Class opportunity with the Quality Improvement
Program through the end of the year. In the interim, Raven Nash will represent the program at Epic
meetings alongside the Program Director and will facilitate the Quality Improvement/Quality
Assurance Subcommittee meetings under the supervision of Frank Trinh.

QI/QA Board Subcommittee Meeting

The next subcommittee meeting will occur on Thursday, September 11th at 12:30pm. The meeting will take place at the Half Moon Bay Library (Community Room B) located at 620 Correas Street, Half Moon Bay, CA 94019.



About Prop. 1- Behavioral Health Services Act





Health Care for the Homeless/Farmworker Health Board August 14, 2025



Overview

01 BHRS Transformation Journey
02 About Prop. 1
03 Discussion
04 Stay Informed and Get Involved

Glossary of Key Terms

- Serious mental illness (SMI) and/or Substance use disorder (SUD) are mental health challenges and/or recurrent use of alcohol and/or drugs resulting in serious functional impairment, which substantially interferes with major life activities.
- Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) primarily provided by County Behavioral Health Plans are intensive mental health and SUD services provided to clients that meet medical necessity criteria.
- Non-Specialty Mental Health Services (NSMHS) primarily provided by Managed Care Plans focus on individuals with mild to moderate needs, County Behavioral Health Plans also provide NSMHS through early intervention strategies.
- **Penetration Rates** are the percentage of Medi-Cal eligible individuals who receive specific behavioral health services and can indicate how effectively a program or system reaches and serves its intended population.
- Co-occurring capacity focuses on the ability of providers to address mental health and substance use disorders; integrated services provides care concurrently, rather than being referred to separate programs or services.
- Continuum of care is a comprehensive range of health and support services to individuals ensuring seamless transitions between different levels of need.
- Evidence-based practices (EBPs) have documented (e.g., peer-reviewed studies, and publications) effectiveness on improving behavioral health. Community-defined evidence practices (CDEPs) are an alternative or complement to EBPs, that offers culturally anchored interventions.
- Medi-Cal billing is the process of submitting claims to California's Medicaid program, Medi-Cal, for reimbursement of services provided.

Prop. 1 – Statewide Vision for Behavioral Health





Prop. 1 – Behavioral Health Transformation (BHT) passed in March 2024 and is the Governor's effort to re-envision public mental health and substance use services.



Prop. 1 was a catalyst for transformation across the State and included legislation that requires system-level changes and Mental Health Services Act (MHSA) millionaires' tax re-allocation.



Prop.1 builds upon many other state initiatives.



Alignment and implementation of this statewide vision is expected by July 1, 2026.

Prop. 1 Components

Assembly Bill 531 Obligation Bond – \$6.38 billion*

- Residential Treatment Facilities to provide support for individuals who require more intensive care.
- Permanent Supportive Housing to provide long-term, affordable housing paired with on-site or community-based supports

*Administered by the State of California

Senate Bill 326 Behavioral Health Services Act (BHSA)

- Mental Health Services Act (MHSA) Reform
- Community Program Planning + Three-Year Integrated Plan
- Statewide Accountability & Transparency



Prop. 1 Overarching Themes

- Focus on individuals living with serious mental illness and substance use disorders, at-risk and chronically homeless and at risk for justice involvement.
- Increase access to permanent supportive housing and communitybased residential treatment settings.
- Increase access to substance use disorder treatment and cooccurring mental health and substance use capacity across the continuum of care.
- Utilize evidence-based and community-defined evidence practices.
- Maximize MediCal billing across all services.
- Increase certified Peer Support Specialists.





Prop. 1 Priority Goals

- 6 Statewide Goals
- Access to Care
- Homelessness
- Institutionalization
- Justice Involvement
- Removal of Children from Home
- Untreated Behavioral Health Conditions
- 1 Additional County Goal
- **Social Connection**

Discussion Questions

- What strategies, programs or partnerships are needed to improve community outcomes as we transition to Prop 1/BHSA?
 - Is there existing work that needs to be sustained/expanded?



Stay Informed and Get Involved

- Visit the San Mateo County MHSA website www.smchealth.org/MHSA and click on the San Mateo County BHSA transition link:
 - Sign up for updates
 - Join an upcoming session on local Prop. 1 impacts and help inform the transition efforts:
 - 1. BHSA Transition Taskforce for overall understanding of Prop 1 impacts (<u>flyer</u>)
 - 2. Community Input Session to provide your input on strategies moving forward (flyer)

Transition Planning Jan 2025-Sep 2025

- April: BHSA Transition Taskforce – Community Program Planning (CPP) process
- July-Sep: Community input Sessions
- July: Program and internal restructuring and procurement processes

Plan Development Oct 2025-Jun 2026

- Oct: Draft Three-Year Integrated Plan
- Feb: Posting, 30-Day Public Comment and Public Hearing
- · Apr: DHCS review
- June: Board of Supervisor Approval

Implementation July 1, 2026

 Current programs funded by MHSA remain as is through June 30, 2026





Prop. 1 – Behavioral Health Services Act (BHSA)

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income over \$1 million per year. MHSA has provided a dedicated source of funding to expand, improve and transform California's behavioral health system.

In 2024, voters passed Proposition 1, which reforms MHSA funding allocations and introduces several important changes for counties:

Assembly Bill 531 Obligation Bond – \$6.38 billion

- CA Department of Health Care Services:
 Bond BHCIP for residential facilities supporting treatment
- CA Department of Housing and Community Development: Homekey + for permanent supportive housing*

Senate Bill 326 Behavioral Health Services Act (BHSA)

- Mental Health Services Act (MHSA) Reform
- Statewide Accountability & Transparency
- Community Program Planning + Three-Year Integrated Plan
- System Changes Across the Behavioral Health Continuum of Care

*San Mateo County Dept. of Housing is the lead for permanent supportive housing (PSH) developments and collaborate with BHRS for the supportive services provided to all clients in PSH.

Key Priorities for Prop. 1 – BHSA

- A focus on the most vulnerable individuals living with serious mental illness and/or substance use disorders and are at risk of homelessness, unhoused, and/or justice involved.
- Increasing access to permanent supportive housing and residential treatment settings.
- Increasing access to substance use disorder treatment and co-occurring capacity.
- Creating transparency in behavioral health planning, fiscal expenditures, and client outcomes.
- Maximizing Medi-Cal billing across all eligible services.





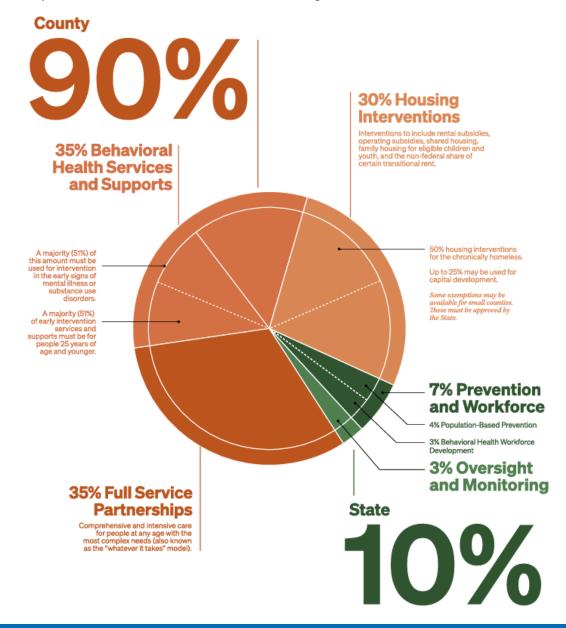
New Three-Year Integrated Plan

BHSA requires counties to develop a Three-Year Integrated Plan (IP) that outlines all local behavioral health funding over a three-year period, ensuring a coordinated and integrated system of care.

- Covers all programs and funding sources within a county's behavioral health division and across the behavioral health continuum of care.
- Requires use of local data to identify unmet needs and contributes to county level and statewide efforts to improve behavioral health outcomes.
- ✓ Strategies to address unmet needs are developed through a community planning process, engaging clients, family members, community partners and cross-sector agencies.

New Funding Allocations

BHSA significantly shifts how the millionaire's tax funding is allocated for behavioral health services.







Patient Experience Department

The Patient Experience Department

The Patient Experience Department is committed to advancing compassionate, equitable, and inclusive care by centering the voices of patients, family members and the community. We seek authentic collaboration with patients, families, staff, and community partners to cocreate meaningful experiences and outcomes. Through continuous learning, shared growth, and mutual respect, we build and nurture a culture of ownership and accountability. Guided by integrity and transparency, we strive to inspire trust and foster environments where every individual feels seen, heard, and valued.

Grievances, Complaints, Feedback, and Compliments

- Grievances go through a formal review process.
- Complaints and feedback do not go through a formal review process but are integrated as a data point to help us identify trending concerns from patients, family members, and community members.
- Compliments are routed to individuals recognized for their excellent services and tracked to learn from our patients, family members and community members what is working well.

Grievances

Grievance is reported to Patient Experience.

Grievance is routed to clinic/department identified.



Clinic/Department leadership reviews grievance.



Findings are sent back to the Px Department



Written resolution is sent to patient.









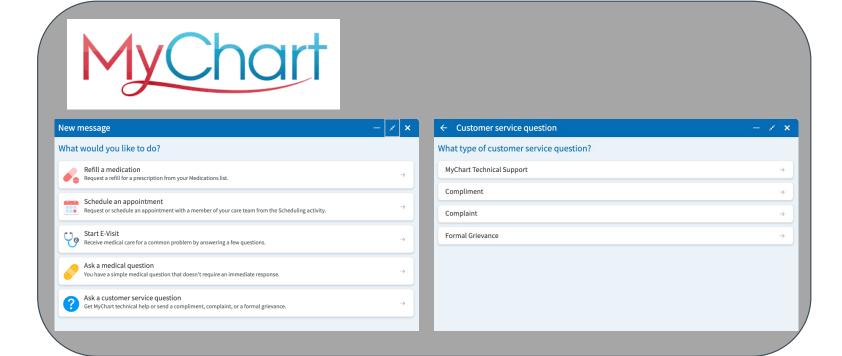
Connecting to the Patient Experience Department



650-573-3731



HS_SMMC_PATIENTEXPERIENCE@SMCGOV.ORG



Accessing Patient Experience Information



https://www.smchealth.org/smmc-contact



MYCHART COVID-19 PATIENT & VISITOR GUIDE FIND A LOCATION SERVICES

SHARE YOUR EXPERIENCE WITH US

We want to hear from you!

We strive for every patient and visitor to have a great experience at San Mateo Medical Center's hospital and clinics. Your feedback helps us continue to create positive experiences for everyone.

We welcome your:

- Compliments
- Feedback
- Formal grievances

Our Patient Experience Team can be reached by phone or email. Please call us to schedule an in-person appointment.

Read more »

Spreading the word

We want to hear from YOU!

Share your experience at San Mateo Medical Center with our Patient Experience Department:

Compliments

Feedback

Formal Grievances

Patient Experience Department

Hours: Monday - Friday, 8:00 a.m. - 3 p.m. (except holidays) **Phone:** (650) 573-3731

 $\textbf{Email:} \ HS_SMMC_PatientExperience@smcgov.org$

Call us to schedule an in-person appointment



¡Queremos saber su OPINIÓN!

Comparta su experiencia del Centro Médico San Mateo con nuestro Departamento de Experiencia del Paciente:

Cumplidos

Retroalimentación

Quejas formales

Departamento de Experiencia del Paciente

Horario: lunes a viernes, de 8:00 a.m. - 3 p.m. (excepto días festivos)
Teléfono: (650) 573-3731

Correo electrónico: HS_SMMC_PatientExperience@smcgov.org

Llámenos para programar una cita en persona.



NRC Patient Satisfaction Surveys

_			
	Was the facility clean?	Was the facility clean?	No
			Yes, somewhat
			Yes, mostly
			Yes, definitely
	During your visit, did our staff wash or sanitize their hands before	During your visit, did our staff wash or sanitize their hands before taking	No
	taking care of you?	care of your child?	Yes, somewhat
			Yes, mostly
			Yes, definitely
	Was this method of connecting with a care provider easy to use?	Was this method of connecting with a care provider easy to use?	No No
	was this method of connecting with a care provider easy to ase.	was this method of connecting with a care provider easy to use?	Yes, somewhat
			Yes, mostly
			Yes, definitely
	Was the quality of the video or call good enough?	Was the quality of the video or call good enough?	
	was the quality of the video of call good enough:	was the quality of the video or can good enough:	No
			Yes, somewhat
			Yes, mostly
			Yes, definitely
	Was it easy to get the clinic on the phone to schedule this	Was it easy to get the clinic on the phone to schedule this appointment?	No
	appointment?		Yes, somewhat
			Yes, mostly
			Yes, definitely
	Was it easy to get an appointment when you wanted?	Was it easy to get an appointment when you wanted?	No
			Yes, somewhat
			Yes, mostly
			Yes, definitely
	Did the receptionist treat you with courtesy and respect?	Did the receptionist treat you with courtesy and respect?	No
			Yes, somewhat
			Yes, mostly
			Yes, definitely
	Did nurses treat you with courtesy and respect?	Did nurses treat you with courtesy and respect?	No
			Yes, somewhat
			Yes, mostly
			Yes, definitely
	Did the care providers spend enough time with you?	Did the care providers spend enough time with your child?	No
			Yes, somewhat
			Yes, mostly
			Yes, definitely
	Did this provider listen carefully to you?	Did this provider listen carefully to you?	No
	and this provider insternationing to you.	bid this provider listen carefully to you?	Yes, somewhat
			Yes, mostly
			Yes, definitely
	Did this provider seem to know your medical history?	Did this provider seem to know your child's medical history?	No No
	Did this provider seem to know your medicarnistory:	Dia this provider seem to know your child's medical history?	Yes, somewhat
			Yes, mostly
			Yes, definitely
	Did you trust this provider with your care?	Did you trust this provider with your child's care?	No.
			Yes, somewhat
			Yes, mostly
			Yes, definitely

How Patient Voice is Used

Current State



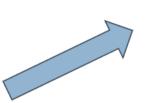
Patient Complaints and Grievances Data

June 2025

Patient Experience Department



- Executives
- Deputy directors
- Clinic/Depart ment managers
- Supervising providers
- Charge nurses



How Patients Voice Will be Used

Future State

to rapidly adjust systems to better meet their needs based on their feedback and NRC partnership Surveys Grievances & **Executives** Deputy Feedback Report with directors aggregated Clinic/ data and Department deliverable actions. managers Community Supervising providers Listening Charge Sessions nurses Patient & Family Advisory Council

Need: SMMC Patients need the organization

Valuing the Patient Voice

To improve the healthcare system, partnering with patients is essential to understand what works for them, what matters most, their top priorities and needs, and the changes they hope to see.

Questions

Patient experience email: hs_smmc_patientexperience@smcgov.org