

**County of Solano
Community Healthcare Board
Regular Meeting**

August 25, 2021
12:00 pm-2:00 pm

Conference Call Microsoft Teams

MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 299 423 65#

Due to COVID-19 social distancing requirements, the Community Health Board meetings will be held via teleconference. To join in for audio only, please use the dial in number and Conference ID above.

The County of Solano Community Health Board does not discriminate against persons with disabilities. If you wish to participate in the meeting and you require assistance to do so, please call Solano County Family Health Services at 707-784-8775 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to the meeting.

Public Comment: To submit public comment, please see the options below.

Mail:

If you wish to address any items listed on the Agenda by written comment, please submit comments in writing to FHS Community Healthcare Board Clerk by U.S. Mail. Written comments must be received no later than 8:30 A.M. on the day of the meeting. The mailing address is: Solano County H&SS, ATTN: FHS CHB Clerk (MS 5-240), P. O. Box 4090, Fairfield, CA 94533. Copies of comments received will be provided to the Board and will become part of the official record but will not be read aloud at the meeting.

Phone:

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-323-457-3408, and Conference ID: 299 423 65#. No attendee ID number is required. Once entered in the meeting, you will be able to hear the meeting and will be called upon to speak during the public speaking period.

Non-confidential materials related to an item on this Agenda, submitted to the Board after posting of the agenda at: https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/ and Family Health Service clinics located at 1119 E. Monte Vista, Vacaville, CA; 2101 Courage Drive, Fairfield, CA; 2201 Courage Drive, Fairfield, CA; and 365 Tuolumne Drive, Vallejo, CA., will be updated at https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/ and emailed upon request. You may request materials by contacting the Clerk at 707-784-8775.

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August 25, 2021
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AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE AGENDA

3) APPROVAL OF THE July 21, 2021, MEETING MINUTES

4) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Due to COVID-19, the public can join as audio only. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

5) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT

- a) COVID-19 Health Center Impact Update
- b) Health Center Operations Update
- c) Staffing Update

6) CO-APPLICANT AGREEMENT UPDATE BY DEPUTY COUNTY COUNSEL

7) OPERATIONS COMMITTEE UPDATE REPORTS

- a) Family Health Services Mobile Clinics – Minimum requirements per HRSA Guidelines
- b) Update to Dental and Primary Care Mobile Clinics – Jack Nasser
- c) FY 2020/2021 year-end fiscal report – Fiscal
- d) Fairfield Adult Clinic Operations Update

8) UNFINISHED BUSINESS

- a) Credentialing Privileging Policy and Procedure

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9) DISCUSSION

- a) Conflict of Interest Update – County Counsel

10) ACTION ITEMS

- a) Schedule a date for the FY 2022/2023 Budget Development Workshop. Dates to consider for a four-hour session: Thursday, 9/16/21, Friday, 9/17/21, Monday, 9/20/21 or Tuesday, 9/21/21
- b) Board will consider approval of Resuming In-Person Meetings
- c) Co-Applicant Agreement: The executive committee will report on and make a recommendation to full board to approve finalizing the co-applicant agreement with HSS/County/HRSA as necessary.

11) BOARD MEMBER COMMENTS

12) PARKING LOT (These items are postponed, until further notice.)

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design
- c) The IHI Quadruple Aim Initiative * Health Center Practices*

13) NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: September 15, 2021
TIME: 12:00 PM
TO JOIN: Telephone Conference Call
Dial: +1-323-457-3408, Conference ID: 299 423 65#

14) ADJOURN



**County of Solano
Community Healthcare Board**

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REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, July 21, 2021

Video and Telephone Conference Call

Members Present:

Ruth Forney, Gerald Hase, Jim Jones, Brandon Wirth, Robert Wieda, Katrina Morrow, Miriam Johnson, Anthony Lofton, and Tracee Stacy

Members Absent:

Sandra Whaley, and Michael Brown

Staff Present:

Dr. Bela Matyas, Gerald Huber, Debbie Vaughn, Dr. Rebekah Kim, Jack Nasser, Tess Lapira, Toya Adams, Noelle Soto, Cheryl Esters, Clarisa Sudarma, Thomas West, Nina Delmendo, Janine Harris, Jannett Alberg, Julie Barga, Thurman Robbison, and Patricia Zuñiga

1) Call to Order – 12:02 p.m.

- a) Welcome
- b) Roll Call

2) Approval of July 21, 2021, Agenda

Motion: To approve the July 21, 2021, Agenda

Motion by: Jim Jones and seconded by Katrina Morrow

Discussion: None

Ayes: Ruth Forney, Gerald Hase, Jim Jones, Brandon Wirth, Robert Wieda, Katrina Morrow, Miriam Johnson, Anthony Lofton, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

3) Approval of the May 19, 2021 and June 16, 2021 Meeting Minutes

Motion: To approve the May 19, 2021 Meeting Minutes with the amendments and approve the June 16, 2021 Meeting Minutes.

Motion by: Jim Jones and seconded by Miriam Johnson

Discussion: Ruth Forney has advised to change the May 19, 2021 meeting minutes under discussion #9 from "this form is completed" to "the assessment is completed." Also, Ruth wanted to clarify in the May 19, 2021 under #11 (d) Ruth Forney attended the conference virtually not in person.



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Ayes: Ruth Forney, Gerald Hase, Jim Jones, Brandon Wirth, Robert Wieda, Katrina Morrow, Miriam Johnson, Anthony Lofton and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

4) Public Comment

None.

5) Project Director/Chief Executive Officer Report

a) COVID-19 Health Center Impact Update- Present by Dr. Bela Matyas

i) Over the last two weeks not only in Solano County but also around the country increases of COVID-19 cases are on the rise due to the July 4th holiday. Most cases are in the younger unvaccinated population although symptoms have been mild no increase in hospitalization or deaths. Delta variant has become the primary variant form across the country, it is the easiest variant to spread. Vaccine is effective against Delta variant, people who are vaccinated cannot transmit the virus to others. 90-95% of people who have received the vaccine will develop immunity against the virus, people who have not developed immunity with the vaccine can still be infected with the virus. A breakthrough is only considered if a person is vaccinated and immunized to the virus and still contracts the virus. Otherwise, those who have received the vaccine and become ill with the virus have not develop immunity.

1) Mariam Johnson has asked why some places are mask free while other places require the masks. Dr. Matyas has advised certain entities require masks whether the person is vaccinated, healthcare clinics are one of those entities. FHS must comply with CALOSHA regulation and standards, which require the workforce within clinics to wear masks regardless if the person is vaccinated or not. Patients, through self-assentation, have the choice to wear the mask if they are fully vaccinated.

b) Health Center Operations Update

None.

c) Staffing Update

i) Clinic Operations Officer- first round of interviews includes stakeholder, partners that will work with COO, member of the Healthcare Board. Recruiter has screened the candidates prior to interviews and will provide the county with candidates who meet the qualifications and who they feel can run the clinics. Ruth will participate in the selection committee, Brandon and Jim will participate in the oral board committee, and other board members will participate in the meet and greet panel.

ii) Currently in different stages in the hiring process with 13 or 14 candidates within various classifications. MAs are in the final stages of the hiring process SR RN and RN are in the recruitment process. HSM- starting the recruitment process. DO/MD Provider & NP/PA- ongoing recruitment process.

6) Co-Applicant Agreement Update by Deputy County Counsel/Ruth Forney, Chair

a) Significant progress in condensing the third draft on the Co-Applicant Agreement. Also, there are efforts for the policy side of HRSA to review and provide comments. The Executive



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Committee wanted the extra review of the Co-Applicant Agreement as it was lengthy and there are items that can be taken out. The agreement was given to the HRSA Project Officer where the policy team will continue to review.

7) Operations Committee Update Reports

- a) Report on status of getting Family Health Services Mobile Clinics back in operation- Jack Nasser
 - i) One of the biggest challenges for the mobile clinics is staffing issues. Priority is to fill the key core portions that will allow the mobile clinics to operate. It was stated that although during regular business hours the mobile clinics would not be able to operate however, if there are staff members who choose to work overtime outside of normal business hours and days this is something that can be further investigated.
 - ii) The mobile clinic vans are currently in stored at the Corp Yard and are operational. For a minimal fee the Corp Yard stores and runs the vans, to make sure the vans are running properly, monthly. It was advised before the mobile vans are out a mechanical inspection will occur.
- b) Update on Dental Van and Primary Care Van rates- Fiscal
 - i) Refer to handout: Primary Care Van & Dental Van Update to PPS Rates. PPS rates are encounter rates provided by the federal government. It was concluded that the Primary Care Van and Dental Van can use the brick and motor rates of the Family Health Services Clinic. The Primary Care Van permanent rate is \$236.89 this is based on the 2201 Courage Drive rate. The Dental Van permanent rate is \$278.59 this is based on the 2101 Courage Drive. Most of the population FHS serves one the vans are the uninsured and sliding fee scale clients, however those who have medical and will be charged the new rates.
- c) Verbal update on preliminary year-end fiscal report-Fiscal
 - i) Year End budget is currently wrapping up. Based upon the projected saving costs from the third quarter some highlighted items on estimated savings include: Salaries and benefits savings of \$139K, services and supplies savings total of \$238K, items include; malpractice insurance savings of \$21K, drugs and pharmaceutical plus medical and dental supplies a combined savings of \$72K, recruitment contract saving of \$39K, computer budget saving \$39K. In "other charges" savings of \$63K, \$149K generated by staff working in other divisions. Revenues down about \$133K. Increase in Quality Improvement \$325K. Realignment money from Public health is estimated to be \$2.13 Million. Final numbers will be presented in the August meeting.

8) Unfinished Business

None.

9) Discussion

- a) FY 22/23 Budget Development
 - i) FY 22/23 budget development will start end of September early October. Prior to starting the process, a look at last year's budget will be reviewed and identify any changes in the upcoming year to allow for increases or decreases as needed. All positions will be budgeted on the assumption that all necessary positions are currently occupied. Included in the budget, based on board approval, is van expenses. FHS will anticipate any extra expensive such as travel, IT, new personnel, capital projects, and in person meetings.
- b) Resume in-person meetings



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- i) It was mentioned by the Chair, Ruth Forney, that FHS is not ready to go back into person meeting. There is no admin support staff to help set up the meetings. As well as, no budget to provide lunches, unless everyone brought their own lunch.
 - ii) It was stated by Brandon Wirth the importance of in person meetings and would like to see this as an Action Item for August meeting.
 - iii) It was advised by Tracee Stacy other meetings she attends have been hybrid where a laptop was provided for those who cannot attend in person and are able to view virtually. Also, if the time frame of the meeting should change for staff to help with the meetings.
 - iv) It was stated by Jim Jones he is not comfortable with going back to in person meeting and comfortable with virtual meetings.
- c) Credentialing and Privileging Policy and Procedures.
- i) Currently the Credentialing and Privileging Policy and Procedures is under review.
- d) Questions regarding conflict of interest.
- i) It was asked by Jim Jones, to have County Counsel to investigate conflict of interest rules.
- e) National Association of Community Health Centers (NACHC) Conference.
- i) NACHC will be held in August. Due to budget cuts the county is unable to send any staff or board members to the conference.

10) Action Items

- a) Review and Approve Policy Number 100.06, Other Health Insurance/Private Insurance Policy and Procedure- Janine Harris

Motion: To approve Policy Number 100.06, Other Health Insurance/Private Insurance Policy and Procedure

Motion by: Tracee Stacy and seconded by Brandon Wirth

Discussion: None

Ayes: Ruth Forney, Gerald Hase, Jim Jones, Brandon Wirth, Robert Wieda, Katrina Morrow, Miriam Johnson, Anthony Lofton and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

- b) Review and Approve HRSA C8E Capital Grant, final submission-Noelle Soto

Motion: To approve HRSA C8E Capital Grant, final submission

Motion by: Brandon Wirth and seconded by Tracee Stacy

Discussion: None

Ayes: Ruth Forney, Gerald Hase, Jim Jones, Brandon Wirth, Robert Wieda, Katrina Morrow, Miriam Johnson, Anthony Lofton, and Tracee Stacy



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Nays: None

Abstain: None

Motion Carried

11) Board Member Comments

a) None.

12) Parking Lot (These items are postponed, until further notice.)

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design
- c) The IHI Quadruple Aim Initiative *Health Center Practices*

13) Next Community Healthcare Board Meeting

DATE: August 18, 2021

TIME: 12:00 p.m.

TO JOIN: Telephone Conference Call

Dial: 1-323-457-3408, Conference ID: 299 423 65#

14) Adjourn

Meeting was adjourned at 2:00 p.m.

Handouts:

- Primary Care Van & Dental Van Update to PPS Rate
- Policy Number 100.06: Other Health Insurance/Private Insurance
- FY 21/24 American Rescue Plan- Health Center Construction and Capital Improvements: HRSA C8E

COUNTY OF SOLANO						
DEPT 7580 - FAMILY HEALTH SERVICES						
YEAR END VARIANCE - FINAL						
FOR FISCAL YEAR 20/21						
		A	B	C	D	E
Category Subobject	Description		FY 2020/21 Third Quarter (TQ) Projections	YTD Actuals	Variance Between YE and TQ	% of Actual Spending Against TQ (Col D divided by Col B)
EXPENDITURES						
	1000	SALARIES AND EMPLOYEE BENEFITS				
1	0001110	SALARY/WAGES REGULAR	10,905,317	10,833,389	(71,928)	-0.66%
2	0001121	SALARY/WAGES-EXTRA HELP	116,970	121,032	4,062	3.47%
3	0001131	SALARY/WAGES OT/CALL-BACK	168,259	123,651	(44,609)	-26.51%
4	0001142	SALARY/WAGES STANDBY PAY	61,713	56,400	(5,313)	-8.61%
5	0001210	RETIREMENT-EMPLOYER	2,666,114	2,637,986	(28,128)	-1.06%
6	0001211	PARS RETIREMENT-ER	-	-	-	-
7	0001212	DEFERRED COMP-COUNTY MATCH	10,865	10,602	(263)	-2.42%
8	0001213	OPEB COSTS	216,911	214,865	(2,046)	-0.94%
9	0001220	FICA-EMPLOYER	792,261	783,769	(8,492)	-1.07%
10	0001230	HEALTH INS-EMPLOYER	1,742,495	1,786,015	43,520	2.50%
11	0001231	VISION CARE INSURANCE	19,175	19,757	582	3.04%
12	0001240	COMPENSATION INSURANCE	321,880	321,880	-	0.00%
13	0001241	LT DISABILITY INSURANCE ER	4,342	4,687	345	7.96%
14	0001250	UNEMPLOYMENT INSURANCE	24,089	24,089	-	0.00%
15	0001260	DENTAL INS-EMPLOYER	113,488	98,725	(14,763)	-13.01%
16	0001270	ACCRUED LEAVE CTO PAYOFF	65,388	52,935	(12,453)	-19.04%
17	0001290	LIFE INSURANCE-EMPLOYER	14,108	14,602	494	3.50%
18	0001999	SALARY SAVINGS	-	-	-	-
19	1000	SALARIES AND EMPLOYEE BENEFITS	17,243,375	17,104,384	(138,991)	99.19%
20						
21	2000	SERVICES AND SUPPLIES				
22	0002011	CLOTHING & PERSONAL SUPPLIES	3,380	1,689	(1,691)	-50.03%
23	0002021	COMMUNICATION-TELEPHONE SYSTEM	93,739	92,446	(1,293)	-1.38%
24	0002022	COMMUNICATION-TELEPHONE AMC	19,168	2,783	(16,385)	-85.48%
25	0002023	COMMUNICATION-VOICE MAIL	12,155	12,623	468	3.85%
26	0002025	CELLULAR COMMUNICATION SERVICE	15,550	14,380	(1,170)	-7.53%
27	0002026	CELL PHONE ALLOWANCE	464	482	18	3.88%
28	0002028	TELEPHONE SERVICES	19,254	19,392	138	0.72%
29	0002035	HOUSEHOLD EXPENSE	27,165	23,251	(3,914)	-14.41%
30	0002050	INSURANCE-RISK MANAGEMENT	1,313	1,313	-	0.00%
31	0002051	LIABILITY INSURANCE	253,170	253,170	-	0.00%
32	0002057	MALPRACTICE INSURANCE	310,086	289,502	(20,584)	-6.64%
33	0002103	INTERPRETERS	2,601	2,105	(496)	-19.06%
34	0002120	MAINTENANCE EQUIPMENT	20,333	24,972	4,639	22.82%
35	0002122	FUEL & LUBRICANTS	851	577	(274)	-32.16%
36	0002140	MAINTENANCE-BLDGS & IMPROVE	8,477	1,007	(7,470)	-88.13%
37	0002151	DRUGS & PHARMACEUTICAL SUPP	257,134	232,080	(25,054)	-9.74%
38	0002153	MEDICAL/DENTAL SUPPLIES	368,135	320,497	(47,638)	-12.94%
39	0002170	MEMBERSHIPS	4,638	1,505	(3,133)	-67.55%
40	0002171	PROFESSIONAL LICENSES & CERT	13,309	10,225	(3,084)	-23.17%
41	0002176	FEES AND PERMITS	2,138	2,138	-	0.00%
42	0002178	CASH SHORTAGE	(25)	(77)	(52)	208.64%
43	0002180	BOOKS & SUBSCRIPTIONS	2,005	1,760	(245)	-12.21%
44	0002200	OFFICE EXPENSE	52,788	54,342	1,554	2.94%
45	0002201	EQUIPMENT UNDER \$1,500	2,368	7,810	5,442	229.83%
46	0002202	CONT ASSETS COMPUTER RELATED	19,849	19,847	(2)	-0.01%
47	0002203	COMPUTER COMPONENTS <\$1,500	100,952	62,008	(38,944)	-38.58%
48	0002204	COMPUTER RELATED ITEMS:<\$500	2,830	3,050	220	7.78%
49	0002205	POSTAGE	55	104	49	88.40%
50	0002206	CONT ASSET-NON COMP RELATED	36,492	35,123	(1,369)	-3.75%
51	0002207	ERGONOMIC UNDER \$1500	12,637	12,138	(499)	-3.95%
52	0002215	MANAGED PRINT COST PER COPY	16,451	10,762	(5,689)	-34.58%
53	0002216	MAINTENANCE/SERVICE CONTRACTS	7,319	7,316	(3)	-0.04%
54	0002221	RECORDS STORAGE	3,320	4,130	810	24.40%

		A	B	C	D	E
	Category Subobject	Description	FY 2020/21 Third Quarter (TQ) Projections	YTD Actuals	Variance Between YE and TQ	% of Actual Spending Against TQ (Col D divided by Col B)
55	0002226	MEDICAL/DENTAL SERVICE	210,961	217,912	6,951	3.29%
56	0002245	CONTRACTED SERVICES	282,696	282,689	(7)	0.00%
57	0002250	OTHER PROFESSIONAL SERVICES	55,798	17,177	(38,621)	-69.22%
58	0002255	CREDIT CARD PROCESSING FEES	1,394	1,741	347	24.91%
59	0002260	DATA PROCESSING SERVICES	2,250	2,250	-	0.00%
60	0002261	SOFTWARE MAINTENANCE & SUPPORT	301,125	292,814	(8,311)	-2.76%
61	0002263	H&SS DOIT TIME STUDY COSTS	526,063	513,368	(12,696)	-2.41%
62	0002264	HSS CDP COSTS	348,285	348,285	-	0.00%
63	0002266	CENTRAL DATA PROCESSING SVCE	731,375	687,295	(44,080)	-6.03%
64	0002270	SOFTWARE	-	-	-	-
65	0002271	SOFTWARE RENTAL / SUBSCRIPTION	28,712	43,876	15,164	52.82%
66	0002280	PUBLICATIONS AND LEGAL NOTICES	-	-	-	-
67	0002281	ADVERTISING/MARKETING	-	-	-	-
68	0002285	RENTS & LEASES - EQUIPMENT	14,690	10,639	(4,051)	-27.58%
69	0002295	RENTS & LEASES-BUILDINGS/IMPR	4,200	4,000	(200)	-4.76%
70	0002310	EDUCATION & TRAINING	4,400	1,929	(2,471)	-56.16%
71	0002312	SPECIAL DEPARTMENTAL EXPENSE	16,427	17,803	1,376	8.38%
72	0002335	TRAVEL EXPENSE	5,073	55	(5,018)	-98.91%
73	0002336	TRAVEL OUT-OF-STATE	-	-	-	-
74	0002337	MEALS/REFRESHMENTS	100	97	(3)	-3.33%
75	0002338	EMPLOYEE RECOGNITION	-	107	107	-
76	0002345	MOVING/FREIGHT/TOWING	-	-	-	-
77	0002350	COUNTY GARAGE SERVICE	17,095	17,733	638	3.73%
78	0002355	PERSONAL MILEAGE	18,613	4,728	(13,885)	-74.60%
79	0002360	UTILITIES	164,240	150,606	(13,634)	-8.30%
80	0002361	WATER	25,720	22,935	(2,785)	-10.83%
81	2000	SERVICES AND SUPPLIES	4,449,318	4,162,493	(286,825)	93.55%
82						
83	3000	OTHER CHARGES				
84	0003121	INDIGENT CARE	19,528	16,469	(3,059)	-15.66%
85	0003153	CONTRACTED DIRECT SERVICES	538,081	524,654	(13,427)	-2.50%
86	0003158	FOOD FOR INDIGENT CLIENS	-	-	-	-
87	0003160	TRANSPORTATION FOR CLIENTS	502	270	(232)	-46.26%
88	0003690	INTERFUND SERVICES USED-COUNTY	6,975	5,814	(1,161)	-16.65%
89	0003691	INTERFUND SVCES-ACCTG & AUDIT	10,000	-	(10,000)	-100.00%
90	0003694	INTERFUND SVCES-PROFESSIONAL	453,191	423,413	(29,778)	-6.57%
91	0003695	INTERFUND SVCES-MNT MATERIALS	8,163	6,320	(1,843)	-22.58%
92	0003696	INTERFUND SVCES-SMALL PROJECTS	24,954	19,031	(5,923)	-23.74%
93	0003697	INTERFUND SVCES-POSTAGE	31,944	34,103	2,159	6.76%
94	0003698	INTERFUND SVCES-MNT LABOR	4,901	5,350	449	9.16%
95	0003701	CONTRIB - NON COUNTY AGENCIES	-	-	-	-
96	0003710	COUNTYWIDE ADMIN OVERHEAD	1,440,910	1,440,910	-	0.00%
97	0003712	CAC BUILDING CHARGES	339	339	-	0.00%
98	3000	OTHER CHARGES	2,539,488	2,476,672	(62,816)	97.53%
99						
100	4000	FIXED ASSETS				
101	0004303	EQUIPMENT	32,529	23,198	(9,331)	-28.69%
102	0004304	COMPUTER EQUIPMENT	-	-	-	-
103	4000	FIXED ASSETS	32,529	23,198	(9,331)	71.31%
104						
105	5000	OTHER FINANCING USES				
106	0005040	TRANS OUT-POBs	170,472	168,917	(1,555)	-0.91%
107	5000	OTHER FINANCING USES	170,472	168,917	(1,555)	99.09%
108						
109	7000	INTRA FUND TRANSFERS				
110	0007010	INTRA-FUND TRANSFER	2,522,882	2,288,512	(234,370)	-9.29%
111	0007023	INTRAFUND SVCES-PERSONNEL	(280,453)	(474,015)	(193,562)	69.02%
112	0007024	INTRAFUND SVCES-PROFESSIONAL	250	216	(34)	-13.60%
113	7000	INTRA FUND TRANSFERS	2,242,679	1,814,713	(427,966)	80.92%
114						
115		TOTAL EXPENDITURES	26,677,861	25,750,378	(927,484)	96.52%
116						

	A	B	C	D	E	
	Category Subobject	Description	FY 2020/21 Third Quarter (TQ) Projections	YTD Actuals	Variance Between YE and TQ	% of Actual Spending Against TQ (Col D divided by Col B)
117		REVENUES				
118						
119	9500	INTERGOVERNMENTAL REVENUES				
120	0009502	FEDERAL CARES ACT REVENUE	660,972	660,972	(0)	0.00%
121	0009567	COVID-19 FEDERAL DIRECT	1,444,019	1,453,856	9,837	0.68%
122	0009572	FEDERAL AID	1,966,653	1,964,812	(1,841)	-0.09%
123	0009591	GRANT REVENUE	47,503	47,503	0	0.00%
124	0009596	PRIOR YEAR REV-FEDERAL	-	-	-	-
125	9500	INTERGOVERNMENTAL REVENUES	4,119,147	4,127,143	7,996	0.59%
126						
127	9600	CHARGES FOR SERVICES				
128	0009603	PHOTO/MICROFICHE COPIES	2,012	2,057	45	2.26%
129	0009643	PRIVATE PAY PATIENT	156,725	185,363	28,638	18.27%
130	0009657	INSURANCE PAYMENTS	37,896	35,423	(2,473)	-6.53%
131	0009661	MEDI-CAL SERVICES	12,769,594	11,855,271	(914,323)	-7.16%
132	0009662	MEDICARE SERVICES	111,763	859,341	747,578	668.90%
133	0009663	PRIOR YEAR REV-OTHER CHARGES	65,300	65,300	-	0.00%
134	0009667	CMSP SERVICES	618	616	(2)	-0.26%
135	0009670	MANAGED CARE SERVICES	4,517,127	4,537,490	20,363	0.45%
136	9600	CHARGES FOR SERVICES	17,661,035	17,540,862	(120,173)	99.32%
137						
138	9700	MISC REVENUES				
139	0009702	CASH OVERAGE	-	-	-	-
140	0009703	OTHER REVENUE	1,758,483	2,084,879	326,396	18.56%
141	0009705	INSURANCE PROCEEDS	-	-	-	-
142	9700	MISC REVENUES	1,758,483	2,084,879	326,396	18.56%
143						
144		TOTAL REVENUE	23,538,665	23,752,883	214,218	118.47%
145						
146						
147		TOTAL EXPENDITURES VS TOTAL REVENUES				
148						
149			FY 2020/21 Third Quarter (TQ) Projections	YTD Actuals		
150		TOTAL EXPENDITURES	26,677,861	25,750,378		
151		TOTAL REVENUE	23,538,665	23,752,883		
152						
153		DEFICIT/(SURPLUS)	3,139,196	1,997,494		
154						
155						
156						
157		USE OF 1991 REALIGNMENT (DEFICIT)				
158						
159	0009519	STATE VLF 1991 REALIGNMNT - PH	3,139,196	1,997,494		

FQHC CO-APPLICANT AGREEMENT

This Co-Applicant Agreement ("Agreement") shall delineate the relationship between County of Solano ("COUNTY") and the Solano County Community Healthcare Board ("BOARD"). COUNTY and BOARD shall be collectively referred to as "Co-Applicants" or as the "Parties," as applied to Health Resources and Services Administration ("HRSA") Regulations and Authorities pertaining to the operation of the Health Center in the County of Solano, California designated as part of the Federally Qualified Health Center ("FQHC") program, and

WHEREAS, the COUNTY, through its Health and Social Services Department, ("HSS") provides primary health care services to medically underserved communities and vulnerable populations in the County; and

WHEREAS, HRSA has established the FQHC program under which the COUNTY may draw federal funding to provide primary health care services to medically underserved communities and vulnerable populations; and

WHEREAS, the COUNTY believes it can better serve these populations through participation in the FQHC program; and

WHEREAS, the COUNTY's participation in the FQHC program requires the COUNTY to comply with the applicable law and the formal policies of HRSA,¹ including the establishment of an independent board that assumes specified authority and oversight responsibility over the Health Center designated as a FQHC; and

WHEREAS, the Parties recognize that consistent with applicable Federal laws, regulations, and policies regarding the establishment of a Health Center designated as a FQHC, the co-applicant arrangement is for the BOARD as the patient/community-based governing board to set Health Center policy. The co-applicant arrangement shall not allow the COUNTY to override the final approvals and required decision-making authorities of the BOARD, but the COUNTY may be constrained by law in the delegation of certain government functions, and thus the COUNTY is permitted to retain authority over certain fiscal, personnel, operational decisions and policies for the Health Center with an approved co-applicant board arrangement; and

WHEREAS, the Parties have agreed to enter into a co-applicant arrangement; and

WHEREAS, the Parties wish to set forth in this Agreement, the authorities to be exercised by each Party and the shared responsibilities of the Parties with respect to the Health Center designated as a FQHC;

¹ Specifically, Section 330 of the Public Health Services Act (42 U.S.C. §254(b)) and 42 C.F.R. 51c and 42 C.F.R. 56.2d -56.604.

NOW, THEREFORE, the COUNTY and the BOARD agree as follows:

1. Role of the BOARD.

- 1.1 Membership. The Board's Membership must meet the size, member selection, and composition requirements documented in the Health Center's application for FQHC designation. The details of such are also described in the duly approved Bylaws of the BOARD then in effect, "BOARD Bylaws", which are incorporated by this reference, along with the processes related to elections to officer positions, committee appointments, terms of office, removal, vacancies, and recruitment.
- 1.2 Governance Authorities and Responsibilities. The Parties agree that the BOARD shall carry out its governance responsibilities in accordance with the provisions set out by the applicable law and the formal policies of HRSA, the BOARD Bylaws, and the terms of this Agreement, subject to certain limitations.

The BOARD's governance responsibilities include:

- A. Monthly Meetings. The BOARD shall hold monthly meetings where a quorum is present to ensure the BOARD can exercise its required functions;
- B. Project Director (or appropriate HR classification). The BOARD shall approve the selection, evaluate the performance, and/or approve termination/dismissal of the Project Director². The Project Director reports directly to the BOARD and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the purpose of the Health Center Program project;
- C. Key Management Team. The Project Director is responsible for the day-to-day direction and management of the Health Center. Together, the BOARD, Project Director, and other members of the key management team, comprise the leadership of the Health Center and shall work together to ensure a strong organization;
- D. Approval of the Annual Budgets and Audits. The BOARD shall approve the Health Center's annual operating and capital budget and audits, subject to the limitations herein;

² Removal of the Project Director by the Board pursuant to this Agreement shall not constitute a termination of COUNTY employment or impede the Project Director's employment relationship with the COUNTY. (HRSA Manual Chapter 19 p 1/5; HRSA Manual Ch 11.)

- E. Approval of Applications. The BOARD shall approve applications for annual FQHC recertification, annual Section 330 grants (as applicable), and other grant funds regarding the scope of the Health Center;
 - F. Approval of Health Center Operations. Subject to County fiscal and Human Resources policies, the BOARD shall approve the Health Center's hours of operation and health services provided, including decisions to contract for a substantial portion of the Health Center's services;
 - G. Financial Management. The BOARD shall monitor the financial status of the Health Center, including ensuring appropriate follow up with HSS regarding the adoption and periodic updates of policies for the financial management of the Health Center (including a system to assure accountability for the Health Center's resources, provision of an annual audit, long-range financial planning, billing and collection policies and accounting procedures);
 - H. Strategic Planning and Thinking. The BOARD shall approve the mission, vision, values of the Health Center and use these statements to guide their decision-making. They shall ensure community needs assessment informs strategic planning and shall engage in ongoing strategic planning at least once every three years;
 - I. Quality Management. The BOARD shall evaluate the performance of the Health Center based on reports from the quality management staff, and ensure appropriate follow up is taken by HSS's quality management staff, including audits and state quality management reporting requirements. The Project Director and appropriate staff, as appropriate, shall report to the BOARD on matters concerning the quality management; and
 - J. Risk Management. The BOARD shall review and approve the Health Center's risk management program.
- 1.3 Policies. Subject to the limitations set forth in the BOARD Bylaws and/or this Agreement, the BOARD shall have authority to ratify and adopt general policies and procedures for the Health Center, including, but not limited to:
- A. Quality Management. Adopting policies for the quality-of-care audit procedures;

- B. Fee Schedules. Ratifying and adopting policies for eligibility of services including criteria for fee schedules for services and the sliding fee discount program; and
- C. Personnel Policies. Ratifying and adopting the personnel policies and regulations developed and approved by the COUNTY (and as modified, revised or amended by the COUNTY) including, but not limited to, employee selection, performance review, evaluation, discipline and dismissal procedures, employee compensation, wage, salary and benefits, position descriptions and classifications, employee grievance procedures and processes, and equal employment opportunity practices.

1.4 Limitations on BOARD Authority. The Board may not adopt policy or practice, or take any action, within its scope under this Agreement which is inconsistent with or which alters the scope of any decision or policy set by the COUNTY regarding fiscal or personnel matters or which asserts control, directly or indirectly, over any non-HRSA funded project and/or program.

2. Role of the COUNTY.

2.1 Governance Authorities and Responsibilities. In accordance with Federal and State requirements, the Parties recognize that COUNTY, as a public agency, is constrained by law in the delegation of certain functions to other entities. In view of the foregoing, the Parties agree that COUNTY shall retain and exercise freely the following governance and operational authorities and responsibilities with respect to Health Center:

- A. Fiscal. Subject to the BOARD's review of the financial status of the Health Center, COUNTY shall maintain its authority to set policy on fiscal matters pertaining to Health Center, including, but not limited to, capital and operating borrowing, maintaining internal control policies and procedures, and providing for an annual external independent audit in compliance with the requirements of the Single Audit, to ensure sound financial management procedures and purchasing policies and standards, and appropriating and authorizing funding and staffing for programs;
- B. Personnel. Subject to the BOARD's authority as set forth in Section 1.2.B. of this Agreement regarding the selection, evaluation, approval and removal of Health Center Project Director, the Parties agree that COUNTY shall have sole authority over employment matters and development and approval of personnel policies and procedures, including, but not limited to:

- i. Employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project and Health Center, including agreements for the provision of staff who are employees of other agencies and organizations; and
- ii. Day-to-day management and supervision, evaluation, discipline and dismissal, salary and benefit scales:
 - a. Employee grievance procedures;
 - b. Equal opportunity practices;
 - c. Collective bargaining agreements; and
 - d. Labor disputes and other labor and human resources matters.

2.2 Operational Responsibilities. Subject to the governance responsibilities exercised by the BOARD, COUNTY shall conduct the day-to-day operations of the Health Center. Such operational responsibilities shall include, but not be limited to:

- A. Applying for and maintaining all licenses, permits, certifications, accreditations, and approvals necessary for the operation of the Health Center;
- B. Receiving, managing and disbursing, as applicable, revenues of the Health Center consistent with the approved budget for the Health Center;
- C. Employing or contracting personnel to perform all clinical, managerial, and administrative services necessary to assure the provision of high-quality health care services to the HealthCare Center's patients;
- D. Credentialing and privileging of providers;
- E. Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs;

- F. Preparing monthly financial reports, which shall be submitted to the BOARD, and managing financial matters related to the operation of the Health Center;
- G. Developing and managing internal control systems, in consultation with the BOARD as set forth in this Agreement (as applicable), in accordance with sound management procedures and Section 330 that provide for:
 - i. Eligibility determinations;
 - ii. Development, preparation, maintenance and safekeeping of records and books of account relating to the business and financial affairs of the Health Center;
 - iii. Separate maintenance of the Health Center's business and financial records from other records related to the finances of HSS to ensure that funds of the Health Center may be properly allocated;
 - iv. Accounting procedures and financial controls in accordance with generally accepted accounting principles as applied to government agencies;
 - v. A schedule of charges and partial payment schedules (i.e., a sliding fee schedule of discounts) for services provided to certain uninsured and underinsured patients that is consistent with State and Federal law and HRSA policy;
 - vi. Billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors and (3) underinsured or uninsured and whose earnings fit the low• income criteria; and
 - vii. Compliance with the terms and conditions of the FQHC Look- Alike and/or Grantee designation, as applicable.
- H. Unless otherwise stated in this Agreement, establishment of the Health Center's operational, management, and patient care policies;
- I. Establishing ongoing quality improvement programs; and
- J. Ensuring the effective and efficient operation of the Health Center.

3. Mutual Obligations.

3.1 Budget Development and Approval.

- A. COUNTY shall develop the annual operating and capital budget for the Health Center. Subject to the requirements for adoption and approval of a public agency budget, the BOARD shall have authority to approve the annual operating and capital budgets of Health Center within the confines and amounts provided by COUNTY during its annual budget adoption. In the event the BOARD is unable or unwilling to approve the recommended budget, the Parties shall engage in a dispute resolution process as defined in the Dispute Resolution and Mediation section of this Agreement;
- B. The Parties shall not materially deviate from the adopted budgets that are approved through the process outlined above except that COUNTY through HSS may modify planned fiscal activities if there is a reduction in available resources (e.g. decreased levels of reimbursement, diminished revenues, or adverse labor events). The COUNTY or HSS shall immediately notify the BOARD of any budgetary change that would materially modify the scope of the FQHC project and seek the necessary approvals of such changes before they are enacted, whenever possible; and
- C. All funds received for services provided and all income otherwise generated by the Health Center, including fees, premiums, third-party reimbursements and other state and local operational funding, and Section 330 grant funds ("Program Income"), as well as all Program Income greater than the amount budgeted ("Excess Program Income"), shall be under the control of the COUNTY. All Program Income and Excess Program Income shall be used to further the goals of the Health Center consistent with the terms of this Agreement.

3.2 Compliance with Laws and Regulations. The Parties shall have a mutual commitment and responsibility to work together to ensure that the Health Center provides care in compliance with all applicable federal, state, and local laws, policies, and regulations.

3.3 Financial Responsibility. Each Party agrees not to undertake expenditures in excess of the authorized budget and the available resources and to recognize the COUNTY's responsibility with respect to the fiscal controls and related financial matters described in this Agreement.

- 3.4 Expenses of Parties. The expenses of the COUNTY and the BOARD incurred in carrying out its respective obligations for governance and operation of the Health Center pursuant to this Agreement shall be considered expenses incurred in furtherance of the Health Center and thus shall be reimbursed in accordance with applicable FQHC program requirements and the fiscal policies of the COUNTY.
- 3.5 Record-Keeping and Reporting. Each Party shall maintain records, reports, supporting documents and all other relevant books, papers, and other documents to enable the Parties to meet all FQHC-related reporting requirements. Records shall be maintained for a period of four (4) years from the date this Agreement expires or is terminated, unless state and/or federal law requires that records be maintained for a period greater than the four (4) year period specified herein ("the retention period"). If an audit, litigation, or other action involving the records is started before the end of the retention period, the Parties agree to maintain the records until the end of the retention period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, the California Department of Health Care Services, the Office of the Comptroller of the State of California or any of their duly authorized representatives, upon appropriate notice, such records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to each Party's personnel for purposes of interview and discussion related to such documents.
- 3.6 Confidentiality. Subject to the COUNTY's obligations, if any, to make public its records in accordance with applicable law, the Parties agree that all information, records, data, and data elements collected and maintained for the administration of this Agreement (in any form, including, but not limited to, written, oral, or contained on video tapes, audio tapes, computer diskettes or other storage devices) shall be treated as confidential and proprietary information. Accordingly, each Party shall take all reasonable precautions to protect such information from unauthorized disclosure; however, nothing contained herein shall be construed to prohibit any authorized Federal or other appropriate official from obtaining, reviewing, and auditing any information, record, data, and data element to which they are lawfully entitled. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all protected health information ("PHI") of the patients receiving care provided by the Health Center, in accordance with all applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability

Act ("HIPAA").

3.7 Medical Records. The Parties agree that HSS, as the operator of the Health Center, shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served by the Health Center.

3.8 Insurance.

- A. The COUNTY shall maintain Professional Liability Insurance, Workers' Compensation Insurance, and General Liability and Property Damage Insurance to cover Health Center activities;
- B. Directors' and Officers' Insurance for the BOARD shall be required; and
- C. Survival of Section 3.5. This Section 3.5 shall survive the termination of this Agreement without regard to the cause for termination.

3.9 Ownership of Property Acquired with Grant Funds. The provisions of 45 C.F.R. § 74.40, et seq., apply to tangible property acquired under this Agreement. The Parties agree that the COUNTY shall be the title holder to all property purchased with grant funds.

3.10 Copyrightable Material. If any copyrightable material is developed under this Agreement, COUNTY and the U.S. Department of Health & Human Services ("HHS") shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, authorize others or otherwise use such material.

4. Governing Law.

4.1 Applicable Laws, Regulations and Policies. This Agreement shall be governed and construed in accordance with applicable Federal laws, regulations, and policies. In addition, each Party covenants to comply with all applicable laws, ordinances and codes of the State of California and all local governments.

4.2 New HRSA Directives. The Project Director shall submit promptly to each Party any directives or policies that are received from HRSA after execution of this Agreement and are pertinent to applicable FQHC program, and the Parties shall comply with such additional directives/policies, as they become applicable.

4.3 Non-Discrimination. By signing this Agreement, the BOARD agrees to comply with the COUNTY's Equal Employment Opportunity Non-

Discrimination Policy, all related personnel policies, and all related federal requirements.

5. Term. This Agreement shall remain in effect during the project period of any Section 330 grant award that the COUNTY receives unless terminated at an earlier date in accordance with the terms of Section 6 of this Agreement.
6. Termination.
 - 6.1 Immediate Termination. This Agreement shall terminate immediately upon the non-renewal or termination of the Section 330 grant.
 - 6.2 For Cause Termination. Either party may terminate this Agreement "for cause" if the other Party fails to meet its material obligations under this Agreement. Such "for cause" termination shall require 90 days prior written notice of intent to terminate during which period the Party that has allegedly failed to meet its material obligations may cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with this Agreement.
 - 6.3 Termination by Mutual Agreement. This Agreement may be terminated upon the mutual approval of the Parties in writing.
 - 6.4 Termination Contingent Upon HRSA Approval. With the exception of a termination for cause arising from the voluntary or involuntary loss of the Health Center's FQHC designation (or its Section 330 grant), either party may terminate this agreement on 120 days written notice; however, such termination shall not become effective unless and until HRSA issues its written approval of such termination.
7. Dispute Resolution and Mediation. The Parties shall first attempt to resolve any dispute or impasse in decision-making arising under or relating to this Agreement by informal discussions between the Project Director and the Chair of the Co-Applicant Board. Any dispute or impasse not resolved within a reasonable time following such discussions (not to exceed thirty (30) days) shall be taken to the HSS Director. If the Parties are unable to resolve the dispute, either Party may pursue any remedy available at law.
8. Notices. All notices permitted or required by this Agreement shall be deemed given when made in writing and delivered personally or deposited in the United States Mail, first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the addresses set forth below , or such other addresses as the Party may designate in writing:

For Co-Applicant:
Chairperson
County of Solano Community Health Center
Co-Applicant Board
2201 Courage Dr.
Fairfield, CA 94533

For Health Center Operations:
Health Center Project Director
2201 Courage Dr.
Fairfield, CA 94533

For the County of Solano:
Director Health and Social Services
275 Beck Avenue
Solano, CA 94533

9. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns; provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party and HRSA.
10. Severability. The terms of this Agreement are severable, and the illegality or invalidity of any term or provision shall not affect the validity of any other term or provision, all of which shall remain in full force and effect.
11. Amendments. The Parties may agree to amend this Agreement which shall be in writing and signed by the Parties.
12. Waiver. No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer or representative of the waiving Party.
13. Agency. Except as may be required by the State as a condition of licensure, neither Party is, nor shall be deemed to be, an employee, agent, co-venture or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.
14. Third-Party Beneficiaries. None of the provisions of this Agreement shall be for the benefit of or enforceable by any third party, including, without

limitation, any creditor of either Party. No third-party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, obligation or otherwise against any Party to this Agreement.

15. Force Majeure. In the event either Party is unable to timely perform its obligations under this agreement due to causes that are beyond its control, including, without limitation, strikes , riots, earthquakes , epidemics , pandemic, war, fire, or any other general catastrophe or act of God, neither Party shall be liable to the other for any loss or damage resulting therefrom.
16. Co-Applicant Board Bylaws. Duly approved BOARD Bylaws have been enacted by the BOARD and are party to this Agreement articulating an enduring structure and scope of authority guiding the activities of the BOARD. Those BOARD Bylaws are intended for the regulation of the BOARD and shall be regarded as rules and regulations of the BOARD.
17. Incorporation by Reference of Portions of the County Code. Solano County Code Chapter 2 is hereby incorporated by this reference as though stated in full herein.
18. Entire Agreement. This Agreement constitutes the entire agreement between the Parties and no statements, promises or inducements made by a Party or by agents of either Party which are not contained in this Agreement shall be valid or binding.

Execution:

The parties have executed this agreement below by their duly authorized representatives.

County of Solano
Board of Supervisors

County of Solano Community
Health Centers
Co-Applicant Board

By _____ Date _____

By _____ Date _____

UNHOUSED BILL OF RIGHTS

Congresswoman Cori Bush (MO-01)

The unhoused crisis in America is an urgent, life-threatening public health emergency.

The inability of the richest country in the world to guarantee housing, universal medical care, and livable wages to its people represents a moral and political failure at every level of our society. Lawmakers at every level of government, especially the federal government, must take swift action to end the unhoused crisis and immediately provide desperately needed resources to unhoused persons, communities, advocates, and service providers.

The Unhoused Bill of Rights (UBR) is the first federal resolution to **declare unalienable rights for unhoused persons and provide solutions to permanently end the crisis by 2025**. In the wake of the COVID-19 pandemic, this resolution illustrates the interconnectedness of the unhoused and public health crises.

The UBR demonstrates the complexity of issues faced by unhoused persons, particularly as it relates to their criminalization, discrimination, dehumanization, and mistreatment by law enforcement, private businesses, and housed persons. From a health-based, equity approach developed in coordination with community-led organizations and unhoused advocates, this resolution calls on the federal government to:

- **Permanently end the unhoused crisis by 2025** by drastically increasing the affordable housing stock, providing universal housing vouchers, and bolstering funding to federal housing programs, shelters, transitional and permanent housing programs, social services, and housing advocates;
- Calls on the Department of Health and Human Services **to declare the unhoused crisis a public health emergency**;
- Protect unhoused individuals from the **violation of their fundamental civil and human rights** to housing, health care, livable wages, education, employment opportunities, access to public facilities, and freedom from harassment by law enforcement, private businesses, property owners, and housed residents;
- Supports **historic federal funding levels for** state and local governments to provide 24-hour support for unhoused people, including: shelters, transitional housing programs, supportive services, public restrooms, hand-washing stations,

showers, laundry facilities, and water fountains in coordination with grassroots and community-led organizations;

- **Develop holistic, health-based, and non-carceral solutions to the unhoused crisis** in coordination with the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), community-led organizations, and unhoused advocates from a health-based approach that **addresses both the unhoused and public health crises**.

The Unhoused Bill of Rights provides a framework for concrete steps the federal government must take to permanently house the nearly 1.5 million women, children, veterans, and people struggling to survive on the streets. The dire urgency of the unhoused crisis has been exacerbated by the deadly global pandemic that continues to wreak havoc on our most vulnerable communities. Nearly 10 million households and 15 million people are currently at risk for eviction following the expiration of the federal eviction moratorium. We must champion policies that allow people to remain in their homes and guarantee housing for everyone.

The unhoused crisis continues to ravage communities, claim lives, render people permanently disabled, funnel people through the criminal-legal system, and create barriers to employment, education, civic participation, and overall happiness. Maintaining poverty and homelessness is a policy choice. We must stand together as lawmakers, advocates, and impacted people to make the right choice to end the unhoused crisis once and for all.

The Unhoused Bill of Rights is one step in a long journey toward justice for the members of our unhoused community.

The Unhoused Bill of Rights is co-sponsored by: Alexandria Ocasio-Cortez (NY-14), Sheila Jackson Lee (TX-18), Yvette D. Clarke (NY-09), Rashida Tlaib (MI-13), Nydia Velazquez (NY-07), Dwight Evans (PA-03), Marie Newman (IL-03), Mondaire Jones (NY-17), Earl Blumenauer (OR-03), Jamaal Bowman (NY-16), Bonnie Watson Coleman (NJ-12), Nikema Williams (GA-05), Betty McCollum (MN-04), André Carson (IN-07), Jesús G. “Chuy” García (IL-04), Pramila Jayapal (WA-07), and Ayanna Pressley (MA-07)

The Unhoused Bill of Rights is endorsed by the following organizations: National Coalition for the Homeless, National Health Care for the Homeless Council, National Homeless Law Center, National Alliance to End Homelessness, National Low Income Housing Coalition, Greater Kansas City Coalition to End Homelessness,

Sacramento Regional Coalition to End Homelessness, Vecino Group, SAVE, Inc.,
Western Regional Advocacy Project, Beyond Housing, ARISE 2 DESTINY Ministry Inc.,
Action St. Louis, Metropolitan Development Council, ArchCity Defenders, RESULTS,
and Tent Mission STL