Alameda County Health Care for the Homeless
Preparing for the Upcoming HRSA Site Visit

What is ACHCH?

Alameda County Health Care for the Homeless is a health department-based health center whose mission is to improve the health of people experiencing homelessness by ensuring access to culturally informed whole-person health care and housing services.

How does ACHCH operate? ACHCH health center services are provided both directly by ACHCH program staff as well as by partners including Alameda Health System, FQHC clinics and community clinic providers. ACHCH health center patients are able to access a comprehensive range of services including primary care, behavioral health, substance use, outreach, specialty care, dental, and enabling services.

History of ACHCH? Alameda County Health Care for the Homeless Program has been a HRSA-funded health center since 1988. We provide a network of directly-provided, contracted and subrecipient-provided primary care, specialty, urgent care, dental, enabling, behavioral health, substance use and outreach services.

What is HRSA? The Health Resources and Services Administration is the primary Federal (HHS) agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Among other things, HRSA provides funding to health centers. HRSA funds mostly community health centers (non-profits) and a few “public entities” (city and county health departments).

What is HRSA’s relationship to Alameda County and ACHCH? HRSA funds Alameda County Health Care Services Agency to operate ACHCH health center. Therefore, ACHCH is a HRSA funded public entity health center.

How much does HRSA fund Alameda County for ACHCH? In 2017, Alameda County received $3.8 million in annual funding from HRSA. All (100%) of HRSA funds go directly to ACHCH program operations (staff, contracts, supplies, etc.). Over recent years, HRSA funds have covered 60% of ACHCH’s expenses. The additional funding for HCH health center services comes from Alameda County General Funds and Mental Health Services Act funding (TRUST Clinic).

What is the history of ACHCH governance? Prior to 2016, ACHCH was governed solely by the elected Alameda County Board of Supervisors. The County Board empowered the management of HCSA and ACHCH to run the program within the broad context of Alameda County government structure and oversight.
**What are HRSA requirements of a governance board?**

<table>
<thead>
<tr>
<th>HRSA Required Board Authority, Function and Responsibilities</th>
<th>Talking Points for ACHCH with HRSA Reviewers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding monthly meetings and maintaining records/minutes that verify and document the board’s functioning</td>
<td>The HCH Commission has been meeting since September 2016. Meetings are public and minutes are available at <a href="http://www.achch.org">www.achch.org</a>.</td>
</tr>
<tr>
<td>Approving applications related to the health center project, including grants/designation applications and other HRSA requests regarding scope of project</td>
<td>ACHCH’s last HRSA grant SAC was submitted before the Commission became governing board in 2016. The Commission has reviewed expansion grant applications and ACHCH continuation grant budgets (BPR for 2017 and 2018).</td>
</tr>
<tr>
<td>Approving the annual health center budget and audit</td>
<td>HCH Commission approved ACHCH’s 2018 budget in 8/2017, and will approve ACHCH’s 2019 budget in August 2018.</td>
</tr>
<tr>
<td>Long-term strategic planning, which would include regular updating of the health center’s mission, goals, and plans, as appropriate</td>
<td>ACHCH is in process of completing strategic planning; HCH Commission is involved in this process.</td>
</tr>
<tr>
<td>Evaluating the health center’s progress in meeting its annual and long-term goals</td>
<td>HCH Commission receives regular data reports from program staff at monthly board meetings, including an overview of 2017 UDS report; see March 2018 minutes.</td>
</tr>
<tr>
<td>Selecting services beyond those required in law to be provided by the health center, as well as the location and mode of delivery of those services</td>
<td>HCH Commission approved expansion of AHS specialty care and dental services and sites; see July 2017 minutes. Involved in discussions with HCH staff around StreetHealth and mobile health services.</td>
</tr>
<tr>
<td>Determining the hours during which services are provided at health center sites that are appropriate and responsive to the community’s needs</td>
<td>HCH Commission will review hours at ACHCH service sites in upcoming meetings.</td>
</tr>
<tr>
<td>Approving the selection/dismissal and evaluating the performance of the health center’s CEO or Executive Director</td>
<td>HCH Commission conducted Mark Shotwell’s evaluation in 6/2017. HCH Commission will be involved in selection of new HCH Program Director in future.</td>
</tr>
<tr>
<td>Establishing general policies and procedures for the health center that are consistent with Health Center Program and applicable grants management requirements</td>
<td>HCH Commission has board approved HCH patient informing Materials packet, Sliding Scale Fee Discount, Quality Program and HRSA grants management policies.</td>
</tr>
</tbody>
</table>
What is the purpose of the HRSA site visit? The goal is to assess ACHCH’s compliance in these four areas:

- **Need**: demonstration and documentation of the needs of the target population
- **Services**: client services, staffing, clinic locations, continuum of care, and quality improvement
- **Management and Finance**: staffing, contract and collaborative relationships, and financial management
- **Governance**: board authority, board composition, and conflict of interest

Why is a site visit important? After the site visit, the reviewers will provide a thorough report of ACHCH’s strengths and areas for improvement, as well as any areas where ACHCH may not be in compliance with various laws, statutes, and directives. The report is intended to be a useful tool to prioritize work and guide future efforts for the HCH Commission and staff. If areas of noncompliance with HRSA program requirements are found, HRSA can put “conditions” on the ACHCH grant that require the program to take action to come into compliance. Failure to meet these improvements can result in denied access to future HRSA funding opportunities and the potential for a progressive defunding of current grant amount.

Who is involved in preparing ACHCH for the site visit? A team of HCH program staff representing budget and finance, business operations, and management have been working to prepare for the site visit. The team has worked to gather documents that reviewers require to see. There is also a parallel process for Alameda Health System – as a major subrecipient providing a portion of ACHCH required health center services, AHS will also have to demonstrate compliance to HRSA health center requirements. The ACHCH team will be working directly with the HRSA reviewers when they are onsite.

How will the actual site visit take place? The HRSA site visit team will be comprised of three consultants: clinical, financial and administrative/governance who will be on site to visit over three days. The majority of the visit will take place at our administrative office location at 1404 Franklin Street Oakland, where the site reviewers will review documentation of ACHCH’s activities, policies and procedures. **The reviewers also requirement a meeting with the HCH Commission without ACHCH staff present** and reviewers tour one or two ACHCH clinic sites and Alameda Health System.

When is the date for the site visit? Tuesday, August 14th – Wednesday August 15th -- Thursday August 16th. Significant meetings are as follows:

- **Tuesday, August 14th** 9am-10am- Entrance Meeting-key county management, AHS and ACHCH management, board members and CCAB members are encouraged to attend
- **Wednesday August 15th** noon-1:00- HCH Commission Meeting with OSV consultants.
- **Thursday August 16th** 11:30-12:30-Exit Meeting: findings reported, key county management and ACHCH management, board members/CCAB members are encouraged to attend

If you have any questions about Alameda County’s Health Care for the Homeless upcoming HRSA site visit, please call David Modersbach at Alameda County HCH Program 510-667-4487. To learn more, please visit [https://bphc.hrsa.gov/programrequirements/index.html](https://bphc.hrsa.gov/programrequirements/index.html)
ACHCH Health Center Data Trends

ACHCH Patient Data Trend
2011-2017

ACTUAL | HRSA GOAL
---|---
2011: 8552 | 29,562
2012: 8942 | 33,040
2013: 10013 | 38,369
2014: 7934 | 32,936
2015: 9301 | 35,734
2016: 8265 | 35,051
2017: 7475 | 41,280

ACHCH VISITS
2011-2017

2011: 29,562
2012: 33,040
2013: 38,369
2014: 32,936
2015: 35,734
2016: 35,051
2017: 41,280
Patients Demographics

2017 - Age
- < 18yr: 7%
- 19-49yr: 44%
- 50-64yr: 37%
- 65+: 12%

2017 - Gender
- Female: 49%
- Male: 51%

2017 - Race/Ethnicity
- African American: 39%
- Latino/a: 35%
- White: 13%
- Native: 1%
- Asian/API: 10%
- More than one: 2%

% of Total Patients, Uninsured & Medicaid

*2014 - Affordable Care Act expansion in California
Program Overview

Service Area:
- Homeless In Alameda County
  - No regular or adequate nightly residence; shelter - transitional and recovery centers included; nightly residence in place not meant for human habitation (under bridges, cars) and includes doubled-up homeless
  - Some 23-25,000 Alameda County residents will experience homelessness this year.
  - At least 5,500 persons are unsheltered on any given night in Alameda County.

Program Design:

<table>
<thead>
<tr>
<th>HCH Directly Provided Services</th>
<th>Subrecipient Alameda Health System</th>
<th>HCH – Contracted Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mobile Health (Joint with AHS)</td>
<td>• Primary Care Homes</td>
<td>• Dental Providers (Onsite, La Clinica)</td>
</tr>
<tr>
<td>• StreetHealth Team</td>
<td>• Mobile Health</td>
<td>• Optometry (Fruitvale Opt)</td>
</tr>
<tr>
<td>• Shelter Health nursing services</td>
<td>• Urgent Care (Same Day)</td>
<td>• TRUST Clinic Primary Care (Lifelong)</td>
</tr>
<tr>
<td>• Case Management</td>
<td>• Specialty Care Services</td>
<td>• Street Medicine Providers (ROOTS, Tri-City Health Center)</td>
</tr>
<tr>
<td>• Dental Case Management</td>
<td>• Expanded Enabling Services</td>
<td>• Substance Use Outreach (EBCRP)</td>
</tr>
</tbody>
</table>

HCH Quality Program:
Quality Committee consists of HCH staff, consumer representatives and representatives from contracting and subrecipient providers. Bi-weekly meetings, oversees and sets quality and quality improvement standards and projects for HCH health center. Led by HCH Medical Director Jeffrey Seal MD. Reports twice a year to HCH Commission.

Sites:
- **Countywide Primary Care Homes:**
  - TRUST Clinic, Highland Wellness, Hayward Wellness, Newark Wellness, Eastmont Wellness
- **Urgent Care Services:**
  - Mobile Health van (12 locations), Same Day Clinic at HGH
- **Street Medicine Programs:**
  - HCH StreetHealth Team, ROOTS Street Medicine, TriCity/Abode Homeless Street Medicine
- **Shelter Health**
- **Dental and Optometry:** Onsite Dental, La Clinica, HCH Dental Case management
- **Specialty Care:** HGH Specialty Care at Highland Hospital
- **Behavioral Health and Substance Use**: TRUST, HGH SASE Team, EBCRP Outreach,
- **Enabling and Housing Services**: Provided connected to all HCH sites

**Services:**

- All ACHCH health center patients have access to:
  - General Primary Care (diagnosis and treat)
  - Lab services
  - Radiology
  - Preventive Health Screenings
  - Voluntary Family Planning
  - Immunizations
  - Pediatrics (AHS)
  - Pharmaceuticals
  - Substance Abuse Services
  - Housing Case Management
  - Eligibility Assistance
  - Health Education
  - Transportation
  - Translation
  - Mental Health including Psychiatry
  - Specialty Care Services

**TOTAL STAFF**

<table>
<thead>
<tr>
<th>HCH Program 22 FTE</th>
<th>Health Center Wide (including AHS and contractors) 112FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medical Director/Interim Director</td>
<td>o Physicians: 6.23FTE</td>
</tr>
<tr>
<td>2 Psychiatrists, 1 Psychologist</td>
<td>o Mid level Providers: 6.97</td>
</tr>
<tr>
<td>3 Social Workers</td>
<td>o Nurses, other: 23FTE</td>
</tr>
<tr>
<td>1 StreetHealth RN</td>
<td>o Dental: 3FTE</td>
</tr>
<tr>
<td>2 Mobile Support Staff</td>
<td>o Mental Health: 8.11FTE</td>
</tr>
<tr>
<td>1 ShelterHealth NP</td>
<td>o Substance Use: 1.6FTE</td>
</tr>
<tr>
<td>1 LCSW Deputy Director</td>
<td>o Enabling Services: 23FTE</td>
</tr>
<tr>
<td>5 Administrators (Grant, Contract, Finance, Quality, Facilities)</td>
<td>o Vision: 1.2 FTE</td>
</tr>
<tr>
<td>4 Office Support staff</td>
<td>o Admin/Support: 37.8FTE</td>
</tr>
</tbody>
</table>