ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

ACHCH Commission Clinical Quality Sub-Committee Meeting Agenda

May 24, 2021
9:00am-10:00 am

Via Teams
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
+1 415-915-3950,,495496069# United States, San Francisco
(888) 715-8170,,495496069# United States (Toll-free)
Phone Conference ID: 495 496 069#
Find a local number | Reset PIN
Learn More | Meeting options

1. Welcome and Introductions

2. Review Policies and Procedures

    a. Policy establishing the Quality Improvement/Quality Assurance Program
        i. Quality Committee Charter and Bylaws (p. 2)

    b. Patient Safety and Adverse Events, Patient Grievances
        i. HCH Incident Reporting/Sentinel Event Policy and Procedures (p. 10)

    c. Clinical
        i. Vaccination Services (p. 15)
        ii. Harm Reduction (p. 21)
        iii. Naloxone (p. 23)
        iv. Pharmaceutical Management (p. 25)
        v. Medication, Prescribing, Dispensing, and Administration (p. 26)
        vi. CLIA Point of Care Testing (p. 41)
        vii. Pain Management (p. 47)
        viii. Telehealth (p. 52)

3. Review ACHCH Scope of Services Evaluation 2021 (p. 58), List of Sites (p. 64)

4. Next Steps

ACHCH Policy Document

Quality Committee Charter and Bylaws

Mission

To assure ongoing excellence in the quality of care provided by Alameda County Health Care for the Homeless (HCH) and meet quality management requirements set forth by HRSA.

Scope

This section applies to all services within the HRSA-approved scope delivered by the Health Care for the Homeless Program. Within this framework, Alameda County Health Care for the Homeless (HCH) Quality Committee will undertake a clearly outlined process to complete the following activities:

- SUPPORT all HCH provider efforts to promote a continuous quality improvement environment with emphasis on data integrity.
- COMMITMENT to exercising the highest standards in coordinating the exchange of information among key stakeholders regarding clinical performance and quality of care for homeless patients.
- MEASURE success in meeting utilization targets.
- DOCUMENT achievement of clinical and program performance objectives.
- EVALUATE and ensure the effectiveness of the health care and program services provided to homeless clients through quality improvement activities.
- PROMOTE activities that provide a positive patient experience for all homeless individuals and families served by the Alameda County HCH service delivery system.
- DOCUMENT HCH compliance in the development and updating of risk management policies and procedures, including patient and staff safety.

Definitions and Principles

1. HCH uses the Institute of Medicine (IOM) definition of quality—

   "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

2. HCH follows the Continuous Quality Improvement (CQI) model and definition –

"An approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems: focuses on "process" rather than the individual; recognizes both internal and external "customers"; promotes the need for objective data to analyze and improve processes."

3. Therefore, the following principles guide quality improvement and quality assurance activities—
    a. Data-driven decisions
    b. Teamwork
    c. Focus on entire processes of care or systems of care delivery, rather than individual performance

Quality Measures

The Alameda County Health Care for the Homeless Quality Committee (QC) will develop an annual quality plan through which it will select specific objectives aligned with program strategic goals, including patient access, quality of care, clinical and financial performance.

1. At a minimum, quality measures include current required measures for the annual Uniform Data System report. (http://bphc.hrsa.gov/qualityimprovement/performancemeasures/index.html)
2. Each HCH program or contracted service also reports measures of patient experience based on patient surveys or other agreed upon tools.
3. Other quality measures may include those required by other funders or regulators or adopted by the QC.

Approach to Measuring Performance and Quality

The HCH Quality Committee is committed to ensuring robust program performance and a solid quality management program that addresses the diversity of activities and services provided by HCH direct services, contractors, and the sub-recipient.

HCH QC supports the use and implementation of Results Based Accountability (RBA), an overarching conceptual framework and performance measurement tool to be applied to all HCH-funded services and programs. This approach ensures performance accountability and effectively measures progress toward key deliverables. Within the Health Care for the Homeless Program, this performance measurement tool will help determine whether persons experiencing homelessness in Alameda County are better off because of these services. Specifically, participation in RBA allows programs, agencies, or services to develop program indicators by addressing these three critical questions: 1) How much did we do?; 2) How well did we do it?; and 3) Is anyone better off? RBA supports community-based

service providers in successfully following an accessible, practical process to implement and evaluate its work.

Overall, RBA will help HCH establish a strong programmatic foundation from which relevant quality improvement activities can be prioritized more effectively. The Quality Committee supports the organization of the data it receives into this framework, which will clarify specific elements the Committee will monitor regularly. In addition, it will assist in determining where quality improvement activities should be targeted.

Quality Improvement Activities

The Quality Program incorporates three distinct types of activities —quality assessment, quality improvement, and quality improvement reporting. Each activity is described below, including who is responsible in the case of both directly provided services and contracted services.

1. **Quality assessment** includes determination of measures of program quality within the RBA framework, determining standards for those measures, and monitoring of those measures over time by the QC. The HRSA clinic performance measures will also be continuously monitored over time by the QC. Quality assessment within each program is the responsibility of the program manager for services involving HCH- or AHS- employed staff, and the HCH Contracts Manager for services that are fully contracted. If these individuals are not licensed professional staff with applicable expertise (i.e. dentists for dental care, psychologists for therapy, etc.), such staff must be included in the quality assessment.
2. **Quality improvement** includes activities defined in the CQI model. Quality improvement areas (sometimes referred to as process improvement) will be identified through the ongoing quality assessment of data both within the RBA framework as well as HRSA clinic performance measures. Activities are undertaken by improvement teams, which must include licensed and unlicensed staff that care for clients or patients, whether they are directly employed or working under contract.
3. **Quality improvement reporting** is distinct from programmatic reporting of outcomes and processes and refers specifically to the activities and results of process improvement efforts. For example, a clinic manager may report hypertension outcomes and the number of visits for hypertensive patients at baseline. However, a multidisciplinary team may undertake a quality improvement effort, such as conducting a root-cause analysis, and as a result instituting reminder calls to improve hypertension control. Quality improvement reporting would include reporting on the additional activities (e.g. outcome of root-cause analysis and reminder calls) and intermediate or targeted outcomes (e.g. changes in visits for uncontrolled patients, and related changes in hypertension outcomes). Data for

quality improvement reporting may be collected through the electronic health record, other centrally-managed databases, and/or data collection systems developed by staff and supervisors (e.g. Excel spreadsheet, paper based surveys, etc.).

For services directly delivered by HCH, quality reporting is the responsibility of the program manager or designated staff. For contracted services, quality reporting is the responsibility of the contractor as defined in the contract.

Roles and Responsibilities

1. Through its oversight of HCH, the Health Care for the Homeless Commission (formerly Joint Co-Applicant Board) is responsible for the quality of services within the HRSA-approved scope of project.
2. The HCH Quality Committee is responsible for updating the Quality Program Plan annually and responding to quality questions and concerns of the HCH Commission.
3. The AHS Ambulatory Quality Committee will be responsive to the questions, concerns, and requests of the HCH Quality Committee and the HCH Commission.
4. The Health Care Services Agency (HCSA) Privacy and Security Officers oversee the privacy and security of clinical information throughout HCSA, including within the HCH program.
5. The Risk Management Unit of the County Administrator's Office and HCSA Departmental Human Resources staff oversee occupational safety and health of HCSA employees, including those within the HCH program.
6. The HCH Quality Director and Contracts Manager works with program direct services, the AHS sub-recipient and its contractors to clarify program expectations regarding quality assurance/quality improvement activities for homeless patients accessing their services.
7. The HCH Medical Director serves as the HCH liaison to HCSA Privacy and Security Officers and Alameda County Risk Management and HCSA Departmental Human Resources.

Section 2: Quality Committee Participation

A. HCH Quality Committee

The following provides general structure and member expectations of the HCH QC:

1. Standing members of the HCH QC is composed of at the following members from varying aspects of the HCH program.
    - HCH Medical Director
    - HCH Program Director

- HCH Deputy Director
- HCH Director of Quality
- HCH Shelter Health Program Manager
- HCH Street Health Program Manager
- HCH Psychiatrist
- HCH Pharmacist
- HCH Shelter Health RN
- HCH Contracts Manager
- Consumer Community Advisory Board (CCAB) member
- Interested HCH staff
- Invited guests.

1. New members will receive an orientation to their role and responsibilities on the HCH quality committee and provide their consent to serve on the QC as well as understanding their role as a committee member.

2. The Quality Committee meets at least 6 times per year.

3. HCH Meeting Schedule: The HCH Quality Committee will meet the 4th Friday of every month, 4pm-5pm.

4. The HCH Quality Committee must have a 50% quorum to meet and carry out its official functions.

5. Quality Committee responsibilities include but are not limited to the following:

    a. Reporting to the HCH Commission at least twice a year on health outcomes and quality measures.
    b. Reporting to the HCH Commission on quality improvement activities and outcomes throughout the program.
    c. Recommending changes to service delivery measures and goals for monitoring and reporting.
    d. Recommending interventions to respond to quality deficiencies or improvement opportunities.
    e. Recommending resources to support quality assurance and quality improvement activities.
    f. Oversee the collection and analysis to measure progress in reaching annual performance goals.

g. Provide timely feedback to promote an environment of continuous quality improvement throughout the HCH service delivery system; and

h. Review key elements of the quality program. This includes:
   i. Periodically reviewing the status of risk management activities (e.g. credentialing and staff privileges, clinician malpractice insurance, OSHA incidents, adverse patient events, and patient confidentiality of all HCH direct and contracted services.
   ii. Providing input to HCH staff regarding the development/revision of HCH Quality Management policies and procedures.
   iii. Conducting a periodic review of HCH quality data, and
   iv. Developing and monitoring an annual quality plan including quality improvement activities.
   v. Identifying Emerging Issues for the Quality Agenda:

See below for a roster of current HCH Quality Committee members, including committee role and specific experience.

HCH Quality Committee Member Roster		
Position	**Person**	**Committee Role and Specific Experience**
HCH Medical Director	TBD	Functions as the HCH Quality Committee Chair, sets the vision and agenda for the HCH quality management program. S/he also provides general oversight of the quality management program.
HCH Program Director	Lucy Kasdin, LCSW	Responsible for administrative and financial oversight of HCH, especially as it applies to QA/QI activities.
HCH Deputy Director	Luella Penserga, MPH	In addition to contract and administrative responsibilities, Functions as program lead for Alameda Health System and Trust Clinic and partners with Quality staff to support quality improvement/quality assurance activities related to clinical, financial, access, and governance.
HCH Director of Quality	Theresa M. Ramirez, DrPH	Supports vision and agenda of Medical Director in overseeing quality management program and implementing CQI activities. Oversees master calendar of quality improvement activities with contractors, manages RBA/Clear Impact scorecards, implements quality workplan.
HCH Street Health Program Manager	Ted Aames, PhD	Strong background in provision of behavioral health services. Program lead for the HCH-funded street health teams, providing clinical and programmatic support. Partners with Quality Director to monitor contract deliverables and RBA clinical, SDOH, and access performance measures.
HCH Shelter Health Program Manager	Kari Jennings-Parriott, LCSW	Strong background in provision of behavioral health services. Program lead for the HCH-funded shelter health team, providing clinical and programmatic support. Partners with Quality Director to monitor contract deliverables and RBA clinical, SDOH, and access performance measures.
HCH Psychiatrist	Aislinn Bird, MD	Provides psychiatric consulting services to HCH programs and direct services at Trust Clinic. Has experience in providing field-services on a street health

		psychiatric team. Expert in psychiatric service provision for homeless population.
HCH Senior Pharmacist	Seth Gomez, PharmD, BCPP	Oversees HCH vaccination program, 340B pharmacy contract, provides naloxone training and sharing expertise in Addiction Medicine (Medication Assisted Treatment), Geropsychiatry, SPMI, inpatient and outpatient psychiatric pharmacy services, healthcare for the homeless street and shelter health programs.
HCH Shelter Health RN	Jared Bunde, RN	Significant experience in providing field-based health care, overseeing implementation of HIV/HCV testing for the HCH shelter health team. Background in quality improvement, actively involved in COVID-19 activities including rapid response, testing and vaccination.
HCH Contracts Manager	Terri Moore, MBA	Oversees contractual compliance with quality assurance/quality improvement deliverables. Works with Director of Quality to review and present HCH Contractor data and narrative summaries to the quality committee. Strong experience in program development, implementation, and performance monitoring.
HCH Consumer/Community Advisory Board (CCAB) Member	TBD	Provides HCH consumer input to the quality committee.

REVISION HISTORY

Version	**Description of change**	**Approved by ACHCH Commission**	**Date**
0	Original	8/2016	8/12/2016
1	Updated for 2018	7/20/18	7/20/18
2	Updated for 2021		

ACHCH Procedure Document

NAME OF POLICY

HCH Incident Reporting/Sentinel Event Policy and Procedures

PURPOSE

The purpose of this policy is to ensure that Health Care for the Homeless staff and homeless patients have a mechanism in place to resolve any incidents affecting the safety of patients and staff in the daily operations of Health Care for the Homeless (HCH) while in the field providing services or at its office location.

SCOPE/COVERAGE

The policy applies to all Health Care for the Homeless staff members regardless of the likelihood of patient contact. HCH is committed to maintaining a service delivery system in which patients, staff and community partners can identify, manage, and learn from actual and potential risks to patient safety.

1. Reporting is necessary from a systems perspective to reduce patient and staff safety events and improve opportunities to achieve impactful outcomes.

2. All components of the incident reporting/sentinel event process, [e.g. incident reports, Sentinel and Patient Safety Events, Root Cause Analysis, and the Quality and Safety Committees] are conducted by Health Care for the Homeless as part of its health care services review process.

PROVISIONS

1) See below for definitions relevant to incident reporting activities.
   Incident: An event or circumstance that could have resulted or did result in unnecessary harm to a patient [source: World Health Organization]
   No harm events: These are incidents that need to be communicated across the Health Care for the Homeless Program of harm that may happen. An example: A street health team approaches an encampment where they have provided services in the past. An encampment resident warns them away, saying 'it's not a good time to come here".
   Near misses: Those involved do not experience serious injury but could have been harmed by the potential risk detected. An example of this type of incident is a patient stumbles over a box left on the office carpet due to low or insufficient lighting but does not become injured.
   Adverse events: These usually involve medicine, vaccines, and medical devices. They occur when an individual initiates a course of action or treatment that harms a patient rather than he or she being

affected from an existing illness or disease. Adverse events can also include omissions in provision of medical care, vaccines or use of medical devices that lead to harm. Three factors usually involved in an adverse event include a lack of competence, a lack of teamwork and poor communication, and incomplete or a total lack of documentation.
Sentinel events: Unexpected occurrences that result in serious physical or psychological injury or death. These can include suicide, falls, disease outbreaks, etc.
Violence: Defined as any attempted or actual physical aggression toward one's self, another person, or property. Physical aggression includes any unwanted physical contact, as well as throwing objects or destroying property, and verbal aggression includes, but is not limited to, threats, screaming, and provocative comments.
Root cause analysis (RCA): a type of comprehensive systematic analysis used to identify basic or causal factors underlying variation in performance, including the occurrence or possible occurrence of a Sentinel Event. Prepared under the direction of the quality and/or risk management team on behalf of each site, the EERC has overview of the program and review. The Root Cause Analysis is a part of the ACHCH evaluation process.

2) See below for the roles and responsibilities within Health Care for the Homeless for reviewing incidents.

Program Director: Provides assistance to program leads in determining appropriate response to any incidents affecting HCH staff and patients.

Program Leads: Street Health, Shelter Health, Primary Care, HCH Administration/ Financial – all incidents are verbally reported to the appropriate program lead if it involves an employee supervised by that individual. The program lead will decide whether the incident warrants a written report. S/he ensures the proper procedures and form are used for this purpose. S/he also is responsible for appropriate follow-up, as outlined in this policy and procedure document.

HCH field-based staff: All HCH clinical and program staff are required to complete an incident form if they are directly involved in an event or altercation that affects their ability to provide services safely or effectively.

HCH office-based staff: Required to verbally report an incident, as defined by this document, to immediate supervisor and provide a written report upon request.

HCH Contractors/Community Partners: All HCH contractors should have incident reporting policies and procedures in place for use with HCH patients. Contractors are required to report to HCH leadership and Quality any incidents involving HCH homeless patients, including documentation and resolution of the incident and recommendations resulting in changes to service delivery.

3) See below for overview of monitoring activities related to incident reporting.

Medical Director: Provides assistance to HCH program director and program leads for those incidents that include a clinical component involving injury, suicide, death, medication error, psychotic break/episode.

Quality Director: Ensures incident reports are completed for appropriate events and are documented in an S://drive folder. Quality Director will include documented incidents in the monthly HCH Quality Committee agenda.

HCH Quality Committee: Required to review all written incident reports to determine appropriateness of resolution and to provide additional support and direction, as needed.

HCH Safety Committee: Required to review all written incident reports that document patient safety has been compromised. This would include physical injuries [e.g. falls] affecting HCH patients, violence in the workplace or in the field resulting in injury to HCH staff and patients.

4) All HCH staff should be familiar with the terms used in health care to define incidents relating to patient safety. These terms include no harm events, near misses, adverse and sentinel events. See definitions section for additional information.

5) All HCH staff who are direct service providers should be able to document previous [and ongoing] training in crisis prevention and de-escalation, as specified by their immediate supervisor and/or the HCH Quality Committee. [see attached document outlining 'Preventing and Managing an Incident']

6) All HCH staff are expected to be familiar with HCH requirements in documenting appropriate incidents.

7) HCH staff should document an incident when HCH staff is:

   a. Directly involved in a conflict or situation where their safety or that of their colleagues and/or patients are at risk and a HCH staff member calls 911 or the County Mobile Crisis Unit.

   b. Where the ability of HCH direct service staff to deliver services is compromised because of an escalating situation; or

   c. If HCH clinical or program staff are present during an acute medical event that results in injury, serious illness/distress, or loss of life; or

   d. While working with staff from another organization [including shelters] if the incident may affect how HCH chooses to deliver services at the site in the future.

8) HCH staff who are involved in an incident in the field should inform their supervisor the same day of the event.

9) The supervisor and/or program lead will decide if it is appropriate to conduct a debrief with staff who are involved in an incident. Sentinel and adverse events require a debrief within 24 hours. All others depend on the judgement of the supervisor or program lead.

10) A staff debrief of an incident and a written incident report should be completed within 48 hours [or sooner], depending on the severity of the incident.

11) If in doubt of whether an event should be written up as an incident, staff should verbally discuss with their immediate supervisor.

12) Any serious medical adverse events, including sentinel events resulting in death, must be reported to the HCH medical director for immediate follow-up within the same day of the event. S/he will determine if there are any risk management issues to be addressed or further follow-up to be employed. All incidents involving sentinel events are reviewed by both the HCH Quality and Safety Committees within 30 days. If appropriate, the HCH Medical Director will conduct a mortality case review to determine if proper standards of care were followed by HCH providers and other involved parties.

13) HCH staff should complete the incident reporting form as completely as possible and record all witness information for possible follow-up.

14) Incident reports should be written in the third person.

15) An incident report should include all the essential information about the event. It should be accurate, factual [no personal opinions], complete [answer who, what, when, where, and how questions]; graphic [photos, diagrams and illustration should be included as supporting evidence]; and valid [all who were involved in the incident should verify the validity of the information in the incident report].

16) All incident reports should be signed off with the full name and signature of the incident report writer and date incident report was completed to ensure accountability and good record-keeping.

17) All serious incidents should be investigated by the appropriate management or clinical leadership. HCH program leads/supervisors will determine if they need to conduct a root cause analysis to determine why an event occurred and possible strategies to resolve the immediate situation and address any system failures with a corrective action plan or Plan-Do-Study-Act [PDSA]. This additional work should also be documented and kept with the original incident report.

18) All incident reports should have documentation of a final resolution and any recommendations deemed appropriate to address the event.

19) The recommendations section should include evidence of further support to staff involved in serious events that affect their feelings of safety and emotional well-being with follow-up notes to document support.

20) All incident reports should be reviewed by the HCH Quality Committee within 60 days.

21) Incidents involving sentinel events should be reviewed by the HCH Safety and Quality Committees as well as the HCH Commission Clinical/Quality Sub-Committee at the next subsequent meeting.

22) The Incident Reporting template can be accessed from the S://drive, S:HCH QUALITY MANAGEMENT PROGRAM/HCH Forms. Electronic copies of completed incident reports will be stored in the S://drive in the Quality Management folder, S:HCH QUALITY MANAGEMENT PROGRAM/Risk Management/Incident Reporting. These files will be composed of scanned hard copy with appropriate written or docu-sign signatures.

23) Hard copies of incident reports may be kept in a HIPPA safe physical location by program leads, quality, program, and medical director.

24) The HCH Quality Committee will receive an incident summary from the Director of Quality on an annual basis.

RESOURCES:

1. 'Incident Report Guide: All You Need to Know," found at http://Safetyculture.com on 3/31/21.
2. Cooper, Jennifer, et al. Classification of Patient-Safety Incidents in Primary Care. Bulletin of the World Health Organization, 2018;96-:498-505 found at http://who.int on 3/31/21.
   Doi: http//dx.doi.org/10.2471/BLT.17.199802

REVISION HISTORY

Version	Description of change	Approved by	Date
2	Revision	HCH Quality Committee	
2	Revision	ACHCH Commission	

ACHCH Policy and Procedures

Vaccination Services | **Policy Number: HCH 3.03**

Approved by: Medical Director | **Effective date: 12/13**

Custodian: Medical Director | **Revision date(s): 11/20**

Policy Statement:

The Health Care for the Homeless Program provides vaccination against potentially serious illness or conditions in all service areas following Centers of Disease Control and Prevention guidelines.

PURPOSE

Vaccination provides protection against potentially serious illness that are likely to negatively impact people experiencing homelessness. The benefits of providing vaccinations far outweigh the risks when trained staff administer vaccines to appropriately screened individuals.

SCOPE/COVERAGE

Applies to all clinical staff within the Health Care for the Homeless Program, including, but not limited to, Medical Assistants, Registered Nurses, Nurse Practitioners, Pharmacists and Physicians. These staff should undergo annual training and provided at least one month before launching new or seasonal vaccine services.

PROVISIONS

1. The administration of influenza vaccine occurs at multiple sites under the direction of the Health Care for the Homeless Program Medical Director or designee.

2. Vaccines shall be administered in accordance with recommendations of the Centers of Disease Control and Prevention (CDC) & Advisory Committee on Immunization Practices (ACIP).

3. Vaccination Standing Orders are maintained by the Medical Director.

4. Vaccination occurs according to their respected vaccine workflows (Appendix A).

5. Registered Nurses, Nurse Practitioners, Pharmacists, Physicians, and Medical Assistants may administer vaccinations. Verification of current licensure shall be

kept on file. Medical Assistants are authorized to provide influenza vaccination under the supervision of the Medical Director, or the Medical Director's Designee.

6. All clinical staff shall preserve and document the cold chain of vaccine up until the point of administration. All temperature excursions and mishandling shall be promptly reported to the Senior Pharmacist.

7. Staff shall have a cellular phone or unrestricted access to a telephone for emergencies.

8. In the case of an anaphylactic reaction, the Anaphylaxis Management (Appendix B) shall be initiated, and an incident report submitted. For any emergency, including anaphylaxis, 911 shall be called.

9. Any untoward reaction must be recorded, including the client name, the circumstances surrounding the event, any treatment administered on site, and any necessary referral or transportation to a higher level of care. All such reactions should be recorded on an incident report for the Medical Director's review and report to the Vaccine Adverse Event Reporting Systems as needed.

10. Any questions or concerns related to vaccine procurement, administration, cold-chain management, or storage should be directed to the Senior Pharmacist.

RESOURCES:

Exposure Control Plan-
Anaphylaxis Management Protocol-
Advisory Committee on Immunization Practices-
Centers of Disease Control Guidelines: https://www.cdc.gov/flu/index.htm
Incident Reporting form

REVISION HISTORY

Version	Description of change	Date
1.0	Original	12/2013
2.0	Add appendices	11/09/20

Appendix A: Vaccine Clinic Workflow

Definitions:

IIV- Inactivated Influenza Vaccine
CDC-Centers of Disease Control
ACIP-Advisory Committee on Immunization Practices
CAIR-California Immunization Registry

Preparation:

1. Pharmacist ensures current versions of the vaccine consent forms, temperature logs, VIS or fact Sheets, and ACIP recommendations are available to vaccinators.

2. Vaccinators ensure all need supplies are available well in advance of vaccine events:
    a. Gloves
    b. Alcohol Prep Pads
    c. Sharp Containers
    d. Band aids
    e. Cotton balls
    f. Syringes
    g. Appropriate size needles
    h. Clipboards & pens
    i. Pre-prepped cooler and ice packs
    j. Appropriately functioning digital temperature data logger
    k. Monthly Paper Temperature log used for transporting vaccine
    l. Copies of the current Vaccine Information Sheets (VIS) in multiple languages
    m. Copies of the Seasonal Authorization Record and Consent Forms

3. Vaccinators report needed supplies to appropriate personnel.

4. Prepare the Cool Cube/transport cooler according to manufacturer recommendations. The cooler being used to transfer vaccines shall be pre-prepped and in the temperature range of 36-46 degrees Fahrenheit before logging out and adding vaccine to the cooler for transport.

5. Record and log out a reasonable amount of vaccine for the planned event.

6. Record the temperature of the cooler being used to transfer vaccines at start the day on the paper temperature log and hourly until end of the clinic.

Patient Eligibility and Screening:

7. All appropriately consented health center patients are eligible to be screened for vaccine.
    a. HCH staff shall retain a written consent to HCH services to cover vaccine services.
    b. HCH staff shall retain a written consent to receive vaccination.
    c. Vaccine screening shall be performed in a manner that follows the current recommendations provided by the local public health department, CDC, and ACIP.

    d. Influenza Vaccine Screening:
        i. All appropriately screened persons ≥ 18 years of age without contraindications shall be offered an age appropriate vaccine.
        ii. Persons >65 may receive any age-appropriate IIV if the preferred high-dose age appropriate vaccine is not available.
        iii. Pregnant woman shall receive an age appropriate thimersol-free IIV v (e.g. prefilled syringes are thimersol-free). If not available, pregnant women shall be referred to their PCP or local Pharmacy.
        iv. Immunocompromised persons shall receive an age appropriate IIV.
        v. People with a history of egg allergy who have experienced only hives after exposure to egg should continue to receive an age appropriate IIV. People who have experienced additional symptoms (e.g. angioedema, swelling, respiratory distress, vomiting, or who required epinephrine or other emergency medical intervention) shall be referred to their PCP for vaccination.

    e. COVID-19 Vaccine Screening:
        i. All appropriately screened persons ≥ 18 years of age without contraindications shall be offered an age appropriate vaccine.
        ii. Individuals with history of anaphylaxis or reactions requiring an epi-pen from any vaccine in the past shall be referred to their PCP for vaccinations.
        iii. Individuals with a history of allergies to PEG shall not receive an mRNA vaccine.
        iv. Individuals with a history of allergies to polysorbate shall be referred to their PCP for vaccination.

8. Temperature excursions (<36 degrees Fahrenheit or >46 degree Fahrenheit) that occur during transport or course of the vaccine event shall be promptly reported to the Senior Pharmacist.

9. Documentation:
    a. Each Vaccine Consent form shall record the name of the immunizer, client name, client date of birth, date of administration, vaccine name, lot number, expiration date, and the location of vaccine administration.
    b. Following a vaccination event, the vaccinator shall

i. Follow reporting requirements outlined by the Medical Director.
ii. Report vaccine doses used, wasted, and returned on the vaccine log (centrally located with the vaccine refrigerator).
iii. Record additional documentation as required by the local health department and stored for 3 years in a centralized location.
iv. Report vaccination events in the HCHP database utilizing appropriate ICD10 and CPT code for vaccine product supplied.
v. Report vaccination events to CAIR directly or follow procedures outlined by the local public health department.

c. Temperature logs for the cooler used to transport vaccines shall be retained and stored for 3 years in a centralized location.

Appendix B: Anaphylaxis Management

Definitions:

Anaphylaxis - A serious allergic or hypersensitivity reaction that is rapid in onset and may cause death. Common symptoms and signs of anaphylaxis include the following:

- Skin symptoms and signs, which occur in up to 90 percent of episodes, including generalized hives, itching or flushing, swollen lips-tongue-uvula, periorbital edema, conjunctival swelling
- Respiratory symptoms and signs, which occur in up to 70 percent of episodes, including nasal discharge, nasal congestion, change in voice quality, sensation of throat closure or choking, stridor, shortness of breath, wheeze, cough
- Gastrointestinal symptoms and signs, which occur in up to 45 percent of episodes, including nausea, vomiting, diarrhea, and crampy abdominal pain
- Cardiovascular symptoms and signs, which occur in up to 45 percent of episodes, including hypotonia

1. If anaphylaxis is suspected, **have somebody call 911**

2. Locate the emergency kit and, if an EpiPen is available, administer the dose following the manufacturer's recommendations

3. Stay with victim and observe for signs of shock

4. If symptoms continue and ambulance has not arrived, give a second dose with new EpiPen 15 minutes after the first dose, if available

ACHCH Policy Document

NAME OF POLICY- Harm Reduction

PURPOSE

To help reduce the morbidity and mortality associated with substance use and opioid overdoses while caring for individuals experiencing homelessness in all service areas of the Health Center. Harm reduction is an individual and public health philosophy that engages methods that reduce the physical, social, emotional, and economic harms associated with substance use.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

GUIDING PRINCIPLES:

- Clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

- Staff and providers deliver interventions which attempt to reduce the economic, social and physical consequences of substance use related harm and harms associated with other behaviors or practices that put individuals at risk.

- The health center seeks creative opportunities and continuously develop new strategies to engage, motivate, and intervene with potential clients who are often difficult to reach through traditional service modes.

- Comprehensive treatments need to include strategies that reduce harm for those clients who are unable or unwilling to modify their unsafe behavior.

- Relapse or periods of return to unsafe health practices should not be equated with or conceptualized as “failure of treatment”.

- Each program within a system of comprehensive services can be strengthened by working collaboratively with other programs in the system.

- People change in incremental ways and must be offered a range of treatment outcomes in a continuum of care from reducing unsafe practices to abstaining from dangerous behavior.

PROVISIONS:

1. Under the general direction of the Medical Director, harm reduction services are provided at multiple sites including and include distribution of:
   a. Safe injection kits
   b. Fentanyl test strips
   c. Hygiene kits and condoms

2. Under the general direction of the Medical Director, the health center provides opioid overdose responder training.

3. The Medical Director maintains standing orders for the distribution of naloxone, an opioid overdose rescue medication.

RESOURCES:

Naloxone pamphlet: **S:\New S drive mockup\PHARMACY & LABORATORY\NARCAN\NALOXONE TRAINING\Educational Material\HCH Opioid Safety Pamphlet.pub**

Standing Order: **S:\New S drive mockup\PHARMACY & LABORATORY\NARCAN\STANDING ORDER\CURRENT\CDPH Standing Order 10-27-21.pdf**

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		

ACHCH Policy and Procedures

Title: Naloxone Policy	**Policy Number:** P-6.1
Approved by:	**Effective date:**
Policy Owner:	**Revision date(s):**

PURPOSE

The purpose of this policy and procedure is to outline the provisions for expanded use of the ACHCH standing order to improve accessibility and distribution of the opioid antagonist naloxone indicated for the prevention of opioid overdose deaths throughout Alameda County.

SCOPE

Applies to all ACHCH staff and staff of program affiliates or subcontractors trained by ACHCH to possess, carry, administer and/or distribute naloxone.

AUTHORIZATION

CA Civ Code § 1714.22

California Assembly Bill 472 (AB-472)

PROCEDURES

ACHCH staff will offer training to community-based organizations or subcontractors and their staff to (re)distribute naloxone to consumers of their services. ACHCH staff will determine if the organization(s) interested in distributing naloxone in this capacity (i.e. as a Secondary Distributor) meet the following criteria:

- Have a current organization-wide standing order fully executed OR
- Have a current MOU established with ACHCH to distribute naloxone under the current version of the ACHCH *Naloxone Standing Order*.

The Secondary Distribution Training will include all the components of the Individual Opioid Responder Training, discuss training requirements, and any reporting or documentation requirements for naloxone distribution imposed by original procurement sources.

Order to Distribute Naloxone:
ACHCH staff will distribute naloxone kits to organizations who meet the above criteria. There is no minimum or maximum amount of naloxone kits that can be provided. Re-supplying secondary distributors occurs as needed so long the criteria above is still met.

RESOURCES:

ACHCH Naloxone Standing Order

REVISION HISTORY

Version	Description of change	Date
0	Original	5/10/18

ACHCH Policy Document

NAME OF POLICY- Pharmaceutical Management

PURPOSE

To inform and ensure compliance with state and federal laws and regulations and the safe and appropriate handling of pharmaceuticals including access, ordering, storage, prescribing, dispensing, administration, and disposal of medications.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

1. The Medical Director and Senior Pharmacist have shared responsibility to maintain California Board Licenses and ensure that the medical staff and premises are in compliance with established procedures.
2. The Medical Director and Senior Pharmacist have shared responsibility to review and or update established procedures annually.

RESOURCES:

Standard Operating Procedures- Medication Prescribing, Dispensing, and Administration: S:\New S drive mockup\PHARMACY & LABORATORY\GUIDELINES - P&P\Current SOPs

Standard Operating Procedures- Pharmaceutical Access, Ordering, Storage, and Disposal: S:\HCH ADMINISTRATIVE\HRSA\OSV\2021 OSV\2021 P&P\Clinical - Direct Services\Pharmacy & Laboratory\Pharmaceutical Procurement, Storage, Disposal.dotx

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		

Alameda County Health Care for the Homeless

Medication Prescribing, Dispensing, and Administration Standard Operating Procedures

PURPOSE

The ACHCH Street Health team provides mobile screening, assessment, and low barrier access to essential treatments, which includes the delivery of medical, psychiatric, and substance use treatments, for individuals experiencing homelessness. The overall goal is to support well-being of clients and ultimately transition care to a medical home.

DEFINITIONS

I. TREATMENT PRINCIPLES

A. *Medication options*: All current FDA approved medications and evidence-based treatments shall be considered for the condition being treated except where prohibited by law. When these agents are not possible or unsafe to use clinically for an individual client, other emerging harm reduction treatments may be provided.

B. *Medication selection*: The provider/care team and client shall collaboratively determine the best medication(s) to initiate for the individual being treated. The decision may be informed by, but not limited to, the client's clinical history, current and past medication experiences, concurrent conditions, and environmental and social considerations.

C. *Other Harm Reduction:* Safe injection and naloxone kits may be offered and provided. Linkage to syringe exchange programs, crisis service stabilization program, and other psychosocial interventions may also occur regardless of engagement in services the team provides.

D. *Medication education:* The prescriber shall provide the initial client education following initiation of a prescription and reinforced at subsequent encounters by clinical team members including the registered nurse.

E. *Formulary medications:* Refers to medications stored and stocked by HCH for direct dispensing and administration. This list of formulary medications is determined collaboratively among the pharmacist and care team.

II. MISCELLANEOUS

A. Medication- any drug used to diagnose, treat, cure, or prevent disease. This includes drugs administered by all routes, formulations, federally scheduled and non-scheduled agents, and over-the-counter agents.

B. Prescription- An authorized order for a medication that is patient specific and includes advice or instructions for use.

C. Direct dispensing- furnishing drugs or devices directly to a patient by the prescriber after transmitting/retaining a valid prescription.

D. Administration- the direct application of a lawfully prescribed medication whether by injection, inhalation, ingestion, or other means whether self-administered, or administered directly by or in the presence of an authorized health care provider.

E. Medication Assisted Treatment (MAT)- includes all evidence-based medications used specifically to target symptoms or behaviors involving substance related or addictive disorders.

F. CURES-State mandated prescription drug monitoring program for controlled substances scheduled II-V.

G. CAIR2- California Immunization Registry

H. Outreach and Engagement- Provides prospective clients with information about Health Care for the Homeless services which takes place at encampments, community cabins, etc. and is performed by any member of the care team.

PROCEDURES

I. CARE TEAM MEMBER ROLES

A. Registered Nurse: Performs nursing assessments and triages care. Makes internal referrals to a provider on the care team for evaluation and medication services. Coordinates and communicates needed follow-up medical care and updates during team huddles which includes updating salesforce platform and spreadsheets. The RN also manages storage of street health medication inventory including room temperature monitoring. When needed, the RN coordinates with pharmacist for restocking street health medication supplies.

B. Prescriber (MD, NP, etc.): Is responsible for evaluating, diagnosing, and initiating prescriptions. If dispensing or administering HCH formulary medications, then the prescriber completing labels and recording in the appropriate logs and communicating medication activity to the RN and team.

C. Community Health Outreach Worker: Coordinates and schedules clients to be evaluated by the nurse and/or prescriber on the care team.

D. Social Worker: Coordinates and schedules clients to be evaluated by the nurse and/or prescriber on the care team. Communicates health status updates with the care team during huddles.

E. Pharmacist: manages the inventory of medications and performs audits of medication activity as required by law.

II. MONITORING OF STOCK MEDICATIONS

A. The Pharmacist will sign out a limited supply of medications to the registered nurse for field-based operations when restocking is needed.

B. The registered nurse will securely store and organize medications for field-based operations.

C. The registered nurse will complete and monitor the room temperature log daily during workdays.

D. The registered nurse coordinates with prescribers to have medications transferred to medical van for field-based operations at the beginning of each workday when a prescriber will be present in the field.

E. The registered nurse coordinates with prescribers to transfer medications from the medical van to the HCH office at the end of each workday. No medications can be stored on the medical van overnight.

F. The registered nurse may store and transfer, to and from the HCH medical van each work day, medications or CLIA-waived tests without the presence of a prescriber or ordering practitioner if a corresponding standing order or point of care testing protocol is approved by the ACHCH Medical Director.

III. PRESCRIPTION INTIATION

A. The prescriber may initiate lab or medication prescriptions as clinically necessary and following an initial face-to-face encounter. Where permitted by law, the initial encounter may occur via telehealth.

B. The prescriber shall familiarize or consult with the online pharmacy benefit plan (insurance) for an accurate medication formulary for clients with medical/pharmacy benefits.

C. For uninsured clients, consult with pharmacist regarding coverage determination of a desired treatment.

D. The prescribed treatment shall be documented in the corresponding health record(s) for the client.

E. When available, non-controlled medications may be prescribed and dispensed directly by the providers of the care team or sent directly to the pharmacy of the client's choice *(see requirements under section Direct Dispensing).*

F. The care team shall minimize picking up medications for clients at a pharmacy. Instead, staff are encouraged to model and coach clients on appropriate pharmacy interactions by joining them at the pharmacy.

G. No controlled medications shall be picked up on behalf of a client.

H. If the care team must pick up non-controlled medications from a pharmacy on behalf of a client, the care team must log medications received and then delivered to a client and document retained for three years. This log must include:
   i. Client name
   ii. Client dob
   iii. Name of Pharmacy
   iv. Date of medications received from pharmacy
   v. Name of staff receiving medication
   vi. Rx numbers for medications involved
   vii. Date delivered to client
   viii. Name of staff who delivered medication
   ix. Signature of client

I. All Schedule II-V medications prescribed, including buprenorphine, will be transmitted to the pharmacy of the client's choice.

J. The provider, RN, and care team define a follow-up plan that may include monitoring and assessing the effectiveness of the prescribed treatment, safety and intolerances, adherence, and need for additional labs or other monitoring.

IV. DIRECT DISPENSING

A. A limited formulary is available to prescribers for direct dispensing in the field to reduce barriers to treatment and support the well-being of clients. (Appendix A)

B. Schedule II-V medication will not be stocked or stored at ACHCH nor does the team carry controlled substances for direct dispensing in the course of field-based work.

C. The limited formulary of medications available to prescribers for direct dispensing is primarily to provide short-term treatment or a bridge until clients have the means to access their treatment at a community pharmacy or through their medical home.

D. Only a prescriber acting in their scope of practice may directly dispense medication to a client. [B&P 4170]

E. Provided there are current and approved standing orders for the dispensed treatment, a registered nurse may dispense a medication without the presence or specific order of a prescriber.

F. Only the prescriber acting in their scope may modify or edit labeling of the treatment authorized to be dispensed. [B&P 4076, 4170]

G. The treatment is dispensed to the prescriber's own client and is not furnished by a nurse, medical assistant, or physician attendant. [B&P 4170]

H. Prior to any direct dispensing of an available treatment, the prescriber shall offer and provide written disclosure that the client has a choice between obtaining prescribed treatments from a pharmacy of the client's choice or from the dispensing prescriber and document this disclosure in the corresponding health record. [B&P 4170]

I. Prior to any direct dispensing, the prescriber shall offer a written prescription to the client to be filled by a pharmacy of the client's choice. [B&P 4170]

J. The provider, RN, and care team shall define a follow-up plan that may include monitoring and assessing the effectiveness of the dispensed treatment, safety and intolerances, adherence, and need for additional labs or other monitoring.

V. ADMINISTRATION

A. Medications available for administration shall be stored separately from medications for dispensing and shall have a corresponding label that distinguishes it from other medications or treatments. (Appendix A)

B. Schedule II-V medications are not available for administration by the care team.

C. All medications for administration require a corresponding prescriber's written or verbal order documented in the corresponding health record.

D. Prescribers acting within their scope may prescribe medications for administration by oral or parenteral routes. The medications may be administered by the prescriber or registered nurse if within their scope of practice.

E. When vaccines are administered in the field, the RN is responsible for reporting administration directly into CAIR.

F. The care team shall activate the Anaphylaxis Management Protocol when clinically necessary, which includes administrative of epinephrine when available. (Appendix B)

VI. GENERAL DOCUMENTATION:

A. Prescribing only

i. Indicate the mode of prescription transmission if not through e-prescribing in the health record.

ii. Indicate the pharmacy, with an address or phone number, the prescription was sent to.
iii. Indicate the prescription details including medication name, strength, quantity, route, instructions, and number of refills.

B. Prescribing and direct dispensing
   i. Indicate the reason direct dispensing is needed in the health record.
   ii. In the health record, indicate that a written disclosure of choice was provided and that a written prescription was offered.
   iii. In the health record, indicate the name of medication, strength, quantity, route, and instructions of the prescribed treatment.
   iv. Document the education and counseling provided for the prescribed treatment.
   v. Retain the second label of the prescribed treatment and record in the *Direct Dispensing Log.* When filled out completely, this label will serve as the prescriber's prescription but does not replace requirements to document in the health record.

C. Prescribing and administering
   i. The prescriber shall indicate the name of medication, strength, quantity, route and indication of each and all administered medications including staff who administered the treatment in the health record.
   ii. The prescriber shall retain the completed label of the administered treatment and record in the *Administration Log.* When filled out completely, this label will serve as the prescriber's prescription but does not replace requirements to document in the health record.
   iii. If the label is not retained or available, the prescriber and/or registered nurse shall record all the following elements in the administration log and health record:
      1. Date of administration
      2. Client name and birth date
      3. Ordering provider
      4. Administering staff
      5. Medication name & strength
      6. Route of administration
      7. Quantity
      8. Indication
      9. Lot and Expiration Date

Appendix A- Medications

Medications for Direct Dispensing	**Medications for Administration**
Acetaminophen 500mg	Ceftriaxone 250mg vial
Aripiprazole 10mg	Epinephrine Auto-Injection 0.3mg
Artificial Tears	Ketorolac IM 30mg
Aspirin 81mg	Lidocaine 1% 5ml vial
Atorvastatin 40mg	Methylprednisolone IM 40mg
Azithromycin 250mg (Z-Pak)***	
Bacitracin oint	
Bismatrol 232mg***	
Clonidine 0.1mg tabs	
Clonidine Patch- 0.1mg	
Clotrimazole crm 1%	
Fluoxetine 10mg	
Fluoxetine 20mg	
Hydrocortisone 1%	
Hydroxyzine Pam 50mg	
Ibuprofen 400mg	
Lactulose 10g/15ml***	
Lisinopril 5mg	
Loperamide 2mg	
Metoprolol Tartrate	
Milk of Magnesia (400mg/5ml)	
Mirtazapine 15mg	
Multivitamin	
Naltrexone 50mg	
Nicotine Patch 14mg	
Nicotine Patch 21mg	
Nicotine Patch 7mg	
Olanzapine 10mg	
Ondansetron 4mg	
Pedialyte***	
Polymyxin B/Trim	
Pre-Natal Vitamin	
Proair HFA 90mcg	
Risperidone 1mg	
Sertraline 100mg	
Sertraline 50mg	
Silvadene 1%***	
*** Meds may not be restocked	

Appendix B: Anaphylaxis Management

Definitions:

Anaphylaxis - A serious allergic or hypersensitivity reaction that is rapid in onset and may cause death. Common symptoms and signs of anaphylaxis include the following:

- Skin symptoms and signs, which occur in up to 90 percent of episodes, including generalized hives, itching, flushing, swollen lips-tongue-uvula, periorbital edema, conjunctival swelling
- Respiratory symptoms and signs, which occur in up to 70 percent of episodes, including nasal discharge, nasal congestion, change in voice quality, sensation of throat closure or choking, stridor, shortness of breath, wheeze, cough
- Gastrointestinal symptoms and signs, which occur in up to 45 percent of episodes, including nausea, vomiting, diarrhea, and crampy abdominal pain
- Cardiovascular symptoms and signs, which occur in up to 45 percent of episodes, including hypotonia

1. If anaphylaxis is suspected, **have somebody call 911**

2. Locate the emergency kit and, if an EpiPen is available, administer the dose following the manufacturer's recommendations

3. Stay with victim and observe for signs of shock

4. If symptoms continue and ambulance has not arrived, give a second dose with new EpiPen 15 minutes after the first dose, if available

Appendix C: Partial Opioid Agonists for Opioid Use Disorder

I. Procedures

A. Patient selection
   i. The care team determines if the client is appropriate based on HCH program scope of work and programmatic requirements, which includes client residence in HCH's assigned zone for StreetHealth.
   ii. The care team and client collaboratively make decisions to refer for treatment based on the patient specific factors including but not limited to:
      1. Comorbidities or medical complexity
      2. Confirmed severe allergies to medication options
      3. Client readiness/stage of change
      4. Environmental or other psychosocial factors
      5. Accessibility to care or treatment
      6. The setting the client feels most comfortable in

B. Internal referrals for MAT
   i. An internal referral means that the care team is referring a client to an HCH medical or psychiatric provider.
   ii. Prior to or during the referral for MAT, the care team shall determine the client's insurance status and if a valid California ID is available
   iii. The RN or CHOW shall coordinate and schedule the client with the appropriate provider for their MAT assessment:
      1. Clients with mild psychiatric concerns **OR** grade 3 or higher medical complexity per the 5x5 tool (Appendix E) should be initially referred to the HCH medical provider.
      2. Clients with CG history, or moderate-severe psychiatric history or related concerns but without complex or severe medical complexity should be initially referred to the HCH psychiatric provider.
      3. At any time the client's status is unknown, or it is not clear where to initiate the internal referral, the care team could help make decisions on appropriateness during huddles.
      4. Other provider selection considerations:
         a. The client's gender preference in a provider
         b. The timeliness of scheduling the initial visit

C. External referrals for MAT
   i. Clients deemed inappropriate for initiation of MAT by the care team will be offered support and provided information on alternative services or levels of care including but not limited to: methadone clinics, substance use disorder access line, officed-based buprenorphine programs, or hospital-based programs. (Appendix D)
   ii. The relative limitations around accessing such alternative services should be considered in the risk/benefit assessment with decisions to begin medication assisted treatment.

iii. When an HCH provider has made an external referral or the client establishes care at the medical home, the provider shall define and communicate a clear transition care plan to the team where relevant and document transitions in the health record.

D. Initial MAT assessment
   i. *Consents*: review and obtain a consent to treatment (if initiating buprenorphine or other FDA approved partial opioid agonists)
   ii. *Evaluation:* includes the following but not limited to:
      1. Substance use and treatment history
      2. Co-occurring medical or psychiatric conditions
      3. Allergies
      4. Current medications
      5. Overdose risk factors
      6. Potential challenges or barriers to success in treatment
      7. CURES review
      8. Risk-benefit assessment and harm reduction rationale
      9. Offering naloxone
   iii. Assess the current severity of opioid withdrawal symptoms (via COWS)
   iv. Assess the client's understanding of opioid withdrawal symptoms and its relationship to initiating a partial opioid agonist to avoid precipitated withdrawal. *The teach back method is strongly encouraged.*
   v. MAT candidates will have an appropriate substance use disorder diagnosis from a qualifying practitioner using the current version of the Diagnostic and Statistics Manual.
   vi. Candidates for alternative pharmacotherapy other than a partial agonist or opioid antagonists shall be linked with an appropriate provider and level of care.

E. MAT Monitoring
   i. Initial and follow up drug toxicology tests may be used to monitor the treatment but may be deferred if deemed impractical or would present additional barriers. If deferred, clinical rationale shall be documented.
   ii. Point-of-care urine pregnancy tests may also be used as clinically appropriate.
   iii. Laboratory blood tests are recommended and encouraged before initiating treatment and periodically throughout treatment no less than annually. However, initiation of MAT should not be delayed if obtaining and completing blood laboratory tests presents a barrier. These laboratory tests shall include:
      1. CMP
      2. CBC w/ diff
      3. Viral hepatitis panel (HIV/HEP C- screening may also occur via a point of care test)
      4. Liver Function Tests
      5. Other critical laboratory tests for the prescribed treatment

iv. Diversion prevention is a critical consideration for any prescribed medication and shall be balanced with the need to provide access to medications in a population at high risk of overdose deaths and with many barriers to access care. The following are diversion prevention interventions that the care team may implement and individualize.
    1. Regular use of CURES
    2. Short prescription durations
    3. Drug toxicology screens when feasible
    4. Random pill counts
v. If suspicion of diversion is high and clients are unable to comply with other diversion prevention measures or any treatment contracts, then the client may be referred to a higher level of care for ongoing treatment.

F. MAT Documentation
    i. All MAT documentation shall occur in the corresponding health record.
    ii. The HCH secure spreadsheet or equivalent shall indicate MAT clients and the corresponding HCH MAT provider.

G. OPIOID PARTIAL AGONIST (BUPRENORPHINE) INDUCTION
    i. All candidates for FDA approved opioid partial agonist treatment shall additionally be considered for adjunctive medications as appropriate (Appendix D- Table 1).
    ii. Initial partial opioid agonist prescriptions shall not exceed more than a 7-day supply without adequate documentation. Subsequent follow-up prescriptions may be authorized for a day supply deemed appropriate by the authorizing prescriber.
    iii. The prescriber shall provide the appropriate education and instructions tailored to the patient that minimizes the risk of precipitated withdrawal and maximizes the client's success. Use of instruction aids is highly encouraged.
    iv. Offer and provide a prescription or distribute an opioid reversal agent (e.g. naloxone).
    v. *Contraindications:* true allergy to buprenorphine or naloxone
    vi. *Relative contraindications:*
        1. Heavy and chaotic alcohol or benzodiazepine use
        2. Severe respiratory disease or hepatic dysfunction
        3. Significant cognitive impairment
        4. Suspicion of high potential for diversion based on history or CURES report
        5. Current methadone use
        6. Pregnancy
        7. Age <18
    vii. *Induction:*
        1. Typically, an induction is unobserved and non-facility based.

2. If relative contraindications or other complicating medical concerns are present, the prescribing provider may consult with a second clinician or the team before prescribing buprenorphine.
3. Client shall be offered both verbal and written instructions and education regarding initiation of buprenorphine and treatment expectations.
4. Use of written induction aids could further facilitate education and expectations among HCH team and client.

viii. *Follow up:*

1. The provider and care team may consult CURES daily to assess if prescription was picked up.
2. If it is known or identified via CURES that the prescription was picked up, then the RN, ICM, or prescriber coordinates attempts to follow up with client within 2-3 business days and documents attempts in the health record.
3. During the first month of treatment, the RN and/or prescriber shall attempt outreach either in person or by phone at least weekly.
4. When appropriate, the provider and care team may extend the intervals at which medication management follow-up occurs.
5. Medication monitoring shall include the following factors:
    a. Effectiveness (use, cravings, urges, withdrawal discomfort)
    b. Safety and intolerances (side effects, overdoses, use of an opioid reversal agent)
    c. Adherence
    d. Blood tests and toxicology tests as appropriate
6. The treatment should be individualized including the frequency of follow-up, medication dosing changes and supply provided.
7. Follow up occurs at a site most practical and comfortable for the client, though whenever clinically feasible and appropriate, the client's care shall be transitioned to a primary care provider at the client's desired medical home.

ix. Care Team Panel Management:

1. The HCH secure spreadsheet or equivalent shall indicate MAT clients and the corresponding HCH MAT provider and discussed during relevant huddles with the team.
2. The providers should submit or report out active buprenorphine clients or other client updates weekly and are encouraged to use their CURES provider reports.

II. INTERVENTIONS FOR THE CLIENT WHO BECOMES UNSTABLE

A. Every effort will be made to keep the client engaged in treatment while also considering increasing the intensity of treatment by:
    i. Increasing the frequency of visits and/or shorter prescription duration
    ii. Refer internally to the ICM if medically complex
    iii. Refer to medical detoxification facility as appropriate
    iv. Increase structure or refer to community resources

Table 1: Management of Withdrawal Symptoms and Side Effects**		
Symptoms:	Treatment Options	Sig
Headache Myalgia Arthralgia	Ibuprofen: ☐ 400mg tabs ☐ 600mg tabs ☐ 800mg tabs	☐ 1 tab PO Q8H PRN ☐ 1 tab PO Q6H PRN
	Acetaminophen: ☐ 500mg tabs	☐ 2 tabs PO Q8H PRN
Muscle spasm	☐ Methocarbamol 500mg tabs	☐ 1 tab PO Q8H PRN ☐ 1 tab PO Q6H PRN
Anxiety Lacrimation Diaphoresis Rhinorrhea Piloerection Palpitations Sleep disturbance	Clonidine: ☐ 0.1mg tabs ☐ 0.2mg tabs ☐ 0.3mg tabs	☐ 1 tab PO Q8H PRN ☐ 1 tab PO Q6H PRN ☐ 1 tab PO Q8H***
	Hydroxyzine (for anxiety/rhinorrhea only): ☐ 50mg tabs or caps	☐ 1 tab PO Q8H PRN ☐ 2 tab PO Q8H PRN
	Trazodone (for insomnia only) ☐ 50mg tabs	☐ 1 tab PO QHS PRN ☐ 2 tab PO QHS PRN
Diarrhea	Loperamide: ☐ 2mg tabs Bismuth Subsalicylate: ☐ 262mg tabs	Loperamide: ☐ 2 tabs PO one time, then 1 tab PO after each loose stool (NTE 16mg/24H) Bismuth Sub: ☐ 2 tab PO QID PRN ☐ 2 tab PO Q4H PRN
Constipation	Docusate: ☐ 100mg tabs Miralax: ☐ 17gram packet Bisacodyl suppository ☐ 10mg supp	Docusate: ☐ 1-2 tab PO BID Miralax: ☐ mix 1 pkt with 8 ounce fluids and consume daily Bisacodyl supp ☐ 1 supp daily
Nausea or Vomiting	Ondansetron: ☐ 4mg tabs	☐ 1-2 tab PO TID*** ☐ 1 tab PO QID

**Select medications based on the withdrawal symptoms that are most bothersome.
*** Consider scheduling medications (in lieu of prn) with instructions to start the same day [Day 0] as last opioid use (but starting several hours after last opioid use) and continuing for one full day. Unless methadone is involved, start partial opioid agonists treatment on [Day 1] following standard induction procedures and continue adjunctive medications for an additional 1-2 days.

Appendix D- Community SUD Resources

Alameda County SUD Provider Directory: http://www.acbhcs.org/provider_directory/

Day programs
East Bay Community Recovery Project (2579 San Pablo Ave, Oakland, 510-446-7100)

SUD Residential Programs
Alameda County SUD Helpline 844-682-7215

Methadone programs (OTP)
BAART (1124 Int'l Blvd, Oakland, 510-533-0800)
HAART (10850 MacArthur, Oakland, 510-875-2300)
Lifeline Treatment Services (9442-9550 Int'l Blvd, Oakland, 94603)
West Oakland Health Center (700 Adeline St., 510-302-3740)
VAMC (525 21st St, Oakland, 510-587-3400)
BATS (2975 Sacramento St., Berkeley, 510-644-0200)

Emergency Department / Induction Programs
Highland ED/Bridge program
Sutter Alta Bates
Alameda Hospital
San Leandro Hospital
Highland BIC program: 1411 E 31st St., Oakland, K7, 510-437-4915

Adolescents
Thunder Road: 510-653-5040
Project Eden Central County: 510-247-8200
La Familia: Proyecto Primavera: 510-305-8462
City of Fremont: Youth and Family Services: 510-574-2100

Pregnant Women:
Orchid: 510-535-0611
Project Pride: 510-446-7160
Magnolia: 510-547-1531 (Oakland) & 510-487-2910 (Hayward)

Appendix E- Clinical 5x5 Tool

DOMAIN	1	2	3	4	5
A.PHYSICAL HEALTH	None	Minor or temporary health condition	Stable significant medical or physical issue or chronic medical condition that is being managed	Chronic medical condition(s) that is not well-managed or significant physical impairments	Total neglectful of physical health; extremely impaired by condition, serious health conditions with no regular follow up
B.Mental Health	None	Mild MH issues	Moderate MH issues	High MH issues	Severe MH issues
C.Substance Use	None or no problematic substance use	Mild risk SU	Moderate Risk SU	High Risk SU	Severe Risk SU
D.Life Skills*	No issues Excellent communication Excellent self-advocacy skills	Minor issues with communication/self-advocacy	Moderate issues with communication/self-advocacy with somewhat challenging interpersonal skills	Significant issues with communication/interpersonal skills which require intensive support/redirection	Severe cognitive/communication deficits; extremely poor coping skills with very challenging behavior
E.ADL/iADLs#	No issues	Mild difficulty meeting basic needs	Moderate difficulty meeting basic needs	High difficulty meeting basic needs	Severe difficulty meeting basic needs

Purpose of tool:

1) Help facilitate making referrals either internally (e.g. ICM) or externally (specialist outside of HCH)
2) Help serve as a health report card for HCH clients over time

The following indicate best practices when using this tool:

1) Completed at least every 6 months and report scores in a centralized location for the care team (e.g. salesforce)
2) All members of the care team shall be trained to complete this assessment
3) Scoring/grading a client's health status may be determined collaboratively among multiple members of the care team
4) If documenting scores must occur via written text, indicate the domain first then the numerical grade (e.g. 5x5: A4B3C3D1F1)
5) If no information could be gathered to grade a domain, leave the domain blank

ACHCH Policy and Procedures

CLIA Point of Care Testing | **Policy Number: HCH TBD**

Approved by: Medical Director | **Effective date: 12/20**

Custodian: Medical Director | **Revision date(s):**

Policy Statement:

The Health Care for the Homeless Program (HCH) provides Clinical Laboratory Improvement Amendments (CLIA) certified point-of-care (POC) testing to allow for rapid triage, screening, and monitoring for select conditions within Shelter Health and StreetHealth Programs.

PURPOSE

Point of care testing reduces barriers to screen, monitor, and accelerate linkage to care for potentially serious illness for clients experiencing homelessness. The benefits of providing POC testing far outweigh the risks when trained staff administer and educate appropriately screened and consenting individuals.

SCOPE/COVERAGE

Applies to all clinical staff within the Health Care for the Homeless Program, including, but not limited to, Medical Assistants, Registered Nurses, Nurse Practitioners, Pharmacists and Physicians.

PROVISIONS

1. The Medical Director or designee maintains a current CLIA waiver.

2. Changes to existing POC tests or proposals for new POC tests shall be evaluated and approved by the Medical Director and all procedures reviewed at least annually.

3. The Medical Director or designee is responsible for developing training material for all potential operators of POC tests. The training shall cover testing procedures including sample collection, storage and handling, quality control, test requisition, and result reporting requirements.

4. Clinical staff shall complete annual POC test training each fiscal year and, in the case of procedural updates or modifications requiring timely modification or implementation, training will occur before the changes take effect.

5. Verification of current licensure shall be kept on file for all clinical staff authorized to perform POC tests.

6. The use of POC tests occurs at multiple sites under the direction of the Health Care for the Homeless Program Medical Director and using the approved procedure(s) for each POC tests.

7. Prior to administering POC tests, staff shall verify a patient completes, or has completed, necessary programmatic paperwork such as, but not limited to, the Alameda County Health Care for the Homeless Program Informed Consent Form.

8. Point-of-care (POC) testing shall accommodate the requirements for physical testing space:

    a. The test area must have sufficient space to store testing materials and appropriate disposal containers for the waste produced (e.g. non-sharps, sharps, biohazardous and non-biohazardous containers)
    b. A secure flat surface upon which the POC test may develop.
    c. The testing surface shall be free of any chemicals, surfactants, or any other products with potential to spill, contaminate, or disrupt POC tests
    d. The testing area shall be clean and well-lit
    e. A clock and thermometer for monitoring time and temperature conditions of developing POC tests shall be appropriately located within the testing area.
    f. The area must be securable against unauthorized access and arranged to ensure that developing tests and their results are not visible to unauthorized personnel
    g. The testing area must be, at a minimum, visually separate from the counseling area and should require the counselor to exit the counseling area to retrieve test results
    h. The testing area must be designated off-limits to smoking, eating, drinking, and personal hygiene activities (e.g. make-up, lip balm, sunscreen), or any other activity that increases the chance of exposure to hazardous materials

9. All samples needed for POC testing shall be collected and handled in a manner that maintains client privacy in accordance with HIPAA.

10. Staff should exercise universal precautions and treat all human blood or body fluids as if they are known to be infectious for bloodborne pathogens and this includes, but not limited to, using the appropriate personal protective equipment.

11. Any suspicion to suggest that the integrity of POC testing devices are compromised shall be promptly reported to the Medical Director or designee.

12. HCH staff shall counsel clients about the POC tests, appropriately screen for indications, risks, or contraindications as relevant, provide post-test counseling and provide necessary referrals tailored to the client's specific needs.

13. All POC testing and related activity shall be documented as a medical encounter in HCH health records.

14. Any untoward reaction or exposure should be managed as outlined in the Exposure Control Plan. Occurrences must be recorded as an incident report, including the names of involved or affected individual(s), the circumstances surrounding the event, any treatment administered on site, and any necessary referral or transportation to a higher level of care. All such events shall be reported to the Medical Director immediately.

RESOURCES:

1. Appendix A- Blood Glucose
2. Appendix B- Influenza A+B
3. Appendix C- Pregnancy Tests
4. Appendix D- Human Immunodeficiency Virus
5. Appendix E- Hepatitis C Virus
6. Appendix F- COVID-19

REVIEW/REVISION HISTORY

Version	**Description of change**	**Date**
1.0	Original	12/2020

Alameda County Health Care for the Homeless

ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

ACHCH Procedure Document

STANDARD OPERATING PROCEDURES: Pharmaceutical Access, Ordering, Storage, and Disposal

ACHCH POLICY COVERING THIS PROCEDURE: Pharmaceutical Management

PURPOSE

To inform and ensure compliance with state and federal laws and regulations and the safe and appropriate handling of pharmaceuticals including access, procurement, storage, and disposal of medications.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

1. ACCESS
    a. Medical Staff and designated program staff have access to all prescription medications, over-the-counter medications, syringes and needles, or other notable consumable supplies for purposes of shipping and receiving, inventory management, dispensing, or administering as permitted by law.
    b. The following HCH staff are permitted access
        i. Medical Director
        ii. Physicians
        iii. Nurse Practitioners
        iv. Registered Nurses
        v. Pharmacists
        vi. Program Director-shipping/receiving/storage only
        vii. Operations Manager- shipping/receiving/storage only

2. PROCUREMENT & INVENTORY MANAGEMENT
    a. The Pharmacist ensures that all pharmaceuticals and durable medical equipment procured are of an acceptable standard and quality.
    b. With coordination with the health care team, the Pharmacist establishes the par levels of facility medications and procures additional supply as needed.
    c. The Pharmacist ensures there are systems in place to allow for tracking of the movement of pharmaceuticals into and within program service areas up until administration or disposal.

d. The Pharmacist ensures appropriate storage conditions including maintaining cold-chain, temperature, light, security, etc are in place to receive and store pharmaceuticals.
e. Pharmaceutical supplies are removed from stock if expired as determined by the manufacturer or product label, contaminated, deteriorated, or otherwise unsafe for use as determined by the Pharmacist.
f. With coordination with the Contracts Manager, the Pharmacist orders pharmaceutical supplies or DME from an established vendor(s).

3. PHARMACEUTIAL RECEIVING
    a. Pharmaceuticals delivered to the designated area of the health center shall be received by staff with prompt notification to the Pharmacist and/or Medical Director.
    b. Where possible, all medication deliveries are coordinated to occur when the Pharmacist is on the premises.
    c. In the absence of the Pharmacist or Medical Director, the Program Director or Operations Manager will relocate the pharmaceutical supplies to the secured pharmaceutical storage area.
    d. If pharmaceuticals being received are temperature sensitive (e.g. vaccines), the staff receiving the supply shall promptly notify the Pharmacist and/or Medical Director for further direction.

4. STORAGE
    a. Health Center (stock) medications are stored separately from client medications.
    b. The storage area is secure, clean, and orderly.
    c. Pharmaceutical supplies are stored in a manner that prevents overcrowding or confusion.
    d. Pharmaceuticals for external use are stored separately from oral or injectable agents.
    e. Test reagents, germicides, disinfectants, and other non-ingestible substances shall be stored separately from pharmaceuticals.
    f. Client medications are medications dispensed by a pharmacy with a patient specific label.
    g. Pharmaceuticals requiring refrigeration shall be stored in medical grade units at 2-8 degrees C (36-46 degrees F).
    h. Pharmaceuticals requiring room temperature shall be stored at 15-30 degrees C (59-86 degrees F)
    i. No food shall be stored in the same refrigerating unit as pharmaceuticals.
    j. The Pharmacist documents or logs the storage temperature of stock medications for the health center; units storing vaccines are checked twice per day.
    k. The registered nurse documents or logs the storage temperature of medications transferred to the ACHCH StreetHealth Program.

5. PHARMACEUTICAL & SHARPS DISPOSAL
    a. All expired, contaminated, deteriorated, unsafe or other pharmaceutical waste generated from the service areas of the Health Center shall be given to the Pharmacist.
    b. The Pharmacist collects and documents or logs all pharmaceutical waste and coordinates disposal with a local pharmacy or vendor.
    c. All sharps shall be placed in an FDA approve sharps container and placed in a secure location. The pharmacist coordinates sharps disposal with local pharmacy and vendors.

6. COMPLIANCE DOCUMENTATION
    a. The Pharmacist reviews ordering, receiving, storage, handling, and disposal records and performs an audit of documentation using the Pharmaceutical Management Compliance Checklist quarterly and files appropriately.
    b. The Pharmacist brings outstanding issues to the attention of the Medical Director.

RESOURCES:

Pharmaceutical Management Compliance Check-List: S:\New S drive mockup\PHARMACY & LABORATORY\GUIDELINES - P&P\Pharmaceutical Management Compliance Check-list.docx

Room temperature log- S:\New S drive mockup\PHARMACY & LABORATORY\GUIDELINES - P&P\Room Temp Log.docx

Refrigerator Temp Log: https://eziz.org/assets/docs/IMM-1125.pdf

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		

ACHCH Policy Document

NAME OF POLICY

ACHCH Policy on Pain Management

PURPOSE

The purpose of this Policy is to standardize and ensure equitable treatment of ACHCH patients experiencing acute and chronic pain. Pain management is a vital part of patient care, and all patients have a right to pain relief.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

TREATING ACUTE PAIN:

1. Patients with acute pain will be evaluated by a medical provider.
2. Based on the provider's evaluation and assessment, they may decide to prescribe non-narcotic (non-opioid based) analgesics.
    a. Following Standard Operating Procedures for prescribing and dispensing medications, the provider may decide the clinical appropriateness to directly dispense non-narcotic analgesics (ex: Acetaminophen, Ibuprofen) to the patient in the field. Patients will be offered a written prescription instead of the prescription being directly dispensed.
    b. The provider may also decide to prescribe a non-narcotic analgesic to a pharmacy of the patient's choosing.
3. The provider will follow-up with the patient regarding their pain and any treatment follow-up.

TREATING CHRONIC PAIN (MALIGNANT AND NONMALIGNANT PAIN)

1. ACHCH Providers evaluate and assess for chronic pain and refer or link patient to appropriate treating providers, such as a pain specialist where appropriate.
2. ACHCH Providers do not prescribe opioid pain medications for chronic pain, given the high abuse potential of these medications.
3. Referral-based chronic pain management:
    a. Medical Home:

i. If the patient is already established at a medical home, the Community Health Outreach Worker (CHOW) will link the patient back to their clinic. With the patient's permission, they will assist the patient with making an appointment to meet with their PCP, will provide transportation to this appointment and assist the patient with any follow-up items (obtaining medications, attending future appointments, etc)
ii. If the patient is not established with a medical home, the CHOW will assist the patient with establishing care with a medical home of their choice. With the patient's permission, the CHOW will assist the patient with scheduling an intake appointment, will provide transportation, and assist with any follow-up items.

b. Highland Pain Clinic
   i. The provider may decide to refer the patient directly to the Highland Pain Clinic, depending on the severity of the pain and other clinical factors.
   ii. The provider, with the assistance of the CHOW, will refer the patient to the Highland Pain Clinic, following their referral guidelines.

Highland Hospital
1411 E. 31st St.
Critical Care Building, 7th floor
Oakland, CA 94602
51-437-8377

RESOURCES:

HTML links to appropriate documents

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		5/18/21

ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

ACHCH Procedure Document

NAME OF PROCEDURE

ACHCH Pain Management Procedure

ACHCH POLICY COVERING THIS PROCEDURE:

ACHCH Policy on Pain Management

PURPOSE

The purpose of this Policy is to outline the provision of care by ACHCH providers for patients experiencing pain. Pain management is a vital part of patient care, and all patients have a right to pain relief.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

DEFINITIONS:

PAIN:
"Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. It is unquestionably a sensation in a part or parts of the body but it is also always unpleasant and therefore an emotional experience."[1]

"Pain is whatever the experiencing person says it is, existing whenever he/she says it does."[2]

ACUTE PAIN:
"A complex constellation of unpleasant sensory, perceptual, and emotional experiences associated with autonomic, psychological, emotional, and behavioral responses."[3]

CHRONIC NONMALIGNANT PAIN:
"Pain that persists a month or more beyond the usual course of acute disease or a reasonable time for an injury to heal or that is associated with a chronic pathologic process that causes continuous pain or the pain recurs at intervals for months or years."[3]

CANCER PAIN:

Cancer pain can be chronic or acute and typically is caused by one or more of the following:

1. Tumor involvement: local, regional, and metastatic spread of the disease
2. Cancer-related procedures and treatment effects
3. Causes unrelated to cancer such as back pain, diabetic neuropathy, and rheumatoid arthritis experienced by patients with cancer.[4]

TREATING ACUTE PAIN:

1. Patients with acute pain will be evaluated by a medical provider.
2. Based on the provider's evaluation and assessment, they may decide to prescribe non-narcotic (non-opioid based) analgesics.
    a. Following Standard Operating Procedures for prescribing and dispensing medications, the provider may decide the clinical appropriateness to directly dispense non-narcotic analgesics (ex: Acetaminophen, Ibuprofen) to the patient in the field. Patients will be offered a written prescription instead of the prescription being directly dispensed.
    b. The provider may also decide to prescribe a non-narcotic analgesic to a pharmacy of the patient's choosing.
3. The provider will follow-up with the patient regarding their pain and any treatment follow-up.

TREATING CHRONIC PAIN (MALIGNANT AND NONMALIGNANT PAIN)

1. ACHCH Providers evaluate and assess for chronic pain and refer or link patient to appropriate treating providers, such as a pain specialist where appropriate.
2. ACHCH Providers do not prescribe opioid pain medications for chronic pain, given the high abuse potential of these medications.
3. Referral-based chronic pain management:
    a. Medical Home:
        i. If the patient is already established at a medical home, the Community Health Outreach Worker (CHOW) will link the patient back to their clinic. With the patient's permission, they will assist the patient with making an appointment to meet with their PCP, will provide transportation to this appointment and assist the patient with any follow-up items (obtaining medications, attending future appointments, etc)
        ii. If the patient is not established with a medical home, the CHOW will assist the patient with establishing care with a medical home of their choice. With the patient's permission, the CHOW will assist the patient with scheduling an intake appointment, will provide transportation, and assist with any follow-up items.
    b. Highland Pain Clinic
        i. The provider may decide to refer the patient directly to the Highland Pain Clinic, depending on the severity of the pain and other clinical factors.
        ii. The provider, with the assistance of the CHOW, will refer the patient to the Highland Pain Clinic, following their referral guidelines.

Highland Hospital
1411 E. 31st St.
Critical Care Building, 7th floor
Oakland, CA 94602
51-437-8377

RESOURCES:

HTML links to appropriate documents

Standard Operating Procedures- Medication Prescribing, Dispensing, and Administration: **S:\HCH ADMINISTRATIVE\HRSA\OSV\2021 OSV\2021 P&P\Clinical - Direct Services\Pharmacy & Laboratory\SOP- Medication Prescribing Dispensing and Administration.docx**

REFRENCES:

1. International Association for the Study of Pain. Subcommittee on Taxonomy. Pain Terms: a list with definitions and notes on usage. Pain. 1979;6:250.
2. McCaffery, M. Nursing practice theories related to cognition, bodily pain, and man environment interactions, Los Angeles, 1968, UCLA Students Store.
3. Bonica, JJ, Definitions and taxonomy of pain, in: Bonica, JJ, Ed. The Management of Pain. 2 nd ed. Philadelphia, PA: Lea & Febiger; 1990:18-27.
4. Pasero, C., & McCaffery, M., (2010) Management of Opioid-Induced Adverse Effects. In Pain Assessment and Pharmacologic Management. Elsivier-Mosby: St.Louis. pp. 520-521.

REVISION HISTORY

Version	**Description of change**	**Approved by ACHCH Commission**	**Date**
0	Original		5/18/21

ACHCH Policy Document

NAME OF POLICY

ACHCH Policy on Telehealth

PURPOSE

The purpose of this Policy is to standardize and ensure equitable access to Telehealth appointment for ACHCH patients.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

PRE-APPOINTMENT:

1. All ACHCH patients will be offered to meet for an appointment with their provider in person or via telehealth. If the patient opts for a telehealth appointment, they will need to have reliable access to a phone at the time of the appointment.
2. The person scheduling the appointment will confirm the best phone number for the patient.
3. The patient will be provided the RN's and CHOW's phone number.
4. The patient will be informed that the provider will do everything that they can to call right at the scheduled appointment time. However, a provider may call 10 minutes before or after the appointment time, thus it is important that the patient stays by their phone.
5. The patient will be asked to make every attempt to be in a quiet, private place during their appointment time, with the understanding that this is not always possible or feasible.
6. The designated Community Outreach Worker will call the patient the day before their scheduled appointment with an appointment reminder.

DURING THE APPOINTMENT:

1. Before starting the appointment, the provider will confirm the patient's identity by asking for their name and date of birth.

2. The provider will confirm that the patient can and still wants to meet by phone at that time and is in a physical location where they feel safe to conduct the telehealth appointment.
3. The provider will screen for COVID-19 symptoms, as well as urgent and emergent medical and psychiatric needs. If the patient screens positive for COVID-19 symptoms, they will be directed to go to their medical clinic or closest ED, depending on the severity of the symptoms. If they are not established at a medical clinic, they will be offered assistance in establishing urgent medical care.
4. The provider will conduct the appointment with the same standards and high quality as would be provided in person.
5. Medications will be prescribed to a pharmacy of the patient's choice.
6. A follow-up appointment will be scheduled at the end of the meeting. This appointment will be in person or via telehealth, depending on the patient's preference.
7. If the patient does not pick up the phone, the provider is to leave a voice mail, if possible. The provider will then call back 5 minutes later and leave a voice mail requesting a call back. If the patient has signed the Texting Consent Form, then the provider may text the patient with a generic message to please call back.

MANAGING A CRISIS:

1. The provider will complete a risk assessment, per their clinical guidelines.
2. If the patient endorses suicidal ideation or homicidal ideation:
    a. The provider will confirm the patient's phone number and current location.
    b. The provider will inform the patient that they are concerned for their safety and want to link them to urgent help.
    c. The provider will request that the patient be placed on a brief hold, and to please not hang up.
    d. The provider will use the conference line feature on their phone to call 911, Alameda County Mobile Crisis (510-891-5600) or the Alameda County Non-Emergency phone number (510-667-77210), depending on the clinical need.
    e. The provider will stay on the phone with the patient until emergency services arrive.
    f. The provider will follow-up with the emergency services as to where the patient has been taken for evaluation. Provider will communicate relevant clinical information to the treating provider as needed.

DOCUMENTATION:

1. Each telehealth appointment note will indicate that the patient has consented to the telehealth appointment and that the patient identification was confirmed. The below will be placed at the beginning of each appointment note.
    a. "This visit is being conducted via telehealth. **[Patient's name]** is sheltering in place at home directed by local public health COVID-19 guidelines. If this visit is

conducted over the phone, it is because the patient does not have access to the internet or the internet does not support HIPAA compliance. I confirmed that I am speaking with **[patient's name]** (**DOB .....)**, who gives informed verbal consent to perform this visit using the phone and telehealth tools. I answered all of their questions about the telehealth-based interaction."

RESOURCES:

HTML links to appropriate documents

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		5/10/18

ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS
1404 Franklin Street, Suite 200
Oakland, CA 94612
TEL (510) 891-8950
FAX (510) 832-2139
www.achch.org

ACHCH Procedure Document

NAME OF PROCEDURE

ACHCH Telehealth Procedure

ACHCH POLICY COVERING THIS PROCEDURE:

ACHCH Policy on Telehealth

PURPOSE

The purpose of this Policy is to outline how ACHCH direct providers conduct a Telehealth appointment.

SCOPE/COVERAGE

Applies to all services within the HRSA-approved Scope of Project of the HCH program whether delivered directly by Alameda County employees or under contract or subrecipient agreements.

PROVISIONS

PRE-APPOINTMENT:

1. All ACHCH patients will be offered to meet for an appointment with their provider in person or via telehealth. If the patient opts for a telehealth appointment, they will need to have reliable access to a phone at the time of the appointment.
2. The person scheduling the appointment will confirm the best phone number for the patient.
3. The patient will be provided the RN's and CHOW's phone number.
4. The patient will be informed that the provider will do everything that they can to call right at the scheduled appointment time. However, a provider may call 10 minutes before or after the appointment time, thus it is important that the patient stays by their phone.
5. The patient will be asked to make every attempt to be in a quiet, private place during their appointment time, with the understanding that this is not always possible or feasible.
6. The designated Community Outreach Worker will call the patient the day before their scheduled appointment with an appointment reminder.

DURING THE APPOINTMENT:

1. Before starting the appointment, the provider will confirm the patient's identity by asking for their name and date of birth.
2. The provider will confirm that the patient can and still wants to meet by phone at that time and is in a physical location where they feel safe to conduct the telehealth appointment.
3. The provider will screen for COVID-19 symptoms, as well as urgent and emergent medical and psychiatric needs. If the patient screens positive for COVID-19 symptoms, they will be directed to go to their medical clinic or closest ED, depending on the severity of the symptoms. If they are not established at a medical clinic, they will be offered assistance in establishing urgent medical care.

4. The provider will conduct the appointment with the same standards and high quality as would be provided in person.
5. Medications will be prescribed to a pharmacy of the patient's choice.
6. A follow-up appointment will be scheduled at the end of the meeting. This appointment will be in person or via telehealth, depending on the patient's preference.
7. If the patient does not pick up the phone, the provider is to leave a voice mail, if possible. The provider will then call back 5 minutes later and leave a voice mail requesting a call back. If the patient has signed the Texting Consent Form, then the provider may text the patient with a generic message to please call back.

MANAGING A CRISIS:

1. The provider will complete a risk assessment, per their clinical guidelines.
2. If the patient endorses suicidal ideation or homicidal ideation:
    a. The provider will confirm the patient's phone number and current location.
    b. The provider will inform the patient that they are concerned for their safety and want to link them to urgent help.
    c. The provider will request that the patient be placed on a brief hold, and to please not hang up.
    d. The provider will use the conference line feature on their phone to call 911, Alameda County Mobile Crisis (510-891-5600) or the Alameda County Non-Emergency phone number (510-667-77210), depending on the clinical need.
    e. The provider will stay on the phone with the patient until emergency services arrive.
    f. The provider will follow-up with the emergency services as to where the patient has been taken for evaluation. Provider will communicate relevant clinical information to the treating provider as needed.

DOCUMENTATION:

1. Each telehealth appointment note will indicate that the patient has consented to the telehealth appointment and that the patient identification was confirmed. The below will be placed at the beginning of each appointment note.
    a. "This visit is being conducted via telehealth. **[Patient's name]** is sheltering in place at home directed by local public health COVID-19 guidelines. If this visit is conducted over the phone, it is because the patient does not have access to the internet or the internet does not support HIPAA compliance. I confirmed that I am speaking with **[patient's name]** (**DOB .....)**, who gives informed verbal consent to perform this visit using the phone and telehealth tools. I answered all of their questions about the telehealth-based interaction."

RESOURCES:

HTML links to appropriate documents

REVISION HISTORY

Version	Description of change	Approved by ACHCH Commission	Date
0	Original		5/18/21

Table 5A Scope of Services Evaluation -- Alameda County Health Care for the Homeless 5-2021

Type of Service	Form 5A Column I. Direct Provider(s)	Form 5A Column II. Contract Agreement(s)	Form 5A Column III. Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		COMMENTS / NOTES
GENERAL PRIMARY MEDICAL CARE	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
DIAGNOSTIC LABORATORY	**ACHCH** **Employees(s):** Not Applicable **County Health Department:** Alameda County Public Health Laboratories **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
DIAGNOSTIC RADIOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
SCREENINGS	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
COVERAGE FOR EMERGENCIES DURING AND AFTER HOURS	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
VOLUNTARY FAMILY PLANNING	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
IMMUNIZATIONS	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
WELL CHILD SERVICES	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	

GYNECOLOGICAL CARE	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
PRENATAL CARE	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
INTRAPARTUM CARE (LABOR & DELIVERY)	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
POSTPARTUM CARE	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
PREVENTIVE DENTAL	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health **ACHCH Contractors:** •Onsite Dental •La Clinica Dental	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
PHARMACEUTICAL SERVICES	**ACHCH** **Employees(s):** •Gomez, Seth PharmD BCPP **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
HCH REQUIRED SUBSTANCE USE DISORDER SERVICES (HCH AWARDEES ONLY)	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) •Bird, Aislinn, MD •Carrol, Tony CHW •Arsad, Wale PNP •Quintero, Nancy •Quan, William •Gomez, Seth PharmD BCPP •Lozada, Wilma CHW •Colon, Elaine CHW **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
CASE MANAGEMENT	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilmla CHW •Colon, Elaine CHW •Way, Jade **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	

ELIGIBILITY ASSISTANCE	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilmla CHW •Colon, Elaine CHW •Way, Jade **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
HEALTH EDUCATION	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilmla CHW •Colon, Elaine CHW •Way, Jade **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
OUTREACH	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilmla CHW •Colon, Elaine CHW •Way, Jade **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
TRANSPORTATION	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilmla CHW •Colon, Elaine CHW •Way, Jade **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
TRANSLATION	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilma CHW •Colon, Elaine CHW •Modersbach, David **Volunteer(s)** (none)	**ACHCH Health Department Translation Contract:** •Language Line Translation **Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
ADDITIONAL SERVICES						
ADDITIONAL DENTAL SERVICES	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **ACHCH Contractors:** •Onsite Dental Foundation •La Clinica de la Raza Dental	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
MENTAL HEALTH SERVICES	**ACHCH** **Employees(s):** •TBA Nurse Practitioner (Shelter Health) •Bunde, Jared RN (Shelter Health) •Rossiter, Phoebe RN (Street Health) •TBA Physician (HCH Medical Director) •Bird, Aislinn, MD Psychiatrist •Carrol, Tony CHW •Arsad, Wale Psychiatric Nurse Practitioner •TBA LCSW Shelter Health •Quintero, Nancy •Quan, William •Gomez, Seth PharmD BCPP •Lozada, Wilma CHW •Colon, Elaine CHW **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	

OPTOMETRY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **ACHCH Contractors:** •Fruitvale Optometry	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
COMPLEMENTARY AND ALTERNATIVE MEDICINE	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
ADDITIONAL ENABLING / SUPPORTIVE SERVICES	**ACHCH** **Employees(s):** •Quintero, Nancy •Quan, William •Lozada, Wilmla CHW •Colon, Elaine CHW •Way, Jade **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center •Lifelong Street Health •Tiburcio Vasquez Street Health •Bay Area Community Health Street Health	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
SPECIALTY SERVICES						
Type of Service	**Form 5A Column I.** **Direct Provider(s)**	**Form 5A Column II.** **Contract Agreement(s)**	**Form 5A Column III.** **Referral Arrangement(s)**	**Supporting Provisions** **All Contracts, Agreements or Referral Arrangements Address:**		**Discrepancies/Notes**
PODIATRY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
PSYCHIATRY	**ACHCH** **Employees(s):** •TBA Physician (HCH Medical Director) •Bird, Aislinn, MD Psychiatrist •Arsad, Wale Psychiatric Nurse Practitioner **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System **Subawardee Contract:** •Lifelong TRUST Health Center	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
ENDOCRINOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
OPTHALMOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
CARDIOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	
PULMONOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable	

DERMATOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
GASTROENTEROLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
ADVANCED DIAGNOSTIC RADIOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
OTHER - UROLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
OTHER -NEPHROLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
OTHER - NEUROLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
OTHER - ORTHOPEDICS	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
OTHER - RHEUMATOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable
OTHER - HEMATOLOGY/ONCOLOGY	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable

OTHER - ENT	**ACHCH** **Employees(s):** Not Applicable **Volunteer(s)** (none)	**Subrecipient Contract:** •Alameda Health System	Individual(s) Group Practice(s) **Agreement(s) with:** •**ACHCH:** Not Applicable	**Column II** Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record •**ACHCH**: All Documented in current contracts	**Column III** Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center •**ACHCH**: Not Applicable

Form 5A CHANGES NEEDED

For each service needing a correction through a CIS request, mark whether it should be added or removed in the appropriate columns. More information on scope of project and CIS requests may be found on the Scope of Project web page.

CHANGES NEEDED

Service Type	Form 5A Column I Direct Providers	Form 5A Column II. Contract	Form 5A Column III. Referral	NOTES / DETAILS
General Primary Medical				
Diagnostic Laboratory				
Diagnostic Radiology				
Screenings				
Coverage for Emergencies				
Voluntary Family				
Immunizations				
Well Child Services				
Gynecological Care				
Prenatal Care				
Intrapartum Care				
Postpartum Care				
Preventive Dental				
Pharmaceutical Services				
HCH Required Substance			REMOVE CHECK ON TABLE 5A COLUMN III	
Case Management			REMOVE CHECK ON TABLE 5A COLUMN III	

CHANGES NEEDED -- ADDITIONAL SERVICES

Service Type	Form 5A Column I Direct Providers	Form 5A Column II. Contract	Form 5A Column III. Referral	NOTES / DETAILS
Eligibility Assistance				
Health Education				
Outreach				
Transportation				
Translation			REMOVE CHECK ON TABLE 5A COLUMN III	
Additional Dental				
Mental Health Services				
Substance Use Disorder				
Optometry				
Recuperative Care				
Environmental Health				
Occupational Therapy				
Physical Therapy				
Speech-Language				
Nutrition				
Complementary and				
Additional Enabling/ Supportive				

CHANGES NEEDED -- SPECIALTY SERVICES

Service Type	Form 5A Column I	Form 5A Column II.	Form 5A Column III.	NOTES / DETAILS
PODIATRY				
PSYCHIATRY				
ENDOCRINOLOGY				
OPTHALMOLOGY				
CARDIOLOGY				
PULMONOLOGY				
DERMATOLOGY				
GASTROENTEROLOGY				
ADVANCED DIAGNOSTIC RADIOLOGY				
OTHER - UROLOGY				
OTHER -NEPHROLOGY				
OTHER - NEUROLOGY				
OTHER - ORTHOPEDICS				
OTHER - RHEUMATOLOGY				
OTHER - HEMATOLOGY/ONCOLOGY				
OTHER - ENT				

Form 5B Scope of Services Sites

ID	Site Name	Site Address (City, State, Zip, CDistrict)	Service Site Type	Site Status	ACTIONS NEEDED
BPS-H80-031804	ACHCH Lifelong Downtown South Berkeley Street Health Team Zone 13 Mobile He	3075 Adeline St Ste 280, Berkeley, CA 94703	Administrative/Service Delivery Site	Active	
BPS-H80-029881	ACHCH Lifelong Downtown Street Health Team Zone 9 Mobile Health Unit	386 14th St, Oakland, CA 94612	Service Delivery Site	Active	
BPS-H80-031806	ACHCH Lifelong Emeryville-W.Oakland Street Health Team Zone 12 Mobile Health	3075 Adeline St Ste 280, Berkeley, CA 94703	Administrative/Service Delivery Site	Active	
BPS-H80-031803	ACHCH Lifelong North/West Berkeley Albany Street Health Team Zone 14 Mobile	3075 Adeline St Ste 280, Berkeley, CA 94703	Administrative/Service Delivery Site	Active	
BPS-H80-029835	ACHCH Lifelong West Oakland Street Health Team Zone 10 Mobile Health Unit	10700 Macarthur Blvd, Oakland, CA 94605	Service Delivery Site	Active	
BPS-H80-018372	ACHCH Street Health Mobile Unit	15400 Foothill Blvd, San Leandro, CA 94578	Service Delivery Site	Active	Change Name to Shelter Health pending new Unit
BPS-H80-017370	ACHCHP TRUST Clinic	384 14th St, Oakland, CA 94612	Administrative/Service Delivery Site	Active	
BPS-H80-018423	AHS HCH Mobile Health Clinic #1	6955 Foothill Blvd, Oakland, CA 94605	Service Delivery Site	Active	
BPS-H80-027909	AHS HIGHLAND DENTAL CLINIC	1411 E.31ST STREET, BLDG E FLOORS 1 and 2, OAKLAND, CA 9	Service Delivery Site	Active	
BPS-H80-028259	Alameda County HCH Program StreetHealth Team Mobile Unit Zone 11	384 14th St, Oakland, CA 94612	Service Delivery Site	Active	
BPS-H80-017576	ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY -- HEALTH CARE FOR THE HO	1404 Franklin St Ste 200, Oakland, CA 94612	Administrative	Active	
BPS-H80-012541	ALAMEDA HEALTH SYSTEM AMBULATORY HEALTH CARE SERVICES	15400 FOOTHILL BLVD BLDG A 38, SAN LEANDRO, CA 94578	Administrative	Active	
BPS-H80-004285	AXIS COMMUNITY HEALTH, INC.	4361 Railroad Ave, Pleasanton, CA 94566	Service Delivery Site	Obsolete	REMOVE-- CIS# 00115687
BPS-H80-029834	Bay Area Community Health HCH Street Health Mobile Unit Zone 2	39500 Liberty St, Fremont, CA 94538	Service Delivery Site	Active	
BPS-H80-004073	Bay Area Community Health Primary Care Clinic	39500 Liberty St, Fremont, CA 94538	Service Delivery Site	Active	
BPS-H80-005198	EAST OAKLAND RECOVERY CENTER	10700 Macarthur Blvd STE 12, Oakland, CA 94605	Service Delivery Site	Obsolete	REMOVE- CIS# 00115688
BPS-H80-004681	EASTMONT WELLNESS	6955 Foothill Blvd, Oakland, CA 94605	Service Delivery Site	Active	
BPS-H80-014473	HAYWARD WELLNESS	664 SOUTHLAND MALL, HAYWARD, CA 94545	Service Delivery Site	Active	
BPS-H80-021545	HIGHLAND WELLNESS	Koret Building Floors 6 & 7 Highland General Hospital Campu	Service Delivery Site	Active	
BPS-H80-021939	HIGHLAND WELLNESS HCP ANNEX	1411 E. 31ST Street HIGHLAND CARE PAVILION FLOORS 4 and	Service Delivery Site	Active	
BPS-H80-004025	LA CLINICA DE LA RAZA	1515 Fruitvale Ave, Oakland, CA 94601	Service Delivery Site	Obsolete	REMOVE - CIS# 00115689
BPS-H80-018533	La Clinica de la Raza Fruitvale Village Clinic	3451 E 12th St, Oakland, CA 94601	Service Delivery Site	Active	
BPS-H80-003679	LIFELONG CARE OVER 60 HLTH CTR	3260 Sacramento St, Berkeley, CA 94702	Service Delivery Site	Obsolete	REMOVE - CIS# 00115690
BPS-H80-004225	LIFELONG DENTAL CARE	1860 Alcatraz Ave, Berkeley, CA 94703	Service Delivery Site	Obsolete	REMOVE - CIS# 00115692
BPS-H80-018422	Lifelong Trust Health Center	386 14th St, Oakland, CA 94612	Administrative/Service Delivery Site	Active	
BPS-H80-002983	NEWARK WELLNESS	6066 Civic Terrace Ave, Newark, CA 94560	Service Delivery Site	Active	
BPS-H80-017193	ONSITE DENTAL FOUNDATION	1950 Channel Dr, West Sacramento, CA 95691	Administrative/Service Delivery Site	Active	
BPS-H80-018619	ROOTS Community Health Center Primary Care Clinic	9925 International Blvd, Oakland, CA 94603	Administrative/Service Delivery Site	Obsolete	REMOVE - CIS# 00115693
BPS-H80-017361	ROOTS Community Health Center, Inc Mobile-Street Medicine	9925 International Blvd, Oakland, CA 94603	Administrative/Service Delivery Site	Obsolete	REMOVE - CIS# 00115694
BPS-H80-012973	SAME DAY CLINIC AT HIGHLAND WELLNESS	1411-E.31st Street Highland Care Pavilion 4th Floor Corridor S	Service Delivery Site	Active	Needs Name Change
BPS-H80-000575	SECOND CHANCE, INC	6330 Thornton Ave, Newark, CA 94560	Service Delivery Site	Obsolete	REMOVE - CIS# 00115695
BPS-H80-008803	ST. VINCENTS STABLE SITE CLINIC	2272 San Pablo Ave, Oakland, CA 94612	Service Delivery Site	Active	Keep for planned re-opening in 2021
BPS-H80-031938	Temporary Site - Operation Comfort/Comfort Inn	8452 Edes Ave, Oakland, CA 94621	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-031941	Temporary Site - Operation Comfort/Quality Inn	8471 Enterprise Way, Oakland, CA 94621	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-031939	Temporary Site - Safer Ground Alameda	1151 Pacific Marina, Alameda, CA 94501	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-031936	Temporary Site - Safer Ground Days Inn	8350 Edes Ave, Oakland, CA 94621	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-031940	Temporary Site - Safer Ground Livermore	5200 Wolf House Dr, Livermore, CA 94551	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-031937	Temporary Site - Safer Ground Newark	6100 Newpark Mall, Newark, CA 94560	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-031935	Temporary Site - Safer Ground Radisson	8400 Edes Ave, Oakland, CA 94621	Service Delivery Site	Active	Temporary: Extended through July 15 2021
BPS-H80-029836	Tiburcio Vasquez Health Center HCH Street Health Mobile Unit	22331 Mission Blvd, Hayward, CA 94541	Service Delivery Site	Active	
BPS-H80-031807	Tiburcio Vasquez Health Center Zone 4 Mid County ACHCH Street Health Mobile L	16110 E 14th St, San Leandro, CA 94578	Administrative/Service Delivery Site	Active	
BPS-H80-031805	Tiburcio Vasquez Health Center Zone 5 Alameda-San Leandro HCH Street Health M	16110 E 14th St, San Leandro, CA 94578	Administrative/Service Delivery Site	Active	

CURRENT TABLE 5C

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted	Action Required
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Emergency Shelter Program (ESP) Shelter for women/children, victims of domestic violence, single women 27303 Huntwood Ave Hayward, CA 94541	**WE would like to submit a whole new Form 5C list to you, with some added and some deleted.**
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Multi-agency Service Center (MASC) drop-in clinic, multiple other social services 1931 Center Street Berkeley, CA 94704	
Portable Clinical Care	1-2 TIMES PER MONTH	Mobile Health Van Primary Care/Treatment/Referral	Covenant House (teen shelter) 200 Harrison St, Oakland, CA 94607	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	South County Homeless Project (mental health treatment for dual diagnosis men/women) 258 West "A" Street Hayward, CA 94541	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Hayward Day Laborer Center (drop-in clinic) 680 Tennyson Road Hayward, CA 94544	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Women on the Way Recovery Center (formerly Women of Faith) (Substance abuse program for single women) 20424 Haviland Hayward, CA 94541	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	East Oakland Community Project (EOCP) (shelter program for single men, single women, families) 5725 International Blvd. Oakland, CA 94621	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Men's Visitation Center (Champion Guidance Center)(drop-in clinic) 2280 San Pablo AVe Oakland, CA 94612	
Portable Clinical Care	1-2 times / month	Mobile Health Van Primary Care/Treatment/Referral	Building Futures with Women and Children (Shelter) 501 Davis Street San Leandro, CA 94577	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Second Chance (substance abuse rehab program) Corner of Cherry and Central Ave Newark, CA 94560	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	St. Mary's Community Center (clinic for older adults; rehab center) 925 Brockhurst Oakland, CA 94612	
Portable Clinical Care	1-2 times per month	Mobile Health Van Primary Care/Treatment/Referral	CRECE Street Clinic (drop-in clinic for day laborers) 3005 E. 12th Street Oakland, CA 94601	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	East Bay Community Recovery Project (EBCRP) (Day program for substance abuse treatment) 2577 San Pablo Avenue Oakland, CA 94612	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Midway Shelter (homeless shelter for women & children, domestic violence victims) 2181 Clement Street Alameda, CA 94501	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Project Pride (substance abuse treatment) 2551 San Pablo Avenue Oakland, CA 94612	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	St. Vincent DePaul's Free Dining Room (food program, drop-in clinic)675 23rd Street Oakland, CA 94608	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Shepherd's Gate Residence Hall (shelter/transition house for women & children) 1660 Portola Avenue Livermore, CA 94550	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Dwight Way Womens Shelter (Shelter for women) 2140 Dwight Way Berkeley, CA 94704	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Multicultural Institute (MCI)(drop-in center for day laborers) 642 Hearst Ave Berkeley, CA 94710	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Women on the Way Recovery Center (formerly Women of Faith) (Substance abuse program for single women) 20424 Haviland Hayward, CA 94541	
Portable Clinical Care	1-2 times per month	Mobile Health Van Primary Care/Treatment/Referral	Chrysalis Residential Services for Women (Substance Abuse program for women) 3837-3847 Telegraph Avenue Oakland, CA 94609	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Family Emergency Shelter Church Coalition (FESCO) (Shelter program for fathers/mothers with children) 22671 3rd Street Hayward, CA 94541	
Portable Clinical Care	1-2 times per month	Mobile Health Van Primary Care/Treatment/Referral	Building Opportunities for Self-Sufficiency (BOSS)(Shelter+ program) 711 Harrison Street Berkeley, CA 94710	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Friendly Place Manor (drop-in center for single women) 2298 San Pablo Avenue Oakland, CA 94612	
Portable Clinical Care	1-2 times/month	Mobile Health Van Primary Care/Treatment/Referral	Cronin House (Substance abuse clinic for adults) 2595 Depot Road Hayward, CA 94545	

Portable Clinical Care	ACHCHP Mobile health clinic will visit this site 1-2 times per month.	Services provided by ACHCHP mobile medical clinic staff includes services including case management, referrals for medical, dental, optometry, behavioral health and substance use, and social services. Care coordination and housing coordination services are also provided as well as limited behavioral health and substance use services. Services are provided in conjunction with urgent care and preventative primary care services provided by clinical providers.	Word Assembly Baptist Church 9507 MacArthur Blvd Oakland, CA 94605 provides meals, food and grocery assistance and support services to persons experiencing homelessness in the East Oakland region.	
Portable Clinical Care	up to four visits per month	Services provided by ACHCHP mobile medical clinic staff includes services including case management, referrals for medical, dental, optometry, behavioral health and substance use, and social services. Care coordination and housing coordination services are also provided as well as limited behavioral health and substance use services. Services are provided in conjunction with dental, urgent care and preventative primary care services provided by clinical providers.	Meal site which provides food and support services to homeless persons at: New Hope Christian Fellowship 22110 Montgomery St, Hayward, CA 94541	
Portable Clinical Care	Site will be visited by ACHCHP Mobile Medical Clinics from 2-4 times per month.	Services provided by ACHCHP mobile medical clinic staff includes enabling services including case management, referrals for medical, dental, optometry, behavioral health and substance use, and social services. Care coordination and housing coordination services are also provided as well as limited behavioral health and substance use services. Services are provided in conjunction with urgent care and preventative primary care services provided by clinical providers.	Homeless drop in center, located at El Shaddai Ministries 565 Lewelling Blvd, San Lorenzo, CA 94580	
Portable Clinical Care	from 2-4 visits per month	Services provided by ACHCHP mobile medical clinic staff includes services including case management, referrals for medical, dental, optometry, behavioral health and substance use, and social services. Care coordination and housing coordination services are also provided as well as limited behavioral health and substance use services. Services are provided in conjunction with urgent care, immunization and preventative primary care services provided by clinical providers.	Homeless Recovery Center Salvation Army 601 Webster St Oakland CA 94607	

Portable Clinical Care	Up to 4 times per month	Services provided by ACHCHP mobile medical clinic staff includes services including case management, referrals for medical, dental, optometry, behavioral health and substance use, and social services. Care coordination and housing coordination services are also provided as well as limited behavioral health and substance use services. Services are provided in conjunction with urgent care and preventative primary care services provided by clinical providers.	Homeless soup kitchen and services site First United Methodist Church at 1183-B Street, Hayward, CA 94541	
Portable Clinical Care	Mobile clinic will be visiting site up to four times per month	Services provided by ACHCHP mobile medical clinic staff includes services including case management, referrals for medical, dental, optometry, behavioral health and substance use, and social services. Care coordination and housing coordination services are also provided as well as limited behavioral health and substance use services. Services are provided in conjunction with urgent care and preventative primary care services provided by clinical providers.	City Team Ministries is a homeless shelter, meal site and recovery center. Address is: 722 Washington St, Oakland, CA 94607.	
Portable Clinical Care	Weekly	Outreach, engagement, assessment, brief interventions, point of care testing, limited urgent care services.	100th Avenue & Pearmain St, Oakland CA 94603. HEPPAC Syringe Exchange site.	
Portable Clinical Care	Weekly	Outreach, engagement, assessment, brief interventions, point of care testing, limited urgent care services.	HEPPAC Syringe Exchange 2300 E.12th Street, Oakland CA.	
Portable Clinical Care	weekly	Outreach, engagement, assessment, brief interventions, point of care testing, limited urgent care services.	2301 San Pablo Avenue Oakland. Syringe exchange and homeless clinical care and outreach throughout San Pablo Avenue corridor area.	

ACHCH Sites (5/21/21)

Alameda County Health Care for the Homeless - Site Name	Site Address (City, State, Zip Code, District)
Lifelong Downtown Oakland Street Health Team Zone 9 Mobile Health Unit	386 14th St, Oakland, CA 94612
Lifelong Downtown South Berkeley Street Health Team Zone 13 Mobile Health Unit	3075 Adeline St Ste 280, Berkeley, CA 94703
Lifelong Emeryville-W.Oakland Street Health Team Zone 12 Mobile Health Unit	3075 Adeline St Ste 280, Berkeley, CA 94703
Lifelong North/West Berkeley Albany Street Health Team Zone 14 Mobile Unit	3075 Adeline St Ste 280, Berkeley, CA 94703
Lifelong West Oakland Street Health Team Zone 10 Mobile Health Unit	10700 Macarthur Blvd, Oakland, CA 94605
ACHCH StreetHealth Mobile Unit Zone 11	15400 Foothill Blvd, San Leandro, CA 94578
ACHCHP TRUST Clinic	384 14th St, Oakland, CA 94612
AHS HCH Mobile Health Clinic #1	6955 Foothill Blvd, Oakland, CA 94605
AHS HIGHLAND DENTAL CLINIC	1411 E.31ST STREET, BLDG E FLOORS 1 and 2, OAKLAND, CA 94602
Alameda County HCH Program StreetHealth Team Mobile Unit	384 14th St, Oakland, CA 94612
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY -- HEALTH CARE FOR THE HOMELESS PROGRAM -- ADMINISTRATIVE OFFICES	1404 Franklin St Ste 200, Oakland, CA 94612
ALAMEDA HEALTH SYSTEM AMBULATORY HEALTH CARE SERVICES	15400 FOOTHILL BLVD BLDG A 38, SAN LEANDRO, CA 94578
Bay Area Community Health (BACH) HCH Street Health Mobile Unit Zone 2	39500 Liberty St, Fremont, CA 94538
Bay Area Community Health (BACH) Primary Care Clinic	39500 Liberty St, Fremont, CA 94538
AHS EASTMONT WELLNESS	6955 Foothill Blvd, Oakland, CA 94605
AHS HAYWARD WELLNESS	664 SOUTHLAND MALL, HAYWARD, CA 94545
AHS HIGHLAND WELLNESS	Koret Building Floors 6 & 7 Highland General Hospital Campus 1411 E. 31st Street, Oakland, CA 94602
AHS HIGHLAND WELLNESS HCP ANNEX	1411 E. 31ST Street HIGHLAND CARE PAVILION FLOORS 4 and 5, EXCLUDING HIGHLAND WELLNESS SAME DAY CLINIC, OAKLAND, CA 94602
La Clinica de la Raza Fruitvale Village Clinic	3451 E 12th St, Oakland, CA 94601
Lifelong Trust Health Center	386 14th St, Oakland, CA 94612
NEWARK WELLNESS	6066 Civic Terrace Ave, Newark, CA 94560
ONSITE DENTAL FOUNDATION	1950 Channel Dr, West Sacramento, CA 95691

SAME DAY CLINIC AT HIGHLAND WELLNESS	1411-E.31st Street Highland Care Pavilion 4th Floor Corridor SC 4100, Same Day Clinic (includes Exam Rooms 4709 through 4822 and Fast Track Exam Area), Oakland, CA 94602
ST. VINCENTS STABLE SITE CLINIC	2272 San Pablo Ave, Oakland, CA 94612
Temporary Site - Operation Comfort/Comfort Inn	8452 Edes Ave, Oakland, CA 94621
Temporary Site - Operation Comfort/Quality Inn	8471 Enterprise Way, Oakland, CA 94621
Temporary Site - Safer Ground Alameda	1151 Pacific Marina, Alameda, CA 94501
Temporary Site - Safer Ground Days Inn	8350 Edes Ave, Oakland, CA 94621
Temporary Site - Safer Ground Livermore	5200 Wolf House Dr, Livermore, CA 94551
Temporary Site - Safer Ground Newark	6100 Newpark Mall, Newark, CA 94560
Temporary Site - Safer Ground Radisson	8400 Edes Ave, Oakland, CA 94621
Tiburcio Vasquez Health Center HCH Street Health Mobile Unit	22331 Mission Blvd, Hayward, CA 94541
Tiburcio Vasquez Health Center Zone 4 Mid County ACHCH Street Health Mobile Unit	16110 E 14th St, San Leandro, CA 94578
Tiburcio Vasquez Health Center Zone 5 Alameda-San Leandro HCH Street Health Mobile Unit	16110 E 14th St, San Leandro, CA 94578