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<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
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| A. CALL TO ORDER | Laura Guzmán  
1. Welcome & Introductions  
2. Adopt agenda | | 9:00 AM |
| | Chair HCH Commission | | 5 min |
| B. PUBLIC COMMENT** | | | 5 min |
| Persons wishing to address items on or off agenda | | | |
| C. CLOSED SESSION | | | |
| No Items for Closed Session | | | |
| D. CONSENT AGENDA | | TAB 1 | 5min |
| - Review and Approve Minutes of 12/13/2019 Meeting | | | |
| E. ACTION AGENDA | Theresa Ramirez, ACHCH Quality Manager  
Lucy Kasdin, HCH Director | TAB 2, TAB 3 | 10 min, 10 min |
| - Action Item: Review and Approve ACHCH CY 2020 Quality Plan | | | |
| - Action Item: Review and Approve ACHCH Dental Contracts: La Clinica and Onsite Dental | | | |
| F. HCH Program Director Report – Lucy Kasdin: HCH Program Update | Lucy Kasdin LCSW, HCH Director | TAB 4 | 20 min |
| H. ACHCH Commission Board Development/Retreat Planning Session | Laura Guzmán, Chair HCH Commission | | 15 min |
| I. REGULAR AGENDA | Sam Weeks DDS  
L. Guzmán  
L. Lee  
L. Bailey Lindsey/R.Caloca-Rivas  
M. Schneidermann MD | | 10 min, 10 min |
| 2. Executive Committee report | | | |
| 3. Street Health Committee (No Report) | | | |
| 4. Budget/Finance and Contracts Committee (No Report) | | | |
| 5. Clinical Committee (No Report) | | | |
| 6. Board Planning/Development: | | | |
| 7. Other HCH Commission Business: | | | |
| J. OTHER ITEMS | | | 5 min |
| 1. Items for upcoming agendas: | | | |
| **February HCH Commission Meeting:** Friday February 21, 9-11am HCSA Offices 1000 San Leandro Blvd #200, San Leandro CA 94577 | | | |
| K. ADJOURNMENT – | | | 11:00 AM |

*Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: [http://www.achch.org/](http://www.achch.org/).
Tab 1:
Draft Minutes 12/13/19 HCH Commission Meeting
## DRAFT MINUTES

### HCH Commissioners Present:
- Lynette Lee (Vice Chair)
- Lois Bailey Lindsey
- Julie Lo
- Ana Bagtas
- Gloria Cox-Crowell
- Shannon Smith-Bernardin
- Laura Guzmán
- Michelle Schneidermann

### County Staff/Partners Present:
- Lucy Kasdin LCSW, ACHCH Director
- Jeffrey Seal, ACHCH Medical Director
- David Modersbach, ACHCH program
- Kathy Barron, ACHCH program
- Heather MacDonald Fine, AHS

### CCAB Members Present:
- Jeannette Johnigan
- Guitar Whitfield
- Mark Smith
- Denise Norman
- Brenda Whitfield
- April Anthony
- Bennie Whitfield
- Sabrina Fuentes

### Item | Discussion/ Recommendations | Action
--- | --- | ---
A. CALL TO ORDER
- Welcome & Introductions
- Adopt agenda
- Meeting Chaired by Vice-Chair Lynette Lee
- Adopt agenda – Agenda adoped by Commission

B. PUBLIC COMMENT**
- Heather MacDonald-Fine Interim Director of AHS health center services, discussed Sub Recipient Agreement between AHS and ACHCH and acknowledged the work that went into it, reflecting new governing structure of subrecipient relationship, and hoping that new contract can serve to guide collaboration and subrecipient structure.

C. CLOSED SESSION
- No Closed Session

D. CONSENT AGENDA
1. Action Item: Approval of Minutes 11/8/2019
2. Action Item: Approval of Street Health Contracts
   - HCH Commission review and approve Commission Meeting Minutes of November 15, 2019. Addition of discussion of metrics in racial disparity. Amendment accepted.
   - HCH CCAB members unanimously review and approve CCAB Meeting Minutes of November 8, 2019.
   - Approval in Principle ACHCH/AHS CY2020 Subrecipient Agreement:
     - Discussion of additional language added to the agreement for clarity around governance and around racial equity focus.
     - ACHCH Commissioners approved in principle by unanimous vote the ACHCH-AHS subrecipient agreement. Agreement will be shared with AHS for approval and then sent to Alameda County Board of Supervisors for execution.

Motion: G. Cox-Crowell; 2nd L. Bailey Lindsey
Yea: unanimous

Motion: L. Guzmán, 2nd G. Cox-Crowell
Yea: unanimous

Motion: M. Schneidermann, 2nd L. Guzmán
Yea: unanimous
Lucy Kasdin, ACHCH Program Director presented the Director’s Report (attached). Highlights that were discussed:

**Personnel (Strategic Area: Clinical Care, Leadership, and Advocacy)**
- Interviews (two candidates) for Psych MH NP will be conducted December 17th
- Jeffrey’s position will need to be hired off of a list; may be provisional

**Program Highlight (Strategic Area: Community Awareness & Marketing)**
- On December 9th Alameda County hosted a visit from State legislative staff focused on homelessness. Tour and presentation of the Trust Health Center by Dr. Seal and field visits with our Street Health teams. There was great support in expanding our street health program.

**HRSA Update (Strategic Area: Health Center Compliance)**
- ACHCH has received notification that ACHCH has been awarded a full 3-year project period for 2020-2022 for our Service Area Competition (SAC) Award. This reflects approval of the health center program design and projections submitted in our SAC proposal.

**Medical Respite:**
- **LifeLong:** has hired or have in place the majority of key staff for the project. Currently accepting referrals from AHS and new expanded referrals from Street Health teams.
- **Alameda Point:** With Dr. Seal’s departure, ACHCH continues to serve as the county lead for the Alameda Point Collaborative project.
- Meeting in January 2020 with Anthem, BACS, AHS, Alliance, and ACHCH to discuss medical respite.

**Street Health Teams:**
- Commissioners requested an infographic that provides an overview of Street Health Teams, regions, etc.

David Modersbach, ACHCH Grant Manager gave an overview of HRSA-Approved SAC, including organizational chart, budget, direction of where the program is going, how health center is approaching patient services and care.
- SAC has been approved by HRSA
- HRSA HIV $250,000 funding – application was submitted 12/10/19

**ACHCH CCAB:** Mark Smith gave the following overview:
- Retreat: brainstormed 2020 goals
- Currently 9 CCAB members; add 1 or 2 members in 2020
- More input directly with patients who are using clinic; monitor services and experiences
- How can we communicate/share more information with
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<th>Item</th>
<th>Discussion/ Recommendations</th>
<th>Action</th>
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<td>4. Executive Committee report</td>
<td>Jeannette Johnigan reported on MAT conference in September, highlighted integrated Substance Use (SUD), behavioral health and primary care services at Portland OR Central City Concern. <strong>Discussion between ACHCH Commissioners and HCH CCAB members:</strong> How well is ACHCH integrating medical, behavioral, SUD services at different levels? How well are harm reduction services and approaches integrated? How can we learn more and better integrate SUD, BH and Primary care? • Top three priorities that the Commission can share with the CCAB to work collaboratively to solve. Brainstormed ideas: o Joint (CCAB/Comm) Policy and Advocacy Efforts collaborate and outreach with local-State-Fed policymakers o Racial Equity Diversity Work o Patient Experience monitoring and metrics o More consistent CCAB/Commission meetings/collaborations o HCH Commission committees include HCH CCAB members o More strategic specific HCH Commission meetings o Connect/Collaborate with TRUST Partners o Connecting to and building in Research partners o Better measuring and understanding Impact of HCH services o Incorporating Medical Respite into HCH o Power: Elevate voices of people with lived experience.</td>
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<td>5. Budget/Finance and Contracts Committee</td>
<td>No report; meeting in January 2020</td>
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<td>6. Clinical Committee</td>
<td>No meeting this month</td>
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**Action Item:** Approve new ACHCH Executive Committee Members

5. Selection of ACHCH Commission Chair and Vice Chair ACHCH Commission selected by unanimous vote the following board members to serve for CY2020 as Executive Committee: • Lois Bailey Lindsey will continue to be Secretary • Laura Guzman will serve as Chair • Gloria Cox-Crowell will serve as Vice Chair

6. Racial Equity/Diversity Equity Inclusion in Homelessness and Homeless Health Care Services

Motion: S. Smith-Bernardin, 2nd L. Bailey Lindsey
Yea: unanimous
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<th>Item</th>
<th>Discussion/ Recommendations</th>
<th>Action</th>
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| 8. Board development/ Retreat | • Propose an ad hoc workgroup led by Lulie Lo, including Lois Bailey Lindsey, Sam Weeks, Laura Guzman, Ana Bagtas, as well as CCAB members interested in collaborating: Sabrina Fuentes, Jeannette Johnigan, Denise Norman)  
• Schedule working group meeting for January 2020 | |
| 7. Board development – Retreat | • March 2020 half-day  
• Bring ideas/information to January 2020 Commission meeting  
• Retreat Committee members include Julie Lo, Lois Bailey Lindsey | |
| 8. Other ACHCH Commission Business | • Street Health Learning Collaborative going well; Roots Community Center came and participated in last meeting. Encouraging folks to apply for census jobs, voter registration.  
• ACHCH Commission gave a very warm thank you to Dr. Jeffrey Seal for his work and dedication to the ACHCH program and the people we serve. | |
| 9. Other ACHCH Commission Business | Next ACHCH Commission Meeting: Friday, January 17, 2020, 9am-11am, 1000 San Leandro Blvd, Suite 300 (Room #325), San Leandro.  
Next ACHCH CCAB Meeting: Friday, January 10, 2020; 12pm-2pm; 1404 Franklin Street, Suite 200 (Highlander Conference Room), Oakland. | |
| I. OTHER ITEMS | Next ACHCH Commission Meeting: Friday, January 17, 2020, 9am-11am, 1000 San Leandro Blvd, Suite 300 (Room #325), San Leandro.  
Next ACHCH CCAB Meeting: Friday, January 10, 2020; 12pm-2pm; 1404 Franklin Street, Suite 200 (Highlander Conference Room), Oakland. | |
| 1. Items for upcoming agendas: | Meeting adjourned at 12:00pm  
MINUTES APPROVED BY UNANIMOUS VOTE OF ACHCH COMMISSION  
1/17/2020  
Verified by Lois Bailey Lindsey, ACHCH Commission Executive Committee Secretary  
____________________________________ Date:__________________ |
Tab 2:
ACHCH Quality Plan Review
GY2020
DATE: January 17, 2019

TO: Alameda County Health Care for the Homeless Commission

FROM: HCH Program Staff

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION TO APPROVE HRSA-REQUIRED HEALTH CENTER QUALITY IMPROVEMENT PLAN

Background:

Under Article 2 of the Bylaws of the Alameda County Health Care for the Homeless Commission, the HCH Commission is responsible for establishing general policies and procedures for the Health Center that are consistent with the Health Center regulations, including that of a Quality Improvement program. This Quality Program must be Board-approved.

Request:

Staff and Director of the ACHCH program request that the HCH Commission approve the attached Health Center 2019 Quality plan.

Discussion:

This health center policy and plan has been developed in consultation with ACHCH staff, contractors, subrecipient and consumers through the ACHCH Quality Committee. The HCH Commission has been briefed on the ACHCH Quality Plan presented to the HCH Commission in November 2019, and this Quality Plan is reflected in regular Director’s Reports.
# Quality Plan Goals CY2020
Managed by HCH Quality Committee

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<tr>
<th>#</th>
<th>Goal</th>
<th>Current Activities</th>
<th>Status</th>
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<tbody>
<tr>
<td>1.</td>
<td>By 12/31/20, HCH will improve integrity of RBA and UDS datasets</td>
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<td>2.</td>
<td>By 12/31/20, document completion of annual data deep dive reporting program goals.</td>
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<td>3.</td>
<td>By 6/30/20, RBA/Clear Impact program materials and performance software will be fully implemented to all targeted sites producing program data.</td>
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<td>4.</td>
<td>By 12/31/20, an evaluation plan to collect and analyze data on patient experience across HCH sites and internal teams will be implemented at all sites.</td>
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<td>5.</td>
<td>By 12/31/20, HCH will implement an incident reporting system that includes all contractors, HCH direct service staff.</td>
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<td>6.</td>
<td>By 7/01/20, HCH will implement 3-6 system wide measures to evaluate programmatic, administrative, racial equity, and financial performance.</td>
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<td>7.</td>
<td>By 12/31/20, HCH will hold at least 6 internal quality committee meetings in CY2020</td>
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<td>8.</td>
<td>By 7/31/20, update 9 contract/subrecipient language relating to quality improvement and risk management.</td>
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Tab 3
Review/Approve ACHCH
Dental Contracts
DATE:  1/17/2020

TO:       Alameda County Health Care for the Homeless Commission

FROM:     ACHCH Program Staff

SUBJECT:  REQUEST FOR THE HCH COMMISSION TO TAKE ACTION: Approve In Principle ACHCH Dental Contracts with La Clinica de la Raza and Onsite Dental Foundation

Background:
As a public entity Health Center, HRSA regulations require that our governing board approve health center contractual relationships between subawardees (including subrecipient AHS and Street Health contractors) and contractors. In the case of ACHCH dental contracts these are “contractors” as opposed to “subawardees” because in the case of dental contracts, these are for already-existing ACHCH patients, and dental contractors (Onsite and La Clinica) do not determine health center patient eligibility.

These two ACHCH contracts are for dental care services offered to health center patients that include Phase I treatment (emergency stabilization of dental conditions including fillings, extractions, cleaning, periodontal and root canals) and Phase II treatment, addressing rehabilitation for patients, including dentures, crowns, and bridges. Both contractors also provide specialty and hygiene services.

Both Onsite Dental Foundation and La Clinica de la Raza are longstanding contractors with the ACHCH health center. Onsite Dental Foundation provides mobile clinic-based dental care services, generally on a weekly basis at rotating selected sites in Alameda County. La Clinica de la Raza provides dental clinic-based care. Each clinic counts on an ongoing Dental Case Management relationship with embedded ACHCH Shelter Health social work staffers to refer patients, support patients in their dental care, and evaluate and improve contracted dental care.

In CY2019 to date, La Clinica treated 155 patients in 628 visits, while Onsite Dental Foundation treated 339 patients in 1,451 visits. Both contractors work closely with ACHCH staff and ACHCH Dental Director Bahar Amanzadeh DDS in quality improvement.

Request:
Review and approve these revised Contracts

Discussion:
Approval of these agreements will enable these contracts to go to the Alameda County Board of Supervisors for county approval and execution for the CY2020 contract period.
COMMUNITY-BASED ORGANIZATION MASTER CONTRACT AMENDMENT COVERSHEET

This Master Contract Amendment, effective as of **01/01/2020**, is a part of the Community Based Organization Master Contract (No. **900116**) made and entered into by and between the County of Alameda ("County"), and **La Clínica de La Raza, Inc.**, hereinafter referred to as the “Contractor”.

The Master Contract is hereby amended by adding the following described exhibits, all of which are attached and incorporated into the Master Contract by this reference, and hereinafter referred to as “Procurement Contract No. 19523” or the “Procurement Contract:

1. **Exhibit A** – Program Description and Performance Requirements;
2. **Exhibit B** – Payment Terms;
3. **Exhibit C** – Insurance Requirements;
4. **Exhibit D** – Debarment and Suspension Certification;
5. **Exhibit E** – HIPAA Business Associate Agreement; and
6. **Exhibit F** – Audit Requirements.

Except as herein amended, the Master Contract is continued in full force and effect. The Term of this Procurement Contract shall be from **January 1, 2020** through **December 31, 2020**. The compensation payable to Contractor hereunder shall not exceed **$124,536** for the term of this Procurement Contract.

Dept. Contact  Terri Moore  Phone  (510) 891-8927  Email  Terri.Moore@acgov.org

The signatures below signify that attached Exhibits have been received, negotiated and finalized. The Contractor also signifies agreement with all provisions of the Master Contract. IN WITNESS WHEREOF and for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree hereto have executed this Procurement Contract, effective as of the date of execution by the County. By signing below, signatory warrants and represents that he/she executed this Procurement Contract in his/her authorized capacity and that by his/her signature on this Procurement Contract, he/she or the entity upon behalf of which he/she acted, executed this Procurement Contract.

**COUNTY OF ALAMEDA**

By ___________________________  Date ___________________________

Signature

Name  Colleen Chawla

Title  Director, Health Care Services Agency

**NAME OF CONTRACTOR**

By ___________________________  Date ___________________________

Signature

Name  Jane Garcia

Title  Chief Executive Officer

**APPROVED AS TO FORM**

By ___________________________  ___________________________

Signature

Name  K. Joon Oh

Title  Deputy County Counsel
EXHIBIT A

PROGRAM DESCRIPTION AND PERFORMANCE REQUIREMENTS

Contracting Department  Health Care Services Agency Administration and Indigent Health

Contractor Name  La Clínica de La Raza, Inc.

Contract Period  January 1, 2020 – December 31, 2020

Type of Services  Dental Services for Homeless Persons

Procurement Contract No.  19523

I.  Program Name

Health Care for the Homeless Dental Services

II.  Contracted Services

Contractor shall provide:

Dental services for Alameda County Health Care for the Homeless (ACHCH) for Alameda County homeless persons.

III.  Program Information and Requirements

A.  Program Goals

La Clínica de La Raza, Inc. (“La Clínica” or “Contractor”) agrees its affiliated dentist will provide comprehensive dental health care services to homeless adults and children within the general scope of services offered to all patients that include the following:

Phase I treatment: Phase I treatment addresses a patient’s emergency needs and provides services needed to stabilize that patient’s health including cleaning, fillings, extractions, periodontal services, and root canals. These services will always be completed first. La Clínica will create an initial Phase 1 treatment plan at an initial dental visit and provide it to ACHCH. This treatment plan will include an initial cleaning and basic oral hygiene instruction. Phase 1 will be considered complete when all of the patient’s caries lesions and oral infections have been addressed and their periodontal health has been stabilized.

Hygiene visits: La Clínica will provide hygiene education during one of their visits with the dental hygienist. Based on the patient’s treatment plan, these types of appointments will include: Scaling and root planning, prophy (regular cleaning), periodontal maintenance. These visits improve hygiene and will help ensure success and longevity of the treatments and prepare patients for success in their Phase II treatment or to have good oral health.
Phase II: Phase II treatments address the rehabilitation for the patient. These specialty dental services include dentures, crowns and limited bridges. Because Phase II treatment can depend on the Phase I outcome, a separate Phase II treatment plan may be developed for the patient.

Specialty services: These services include full dentures and partial dentures that will be provided by the designated dentist, if deemed clinically appropriate. However, there will be some patients referred to the specialists at the Fruitvale Dental Clinic for those specific services only. Prosthetic Dental Services will also be covered during the service period and includes full dentures, partial dentures, and crowns. Prosthetic dental services will require laboratory work and follow up visits for fittings.

La Clinica will inform patients during their initial exam, and subsequently ACHCH staff, if a patients’ treatment may not be completed due to the complexity of their case. Complex cases are any cases that are out of the scope of La Clinica’s practice, capabilities and capacity. In such instances, La Clinica shall provide information to ACHCH referred patients on outside referral options to other specialist providers.

La Clinica will inform ACHCH if patients are missing appointments so that ACHCH Case Managers can exert their best efforts to ensure patients show up to their appointments to complete their treatment plans to avoid being dropped from the program.

La Clinica will work with ACHCH to help prioritize best treatment plans offered to patients and inform ACHCH Case Managers of completed status, with any changes in treatment plan noted.

La Clinica will exert its best efforts to complete treatment plans for patients, including performing outside referrals to specialist providers as needed.

The structure and program elements described are aimed at increasing the number of patients who successfully complete Phase I and Phase II treatment plans.

B. Target Population
Contractor shall provide services to the following populations:

1. Service Groups
Contractor shall provide dental services to the following populations: Dental services shall be provided to 65 unduplicated ACHCH homeless patients (as defined by Health Resources and Services Administration (HRSA)) during the period of January 1, 2020 to December 31, 2020.

2. Referral Process to Program
ACHCH will refer patients based on need for services, including patients eligible for public insurance coverage as well as those who are not. ACHCH will reimburse La Clinica de La Raza only for dental services for uninsured homeless persons who have been referred through the ACHCH program. La
Clínica will determine patient eligibility for Medi-Cal upon receiving ACHCH patient referral. ACHCH Case Managers will provide patients that they refer to La Clínica with the following information:

- La Clínica’s no-show policy, particularly for initial visits;
- Information on assistance available for Medi-Cal enrollment at La Clínica; and
- Information on which documents are necessary for Medi-Cal enrollment

Additionally, ACHCH will provide patients’ social security number, or indication that they do not have one, on the referral sheet sent to La Clínica so that patients’ insurance eligibility can be checked prior to visits by La Clínica staff and referrals made to La Clínica enrollment staff for enrollment assistance if appropriate.

3. **Program Eligibility**
   Contractor shall only serve clients who are referred by ACHCH that are homeless as defined by HRSA.

4. **Limitations of Service**
   a) Direct referral of patients to contractor from ACHCH.
   b) ACHCH will make reasonable efforts to provide, at each service site location, a designated Case Manager to schedule appointments, and to provide support to La Clínica staff in the instance of any conflicts between HCH patients and La Clínica staff, and to support patients attending their appointments.

C. **Program Requirements**
   Contractor shall maintain program services at the following minimum levels:

1) **Program Design**
   - ACHCH will refer patients based on need for services, including both patients eligible for public insurance coverage as well as those who are not.
   - The contractor will provide dental services at the La Clínica de La Raza Fruitvale and Transit Village Dental Sites. Contractor will work with ACHCH designated Case Manager at the agreed upon service locations.
   - ACHCH Case Managers will provide patients with contractor’s no-show policy, information on assistance available for Medi-Cal enrollment at La Clínica, and information on necessary documents to apply for Medi-Cal.
   - ACHCH Case Managers will refer patients to La Clínica with the patients’ social security number (or indication they don’t have one) included on the referral sheet so that insurance eligibility can be checked ahead of time and referrals made for enrollment
assistance. When patients arrive for initial visit contractor will conduct the intake process with the information provided with the ACHCH referral sheet.

- ACHCH Case Manager will provide dental case management to all patients. Services shall include on-site support during appointments including de-escalation, conflict resolution, and counseling. Additional services offered shall include referral and linkage to benefits, housing, physical and mental health services, reminders and transportation support to appointments, and connection to a dental home following completion of treatment.
- Contractor shall provide semi-private space for ACHCH Case Manager to meet with dental case management patients.
- Contractor shall provide Phase I Treatment, Hygiene Education, and Phase II Treatment, as further described below.
- Phase I Treatment
  - Contractor will provide initial exams and Phase I appointments on a specified day each week, using two dental chairs.
  - Contractor will provide patient with initial cleaning and hygiene education during Phase I treatment.
  - Contractor will allow patients referred by ACHCH to walk in first thing in the morning on the day designated for Phase I visits to inquire about same day available appointments due to no-shows and cancellations.
  - Contractor will keep a list of ACHCH patients with reliable phone numbers and try to reach them for last minute openings.
  - Phase I visits will be provided at either the Transit Village or Fruitvale Dental location, depending on the type of service needed.
- Hygiene Education
  - La Clínica will offer hygiene education visits with a dental hygienist or dental assistant for all patients during Phase I treatment, tailored to the needs of homeless patients.
  - Hygiene education visits will be provided at the Transit Village location.
- Phase II Treatment
  - Contractor will provide Phase II appointments on a different designated day than the Phase I visits, for one half-day per week; Phase II visits will be provided at either the Transit Village or Fruitvale Dental location, depending on the type of service needed.

2) Consumer/Client Flow
   There will be a monthly review of progress which will include assessment of the following metrics:
   - How many patients served overall;
   - How many unique patients seen for Phase I/II treatments
   - How many patients seen who completed Phase I/II treatments;

3) Discharge Criteria and Process
   ACHCH patients will adhere to contractor’s discharge policy regarding no-shows and cancelled appointments. If a patient misses more than two appointments, including their initial exam, the
Contractor may drop the patient from the program; provided, however, that the County may require reinstatement of any individual patient by notifying Contractor.

Upon completion of treatment plan(s), La Clínica will establish a recall visit for each patient to determine the outcome of the patients’ oral health.

La Clínica will refer ACHCH patients to a dental home to continue care after completion of treatment.

4) Hours of Operation
Contractor shall maintain the following minimum hours of operation:

La Clínica de La Raza will conduct clinic appointments between 8:00 am and 5:00 pm on Tuesdays for Phase I, Wednesdays for Phase II.

5) Service Delivery Sites
La Clínica Transit Village, 3454 East 12th Street, Oakland, CA 94601-3463

La Clínica Fruitvale Dental, 3050 East 16th Street, Oakland, CA 94601-2319

D. Minimum Staffing Qualifications
Contractor shall have and maintain current job descriptions on file with the Department for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this agreement. Job descriptions shall specify the minimum qualifications for services to be performed and shall meet the approval of the Department. Contractor shall submit revised job descriptions meeting the approval of the Department prior to implementing any changes or employing persons who do not meet the minimum qualifications on file with the Department. Contractor’s personnel include one dentist at .40 Full Time Equivalents (FTE), one dental clerk at .40 FTE, one dental assistant I at .40 FTE, one dental assistant III at .2 FTE and one dental hygienist at .20 FTE.
IV. Contract Deliverables and Requirements

A. Process Objectives

By December 31, 2020, Contractor shall provide the following services/deliverables:

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<th>Process Objectives</th>
<th>“How Much”</th>
<th>Data Collection Tool</th>
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<tr>
<td>By December 31, 2020, La Clínica will provide new patient exams, X-rays, oral cancer screening and treatment plans to 130 referred patients</td>
<td># of new unduplicated patients&lt;br&gt;# of new exams&lt;br&gt;# of oral cancer screenings&lt;br&gt;# of treatment plans developed</td>
<td>EHR&lt;br&gt;HCH Tracking Log</td>
</tr>
<tr>
<td>By 12/31/20, at least 98 patients will receive instruction to maintain good oral health</td>
<td># of patients receiving oral health education</td>
<td>EHR&lt;br&gt;HCH Tracking Log</td>
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<td>By 12/31/20, 98 new patients will complete treatment plans</td>
<td># of treatment plans completed.</td>
<td>Patient charts in dental EHR</td>
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B. Quality Objectives

By December 31, 2020, Contractor shall provide the following services/deliverables:

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<tr>
<th>Quality Objective</th>
<th>“How Well”</th>
<th>Data Collection Tool</th>
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<td>By 12/31/20, 90% of new patients will have all parts of initial exam completed, and exam form/plan</td>
<td>% of comprehensive exams completed and treatment plans signed off</td>
<td>EHR&lt;br&gt;HCH Tracking Log</td>
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signed by both dentist and patient.

By December 31, 2020, the next available appointment for an initial exam will be no more than 15 days.

By December 31, 2020, the no show rate will be less than or equal to 25%

By 12/31/20, the La Clínica Dental Quality Management Committee will audit at least 20% (n=5 per quarter) of ACHCH dental records to support patient safety and service effectiveness/quality.

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<th>Impact Objective</th>
<th>“Is Anyone Better Off”</th>
<th>Data Collection Tool</th>
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<tbody>
<tr>
<td>By December 31, 2020, 85% of new patients who attended at least two treatment sessions by La Clínica will have improved periodontal health.</td>
<td>% of patients receiving hygiene visits with completed codes relating to adult prophylaxis, scaling and planning and 4+ SRPs</td>
<td>Dental EHR</td>
</tr>
<tr>
<td>At least 50% of patients answering patient survey will report improved oral health maintenance</td>
<td>% of patients who answer survey reporting improved oral health maintenance</td>
<td>Patient Survey</td>
</tr>
<tr>
<td>By 12/31/20, 90% of patients, retained in care to treatment</td>
<td>% of patients who completed urgent/restorative dental services</td>
<td>Dental EHR</td>
</tr>
</tbody>
</table>

C. Impact Objectives and Performance Measures
   By December 31, 2020, Contractor shall meet the following outcomes:
plan completion, will have restored functionality (e.g. extractions/surgeries, fillings root canals)

% of patients who completed rehabilitative treatment plans (e.g. crowns, bridges, dentures – full and partial)

V. Reporting and Evaluation Requirements

A. Reporting Requirements

1. Process Performance Measures

| A. # of new unduplicated patients |
| B. # of new exams |
| C. # of oral cancer screenings |
| D. # of treatment plans developed |
| E. # of patients receiving oral health education |
| F. # of treatment plans completed |

2. Quality Performance Measures

| A. % of comprehensive exams completed and treat plans signed off |
| B. Average Number of days for the next available appointment for initial exam |
| C. % patients who are no show for appointments (Number no show/Number patients scheduled) x 100 |
| D. % of ACHCH homeless patient dental records that are audited |

3. Impact Performance Measures

| A. % of patients with completed SRPs |
| B. % of patients with less tartar build up |
| C. % of patients who floss (and/or) brush their teeth at least once a day (Self-report while in treatment) |
D. % of patients receiving hygiene visits with completed codes relating to adult prophylaxis, scaling and root planning and 4+ SRPs

E. % of patients who answer survey reporting improved oral health maintenance

F. % of patients who completed urgent dental services (e.g. extractions/surgeries)

G. % of patients who completed restorative treatment plans (e.g. fillings, root canals)

H. % of patients who completed rehabilitative treatment plans (e.g. crowns, bridges, dentures – full and partial)

4. Other Reporting Requirements

a. Contactor shall submit monthly progress reports, referencing the activities and performance measures listed in Sections IV and V of this Exhibit. Progress reports shall include performance measures achieved during the reporting period as well as cumulative, year-to-date totals. All reports shall be completed and information relayed in a manner so that they can be viewed as public documents.

VI. Additional Requirements

A. Certification/Licensure

Contractor will maintain current the necessary licensure to perform dental services to ACHCH patients.

B. Other Requirements

1. The Alameda County Health Care for the Homeless is funded by taxpayers’ dollars. As such, it is important that the public be informed about the organizations that are receiving funds through Alameda County Health Care Services Agency (HCSA). Therefore, Contractor shall acknowledge the use of Health Care for the Homeless funding in statements or printed materials as outlined in the guidelines listed below:
   a. Contractor shall announce funding award only after:
      i. The contract has been fully executed, and
      ii. Announcement of activities have been discussed with and approved in writing by the Health Care for the Homeless Administrator.
   b. Contractor shall use official attribution logos and language provided by HCSA for all promotional materials, public awareness campaigns and/or special events regarding the recipient’s funded project. Contractor shall obtain County’s written approval prior to any such uses of official attribution logos or County name.
   c. Using the language provided below, Contractor shall acknowledge Health Care for the Homeless funding in all materials produced for the purpose of public education and outreach regarding the recipient’s funded project. These materials would include, but are not limited to, brochures, flyers, media ads or public service announcements, presentations
and handouts, telephone hold messages and outdoor ads. All printed materials and promotional products will include the following language:

**Funded by Alameda County Health Care for the Homeless**

2. As a contracting entity of a federally-funded Health Center program, contractor will maintain and follow federal policies and requirements required by 45 CFR 74.48 or 92.36(i) and other terms and conditions of the grant? – See the HHS Grants Policy Statement for more information on public policy requirements applicable to contractors

3. Contractor shall maintain appropriate financial, program and property management systems and records and provides the ACHCH, HHS and the U.S. Comptroller General with access to such records, including the submission of financial and programmatic reports to the health center if applicable and comply with any other applicable Federal procurement standards set forth in 45CFR Part 74 (including conflict of interest standards).

C. **Entirety of Agreement**

Contractor shall abide by all provisions of the Human Services Master Contract General Terms and Conditions, all Exhibits, and all Attachments that are associated with and included in this contract.

VII. **Miscellaneous**

A. **De-identification of Protected Health Information**

Contractor is permitted to de-identify Protected Health Information for the following purpose(s) specified in this section and in all cases in compliance with Exhibit A, Attachment 2 (Business Associate Agreement), attached hereto.

Purpose: For the purpose of aggregating patient data for uniform data system (UDS) reporting to County.
I. Budget Summary

Table 1.

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Salaries</th>
<th>FTE</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist I</td>
<td>$ 127,234</td>
<td>40%</td>
<td>$ 50,893</td>
</tr>
<tr>
<td>Clerk TV</td>
<td>$ 43,181</td>
<td>40%</td>
<td>$ 17,272</td>
</tr>
<tr>
<td>Dental Assistant II</td>
<td>$ 60,320</td>
<td>40%</td>
<td>$ 24,128</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>$ 88,858</td>
<td>20%</td>
<td>$ 17,772</td>
</tr>
<tr>
<td>Dental Assistant III</td>
<td>$ 67,538</td>
<td>20%</td>
<td>$ 13,508</td>
</tr>
</tbody>
</table>

Total Salaries $ 110,065
Fringe Benefits @ 27.3% 27.30% $ 30,048
Total Personnel $ 140,113

<table>
<thead>
<tr>
<th>Non-Personnel</th>
<th>Qty</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowns</td>
<td>67</td>
<td>$300</td>
<td>$ 4,020</td>
</tr>
<tr>
<td>Dentures and Partial</td>
<td>36</td>
<td>$320</td>
<td>$ 9,216</td>
</tr>
<tr>
<td>Supplies</td>
<td>852</td>
<td>$25</td>
<td>$ 21,300</td>
</tr>
</tbody>
</table>

Total Non-Personnel $ 34,536

Direct Costs $ 174,649

Indirect Rate @ 10% 10.0% $ 17,465

TOTAL $ 192,114
County is not obligated to pay actual expenses exceeding the amounts set forth in the Budget Summary, unless prior written approval for those expenses has been obtained and appropriate budget adjustments are made so that the total budget amount is not exceeded.

II. Terms and Conditions of Payment

A. Compensation to Contractor
   1. Compensation under the terms and conditions of this Agreement shall not exceed the amount of $124,536 for the duration of this Agreement, unless otherwise amended.
   2. The term of this Agreement shall commence January 01, 2020 and end December 31, 2020.

B. Rate of Compensation
   1. Block grant reimbursement for dental services as defined in Exhibit A, III. Program Information and Requirements, A. Program Goals.
   2. County shall reimburse Contractor on a monthly basis for the provision of dental services as described in Exhibit A, III. Program Information and Requirements, A. Program Goals, as well as non-personnel expenses incurred to deliver those services.
   3. Contractor shall invoice the County during the contract period for actual expenses incurred according to the following schedule:

<table>
<thead>
<tr>
<th>Payor</th>
<th>HCHP Payor Mix</th>
<th>Estimated Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denti-Cal</td>
<td>35%</td>
<td>$63,516.60</td>
</tr>
<tr>
<td>HealthPAC and Uninsured</td>
<td>65%</td>
<td>$-</td>
</tr>
<tr>
<td>Other (In-Kind from La Clínica)</td>
<td></td>
<td>$4,061.41</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td><strong>$67,578</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCHP Block Grant</td>
<td>$90,000</td>
</tr>
<tr>
<td>AHCHP Non Personnel Payments</td>
<td>$34,536</td>
</tr>
<tr>
<td><strong>Total Patient Revenue</strong></td>
<td><strong>$67,578</strong></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$192,114</strong></td>
</tr>
<tr>
<td>Invoice</td>
<td>Service Period</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>First</td>
<td>January 1 – January 31, 2020</td>
</tr>
<tr>
<td>Second</td>
<td>February 1 – February 28, 2020</td>
</tr>
<tr>
<td>Third</td>
<td>March 1 – March 31, 2020</td>
</tr>
<tr>
<td>Fourth</td>
<td>April 1 – April 30, 2020</td>
</tr>
<tr>
<td>Fifth</td>
<td>May 1 – May 31, 2020</td>
</tr>
<tr>
<td>Sixth</td>
<td>June 1 - June 30, 2020</td>
</tr>
<tr>
<td>Seventh</td>
<td>July 1 – July 31, 2020</td>
</tr>
<tr>
<td>Eighth</td>
<td>August 1 – August 31, 2020</td>
</tr>
<tr>
<td>Ninth</td>
<td>September 1 – September 30, 2020</td>
</tr>
<tr>
<td>Tenth</td>
<td>October 1 – October 31, 2020</td>
</tr>
<tr>
<td>Eleventh</td>
<td>November 1 – November 30, 2020</td>
</tr>
<tr>
<td>Twelfth</td>
<td>December 1 – December 31, 2020</td>
</tr>
</tbody>
</table>

4. Contractor shall invoice the County on a **monthly** basis during the contract period for actual expenses incurred. Total payment under the terms of this Agreement shall not exceed **$124,536** and monthly payments may not exceed **$10,378** without prior written approval from Alameda County Health Care Services Agency (HCSA). The last invoice shall be based on actual expenses incurred, but shall not exceed the remaining balance of the contract and must be received no later than **January 15, 2021**.

5. Contractor shall submit invoices, with all required progress reports in accordance with the reporting requirements, to Alameda County Health Care Services Agency.

6. Funds shall be used solely in support of the project’s program budget and may not be used for any purpose other than those specified in this Agreement without prior written approval from the Alameda County Health Care Services Agency. Reimbursement is limited to actual expenses and in accordance to the items and costs as set forth in the Budget Summary.

7. County shall use its best efforts to process invoice submitted for reimbursement by contractor within ten (10) working days of receipt of invoice, required report and any other requested documentation. Invoices will be reviewed by and not paid until approved by the Alameda County Health Care Services Agency.
C. Invoicing Procedures
Contractor shall invoice the County in accordance with the schedule of payment in Section II.B.3 above. Invoices must include the Purchase Order (PO) number, service period and all required reports (see Exhibit A, Section VI Reporting Requirements), and shall be sent to:

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
ATTN: CONTRACTS MANAGER
1404 FRANKLIN STREET, SUITE 200
OAKLAND CA 94612

Invoices may also be emailed to Terri.Moore@acgov.org along with required progress reports to the Secured FTP folder to the Alameda County Health Care Services Agency.
FIRST AMENDMENT TO STANDARD SERVICES AGREEMENT

This First Amendment to Agreement ("First Amendment") is made by the County of Alameda ("County") and Onsite Dental Care Foundation, ("Contractor") with respect to that certain agreement entered by them on November 28, 2018 (referred to herein as the "Agreement") pursuant to which Contractor provides Mobile Dental services to County.

County and Contractor, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, agree as follows:

1. Except as otherwise stated in this First Amendment, the terms and provisions of this Amendment will be effective as of the date this First Amendment is executed by the County ("Effective Date").

2. The term of the Agreement is currently scheduled to expire on December 31, 2019. As of the date of this First Amendment is executed by the County, the term of the Agreement is extended through December 31, 2020. References to the contract period in Exhibit A and Exhibit B are updated accordingly.

3. In consideration for Contractor’s additional services, the County shall pay Contractor in an additional amount not to exceed Two Hundred Fifty Thousand dollars ($250,000). As a result of these additional services the not to exceed amount has increased from Two Hundred Fifty Thousand dollars ($250,000) to Five Hundred Thousand dollars ($500,000) over the term of the Agreement and any amendments.

4. Total payment under the terms of this Agreement will not exceed the total amount of $500,000.

5. The attached Exhibit A-1, Additional Services, IS ADDED TO THE ORIGINAL Scope of Services and is hereby incorporated into this Agreement by this reference.
6. The attached Exhibit B-1, Additional Payment Terms, is added to the original Payment Terms and is hereby incorporated into this Agreement by this reference.

7. The attached Exhibit C is incorporated into this Agreement by this reference.

8. The attached Exhibit D, is a current Debarment and Suspension Certificate executed by Contractor.

9. **SMALL, LOCAL AND EMERGING BUSINESS (SLEB) PARTICIPATION:**
   Contractor has been approved by County to participate in contract without SLEB participation. As a result, there is no requirement to subcontract with another business in order to satisfy the County’s Small and Emerging Locally owned Business provision.

10. Except as expressly modified by this First Amendment, all of the terms and conditions of the Agreement are and remain in full force and effect.
IN WITNESS WHEREOF, the parties hereto have executed this Amendment.

COUNTY OF ALAMEDA

By: ______________________________
   Signature

Name: ____________________________
   Colleen Chawla

Title: Health Care Services Agency Director

Date: ___________________________

Approved as to Form:

By: __________________________________
   K. Joon Ohm Deputy County Counsel

CONTRACTOR/COMPANY NAME

By: ______________________________
   Signature

Name: ____________________________
   Cheryl Walter

Title: __Executive Director

Date: ___________________________

By signing above, signatory warrants and represents that he/she executed this Amendment in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Amendment.
EXHIBIT A-1
ADDITIONAL SCOPE OF SERVICES
MOBILE DENTAL SERVICES FOR THE HOMELESS

I. Program Name

On-Site Dental Care Foundation, Inc. (OSDCF), Health Care for the Homeless Program

II. Contracted Services

Contractor shall provide mobile dental services to homeless individuals at sites in Alameda County, focused on serving Central and Southern service areas. Services shall include comprehensive oral health services: exams, x-rays, periodontal screening, cleaning, Scaling and Root Planning (SRP's), fillings, extractions, root canals, crowns, full and partial dentures, and oral health education.

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

1. For at least 265 unduplicated patients in at least 65 service days per year, provide Alameda County Health Care for the Homeless (ACHCH) patients with initial exams and screenings and also develop treatment plans.
2. Retain at least 70% of patients in care to complete treatment plans.
3. Provide education with the goal of improving oral health maintenance.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to individuals experiencing homelessness (as defined by Health Resources & Services Administration (HRSA) Program Assistance Letter (PAL) 1999-12) at service locations in Central and Southern Alameda County.

2. Referral Process to Program
OSDCF will take patient referrals from ACHCH. The OSDCF team will work with ACHCH Case Managers and staff to schedule new clients and continuing clients for initial and follow-up visits. The OSDCF Community Manager, or designee, will develop scheduling grid for ACHCH Case Management personnel and conduct weekly communication regarding appointment scheduling.

3. Program Eligibility

Contractor shall only serve clients who meet the federal definition of homelessness, as defined by HRSA PAL 1999-12, and who are referred to OSDCF by ACHCH staff.

4. Limitations of Service

If the patient has a medical condition or is taking medication that could impact the oral health services needed, the patient will have to provide a medical authorization from his/her medical doctor prior to receiving oral health services. Patients with oral health emergencies that cannot be provided by OSDCF, such as impacted wisdom teeth extractions, or root canals that are beyond OSDCF capability, will be referred out for those services by the county social worker.

C. Program Requirements

Contractor shall maintain program services at the following minimum levels:

OSDCF will perform 65 clinic sessions, with 20-27 possible visits per session—for a total of 1,560 possible visits in each year of the contracted service period.

1. Program Design

See below for the key program elements for Onsite mobile dental van services.

- **Patient Referral System:** Patients are referred to OSDCF by ACHCH staff. Onsite staff will not accept referrals from external service providers unless these requests for dental care are facilitated by ACHCH staff. ACHCH staff is responsible for filling in available slots.

- **Accelerated Care:** The mobile dental practice will visit each site consecutively, on an approximately weekly basis, until treatment on nearly all patients referred to services at the site has been completed, at which point the mobile dental practice will move to the next designated service site.

- **Comprehensive Dental Care:** Dental services shall include comprehensive dental health care services to homeless adults, including full dental exams (e.g., x-rays, assessment, oral health education, cleaning, and deep cleaning), specialty dental treatment (e.g., restorative and prosthetic), and referrals and information to
Alameda Health System (AHS) dental service clinic. See below for additional information.

Phase 1 - Basic Dental Care: OSDCF dentist performs an initial exam which consists of x-rays, exam, oral cancer screening, perio-screening, and the development of a treatment plan. The treatment plan is reviewed with the patient, and then signed by the dentist and patient. Appointments are then scheduled to complete recommended work on the patient. OSDCF dentist and team will work with ACHCHP to help prioritize best treatment plans offered to patients and inform ACHCHP Case Managers of completed status, with any changes in treatment plan noted.

Phase 2 - Specialty Dental Treatment: This includes extraction(s), multiple fillings, crowns, root canals, infection control, and restorative care. OSDCF will strive to complete treatment plans for patients, including performing outside referral to AHS dental clinic as needed.

Phase 3 - Prosthetic Dental Services: These services will also be covered during the service period and includes full dentures, partial dentures, and bridges (with ACHCH Dental Case Management approval). Prosthetic dental services will require laboratory work and follow up visits for fittings.

- Oral Health Education: all Onsite patients receive oral hygiene education from the dentists and ancillary staff to encourage maintenance of their oral health. Each patient receives a brochure and hygiene kit to support positive changes in oral health habits.

- Case Management Services: Onsite staff will partner with the ACHCH Case Manager to maintain a robust reminder system, where high risk homeless clients receive multiple reminders and follow-up for dental appointments. The ACHCH Case Manager will address other social and health care needs of dental patients.

2. Consumer/Client Flow

Services are provided on designated days at locations designated by Alameda Health Care for the Homeless. Patients are referred to the program by ACHCH staff who determines program eligibility. OSDCF then has eligible patients complete patient health history and patient intake information.

Once referred to OSDCF, a patient exam is completed and a treatment plan is developed. The dentist reviews the treatment plan with the patient and both sign off on the exam form. The OSDCF Treatment Case Manager then schedules all necessary appointments to complete treatment.
On service days, the OSDCF Treatment Case Manager works with the Site Coordinator and ACHCH Case Manager to insure patients attend scheduled appointments by addressing any barriers such as transportation needs.

Phase 1: Begins with addressing any current pain or oral issues that could cause a dental emergency in the next 12-18 months. Next, in order to fully evaluate needed treatment, complete an SRP’s. Given the limited access many homeless patients have to dental care, generally the first two appointments are scheduled for deep root cleanings (SRP) due to heavy buildup of tartar and calculus. Once Phase I is completed, the patient moves into Phase 2 and 3 (if needed) of treatment.

Phase 2: Completion of any fillings, extractions and root canals that are needed

Phase 3: This is the last phase for complete restorative, and includes crowns, and dentures, both partials and full.

3. Discharge Criteria and Process

Each time a patient misses an appointment, OSDCF shall inform the ACHCH staff. If a patient misses more than 2 appointments (i.e., “no show” for confirmed appointments) they shall be dismissed from the program by OSDCF and removed from any schedule appointments. If the patient calls requesting a future appointment, they shall be referred to ACHCH staff to determine if they are able to reenter and continue in the program.

When a patient completes their treatment plan, they are formally discharged from the program. Patient are informed that they should contact ACHCH staff if any issues or concerns arise following completion of their treatment. During their final appointment patients are asked to complete a patient survey about their experience with OSDCF.

4. Hours of Operation

OSDCF will conduct clinic sessions between 8:00 am and 5:00 pm with 1 hour for lunch between 12pm and 1pm. Hours may be adjusted by mutual agreement of OSDCF and ACHCH.

5. Service Delivery Sites

Contractor shall provide services at the following location(s):

Mobile dental service shall be provided in Alameda County, in Central County (East Oakland, San Leandro, San Lorenzo, Cherryland, Ashland, Hayward, and Castro Valley) and South County (Fremont, Newark, Warm Springs, Pleasanton, Livermore and Dublin.
Sites within Central and Southern Alameda County shall be assigned by Alameda County Health Care for the Homeless (ACHCH).

OSDCF Vice President of Practice Management and administrative staff will work with ACHCH designated Case Managers or site Case Managers at shelters and other agreed upon locations.

D. Minimum Staffing Qualifications

Contractor shall have and maintain current job descriptions on file with the County’s Health Care Services Agency (HCSA) and ACHCH for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this agreement. Job descriptions shall specify the minimum qualifications for services to be performed and shall meet the approval of ACHCH. Contractor shall submit revised job descriptions meeting the approval of the ACHCH prior to implementing any changes or employing persons who do not meet the minimum qualifications on file with the ACHCH.

All direct service providers are required to have the appropriate license, this includes the dentist, hygienist, and assistants. The OSDCF Treatment Case Manager is not required to be licensed but OSDCF shall try to fill this position with a licensed Registered Dental Assistants (RDA).

IV. Contract Deliverables and Requirements

A. Process Objectives
Contractor shall provide the following services/deliverables:

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th>“How Much” Performance Measure</th>
<th>Data Collection Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 12/31/2020, OSDCF will provide new patient exams, X-rays, oral cancer screening, and treatment plans to 265 referred patients.</td>
<td># of new unduplicated patients</td>
<td>Open Dental</td>
</tr>
<tr>
<td></td>
<td># of new exams</td>
<td>Patient charts</td>
</tr>
<tr>
<td></td>
<td># of oral cancer screenings</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of treatment plans developed</td>
<td></td>
</tr>
<tr>
<td>By 12/31/2020, 265 patients will receive instruction to maintain good oral health.</td>
<td># of patients receiving oral health education</td>
<td>Open Dental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient charts</td>
</tr>
<tr>
<td>By 12/31/2020, 225 new patients will complete treatment plans.</td>
<td># of treatment plans completed.</td>
<td>Open Dental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient charts</td>
</tr>
</tbody>
</table>
B. **Quality Objectives**  
Contractor shall meet the following outcomes:

<table>
<thead>
<tr>
<th>Quality Objective</th>
<th>“How Well” Performance Measure</th>
<th>Data Collection Tool</th>
</tr>
</thead>
</table>
| By 12/31/2020, 90% of new patients will have all parts of initial exam completed, and exam form-treatment plan signed by both the dentist and patient. | • % of exam forms/treatment plans completed and signed by dentist and patient  
• % of patients’ w/significant barriers who are retained in care (no show rate). | Exam form  
Open Dental |
| By 12/31/2020, 85% (n=225) of patients with significant barriers are retained in care. |  |  |
| By 12/31/20, 100% of the patients seen will receive oral health kits | • % of patients receiving oral health kits  
• % of patients receiving oral health brochures | Open Dental  
Patients charts |
| By 12/31/20, 100% of patients seen will receive oral health brochures |  |  |
| By 12/31/20, the OSDCF Quality Management Committee will audit at least 45% (n=101) ACHCH dental records to support patient safety and service effectiveness/quality. | • % of ACHCH homeless patient dental records that are audited | Open Dental |

C. **Impact Objectives**  
Contractor shall meet the following outcomes:

<table>
<thead>
<tr>
<th>Quality Objective</th>
<th>“How Well” Performance Measure</th>
<th>Data Collection Tool</th>
</tr>
</thead>
</table>
| By 12/31/2020, 85% of new patients who attended at least two treatment sessions by OSDCF will have improved periodontal health. (this includes patients who did not complete treatment) | • % of patient with completed SRP’s (D4342 – procedure code) | Open Dental  
Treatment plan |
| By 12/31/2020, At least 50% of patients seen will have | • % of patients with less tartar build up | Dentist charting notes |
### Improved Oral Health Maintenance

- % of patients who floss (and/or) brush their teeth at least once a day.
- % of patients who have kept periodontal disease in check by end of treatment.

### By 12/31/2020, 90% of patients who have completed treatment have restored functionality

- % of patients who completed urgent dental services (e.g. extractions/surgeries)
- % of patients who completed restorative treatment (e.g. fillings, root canals)
- % of patients who completed rehabilitative treatment (e.g. crowns, bridges, dentures – full and partial)

### V. Reporting and Evaluation Requirements

OSDCF will provide patient utilization data in monthly utilization report to ACHCH.

#### A. Reporting Requirements

1. **Process Performance Measures**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. # of new unduplicated patients</td>
</tr>
<tr>
<td>B. # of new exams</td>
</tr>
<tr>
<td>C. # of oral cancer screenings</td>
</tr>
<tr>
<td>D. # of treatment plans developed</td>
</tr>
<tr>
<td>E. # of patients receiving oral health education</td>
</tr>
<tr>
<td>F. # of treatment plans completed</td>
</tr>
</tbody>
</table>

2. **Quality Performance Measures**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. % of exam forms/treatment plans completed and signed by both the dentist and patient.</td>
</tr>
<tr>
<td>B. % of patients w/significant barriers who are retained in care (no show rate)</td>
</tr>
<tr>
<td>C. % of patients receiving oral health kits</td>
</tr>
<tr>
<td>D. % of patients receiving oral health brochures</td>
</tr>
</tbody>
</table>
E. % of ACHCH homeless patient dental records that are audited

3. Impact Performance Measures

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>% of patients with completed SRPs</td>
</tr>
<tr>
<td>B.</td>
<td>% of patients with less tartar build up</td>
</tr>
<tr>
<td>C.</td>
<td>% of patients who floss (and/or) brush their teeth at least once a day.</td>
</tr>
<tr>
<td>D.</td>
<td>% of patients who have kept periodontal disease in check by end of treatment.</td>
</tr>
<tr>
<td>E.</td>
<td>% of patients who completed urgent dental services</td>
</tr>
<tr>
<td>F.</td>
<td>% of patients who completed restorative treatment</td>
</tr>
<tr>
<td>G.</td>
<td>% of patients who completed rehabilitative treatment</td>
</tr>
</tbody>
</table>

4. Other Reporting Requirements

a. Contactor shall submit **monthly** progress reports, referencing the activities and performance measures listed in Sections IV and V of this Exhibit. Progress reports shall include performance measures achieved during the reporting period as well as cumulative, year-to-date totals. Contractor shall provide any Personally Identifiable Health Information (PHI) or other confidential or protected data using the County’s Secured FTP System or secured email.

b. The Health Care for the Homeless Oversight Committee’s role is to annually review ACHCH expenditures for each fiscal year and report to the Board of Supervisors and the public on the conformity of such expenditures to the purposes set forth in the ordinance. Contractor shall participate in any requested training sessions designed to help ACHCH recipients complete the Allocation Report, presentations to the Oversight Committee and/or site visits as requested by the Department.

VI. Additional Requirements

A. Certification/Licensure

Contractor shall have and maintain current:

All dentists, dental hygienist, and RDAs will maintain required licensure for their positions.

B. Other Requirements

1. The Alameda County Health Care for the Homeless is funded by taxpayers’ dollars. As such, it is important that the public be informed about the organizations that are receiving funds through Alameda County Health Care Services Agency (HCSA). Therefore, Contractor shall acknowledge the use of Health Care for the Homeless funding in statements or printed materials as outlined in the guidelines listed below:

   a. Contractor shall announce funding award only after
      i. the contract has been fully executed and
ii. announcement of activities have been discussed with the Health Care for the Homeless Administrator.

b. Contractor shall agree to use official attribution logos and language provided by HCSA for promotional materials, public awareness campaigns and/or special events.

c. Contractor shall acknowledge Health Care for the Homeless funding in all materials produced for the purpose of public education and outreach regarding the recipient’s funded project. These materials would include, but are not limited to, brochures, flyers, media ads or public service announcements, presentations and handouts, telephone hold messages, and outdoor ads. All printed materials and promotional products will include the following language:

**Funded by Alameda County Health Care for the Homeless**

d. Materials produced with Health Care for the Homeless funding may be reproduced only if no changes are made to the content or design of the material, it contains the appropriate acknowledgement of funding from Health Care for the Homeless, and the recipient will not be additionally reimbursed for use or reproduction.

2. Alameda County reserves the right to request additional information. The approval of County to a requested change shall not release Contractor from its obligations under this Agreement.

3. Sliding Scale Fee Discount Program (ACHCH Sliding Fee Discount Policy and Schedule attached)

   a) Contractor must provide care in a manner such that no health center patient shall be denied service due to an individual’s in ability to pay.

   b) Contractor must maintain a schedule of fees and maintain a schedule of discounts (Sliding Fee Discount Schedule SFDS) which must correspond to the most updated ACHCH health center policy on sliding fees available in this contract.

4. Patient utilization data (UDS) will be provided in a monthly utilization report to ACHCH. (The ACHCH Data and Patient Reporting requirements information is available in this contract.)

5. Contractor agrees to the supplemental terms and conditions contained in the following attachments to this Exhibit A:

   - ACHCH SLIDING FEE DISCOUNT POLICY AND SCHEDULE
   - Alameda County Health Care for the Homeless 2018 Sliding Scale Fee Schedule
   - ACHCH DATA AND PATIENT VISIT REPORTING REQUIREMENTS AND DEFINITIONS
## ADDITIONAL PAYMENT TERMS AND CONDITIONS

I. **Budget Summary**

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Program Total</th>
<th>ACHCH Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td>98,000</td>
<td>91,000</td>
</tr>
<tr>
<td>Dental Director</td>
<td>4,000</td>
<td>0</td>
</tr>
<tr>
<td>Registered Dental Assistant</td>
<td>41,580</td>
<td>38,610</td>
</tr>
<tr>
<td>Treatment Case Manager</td>
<td>30,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Benefits</td>
<td>10,737</td>
<td>10,292</td>
</tr>
<tr>
<td><strong>Personnel Expenses Subtotal</strong></td>
<td><strong>184,317</strong></td>
<td><strong>169,902</strong></td>
</tr>
<tr>
<td><strong>Subcontract Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted Driver</td>
<td>25,000</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Subcontract Expenses Subtotal</strong></td>
<td><strong>25,000</strong></td>
<td><strong>15,000</strong></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td>2,500</td>
<td>1,800</td>
</tr>
<tr>
<td>Dental Supplies</td>
<td>23,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Phone/internet/Practice software</td>
<td>4,400</td>
<td>1,200</td>
</tr>
<tr>
<td>Lab Cost</td>
<td>35,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Lease</td>
<td>50,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Operating Expenses Subtotal</strong></td>
<td><strong>114,900</strong></td>
<td><strong>53,000</strong></td>
</tr>
<tr>
<td><strong>Indirect Expenses</strong> <em>(Not to exceed 10.00% of total allocation)</em></td>
<td>32,422</td>
<td>12,098</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>356,639</strong></td>
<td><strong>250,000</strong></td>
</tr>
</tbody>
</table>

Alameda County is not obligated to pay actual expenses exceeding the amounts set forth in the Budget Summary under the column “ACHCH Funding”, unless prior written approval for those expenses has been obtained and appropriate budget adjustments are made so that the total budget amount is not exceeded.

II. **Terms and Conditions of Payment**

A. **Reimbursement**

1. Contractor shall invoice the County during the contract period for actual expenses incurred according to the following schedule:

<table>
<thead>
<tr>
<th>Invoice</th>
<th>Service Period</th>
<th>Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>January 1 – January 31, 2020</td>
<td>February 15, 2020</td>
</tr>
<tr>
<td>Second</td>
<td>February 1 – February 28, 2020</td>
<td>March 15, 2020</td>
</tr>
<tr>
<td>Third</td>
<td>March 1 – March 31, 2020</td>
<td>April 15, 2020</td>
</tr>
</tbody>
</table>
2. Contractor shall invoice the County on a **monthly** basis during the contract period for actual expenses incurred. Proposed budget is for 70 service days in Alameda County for $3,571.43 cost per service day. Total payment under the terms of this Agreement shall not exceed **$250,000** and monthly payments may not exceed **$20,833** without prior written approval from Alameda County Health Care Services Agency (HCSA). The last invoice shall be based on actual expenses incurred, but shall not exceed the remaining balance of the contract and must be received no later than **January 19, 2021**.

3. Contractor shall submit invoices, with all required progress reports in accordance with the reporting requirements, to Alameda County Health Care Services Agency (HCSA).

4. Funds shall be used solely in support of the project’s program budget and may not be used for any purpose other than those specified in this Agreement without prior written approval from the Alameda County Health Care Services Agency. Reimbursement is limited to actual expenses and in accordance to the items and costs as set forth in the Budget Summary.

5. County shall use its best efforts to process invoice submitted for reimbursement by contractor within thirty (30) days of receipt and approval of invoice, required report, and any other requested documentation. Invoices will be reviewed by and not paid until approved by the Alameda County Health Care Services Agency.

### B. Invoicing Procedures

Contractor shall invoice the County in accordance with the schedule of payment in Section II.A.1 above. Invoices must include the Purchase Order (PO) number, remit address, invoice number, service period and all required reports (see Exhibit A, Section VI Reporting Requirements), and shall be sent to:

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ATTN: ACHCH CONTRACTS MANAGER  
1404 FRANKLIN STREET STE 200  
OAKLAND CA 94612

Invoices may also be emailed along with required progress reports to the terri.moore@acgov.org.
Tab 4

ACHCH Director’s Report
January 17, 2020

TO: Alameda County Health Care for the Homeless Commission  
FROM: Lucy Kasdin, LCSW Director  
SUBJECT: Director’s Report

Program activity update since the 12/2019 HCH Commission meeting:

1. **Personnel (Strategic Area: Clinical Care and Leadership and Advocacy)**

   We have extended an offer to a Psychiatric Nurse Practitioner and have a tentative start date of 2/10/20. We remain in the process of reclassifying several positions to enhance and support our growing direct services including a RN II and Behavioral Health Clinician.

2. **Program Highlight (Strategic Area: Community Awareness and Marketing)**

   On January 8th we held our annual Outreach Provider Meeting kick-off event. The meeting was attended by 65 people. The strong ongoing attendance at the meeting shows the need for such training spaces in our community for providers to come together and leading this effort remains a priority for us in 2020.

   In January we finalized the redesign of our website. The redesign was driven by our strategic priority to improve community awareness of services for the homeless offered within our health center, clearly articulate pathways to care, and highlight our programs innovative efforts to address the needs in our community.

3. **HRSA Updates (Strategic Area: Health Center Compliance)**

   No updates to report

4. **Medical Respite (Strategic Area: Clinical Care and Leadership and Advocacy)**

   On January 8 we held our quarterly Respite Training and Discussion. Attendees included Anthem Blue Cross, Alameda Alliance, Abode, EOCP, BACS, and LifeLong. The goal of these meetings is to promote coordination between the county, providers and hospitals to improve care; align efforts as Whole Person Care ends and CalAIM starts; support problem-solving, and information sharing; and have provider input into county planning.

   **LifeLong:** LifeLong has the majority of key staff for the project. We are currently accepting referrals from AHS and the Street Health teams. Progress continues to be made solidifying referrals and relationships between AHS and LifeLong but work remains to increase referrals.
5. **Street Health (Strategic Area: Clinical Care)**

Street Health contracts to serve zones in East and Unincorporated County are being executed by AC3 utilizing the County Vendor Pool process. Services in the zones are expected to begin in the next two months. Within the next week a third contract, to serve San Leandro and Alameda, will be initiated through the vendor pool. While all three contracts will be executed by AC3, ACHCH will provide the technical assistance to teams, and they will participate in the learning communities to support successful uniformed implementation of the model across the county.

For reference:

**Current Zones Assigned:**
- Zone 2- Tri-City
- Zone 3- Tiburico Vasquez
- Zone 7- Roots
- Zone 8- LifeLong East Oakland
- Zone 9- LifeLong Downtown Oakland
- Zone 10- Roots
- Zone 11- Health Care for the Homeless

**Zone in Process:**
- Zone 1
- Zone 4
- Zone 5

**Zone Outstanding:**
- Zone 6
- Zone 12
- Zone 13
- Zone 14

Sincerely,