

Alameda County Health Care for the Homeless Commission
Special Joint Meeting with ACHCH Consumer/Community Advisory Board
Followed by HCH Commission ACHCH Winter Gathering
Friday December 13, 10:00am-12:00am
Alameda County Health Care Services Agency
1404 Franklin Street #200, Oakland CA 94612

AGENDA

Item	Presenter	TAB	Time
A. CALL TO ORDER 1. Welcome & Introductions 2. Adopt agenda	Lynette Lee Co-Chair HCH Commission		9:00 AM 5 min
B. PUBLIC COMMENT** Persons wishing to address items on or off agenda			5 min
C. CLOSED SESSION No Closed Session			
D. CONSENT AGENDA <ul style="list-style-type: none"> • Action Item: Review and Approve Minutes of 11/15/2019 HCH Commission Meeting; 11/8/19 HCH CCAB Meeting • Action Item: Approval In Principle ACHCH/AHS CY2020 Subrecipient Agreement 	L.Lee David Modersbach, ACHCH program	TAB 1 TAB 2 TAB 3	5min
F. HCH Program Director Report – Lucy Kasdin: HCH Program Update including Strategic Plan	Lucy Kasdin LCSW, HCH Director	TAB 4 TAB 5	20 min
H. HRSA SAC 2020-2022 Overview	David Modersbach		10 min
I. REGULAR AGENDA 1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board – <ul style="list-style-type: none"> • Shared Discussion around ACHCH priorities & CCAB/Commission • Report from 9/2019 NHCHC MAT Conference 2. Executive Committee report 3. Budget/Finance and Contracts Committee 4. Clinical Committee 5. Action Item: Selection of ACHCH Commission Chair & Co-Chair: <ul style="list-style-type: none"> a. Vice Chair: Gloria Cox Crowell b. Chair: Laura Guzman 6. Racial Equity/Diversity Equity Inclusion in Homelessness and Homeless Health Care Services 7. Board Development - Retreat: 8. Other HCH Commission Business:	Mark Smith HCH CCAB Mark Smith HCH CCAB J.Johnigan, HCH CCAB L. Lee L. Bailey Lindsey/R.Caloca-Rivas M. Schneidermann MD L. Lee L.Lee L.Bailey Lindsey/J.Lo		5 min 10 min 10 min 10 min 10 min 10 min
J. OTHER ITEMS 1. Items for upcoming agendas: Friday January 17, 9am-11am HCH Commission Meeting S.Leandro			10min

Friday January 10, noon-2pm HCH CCAB meeting			
K. ADJOURNMENT –			12:00

* 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/>.

Tab 1:
Draft Minutes 11/15/19 HCH
Commission Meeting

Alameda County Health Care for the Homeless Commission Meeting

Friday, November 15, 2019; 9:00-11:00am

DRAFT MINUTES

HCH Commissioners Present:

Lynette Lee (Vice Chair) –phone
 Lois Bailey Lindsey
 Julie Lo
 Ana Bagtas
 Gloria Cox-Crowell
 Claudia Young
 Shannon Smith-Bernardin
 Laura Guzman
 Samuel Weeks, DDS
 Michelle Schneidermann

County Staff/Partners Present:

Lucy Kasdin LCSW, ACHCH Director
 David Modersbach ACHCH program
 Janice Edwards, ACHCH program
 Theresa Ramirez, ACHCH program
 Kathy Barron, ACHCH program
 Heather MacDonald Fine, AHS

General Public:

Rahima Mohammed

Absent:

Fr. Rigo Caloca-Rivas
 boona cheema

Item	Discussion/ Recommendations	Action
A. CALL TO ORDER Welcome & Introductions Adopt agenda	Meeting Chaired by Vice-Chair Lois Bailey Lindsey Adopt agenda – Agenda adopted by Commission	Motion: G.Cox-Crowell; 2 nd L.Bailey Lindsey Yea: unanimous
B. PUBLIC COMMENT**	Heather MacDonald-Fine Interim Director of AHS health center services, discussed Sub Recipient Agreement between AHS and ACHCH, it is currently under revision for 2020; reflecting new subrecipient governance arrangement. <ul style="list-style-type: none"> • Commission participation in creating contract • Working in partnership and toward mutual goals; change some language in contract, remove “compulsory” language. Clarify roles and responsibilities. • Commission to review at December 13th meeting 	
C. CLOSED SESSION	Performance evaluation: ACHCH project director, Lucy Kasdin	
D. CONSENT AGENDA	Review and Approve Minutes of October 18, 2019. Minutes approved with a reminder from ACHCH Commissioners to make the minutes more succinct.	Motion: G.Cox-Crowell; 2 nd L. Guzman Yea: unanimous
E. ACHCH DIRECTOR’S REPORT	Lucy Kasdin, ACHCH Program Director presented the Director’s Report (attached). Highlights that were discussed: <u>Personnel</u> <ul style="list-style-type: none"> • ACHCH Medical Director Jeffrey Seal MD is leaving; last working day is December 13, 2019. Will be working as a practicing psychiatrist at San Quentin prison. • Behavioral Health Clinical Supervisor – Shelter Health: Kari Jennings-Parriott LCSW will be starting January 13, 2020. 	

Item	Discussion/ Recommendations	Action
	<ul style="list-style-type: none"> • Luella Penserga will be starting in December as Deputy Director (provisional) • RNII and BH Clinician still need to be filled • Alameda County Health Care Services Agency (HCSA) has hired Kerry Abbott as the new Director of Homeless Care and Coordination, coordinating health department-wide homeless services (including AC3, ACHCH, Behavioral Health’s Housing Solutions for Health, etc) • Following this announcement was a spirited discussion around the racial composition of County and ACHCH homelessness leadership and services, both on the level of leadership and front line and professional providers, in a world where African American persons can represent up to 50-70% of those experiencing homelessness while less than 12% of the general population. Some of the resources discussed included the NHCHC Council, the LAHSA Report, and the SPARC report. <p><u>Quality (Strategic Area: Clinical Care)</u></p> <ul style="list-style-type: none"> • Bright Research Group presented results from six month Patient Experience Survey Pilot <p><u>Street Health (Strategic Area: Clinical Care)</u></p> <ul style="list-style-type: none"> • First TA (Technical Assistance) site visits happened in October. Impressed with progress; Tiburcio Vasquez is doing a great job. Discussed RBA and quality improvement. HCH works with Street Health teams and clinics re: grievances • Hiring update: All fully staffed. Commission requested demographics for Street Health teams <p><u>Program Highlight (Strategic Area: Community Awareness & Marketing)</u></p> <ul style="list-style-type: none"> • Redesigning ACHCH website with relaunch January 2020 • Quarterly ACHCH newsletter to launch February 2020 <p><u>HRSA Update (Strategic Area: Health Center Compliance)</u></p> <ul style="list-style-type: none"> • Discussed HRSA PCHC funding expansion for expanding health center HIV testing, linkages and PREP referrals. Staff is in discussion with ACPHD Office of AIDS, community partners, and plans to incorporate HCH Commissioner input into project design. Meet in early December <p><u>Medical Respite:</u></p> <ul style="list-style-type: none"> • Lucy is taking on a larger role now that Jeffrey is leaving. Rachel Metz is consulting through HCSA, and Luella will assume some of these duties. <ul style="list-style-type: none"> ○ Adeline: Opened a month ago, operated by Lifelong Medical Care. Theresa Ramirez will be conducting QI and Luella Penserga will be holding leadership role. LifeLong has hired or have in place a majority of their staff. Accepting referrals from AHS. Workflow for accepting patients who are being served by our Street Health teams; anticipate referral expansion in early December ○ Alameda Point East Oakland: Work still moving ahead in development and design phase. 	

Item	Discussion/ Recommendations	Action
	<ul style="list-style-type: none"> HCSA leadership committed to the expansion of medical respite beds by 150 over next three years. <p><u>Air Quality (Strategic Area: Leadership & Advocacy)</u></p> <ul style="list-style-type: none"> ACHCH was an important part of daily county-wide planning and coordinating calls for the recent wild fires in the area, but did not need to distribute N95 masks. ACHCH also involved in flood response planning. 	
F. ACHCH Commission Quality Program Update	<p>Theresa Ramirez, ACHCH Quality Manager presented PowerPoint titled “ACHCH Quality Workplan CY 2020”</p> <ul style="list-style-type: none"> Spend one commission meeting specifically on RBA to look at measures for Tiburcio and Tri-City Theresa will talk with Julie Lo and Laura Guzman re: review of racial equity/parity within G6: System-wide measure to evaluate ACHCH performance ACHCH Commission will review and approve ACHCH 2020 QI Plan in December 13 meeting. 	
<p>G. REGULAR AGENDA</p> <p>1. Consumer/Community Input – Report from ACHCH Consumer/Community Advisory Board and Joint Discussion</p> <p>2. Executive Committee report</p> <p>3. Street Health Committee</p> <p>4. Budget/Finance and Contracts Committee</p> <p>5. Clinical Committee</p> <p>6. Action Item: Approval of Street Health Contracts</p> <p>7. Action Item: Approval of Bylaw revisions</p> <p>8. Board</p>	<p>1. Consumer/Community Input – Report from ACHCH Consumer/Community Advisory Board and Joint Discussion</p> <p>ACHCH CCAB: Sam Weeks gave the following overview:</p> <ul style="list-style-type: none"> Sabrina Fuentes gave an overview of the survey Ana Bagtas attended the CCAB meeting: Ana discussed the communication work within group; CCAB is a valuable committee to grow and improve Reviewed results from CCAB retreat Staff changes/new hires: This led to a racial equity discussion in HCH CCAB meeting as well. Alameda Point Collaborative Encampments: Huge uptick in evictions and abatements of camps, where are people going? Document review: transportation document (send copy to Commissioners) New CCAB members Joint CCAB/Commission meeting December 13th <p>2. Executive Committee</p> <p>Lois reported for Executive Committee. Due to boona resigning as Chair, ACHCH Commission needs new Chair and Vice-Chair. Discussion of recruitment of these positions, two nominations from the Commission (Laura Guzman nominated by Gloria Cox-Crowell and Gloria Cox-Crowell nominated by Laura Guzman). Selection to occur in December 13th meeting.</p> <p>3. Street Health Committee</p> <ul style="list-style-type: none"> Discussed staffing changes; working group for board development; Kerry Abbott; nominations 	

Item	Discussion/ Recommendations	Action
Planning/Development 9. Other ACHCH Commission Business	4. Budget/Finance and Contracts Committee 5. Clinical Committee <ul style="list-style-type: none"> • No meeting this month. 6. Other ACHCH Commission Business <ul style="list-style-type: none"> • No other business 	
I. OTHER ITEMS 1. Items for upcoming agendas:	Next Meeting Friday, December 13, 10am-12pm, 1404 Franklin, Suite 200, Oakland. Joint CCAB and Commission 10a-12p, at 1404 Franklin Street Oakland; followed by Winter Gathering with ACHCH staff 12-2pm.	
H. ADJOURNMENT	Meeting adjourned at 11:10am MINUTES APPROVED BY UNANIMOUS VOTE OF HCH COMMISSION 12/13/2019 Verified by Lois Bailey Lindsey, ACHCH Commission Executive Committee Secretary _____ Date: _____	

Tab 2:
Draft Minutes 11/8/19 HCH
Consumer/Community
Advisory Board Meeting



Alameda County Health Care for the Homeless Program
 Consumer/Community Advisory Board (CCAB)
Meeting FRIDAY NOVEMBER 8, 2019, 12:00 Noon – 2:00PM
 1404 Franklin Street #209 Highlander Meeting Room
 U@yU-o

Meeting Location	HCH PROGRAM Offices 1404 Franklin Street 2 nd Floor Highlander Meeting Room, Oakland Tel: 510-220-3225 (david cell)																																			
Attendees	<p align="center">CCAB Board Members: (*Executive Committee)</p> <table border="0"> <tr> <td data-bbox="337 709 592 930"> Mark Smith* Denise Norman Sabrina Fuentes Jeannette Johnigan Guitar Whitfield Samuel Weeks </td> <td data-bbox="932 709 1341 1014"> <u>Non-CCAB:</u> David Modersbach (HCH Staff) Ana Bagtas, HCH Commissioner Invited: Cathy Amyot <u>Not Present:</u> Brenda Whitfield Bennie Whitfield April Anthony* </td> </tr> </table>			Mark Smith* Denise Norman Sabrina Fuentes Jeannette Johnigan Guitar Whitfield Samuel Weeks	<u>Non-CCAB:</u> David Modersbach (HCH Staff) Ana Bagtas, HCH Commissioner Invited: Cathy Amyot <u>Not Present:</u> Brenda Whitfield Bennie Whitfield April Anthony*																															
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Agenda	<p>1. Welcome and introductions (5 min)</p> <p>2. Meeting Roles (facilitator: Jeannette; Timekeeper: Denise ; Vibes-watcher: Mark; Note-taker: David)</p> <p>3. Next Meeting Roles: Facilitator: Denise, Vibes: Jeannette, Timekeeper: Sam</p> <p>4. Review of HCH CCAB Retreat 10/11/2019. Lengthy review of HCH CCAB retreat: The public speaking exercise was great, everyone enjoyed the speeches, and the tips and learning for improvement. Also reviewed discussions that we had re: words for people experiencing homelessness:</p> <table border="1" data-bbox="375 1394 1495 1892"> <thead> <tr> <th data-bbox="375 1394 768 1478">Words for “The Homeless”</th> <th data-bbox="768 1394 1161 1478">Program Participants</th> <th data-bbox="1161 1394 1495 1478">Name for the program?</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 1478 768 1520">People Experiencing</td> <td data-bbox="768 1478 1161 1520">Consumer</td> <td data-bbox="1161 1478 1495 1520">Alameda County</td> </tr> <tr> <td data-bbox="375 1520 768 1562">Homelessness</td> <td data-bbox="768 1520 1161 1562">Client</td> <td data-bbox="1161 1520 1495 1562">Health Care for</td> </tr> <tr> <td data-bbox="375 1562 768 1604">House-less</td> <td data-bbox="768 1562 1161 1604">Participant</td> <td data-bbox="1161 1562 1495 1604">Homeless Persons</td> </tr> <tr> <td data-bbox="375 1604 768 1646">The Poor</td> <td data-bbox="768 1604 1161 1646">Patient</td> <td data-bbox="1161 1604 1495 1646">Alameda County</td> </tr> <tr> <td data-bbox="375 1646 768 1688">Needy</td> <td data-bbox="768 1646 1161 1688">Recipient</td> <td data-bbox="1161 1646 1495 1688">Homeless Persons</td> </tr> <tr> <td data-bbox="375 1688 768 1730">People In Need</td> <td data-bbox="768 1688 1161 1730">Utilizer</td> <td data-bbox="1161 1688 1495 1730">Health Care</td> </tr> <tr> <td data-bbox="375 1730 768 1772">Unhoused</td> <td data-bbox="768 1730 1161 1772">Human</td> <td data-bbox="1161 1730 1495 1772">Humanity for the</td> </tr> <tr> <td data-bbox="375 1772 768 1814">Displaced</td> <td data-bbox="768 1772 1161 1814">Guest</td> <td data-bbox="1161 1772 1495 1814">Homeless</td> </tr> <tr> <td data-bbox="375 1814 768 1856">Housing Displaced</td> <td data-bbox="768 1814 1161 1856">People</td> <td data-bbox="1161 1814 1495 1856">Alameda County</td> </tr> <tr> <td data-bbox="375 1856 768 1892">Unsheltered</td> <td data-bbox="768 1856 1161 1892">Lived Experience</td> <td data-bbox="1161 1856 1495 1892">Homeless Health</td> </tr> </tbody> </table>			Words for “The Homeless”	Program Participants	Name for the program?	People Experiencing	Consumer	Alameda County	Homelessness	Client	Health Care for	House-less	Participant	Homeless Persons	The Poor	Patient	Alameda County	Needy	Recipient	Homeless Persons	People In Need	Utilizer	Health Care	Unhoused	Human	Humanity for the	Displaced	Guest	Homeless	Housing Displaced	People	Alameda County	Unsheltered	Lived Experience	Homeless Health
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Displaced People Refugees Unfortunate Underserved Forgotten Dislodged Humans/Humanity Curbside Community members	Neighbors Veterans of the Streets Community Member Neighbors	Alameda County HCH program Community Advisory Board
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After an interesting discussion around these three areas, HCH Commissioner Ana Bagtas shared that she had just attended a League of Cities/Counties meeting in Sacramento where there was a moving protest of consumers saying “you’re talking about us without us.” She affirmed the importance of using the correct language, kind of language and terms are very important in making partnerships and making decisions.

5. Patient Experience: Moving Forward

Theresa Ramirez from HCH program affirmed the ACHCH commitment to continue the Patient Experience (PxEx) work started by Bright Research Group and supported by the HCH CCAB. We will continue this work in gathering patient experience, and work to “close the loop” between what we hear from surveys and how the program operates, focusing on quality improvement where we can. Next steps are to make Version II of the PxEx survey, to include more critical feedback, as well as document the process of collecting surveys, analyzing them and “closing the loop.” **A working group comprised of CCAB members Denise Norman, Jeannette Johnigan, Sam weeks and Sabrina Fuentes** will work with ACHCH staff on this PxEx work beginning early Dec.

6. Announcements/Updates (20 min)

a. HCH Program updates (respite, emergency planning, StreetHealth/Street Med)

Personnel: HCH Medical Director Dr. Jeffrey Seal will be leaving Dec 15th, to go and work at San Quentin. He will be greatly missed, and CCAB members are invited to provide comments and memories into a video that staff is making to gift him. Program will seek a Medical Director. HCH Program has hired the following new staff: Seth Gomez, PharmD BCPP who will be program Pharmacist; Luella Penserga who will be Deputy Director; and Kari Jennings-Parriott who will manage Shelter Health programs.
Discussion of how HCH can keep our good staff with us, and how to attract the good ones.

Discussion of race and HCH/Homelessness leadership: CCAB members noted the growing racial disparity between persons in HCH leadership/clinical roles and the population of people experiencing homelessness. **HCH CCAB members would like to elevate this issue, and bring it to attention of the HCH Commission, the HCH Program, HCSA leadership and county HR.**

Respite Care: HCH is contracting the new Adeline Street Medical Respite program, with referrals coming in from AHS and Street Health Teams, right now 7 beds and soon will have 25 beds fixed up. Still working in longer term for West Oakland Health Center building next to EOCP; still working on development of Alameda Point Collaborative medical respite.

b. Local Updates

- Sharp rise in Encampment evictions/clean and clears; Berkeley and Oakland especially. Many local camps are being cleared, where are people to go?
- Sabrina shared updates from BACS, HRMSC shared housing opportunities, new programs
- Hayward: New Navigation center 45 beds opening December; being operated by BACS. Was going to be counting on referrals from police and Coordinated Entry, now looks like city has a list of 45 folks they want BACS to get into the nav center.

c. State/Federal Updates:

No state federal updates.

7. Homeless Persons Memorial Day Events 2019

- a. St. Mary's Center 12/5
- b. Hayward Memorial DST 12/11
- c. Fremont/Santa Clara County Abode Weds 12/18

HCH CCAB members consented (with two abstentions) to support/sponsor the St. Mary's Center event on 12/5.

8. HCH Commission/CCAB Executive Committee Report (Sam)

HCH Commission is working on Board Development, evaluation of Lucy, HCH Program Director, approved changes in HCH StreetHealth contracts, looking forward to HCH CCAB/HCH Commission Joint meeting 12/13/2019.

9. AHS Co-Applicant Board Report (Mark)

AHS Co-Applicant Board has been meeting since July, will be evaluating candidates for AHS Homeless Health Center Project Director; Board still getting oriented, but will direct AHS' HCH health center operations.

10. HCH Document Review: Patient Transportation Flyer

CCAB members did a quick review of a draft Patient Transportation Flyer, and gave David ample feedback on the flyer to bring back to staff to incorporate into changes to make it more useful for HCH program participants.

11. New Members: HCH CCAB is currently working to identify potential new members representing: 1) housed community allies; 2) current consumers of HCH services. David has been in contact with a couple other folks who are interested, and Ken who attended last month has work conflicts at the time, and Cathy has been attending and is interested.

NOTE: Next meeting:

**Friday December 13,
10-12noon**

Joint HCH Commission/HCH CCAB
meeting followed by ACHCH Winter
Gathering 12noon-2pm
1404 Franklin Street #200 Oakland



YOU'RE INVITED!

Winter Gathering

Friday, December 13th

12:00pm-2:00pm
1404 Franklin Street, Suite 210, Oakland

NOMINATE YOUR COLLEAGUE!!

Do you know someone that has exemplified the mission of Health Care for the Homeless in 2019?

Send us their full name and a brief reason why to kathryn.barron@acgov.org by November 15th.

MUSIC* *FOOD

RAFFLE* *FUN

Tab 3
ACHCH-AHS Subrecipient
Agreement

DATE: 12/13/2019

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-AHS Subrecipient Agreement

Background:

As a public entity Health Center, HRSA regulations require that our governing board approve health center subrecipient agreements and contracts. The ACHCH health center has had ongoing subrecipient agreements with AHS since their inception as a subrecipient in 1999. This current subrecipient agreement incorporates changes in the governance structure of subrecipient AHS, and has a new contract structure to reflect those changes. It enables AHS to carry out primary care, specialty care, enabling, behavioral, dental and substance use services in seven AHS health center service sites. This subrecipient agreement establishes a monitoring structure for assurance of AHS compliance with HRSA health center regulations, and compliance with ACHCH performance goals. It also enables AHS' provision of Mobile Health clinical services through the pass through of federal funds to substantially support mobile health services, while establishing performance goals and RBA metrics for mobile health operations (still in development).

Request:

Review and approve this revised Subrecipient Agreement.

Discussion:

Approval of this agreement will enable the document to go to the Alameda County Board of Supervisors for county approval and execution for the CY2020 contract period.

EXHIBIT A

PROGRAM DESCRIPTION AND PERFORMANCE REQUIREMENTS

Contracting Department	Health Care Services Agency Administration and Indigent Health – Alameda County Health Care for the Homeless
Contractor Name	Alameda Health System
Contract Period	January 1, 2020 through December 31, 2020
Type of Services	Homeless Health Center
Procurement Contract No.	

This table provides information required by federal government Department of Health and Human Services (HHS) Health Resources Services Agency (HRSA) for subrecipient agreements carried out by Health Center program grantees.

Federal Award Information	
Subaward of Federal funds	Yes
AHS Reregistered Name under the Data Universal Number System (DUNS)	Alameda Health System
AHS DUNS number	103-717-336
AHS EIN	94-2897258
Federal Award Identification Number	H80CS00049
Federal Award Date	January 1, 2020
Sub award Period of Performance Start & End Date	1/1/2020 – 12/31/2021
Amount of federal funds obligated by this action by ACHCH to the subrecipient AHS	\$621,788
Total amount of federal funds obligated to AHS including the current obligation.	\$621,788
Total amount of the federal award committed to AHS.	\$621,788
Total Amount of non-Federal funds Obligated to AHS	\$163,388
Total amount of obligation, including federal and non-federal funding obligated	\$785,176
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Health Center Cluster Funding for Alameda County Health Care for the Homeless Program
Name of Federal Awarding Agency (FAA), Pass-Through Entity (PTE), and Contact Information for Awarding official at Pass-Through Entity	1) FAA: Health Resources and Services Administration / Bureau of Primary Health Care 2) PTE: Alameda County Health Care for the Homeless Program 3) Contact Information for PTE Awarding Official: Project Director: Lucy Kasdin LCSW, ACHCH Program Director
CFDA Number and Name	93.224
Indirect cost rate for the Federal award	None

AHS's indirect cost rate	1) Rate: <u>10%</u> 2) Approved Federally-recognized ICR? (yes/no) <u>NO</u> 3) If no, de minimis cost rate of 10% or negotiated between the parties? (yes/no) <u>YES</u>
Is the award for research and development?	No

THIS AGREEMENT, Procurement Contract # _____, is entered into this 1st day of January 2020, by and between COUNTY OF ALAMEDA, California, acting for and on behalf of the Alameda County Health Care Services Agency ("HCSA"), which operates HHS-funded health center Alameda County Health Care for the Homeless ("ACHCH") program, and ALAMEDA HEALTH SYSTEM ("AHS" or "Subrecipient AHS"), which operates the following ambulatory care clinics: Eastmont Wellness, Hayward Wellness, Highland Wellness, Highland Wellness HCP Annex, Highland Same Day Clinic, AHS Mobile Health, Highland Dental Clinic, and Newark Wellness (together, the "Clinics").

RECITALS/DEFINITIONS

Alameda County Health Care for the Homeless (ACHCH) program is the awardee of HRSA grant funding pursuant to Section 330(h) of the Public Health Service Act (PHS)(45 U.S.C. § 254b) to provide health care services for people experiencing homelessness in Alameda County. ACHCH is housed within the Alameda County Health Care Services Agency, governed by the Alameda County Board of Supervisors ("Alameda County BOS").

ACHCH health center operations are currently governed by co-applicant board Alameda County Health Care for the Homeless Commission ("ACHCH Commission"). The ACHCH Commission shares health center governing authority with the Alameda County BOS. The Co-Applicant Agreement signed on 6/2019 between ACHCH Commission and the Alameda County BOS delineates health center governance authority between these parties.

Awardee ACHCH provides a sub award of its federal grant funding to Alameda Health System to support the HRSA-approved scope of project of its Health Center program.

AHS is a public hospital authority governed by the AHS Board of Trustees (AHS BOT). Per 45 CFR 75.2, as a non-federal entity receiving a sub award to carry out part of awardee ACHCH's Health Center program, AHS is deemed a subrecipient entity. As a subrecipient entity, AHS is able to determine health center patients; has its performance measured by awardee ACHCH in relation to whether Health Center program objectives are met; is responsible for programmatic decision making; is responsible for adherence to Health Center requirements specified in the Federal award; and in accordance with the Subrecipient Agreement, uses the sub award to carry out a full range of required and additional Health Center activities. As a subrecipient entity, AHS is also required to be compliant with all HRSA Health Center requirements as defined in the most current HRSA HEALTH CENTER PROGRAM COMPLIANCE MANUAL, including having a Co-Applicant governing board.

AHS has ownership and/or control of the Clinics, which constitute sites of service on the ACHCH HRSA Scope of Services. AHS maintains a subrecipient Co-Applicant Board (AHS Co-Applicant Board or AHS CAB) which through the terms of the Co-Applicant Agreement signed 5/2019 between the AHS CAB and the AHS Board of Trustees, shares governing authority over the AHS health center scope of project.

Awardee ACHCH, as the Health Center grantee, monitors the activities of subrecipient AHS to ensure that the sub award is used for authorized purposes, monitors subrecipient AHS compliance with Federal

requirements, and reviews financial and performance reports required by ACHCH to ensure that performance goals are achieved.

The HRSA Scope of Project (“HRSA Scope of Project”) under a Section 330 grant defines “the approved service sites, services, providers, service area(s) and target population(s) which are supported (wholly or in part) under the total section 330 grant-related project budget, consistent with applicable statutory and regulatory requirements, Health Center Program Expectations and the mission of the health center.” (HRSA Policy Information Notice, No. 2008-01.) Under the terms of this subrecipient Agreement, the ACHCH program, directed by co-applicant governing board HCH Commission, and subrecipient AHS, directed by co-applicant governing board AHS CAB, jointly carry out the HRSA Scope of Project.

Health Center: The term Health Center is used to describe all eligible patients and the services provided to them within the HRSA Scope of Project at sites located on the HRSA Scope of Project, and the costs, both federal grant and non-grant funded, required to provide such services, and all revenue associated with said services.

Health Center Patient: Any and all patients or clients experiencing homelessness as defined by HHS (see HRSA Compliance Manual and Section 330(h) of the PHS Act) who are provided by AHS with services listed on the ACHCH Scope of Services Form 5A at sites listed on the ACHCH Scope of Services Form 5B and reported to ACHCH for inclusion in Uniform Data System (UDS) reporting.

Above all, the parties to the Co-Applicant Agreement acknowledge their mutual commitment and responsibility to work together to serve the best interests of the target population served within the HRSA Scope of Project. Neither the Subrecipient AHS nor ACHCH intend to make any provisions that affect ACHCH’s overall responsibility or accountability to the Federal government.

Therefore, the parties agree as follows:

Subrecipient Agreement

PURPOSE

This operating agreement serves as a foundational document, setting forth expectations and framework to guide the collaborative relationship between HRSA grantee Alameda County Health Care for the Homeless program and program subrecipient Alameda Health System, in the joint delivery of ACHCH’s HRSA Health Center Scope of Project. This agreement establishes administrative, financial and reporting policies, procedures and practices to implement the Subrecipient Agreement effectively and efficiently, and support ACHCH’s efforts to monitor the programmatic efforts carried out by subrecipient AHS, including performance goals and health center compliance, and ensure sound stewardship of Federal Section 330 grant funds.

TERMS

1. REPRESENTATIVES

ACHCH shall identify for AHS its official representative, and AHS shall identify for ACHCH its official representative. Communication between ACHCH and AHS for purposes of this grant shall be directed through the so-designated official representatives.

2. DUTIES AND RESPONSIBILITIES OF AHS.

- A. Pursuant to its status as a subrecipient, AHS shall demonstrate that it meets all HRSA Health Center requirements under Health Center Program Statute – Section 330 of the PHS Act (42 U.S.C. §254b) and the most recent version of HRSA’s Health Center Program Compliance Manual, as well as any and all applicable terms and conditions of the most recent issuance of the ACHCH health center Notice of Award (NoA).

- B. Subrecipient AHS is also subject to distinct statutory, regulatory and policy requirements of other Federal programs for which it might be eligible for and in which it might participate as a result of the Health Center Program award or designation such as, but not limited to:
 - a. Federally Qualified Health Center (FQHC) status, payment rates, and requirements under Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act;
 - b. The 340B Drug Pricing Program;
 - c. The National Health Service Corps (NHSC) Program; and
 - d. The Health Center FTCA Medical Malpractice Program.

C. Federal Health Center Program Compliance

Subrecipient AHS is subject to and shall comply with all terms and conditions of the Federal Award, which flow down to Subrecipient AHS, unless a particular section of the terms and conditions of the Federal Award specifically indicates otherwise (**ATTACHMENT 1**). AHS is responsible for maintaining its Clinics' operations, including development and implementation of the Clinics' operating policies and procedures, in compliance with all Health Center Program requirements and all other applicable Federal, state, and local laws and regulations. This includes but is not limited to those protecting public welfare and the environment and prohibiting discrimination; state facility and licensing laws; state scope of practice laws; Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage for FQHCs; and California Medi-Cal requirements.

Subrecipient AHS shall demonstrate compliance with HRSA Health Center program requirements detailed in the HRSA Health Center Program Compliance Manual. The following is an abbreviated list of key elements of HRSA Health Center compliance, and subrecipient AHS is required to meet all elements of compliance contained in the most recent version of HRSA's Health Center Program Compliance Manual:

1) Needs Assessment

- A. AHS will carry out annual health center Service Area Review, and agrees to participate in the ACHCH Health Center Needs Assessment process and supply utilization, geographic, demographic, economic and health status data for health center patients and outcome data for health center patients requested by ACHCH.

2) Provision of Required and Additional Health Services

- A. AHS agrees to provide or arrange for the provision of required and additional health care services to health center patients defined on the most recent HRSA-approved Health Center program Form 5A Scope of Services specific to subrecipient AHS (**ATTACHMENT 2**)
- B. AHS will ensure access to interpretation and translation services that are responsive to the needs of health center patients of limited English-speaking ability.
- C. AHS will provide guidance to appropriate staff members with respect to cultural sensitivities and needs of health center patients.

3) Clinical Staffing

- A. AHS will ensure that it has clinical staff to carry out all required and additional services included in the HRSA-approved scope of project.

- B. AHS will consider the size, demographics, and health needs of its homeless patient population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.
 - C. AHS will demonstrate that it has operating procedures and records for the initial and recurring review of credentials and privileges for all clinical staff members (*e.g.*, licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs) providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers, in accordance with the HRSA Health Center Program Compliance Manual.
- 4) Accessible Locations and Hours of Operations**
- A. AHS will ensure that required and additional health care services provided at AHS-specific service sites of the health center scope of project (ATTACHMENT 3) will be available and accessible promptly, as appropriate, and in a manner which ensures continuity of services to homeless health center patients.
- 5) Coverage for Medical Emergencies During and After Hours**
- A. AHS will maintain provisions for promptly responding to health center patient medical emergencies both during regular hours and after regularly scheduled hours, in accordance with the HRSA Health Center Program Compliance Manual.
- 6) Continuity of Care and Hospital Admitting**
- A. AHS will provide required and additional health care services promptly and in a manner which will assure continuity of services to homeless health center patients.
- 7) Sliding Scale Fee Discount Program**
- A. AHS will provide care in a manner such that no health center patient shall be denied service due to an individual's inability to pay.
 - B. AHS will maintain a schedule of fees and maintain a schedule of discounts (Sliding Fee Discount Schedule or "SFDS") in accordance with the HRSA Health Center Program Compliance Manual.
- 8) Quality Improvement / Risk Management**
- A. AHS will have a Board-approved health center quality improvement/assurance system that is specific to the homeless health center, and addresses the quality and utilization of health center services, patient satisfaction and grievance processes and patient safety, including adverse events, includes clinical services administration and clinical management, and maintains the confidentiality of patient records.
- 9) Key Management Staff**
- A. AHS will maintain key management staff sufficient to carry out health center operations. AHS will report to ACHCH the names of current key management positions (key management staff include the AHS Homeless Health Center Director, Chief Executive Officer, Chief Medical Officer, Chief Finance Officer, Director of Ambulatory Care Services, and Chief Information Officer).
 - B. AHS will directly employ a Health Center Program Director who reports to the AHS CAB and is responsible for overseeing key management staff in carrying out day-to-day activities necessary to fulfill the HRSA-approved scope of project.
- 10) Contracts and Sub Awards**
- A. AHS will maintain written procurement procedures that comply with federal procurement standards, including a process for ensuring that all procurement costs directly attributable to the federal sub award are allowable, and consistent

with Federal Cost Principles (45 CFR 75 Subpart E: Cost Principles) and the HRSA Compliance Manual.

- B. If any portion of the services under this Agreement are to be performed by a third-party, subrecipient AHS will submit a formalized, written agreement to ACHCH administration for written approval prior to the execution of the contract and the provision of services by the subrecipient AHS. Failure by subrecipient AHS to initiate request and receive written prior approval may result in the disallowance of payments related to unapproved services by a third party.

11) Conflict of Interest

- A. AHS will maintain and implement written standards of conduct that apply, at a minimum, to its procurements paid for in whole or in part by the Federal sub award, in accordance with the HRSA Health Center Program Compliance Manual, and applicable to all health center employees, and board members.

12) Collaborative Relationships

- A. AHS will make every reasonable effort to establish and maintain collaborative relationships and integrate activities with other countywide health care and homeless services providers, to provide health center patients access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.

13) Financial Management and Accounting Systems

- A. In accordance with Health Center Program Compliance Manual, AHS will utilize a financial management and internal control system that reflects Government Accounting Standards Board (GASB) principles for public agency health centers. AHS financial management system shall be able to account for Federal award made under the Health Center Program in order to identify the source (receipt) and application (expenditure) of funds for federally funded activities in whole or in part.
- B. AHS will document that any non-grant revenue generated from health center program activities, in excess of what is necessary to support the HRSA-approved total Health Center program project budget, are utilized to further the objectives of the project, by benefiting the current or proposed patient population, and are not utilized for purposes that are specifically prohibited by the HRSA Health Center Program.

14) Billing and Collections

- A. AHS will maintain clear registration, eligibility, outreach, and enrollment procedures specific to the homeless health center population being served.
- B. AHS will maintain billing policies and procedures for health center patients, actively bill to payers, and share specific details of health center patient billing and revenue with ACHCH staff upon request.
- C. AHS will participate and maintain enrollment in Medi-Cal, Medicare FQHC, and other public or private assistance or insurance programs.
- D. A Fee Schedule for all services within the Health Center scope of project will be updated annually and shared with ACHCH program.
- E. The AHS health center services will be carried out in a manner such that no patient will be denied service due to an individual's inability to pay for such services. Consistent with this commitment, any fees or payments required by the center for health care services may be reduced or waived in accordance with AHS's sliding fee discount/Charity Care Program.

15) Budget

- A. AHS will develop and maintain an annual budget that reflects projected costs, revenue, and staffing of AHS scope of project health center activities, identifying costs both supported with Federal and non-federal funding, consistent with Federal Cost Principles. This budget will be submitted annually in anticipation of ACHCH Budget Period Renewal and/or Services Area Competition.

16) Data Reporting Systems

- A. AHS will maintain systems for monitoring health center program performance, to ensure that Federal and ACHCH health center performance expectations are being achieved. AHS will compile and report data and other information as required by HRSA and the ACHCH program, including costs, utilization, access, acceptance and availability of services in a timely manner.

17) Board Authority.

- A. Subrecipient AHS shall maintain a co-applicant governing board, the AHS Co-Applicant Board (AHS CAB), with specific responsibility for oversight of the Health Center Program project within Alameda Health System, and shall carry out its governance authorities, responsibilities and composition in accordance with the provisions set forth by HRSA (including Health Center Program Compliance Manual), the AHS Co-Applicant agreement, and the AHS Co-Applicant Board Bylaws.

D. AHS Health Center Program Performance Goals

Under the terms of this Subrecipient Agreement, subrecipient AHS will work with ACHCH to carry out a substantial portion of the ACHCH HRSA Health Center Scope of Project. The specific portions of the HRSA-approved scope of project to be performed by subrecipient AHS can be broken down into two major areas:

1. **Clinic-based Primary and Specialty Health Care Services** provided at the following Scope of Services Sites: Highland Wellness, Eastmont Wellness, Same Day Clinic at Highland Wellness, Hayward Wellness, Newark Wellness, AHS Highland Dental Clinic, and Highland Wellness HCP Annex.
2. **Mobile Health Care Services** carried out by AHS as Scope of Services Site AHS HCH MOBILE CLINIC #1.

Performance goals for these two portions of the HRSA-Approved scope of project are as follows:

1. **Clinic-based Primary and Specialty Health Care Services:**

AHS shall provide a comprehensive set of required and additional health center health care services to Alameda County residents experiencing homelessness, including but not limited to accessible primary care, preventative, enabling, behavioral health, substance use, dental, optical and specialty care services as outlined on Attachment Scope of Services 5A. AHS will work to ensure that health center patients are able to access these comprehensive health care services in a manner compliant with HRSA health center requirements (section 2-C of this agreement) and provided with sensitivity and in response to the varied and emerging health care needs of the target population being served.

The following are specific performance goals established by ACHCH to guide the efforts of AHS in carrying out their portion of the ACHCH HRSA-Approved Scope of Project in clinic-based primary and specialty care services:

a. **Homeless Screening and Data Systems:**

1. AHS will demonstrate the regular training activities of registration and enrollment staff to ensure that homeless and housing status screening is carried out in an effective manner, including sharing copies of training materials, dates of training sessions, training materials, and copies of updated scripts, procedures and documents used in screening patients for homeless status, as requested.
 2. AHS will demonstrate data validation activities to ensure the validity of homeless patient housing data.
 3. AHS will demonstrate that electronic health records systems allow clinicians to view a patient's housing status within patient medical chart at visit, and that a patient's housing status can be updated by clinicians during a medical visit.
- b. **ACHCH Homeless Health Center System of Care:** Required enabling, behavioral, and specialty care services for homeless health center patients at AHS clinics as needed: AHS will demonstrate how homeless health center patients are screened for and provided with enabling services including community-wide homeless services, behavioral health care services including substance use and MAT, and specialty care services where indicated.
 - c. **Patient Experience/Patient Satisfaction:** AHS will demonstrate that patient experience surveys and/or other mechanisms of evaluating patient satisfaction/experience are carried out and evaluated specifically for health center patients.
 - d. **Patient Charges and Fees:** AHS develop and maintain a process for reviewing and overseeing fees charged to health center patients, and will develop and maintain a process for reversing and correcting any health center patient who is incorrectly charged with fees.
 - e. **340B Discount Pharmacy Participation:** AHS shall ensure program integrity and maintain accurate records documenting compliance with all 340B Program requirements for all Clinics claiming 340B status under 340B Covered Entity status of ACHCH program. AHS must keep accurate and up to date 340B database information, including recertification information and Authorized Officials, including assigned responsible persons for 340B compliance and quality improvement.
 - f. **Adverse Events Reporting:** AHS will carry out regular review the status of health center risk management activities and provide quarterly reporting to ACHCH on the status and resolution of complaints and adverse events specific to health center patients.
 - g. **AHS Homeless Health Center Project Director:** To support AHS homeless health center, the ACHCH program will use non-federal funds to fund the salary of a 0.50FTE AHS Homeless Health Center Project Director position. This Homeless Health Center Director position will oversee system-wide homeless health center operations and compliance, patient services, report to the AHS CAB, direct health center QI activities and partner with the ACHCH program.
2. **Mobile Clinic-Based Health Care Services** The pass-through of federal HRSA grant funds described in this subrecipient agreement is in large part designed to support AHS' operation of mobile health unit PM2A, owned by the ACHCH program and acquired with federal health center funding. Mobile clinic-based health activities are carried out by

subrecipient AHS as the “AHS HCH MOBILE CLINIC #1” site on the ACHCH Scope of Project, known as AHS Mobile Health.

Both AHS and ACHCH will play a collaborative role in agreeing upon the development of AHS Mobile Health operations, reflected and guided by the ongoing “Mobile Health Scope of Work” which will be continuously agreed upon by AHS and ACHCH and updated to operationalize AHS Mobile Health services and structures.

In addition to carrying out basic AHS Mobile Health services in accordance with the “AHS Mobile Health Scope of Work”, AHS will work to meet the following AHS Mobile Health performance goals:

- a. AHS shall provide 1200 medical visits annually.
- b. AHS shall provide 1200 enabling services visits annually.
- c. AHS shall provide services at a minimum of eight mobile clinic service sites each month at locations that account for both geographic distribution and density of homeless population by city based on the 2019 Point In Time Count. AHS shall engage in community engagement activities designed to promote Mobile Health services and linkages.
- d. Patient Experience/Patient Satisfaction will be documented through a patient experience survey tool created specifically for AHS Mobile Health patients. Survey results will be evaluated, acted upon where possible and reported to ACHCH on a regular basis.
- e. Results-Based Accountability is the framework used by the Alameda County Health Care Services Agency (HCSA) to measure effectiveness of County-funded health care initiatives. AHS and ACHCH shall jointly develop specific RBA measures to track performance in service AHS Mobile Health patients, included in ATTACHMENT 9

E. AHS Health Center Performance Reporting

Subrecipient AHS will provide ACHCH with all UDS and performance reports required under this subrecipient agreement in a timely manner. Areas of required reporting specific to the areas of the health center scope of project are:

1. Clinic-based Primary Care and Specialty Health Care Services Reporting:

- a. **Uniform Data System (UDS) Patient Utilization Data:** AHS shall provide on a monthly basis an electronic file of all required UDS patient visit level data, as described in ATTACHMENT 4, and in compliance with the most recent edition of the HRSA UDS manual, delivered in a secure manner before the 15th day of the following month.
- b. **UDS Clinical Measures Reporting:** AHS is committed to developing and providing a health center-wide universal report for required UDS Clinical Measures as defined in the most recent UDS Manual, by February 1 for the previous calendar year.
- c. **Financial Reporting:** AHS shall provide HRSA-required financial data reporting needed for calendar year UDS reporting (due February 1) and financial (budget, staffing, revenue) projections required for Budget Period Renewal and/or Services Area Competition renewal budget process, by August 1.
- d. **Health Center Patient Fees:** AHS will provide ACHCH with a listing of all homeless health center patients that have been charged any fees on a quarterly basis, including mobile

health patients and clinic-based health center patients, along with specific information as to the status or resolution of patient charges.

- e. **Other Reporting as Needed:** AHS will provide other types of clinical, financial or administrative reporting on an as-needed basis, either as part of Health Center Program Compliance Monitoring or for monitoring of specific performance goals, in a timely manner in response to ACHCH requests.

2. Mobile Health Care Services Reporting:

- i. **UDS Utilization Data:** Mobile Health UDS utilization data will be included as part of AHS monthly UDS patient visit level data reports.
- ii. **Mobile Health Performance Reporting:** AHS shall provide regular reporting on a quarterly basis with data for the following performance and Results Based Accountability measures.

F. AHS Communication

1. AHS will maintain a Homeless Coordination Office to support the organizational needs to track data, maintain compliance with regulatory and contractual requirements, and to provide support to staff serving patients experiencing homelessness. The Homeless Coordination Office is the liaison between AHS and ACHCH and is charged with monitoring the Section 330(h) program requirements, providing written reports to ACHCH and AHS departments, Boards, councils, and committees. The Homeless Coordination Office staff may participate in other committees throughout AHS to maintain a system-wide perspective on the patient experience, processes, and outcomes for patients experiencing homelessness.
2. AHS shall inform ACHCH's designated official, designated pursuant to Section 1 above, of Clinic developments likely to affect ACHCH. ACHCH shall confirm the receipt of these communications in writing. Such developments include the following, without limitation:
 - i. Requests for the addition or discontinuation of any services provided at the Clinics pursuant to this Agreement; and
 - ii. The results of any federal or state government audits of Clinic services provided pursuant to this Agreement, if AHS determines that such results are likely to affect ACHCH.
3. Within 30 days of the execution date of this contract, Contractor shall provide updated information and documentation to the ACHCH Designated Official for the following information categories:
 - a. HEALTH CENTER PROJECT DIRECTOR: Name/Title
 - b. CO-APPLICANT BOARD MEMBERS: Names/Titles
 - c. STATE LICENSURE: Highland Wellness, Eastmont Wellness, Hayward Wellness, Highland Wellness, Highland Wellness HCP Annex, Highland Same Day Clinic, AHS Mobile Health, Highland Dental Clinic, and Newark Wellness are exempt from licensure per Section 1206 (b) of the CA Health and Safety Code.
 - d. DUNS: #800778909
 - e. PROOF OF FEDERAL GOVERNMENT SYSTEM OF AWARD MANAGEMENT (SAM) REGISTRATION

AHS shall provide to the ACHCH Designated Official updated information or documentation regarding any of the information categories above within 15 days after a change or an update is required.

4. AHS shall secure and maintain, or cause to be secured and maintained, with respect to the Clinics, during the term of this Agreement, Worker's Compensation and Employer's Liability, Comprehensive General and Professional Liability (including Personal Injury, Products and Completed Operations Liability and Blanket Automobile Liability) insurance providing minimum limits of liability as mutually agreed. Such insurance may be included as part of larger policies which cover other, similar activities of AHS. Details and definitions are further outlined in Exhibit C, attached hereto and made a part of this Agreement.

3. DUTIES AND RESPONSIBILITIES OF ACHCH

- A. Above all, ACHCH acknowledges the collaborative spirit and relationship of this relationship, which provides service and benefit to the ACHCH health center and to the population of Alameda County residents experiencing homelessness.
- B. Compliance with Applicable Laws: The ACHCH Commission, as co-applicant governing board of the ACHCH health center, shall have sole responsibility of the operation of ACHCH in accordance with all applicable federal and state laws and regulations, including those related to Section 330(h) grantees, under the terms of the Co-Applicant Agreement.
- C. As the pass-through Agency administering the HRSA Health Center Scope of Project, under the direction of ACHCH health center governing board ACHCH Commission, ACHCH holds fiduciary and administrative responsibility for ensuring subrecipient status determination, assessment of risk and that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, the terms and conditions of this subaward. ACHCH must monitor subrecipient financial and performance activities for compliance with health center requirements and performance goal achievements. Monitoring will include review of required financial and performance reports, ensuring deficiency corrective actions and enforcement actions.
- D. Submission of Records to Governmental Entities. ACHCH shall be responsible for the submission of any documentation to HRSA, as is required for Section 330 grantees, and as is required as a condition of AHS or ACHCH's participation in Medicaid/Medi-Cal in relation to services rendered at the Clinics. Such documentation includes without limitation annual reports, budgets or other materials documenting services provided to the homeless population at the Clinics.
- E. Communication.
ACHCH shall include AHS's Designated Official, designated pursuant to Section 1 above, in all distribution lists for clinical service providers to ACHCH. ACHCH shall promptly notify AHS of any and all developments that may affect AHS's role in ACHCH or its delivery of services pursuant to this Agreement. AHS shall confirm the receipt of these communications in writing. Such communications shall include without limitation:
 - a. Any correspondence to or from HRSA that could affect duties and responsibilities of AHS or ACHCH under this Agreement or AHS or ACHCH's participation in Medicaid/Medi-Cal,
 - b. Any changes in Federal or State laws, regulations, or policies that may reasonably affect the rendering of services by AHS pursuant to this Agreement,
 - c. Timely notification of upcoming health center audits.
- F. **Health Center Program Monitoring:** ACHCH monitoring of subrecipient AHS includes:
 - 1) Health Center Compliance Monitoring (Site Visits)
 - a. ACHCH will carry out quarterly site visits focused on monitoring AHS compliance with HRSA Health Center regulations. Site Visits shall include prior requests for updated documentation supporting health center compliance, and such documentation shall be made available before or during Site Visits. ACHCH staff shall also request presence of key management or operations staff at Site Visits. ACHCH staff shall issue reports of

observations, recommendations and findings. Issues that are identified as findings will require evidence of corrective action in a timely manner. See Attachment 5 (SUBRECIPIENT MONITORING SCHEDULE 2020)

- b. ACHCH shall have the right to request, review and require corrective action to issues related to health center compliance
- 2) Subrecipient Performance Goals
 - a. Clinic-based Primary Care and Specialty Care: ACHCH shall carry out monthly AHS-ACHCH Coordination Meetings in which performance goals related to Clinic-based Primary and Specialty Care services will be discussed, updated and monitored.
 - b. Mobile Clinic-based Health Care: ACHCH staff shall meet with AHS staff to evaluate AHS Mobile Health performance goals and data on a quarterly basis.
- 3) Corrective Action Procedures: In the event of failure by AHS to meet compliance or contracted obligations, ACHCH designated officials shall require AHS to develop a corrective action plan in an agreed-upon timely manner. Failure to comply with corrective action plan will result in financial sanctions up to and including termination of subrecipient agreement (see Section 5.B).

4. AHS AND ACHCH JOINT RESPONSIBILITIES:

- A. The parties acknowledge and affirm their joint work to meet the objectives of the HRSA-approved ACHCH Homeless Health Center program.
- B. Federal Funding Limitations for Use of Pass-Through Funds: Pursuant to the FY 2018 Consolidated Appropriations Act (Public Law 115-141), it is also a requirement and the responsibility of both parties to acknowledge HRSA when describing projects or programs funded in whole or in part with HRSA funds.
- C. Both parties are required to demonstrate compliance with statutory provisions that limit the use of federal funds in the manners outlined in Public Law 115-141.
- D. The ACHCH Mobile Health vehicle is to be co-branded as an AHS clinic in partnership with Alameda County Health Care Services Agency. Mobile unit signage changes should only take place with prior written approval by Alameda County Health Care Services Agency.
- E. AHS shall receive prior written approval from Alameda County Health Care for the Homeless for the location of any new program facilities.
- F. Both parties shall make an effort to send representatives to regular Co-Applicant monthly meetings of the Alameda County Health Care for the Homeless Commission and the Alameda Health System Co-Applicant Board.

5. TERM AND TERMINATION.

- A. The term of this Agreement shall commence as of January 01, 2020 and shall continue in full force and effect until December 31, 2020, unless sooner terminated as herein provided.
- B. **Termination**
 - 1) Upon Notice. Either party may terminate this Agreement without cause upon not less than sixty (60) days prior written notice to the other party.
Upon Material Change in Circumstances. This Agreement may be terminated by either party upon not less than thirty (30) days prior written notice to the other party, in the event of substantive change in the federal law or regulations governing ACHCH and/or AHS and its Clinics, or in the event of decreased or elimination of funding, such that the intention of either of the parties in entering this Agreement has been materially altered.

6. MISCELLANEOUS TERMS.

A. Form of Agreement.

This Agreement is intended as the complete integration of all understandings between the parties with respect to the subject matter of this Agreement. This Agreement supersedes any other agreements with respect to its subject matter, and no other provisions or documentation not contained or expressly incorporated in this Agreement shall form a part of this Agreement. Any amendments shall be in writing signed by both parties. The following exhibits that are attached to this Agreement is expressly incorporated in this Agreement by this reference: Exhibit A (which includes Attachments 1-6,) Exhibit B, Exhibit C, Exhibit D, Exhibit E, and Exhibit F.

B. Signatory.

By signing this Agreement, signatory warrants and represents that he/she executed this Agreement 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 Agreement.

C. No Third Party Beneficiaries.

This Agreement shall not confer any benefit or rights upon any person other than AHS and ACHCH, and no third party shall be entitled to enforce any obligation, responsibility or claim of either party to this Agreement, unless expressly provided otherwise. It is the express intention of ACHCH and AHS that any third party receiving services or benefits pursuant to this Agreement shall be deemed to be an incidental beneficiary only.

D. Independent Contractors.

The relationship between the parties will be that of independent contractors, and nothing in this Agreement shall be construed to establish a partnership, joint venture, or other relationship between the parties, nor between either party or the employees of the other party.

E. No Discrimination in Employment.

In connection with the performance of work under this Agreement, ACHCH and AHS agree not to refuse to hire, discharge, promote or demote, or to discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, gender, age, military status, sexual orientation, marital status, or physical or mental disability; and further agree to insert the foregoing provision in all subcontracts hereunder.

F. Notices.

Notices concerning termination of this Agreement, notice of alleged or actual violation of the terms or provisions of this Agreement, and other notices shall be given to each party at:

<p>Alameda County Health Care for the Homeless Program Colleen Chawla, Director Health Care Services Agency 1000 San Leandro Blvd., Ste. 300 San Leandro, CA 94577 Colleen.chawla@acgov.org</p>	<p>Alameda Health System Delvecchio Finley, CEO Alameda Health System 1411 East 31st Street Oakland, CA 94602-1018 Dfinley@alamedahealthsystem.org</p>
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Said notice shall be delivered personally during normal business hours to the appropriate office as indicated above; or by prepaid U.S. Certified Mail, Return Receipt Requested; or by email. Mailed notice shall be deemed effective upon deposit with the U.S. Postal Service; email notices shall be deemed effective only upon the receiving party's written confirmation of receipt. The parties may from time to time designate substitute addresses or persons where and to whom such notices are to be mailed or delivered, but such substitutions shall not be effective until actual receipt of written notification.

G. Assignment or Subcontracting

Neither party will assign, pledge, transfer, or subcontract its duties and rights in this Agreement, in whole or in part, without first obtaining the prior written consent of the other party.

H. No Waiver of Rights

No assent or waiver, expressed or implied, to or of any breach of a covenant, provision, or condition of this Agreement shall be construed as a waiver of any other breach.

I. Governing Law.

This Agreement shall be construed and enforced in accordance with the laws of California.

J. Paragraph Headings

The captions and headings set forth in this Agreement are for convenience of reference only, and shall not be construed to define or limit its terms and provisions.

K. Counterparts

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, and all of which, taken together, shall constitute one and the same instrument.

7. NATURE OF RELATIONSHIP

- A. Neither ACHCH nor any of its personnel providing services under this Agreement shall be considered to be employees of AHS.
- B. Neither AHS nor any of its personnel providing services under this agreement shall be considered to be employees of ACHCH. In carrying out the work contemplated herein, AHS shall comply with all applicable federal and state workers' compensation and liability laws and regulations with respect to the officers, agents and/or employees conducting and participating in the work; and agrees that such officers, agents, and/or employees will be considered as independent contractors and shall not be treated or considered in any way as officers, agents and/or employees of County.

8. CONFIDENTIALITY

- A. Both AHS and ACHCH (and their employees, agents, and contractors) shall maintain the confidentiality of all patient and/or individual agency information in accordance with all applicable state and federal laws and regulations regarding the confidentiality of such information. Both AHS and ACHCH (and their employees, agents, and contractors) shall not divulge such confidential information to any third parties without the patient's or agency's prior written consent, except, as to patients, except as authorized by law or as necessary to treat such patient.
- B. AHS and ACHCH shall comply with all requirements established by HIPAA and other applicable confidentiality laws and regulations regarding safeguarding and protecting individually identifiable health information from unauthorized disclosure.
- C. AHS and ACHCH shall ensure that their respective employees, agents, and contractors are aware of and shall comply with the aforementioned obligations.

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EXHIBIT B
PAYMENT TERMS

I. Budget Summary

Budget Item	ACHCH Federal pass-through Funding	ACHCH non- Federal funding
Personnel Expenses		
Health Care for the Homeless Center Program Director (MD) (.5 Center/.1 Mobile)	\$31,158	\$163,388
Mobile Health Specialist 2.0 (Mobile Health)	\$141,960	
Medical Assistant 1.0 (Mobile Health)	\$56,186	
Practice Manager 1.0FTE	\$129,870	
Nurse Practitioner .25 (Mobile Health)	\$58,063	
Medical Support Staff SAN (Mobile Health)	\$52,107	
Benefits	\$94,121	
Total Salary	\$563,465	\$163,388
Personnel Expenses Subtotal	\$563,465	\$163,388
Operating Expenses		
Mobile Health IT	\$8,500	
Office Supplies	\$1,450	
Medical Supplies and Equipment	\$9,400	
Enabling services	\$7,500	
Pharmacy	\$5,800	
Training	\$5,500	
Operating Expenses Subtotal	\$38,150	
Indirect Expenses (.02)	\$20,173	
Total Amount of funding: \$785,176	\$621,788	\$163,388

County is not obligated to pay actual expenses exceeding the amounts set forth in the Budget Summary under the column “ACHCH Pass-through 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:

Invoice	Service Period	Submission Deadline
1 st	January 1, 2020 through January 31, 2020	February 15 th , 2020
2 nd	February 1, 2020 through February 28, 2020	March 15 th 2020
3 rd	March 1, 2020 through March 31, 2020	April 15 th 2020
4 th	April 1, 2020 through April 30, 2020	May 15 th 2020
5 th	May 1, 2020 through May 31, 2020	June 15 th 2020
6 th	June 1, 2020 through June 30, 2020	July 15 th 2020
7 th	July 1, 2020 through July 31, 2020	August 15 th 2020
8 th	August 1, 2020 through August 31, 2020	September 15 th 2020
9 th	Sept 1, 2020 through Sept 30, 2020	October 15 th 2020
10 th	October 1, 2020 through October 31, 2020	November 15 th 2020
11 th	November 1, 2020 through November 30, 2020	December 15 th 2020
12 th	December 1, 2020 through December 31, 2020	January 15 th 2020

2. 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 **\$785,176** and monthly payments may not exceed **\$65,431** without prior written approval from Alameda County Health Care for the Homeless program (ACHCH). 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**.
3. Contractor shall submit invoices, with all required progress reports in accordance with the reporting requirements, to ACHCH.
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 ACHCH. 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) working days of receipt of invoice, required report and any other requested documentation. Invoices will be reviewed by and not paid until approved by ACHCH.

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, service period and all required reports (see Exhibit A, Section VI Reporting Requirements), and shall be sent to:

ATTACHMENT 9
RBA MEASURES FOR MOBILE HEALTH

Tab 4
HCH Director Program
Update

December 13, 2019

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

Program activity update since the 11/2019 HCH Commission meeting:

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

We are conducting interviews for a Psychiatric Nurse Practitioner next week. 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 December 9th Alameda County hosted a visit from State legislative staff focused on homelessness. ACHCH was strongly represented, including a tour and presentation of the Trust Health Center by Dr. Seal, and field visits with our Street Health teams. The visit was a wonderful opportunity to showcase the innovative programs ACHCH has developed to State lawmakers.

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

ACHCH has received notification on 11/25/19 that ACHCH has been awarded a full 3 year project period for 2020-2022, ie our Service Area Competition (SAC) Award. This reflects approval of the health center program design and projections submitted in our SAC Proposal, of which details are [here](#).

ACHCH is submitting a proposal on 12/16/19 to HRSA for expanded HIV PCHP funding, will be dedicated towards expanding HIV testing, Linkages and PrEP services among street health, shelter health and primary care settings, will be used to add at least 0.5FTE behavioral health staff focused on HIV services.

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

LifeLong: LifeLong has hired or have in place the majority of key staff for the project. We are currently accepting referrals from AHS and the new expanded referrals from Street Health teams.

Alameda Point: HCSA leadership has committed to the expansion of medical respite beds by 150 over the next 3 years. With Dr. Seals' departure, HCH continues to serve as the county lead for the Alameda Point Collaborative project and has secured a \$10 million dollar commitment for the project over the next 3-4 years, as well as initial operating costs.

Sincerely,

A handwritten signature in blue ink that reads "Lucy Kasdin". The signature is written in a cursive style with a horizontal line under the name.

Lucy Kasdin, LCSW

Director

Alameda County Health Care for the Homeless

Lucy.kasdin@acgov.org

510-891-8903

Tab 5

**ACHCH Strategic Plan
Implementation Progress**

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
Clinical Care	<p>Jeffrey</p> 	Heather, Theresa, AHS Clinic Staff TBD	Implement best-practices consistently across HCH network primary care clinics		<ul style="list-style-type: none"> Pilot regional partnerships with outreach providers and community-based primary care clinics to improve access Clarify and summarize best practices for homeless access and services in primary care Provide technical assistance to community primary care clinics on best practices for engaging, linking and serving patients experiencing homelessness Leverage relationships within HCSA to implement best practices across AHS and CHCN primary care clinics Implement housing coordination services at every HCH network clinic Disseminate best practices for engagement and linkage to primary care clinics across HCH network sites 	<ul style="list-style-type: none"> Working with AHS to develop role of Homeless Coordination Office and hiring of clinician leader In contact with Laura Miller, CMO of CHCN; Porshia Mack CMO of TVHC Clarified best strategies; effectiveness of service delivery model and measures captured to demonstrate. Development on common language and definitions used across ACHCH Meeting with Complex Care; next steps include setting up meeting with Hayward Wellness and Abode leadership to improve access to services and address barriers (on hold) 	<ul style="list-style-type: none"> Hiring of AHS Director- In Process, interviews pending Recurring clinical meeting w/ CHCN- In Process

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
	<p>Lucy</p> 		Increase transportation supports for health care access		<ul style="list-style-type: none"> Develop and model best practices for existing health center transportation services Provide education about available transportation benefits/services through health plans 	<ul style="list-style-type: none"> Completed resource guide. Need to adapt one version for providers and one for patients- in process Look at the effectiveness of various modes of access, identify what we want to fund. Look into ways to support patients into enrolling to disabled regional transit pass. 	<ul style="list-style-type: none"> Complete and disseminate transportation information to staff and contractors- Complete Make information available on HCH website- In Process Fund transportation in contracts that best meets client needs- Complete and will be re-evaluated
Clinical Care	<p>Lucy</p> 	Theresa, Aislinn, Jared		Develop best practices in Alameda County for portable care and outreach services	<ul style="list-style-type: none"> Conduct geographically-specific, data-driven pilots Develop effective collaboration between outreach partners and HCH portable care Develop and implement consistent RBA measures for HCH portable care contracts and services Evaluate whether HCH should directly provide or contract for portable care and outreach services 	<ul style="list-style-type: none"> Finalized Shelter Health mobile van service delivery model and evaluating first months of service- in process Obtaining MOU for Shelter Health sites, along with visit to every site- in process 	<ul style="list-style-type: none"> New Street Health Contracts with consistent RBA measures- Complete RBA measures for mobile van- Complete Development Street Health Field Manual and launch Learning Community- Complete Relaunch of mobile van under HCH Shelter Health- Complete Clear Impact Scorecards are active for all Street Health contractors- Complete MOU's with Shelter Health sites- In Process

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
	<p>Lucy</p> 	Jeffrey	Determine HCH's role in the county's outreach strategy		<ul style="list-style-type: none"> Determine what entity is best positioned to hold county-wide outreach strategy Participate in piloting homeless resources coordination and implementation of practices aligned with Indianapolis Ordinance in unincorporated areas 	<ul style="list-style-type: none"> ACHCH representation in homeless council sub-committee. Representation on county encampment response team. Potential funding for four new FTE to support HCH taking the lead in coordinating outreach regionally. 	<ul style="list-style-type: none"> HCH holding all street health contracts- In Process HCH holding regional coordination positions and leading county-wide coordination of services- positions to be hired - In Process
	<p>Jeffrey</p> 	Lucy, Theresa		Expand HCH program's portable integrated health services	<ul style="list-style-type: none"> Pursue HRSA funding opportunities for portable health medicine Upon securing HRSA funding for expanded services, continue to develop and formalize model Implement RBA for all network portable services Develop a management plan for HCH operated portable services Improve oversight and management of portable services Develop HCH capacity to understand and track county-wide efforts towards field-based homeless services in order to improve coordination and efficiency 	<ul style="list-style-type: none"> RBA confirmed Initial discussion of staffing structure to support Working on Street Health rollout (manual/field guide) HRSA App submitted for more funding 05/2019 Work with HSO and AC3 to expand and organize all outreach. Three new zones planned in start in early 2020. Work with Colleen again funding for additional 4 teams and locate ongoing funding for teams funded through AC3. Mobile Unit to be constructed Meeting with Anthem/BlueCross 	<ul style="list-style-type: none"> Increased vehicles equipped to provide street based care- In Process 14 Street Health teams across each zone in AC- currently at 7, 10 by early 2020 – In Process ACHCH established as leader in field services- Complete

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
Clinical Care	<p>Ted</p> 	Theresa, Lucy, Luella		Develop a shelter health function	<ul style="list-style-type: none"> Define HCH role and scope in development and operation of shelter health services 	<ul style="list-style-type: none"> Hire a BHCS Schedule site visits to meet with shelter managers to check in on how services are going Formalize ACHCH role with shelters by creating MOUs w/current sites Establishment of working group w/ Theresa to create project stages Development of program design Needs assessment in process Discussions on continuum of care from medical respite to shelter health 	<ul style="list-style-type: none"> Complete needs assessments and Comprehensive recommendations w/ clear role for ACHCH. – In Process Implementation of HCH Shelter Health. – In Process BHCS hired to oversee shelter health – Complete MOUs completed with all sites- In Process
	<p>Jeffrey</p> 	Lucy, David, Theresa	Increase medical respite capacity in the homeless health system		<ul style="list-style-type: none"> Complete a comparative analysis of best practices and scope of other HCH programs in neighboring counties and nationally in the provision of medical respite services. Assess feasibility of various HCH roles in the implementation of medical respite in terms of funding and staff resource. Determine HCH's role in the development of medical respite capacity in the county. 	<ul style="list-style-type: none"> ACHCH to determine what capacity we have to engage in short-term v. long-term respite in Alameda County. Partnering with AC3/Housing Solutions for Health on 24 bed respite contracted with LifeLong/EBCRP. Anticipated started date of Sept 1st Supporting APC project; engaged w/ HCSA on investment discussions Looking more closely at Fairmont Extensive work with AC3 consultants for med respite Working on Needs assessment with Luella – completed First meeting of current medical respite care providers completed 	<ul style="list-style-type: none"> Opening of 27 bed ADA accessible respite program in Oakland /Adeline St.- Complete Established ACHCH as lead of APC project; AC respite strategy- Complete

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
	David 	Nancy	Increase access to dental care and optometry		<ul style="list-style-type: none"> • Increase AHS capacity for referral and provision of homeless-focused dental care. • Leverage relationships with health plans to increase coverage and availability of dental and optometry services. • Increase HCH capacity for providing dental care management for high-needs homeless individuals. • Assessment and implementation of best practices in providing dental care to the homeless. • Explore dental outreach provision with AHS Dental. • Expand optometry contracting to meet regional and overall need. 	<ul style="list-style-type: none"> • Development of Work Plans for 2020 implementation of Dental NA Recommendations for each component of ACHCH: <ul style="list-style-type: none"> • Street Health • Shelter Health • AHS • TRUST • HCH Dental Contracts • ACHCH Oral Health Integration kickoff meeting scheduled for 1/30/2019 • Quarterly ACHCH Oral Health Integration Meetings 	<ul style="list-style-type: none"> • Completion of Needs Assessment - Complete • AHS HGH Dental Clinic added to HCH Scope of Services - Complete • Creation of ACHCH Dental Director consultant role - Complete • Add additional S. County optometry site • 2020 Dental strategic plan

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
Health Center Needs and Resources Coordination	David 	HCH Commission/HCH CCAB		Strengthen CCAB and governing board ability to articulate community needs to inform health center planning	<ul style="list-style-type: none"> • Increase HCH Commission membership with homeless services and health systems expertise • Determine role of HCH in supporting the functioning of the HCH Commission and CCAB • Support the HCH Commission and CCAB to develop effective operational and communication processes 	<ul style="list-style-type: none"> • Commission Board Development: <ul style="list-style-type: none"> ○ Involvement; role of both boards in bringing community needs. ○ Working on recruiting more members mindful of geographic representation. ○ Planning Joint CCAB/Commission meeting, retreat Feb/March 2020 • CCAB development: <ul style="list-style-type: none"> ○ CCAB recruitment 2 new members; work plan for 2020, PxE roles. 	<ul style="list-style-type: none"> • Development of AHS CAB w/CCAB member on it • Clear direction and roles for HCH board, that reflecting population served and diverse experience. • Commission/CCAB develop relationships with BOS members to increase awareness of the work of HCH and opportunities to advocacy • Larger, more active CCAB providing roles such as Patient Experience.
	Janice 	Theresa, Terri, Alex, David		Achieve adequate HCH network resource and capacity to meet the specific needs of underserved homeless sub-populations	<ul style="list-style-type: none"> • Increase non-HRSA funding for health center services • Consolidate a plan and narrative for continued use, maintenance, and expansion of MHSA funds • Assessment of scalable funding streams, such as specialty mental health, victims of violent crimes and others. • Increase collaboration with HCSA Funding Development Office 	<ul style="list-style-type: none"> • ACHCH Commission Finance Committee; goal is to review different sources of revenue • Schedule ongoing planning meeting with Jeffrey, Lucy, Luella to discuss: how to maximize MHSA, Health Homes potential. • Meeting with HCSA leadership to develop long term finance strategy • Develop method for fund development (Theresa met with Emily) • Revised MAA matrix completed, meeting with MAA coordinator to be scheduled. Goal to restart MAA by Jan 2020 • Applying for new HRSA HIV funding for \$250,000 	<ul style="list-style-type: none"> • ACHCH Commission Finance Committee meeting quarterly- Complete • MAA restarted in January 2020- In Process • Clear annual spending plan and strategies to maximize program funds (HRSA grant, MHSA)- In Process • Obtain HRSA HIV award- In Process • All contracts (calendar and FY) reviewed and right-sized in 2020- In Process • Submission of SAC with increased non-federal budget; performance goal of increasing non-federal support- Complete

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
						<ul style="list-style-type: none"> Reviewing funding level of current contracts to right-size 	<ul style="list-style-type: none"> Hired Finance Lead- Complete contracts to right-size
Data and Integrated Technology	Jeffrey 	Management Team	Develop HCH internal functional data warehouse and analysis	<i>Develop HCH internal functional data warehouse and analysis (recommend to switch this)</i>	<ul style="list-style-type: none"> Improve and stabilize current HCH data system (Leads: David, T, and T). Collaborate with BHCS on planning and implementation of HCH data system. (Lead: Jeffrey) Continue strategy of exploring HMIS implementation at HCH. (Lead: Ted, Lucy) 	<ul style="list-style-type: none"> <u>Improve and stabilize current HCH data system</u> Bi-weekly data analytics meeting Development of HCH UDS/Utilization reporting Guidelines (DM/TM) and RBA Guidelines/definitions (TR/TA) Review elegant ways to show data: <ul style="list-style-type: none"> Update HCH Productivity Dashboard (TM, JE, DM) Develop canned reports list for HCH DB with John Hanson <ul style="list-style-type: none"> Morbidity Reports Data Dashboard HCH Health Center-Wide Specific HRSA outcomes (SAC) Review and Re-do Basic Required UDS data reported for Contractors (Px Zip, SOGI, Consent, Fam Size) Debrief UDS Report Process Overview Unified system for HCH patients to 1) Give HCH Consent 2) Aware of HCH range of services across HCH Network of Care (direct, contracted, subrecipient) Assemble all HCH Patient-Related forms together Review, Define and Update Enabling Services Types & Develop report for Sites. 	<ul style="list-style-type: none"> <u>Improve and stabilize current HCH data system</u> Introduce new version of HCH DB <ul style="list-style-type: none"> Development of new HCH StreetHealth/ShelterHealth modules by 1/2020 (with ongoing user protocols/documentation) and HCH data analysis Development of Automated Upload for contractors Develop plan/achieve a data system aligned with HCH health center needs, in coordination with BHCS, AC3, etc. Assure sufficient HCSA / HCH capacity to support HCH data systems. HCH data system connected to other County Data Ware-house systems (HMIS, yellowfin, BHCS postgres, CHR, etc) <p><u>Continue strategy of exploring HMIS implementation at HCH</u></p>

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
						<ul style="list-style-type: none"> Development of new HCH DB with John Hanson/HCSA. <u>Collaborate with BHCS on planning and implementation of HCH data system</u> <u>Continue strategy of exploring HMIS implementation at HCH</u> Street Health staff completing HMIS training HCH Management completing HMIS training Tri-City and TV in the MOU process of becoming HMIS agencies 	<ul style="list-style-type: none"> HMIS implemented across HCH direct services HMIS implemented across HCH direct contracts HCH has distinct programs within HMIS
	Jeffrey 			Implement modern EMR for HCH's directly operated services	<ul style="list-style-type: none"> Assign management/staff resource to development of a plan for implementation EMR. Develop EHR strategy 	<ul style="list-style-type: none"> Jeffrey met with Chuck M; waiting for higher level IT meeting 	Meeting with JS, LK, TR, DM, TA, to develop EMR action plan including: <ul style="list-style-type: none"> HCSA support/commitment ACBH AHS/Epic Consultant
Community Awareness and Marketing	Carolyn 	Kathy, HCH Street Health Committee	Increase patient and provider awareness of HCH as a health center		<ul style="list-style-type: none"> Update marketing and education media with new HCH logo and post at all network locations Actively engage with a strategic set of community groups, organizations, and local government 	<ul style="list-style-type: none"> Design of ACHCH Logo; attaching it on various things Van signage Requiring contractors to include logo in outreach materials. Presentation/1:1 meetings with community providers Vests across Street Health teams 	<ul style="list-style-type: none"> Signage on all agency and contractor materials and vehicles- In Process Develop/consistently use ACHCH presentation for info sessions- In Process Community/critical partners list developed and documentation of presentations given annually

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
					<ul style="list-style-type: none"> Participate in community events to provide program information 		<ul style="list-style-type: none"> Quarterly HCH Newsletter launch February 2020- In Process HCH Uniforms across outreach teams- In Process
	<p>Kathy</p> 	Carolyn, David, Ted	Clearly communicate HCH health center service offerings and referral/request pathways		<ul style="list-style-type: none"> Create clear, accurate educational materials for consumers, providers and community members. Streamline consumer education materials and vet with CCAB. Improve HCH website functionality, versatility and usefulness for the community. 	<ul style="list-style-type: none"> Update website with photos and content Patient education materials and CCAB input CCAB Patient Flyer New website layout developed and will meet w/ LK and JS Update HCH program flyer w/CCAB input 	<ul style="list-style-type: none"> All new flyers approved by CCAB- In Process Relaunch of website with timely updates- In Process (relaunch Jan 2020) Patient's able to enter through any service and access all health center services- In Process
	<p>David</p> 	Kathy, Street Health Committee	Distribute timely, homeless-specific, health-related information and resources		<ul style="list-style-type: none"> Formalize HCH's strategy and plan for distributing accurate and timely homeless-specific information Explore increasing presence on social media platforms, including "next door" Clarify HCH program role in county-wide emergency responses to emergencies affecting the homeless 	<ul style="list-style-type: none"> Development of information re: resources for seasonal and emergency needs. Participation in Countywide Extreme Weather (Heat and Smoke) planning Develop response procedure for emergency communications Exploring storage options for emergency supplies 	<ul style="list-style-type: none"> System in place for timely response to distribute health related information - Complete Expand mailing list; Implement Constant Contact system – Complete Increase coordination with Public Health dept – Complete Expanded storage for emergency supplies – In Process

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
							<ul style="list-style-type: none"> Street Health coordination for county-wide response – In Process
Health Center Compliance	<p>David</p> 	Ted, Theresa, Terri, Kathy		Develop a structure for tracking health center and other statutory compliance	<ul style="list-style-type: none"> Develop and maintain program-wide compliance protocols and system Track health center compliance through participation in NHCHC and coordination with regional health department-based HCH programs Develop roles for staff to coordinate with HCH Commission in tracking health center compliance. 	<ul style="list-style-type: none"> Interviews with key HCH S: Drive users (DM, KB) Contracts Management folders revised Review forms used by service providers to use the same documents for client engagement and registration. Client database should match forms. 	<ul style="list-style-type: none"> Revise S: drive – In Process Clear policies and procedures for HCH – In Process Operational Site Visit documentation on file and updated – In Process
	<p>David</p> 	Lucy, Jeffrey, Theresa, Terri		Achieve effective and joint HCH/HCSA sub-recipient oversight	<ul style="list-style-type: none"> Establish regular convenings between county, HCH, and AHS leadership to discuss initiatives and accountability Align Sub-Recipient MOU with HCSA initiatives On site monitoring of AHS Health Center Compliance Consider best-practice of county employee embedded at JGP as model 	<ul style="list-style-type: none"> 2020 Subrecipient Monitoring Schedule 	<ul style="list-style-type: none"> Subrecipient Site Visits & follow-up now part of HCH operations – In Process Monthly AHS/ACHCH meeting- Complete AHS Health Center Director position recruiting- In Process

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
	 Terri	Theresa, Carolyn, David, Janice	Improve contract management and procurement		<ul style="list-style-type: none"> Develop consistent approach to contract management and oversight Devise an efficient strategy for supporting organizations across the HCH network to implement RBA Implement RBA measures across HCH network sites 	<ul style="list-style-type: none"> Currently working on template for SOW and Contracts to implement common measures/language Consistent RBA measures across similar service types – working on dental contracts for 2020 Data dives with each contractors The Contract Template is still a work in progress but HCH has a version that is currently working. RBA measures will be developed by all program leads for efficiency. Implementation for Data dives are taking place both internally and externally. Timing has been an issue and will require more work. 	<ul style="list-style-type: none"> Deep dive schedule updated for FY 19-20- Complete RBA Measures are implemented in contracts- Complete Consistent RBA measure for all Street Health contracts- Complete Contract template updated for FY 19-20- Complete RBA/Clear Impact Training for Street Health- Complete Clear Impact Scorecards are active for all Street Health contractors- Complete
	 Theresa	Jeffrey	Increase effectiveness and reach of the HCH quality improvement program across the HCH network		<ul style="list-style-type: none"> Annual identification of quality metrics and quality improvement plan Identify administrative staff FTE to administer QI program Establish regular quality review meetings with providers across HCH network – Deep dive reviews/TA assistance Implement annual homeless services audits conducted by the CCAB Develop key policies and procedures to support 	<ul style="list-style-type: none"> RBA Implementation across contracts and framework for QI meetings Patient satisfaction pilot across services discovery interviews implemented and collecting data – extended to 8/31/19 Data dive for each contractors (TriCity, Trust, EBCRP, La Clinica, Onsite)—working on AHS Mobile Health Street Health Data Definitions for RBA metrics in internal review process Maintaining consistent schedule of internal quality meetings 	<ul style="list-style-type: none"> Standard RBA metrics for Street Health contracts finalized- Complete Implement QI restructure plan-initiated & ongoing Complete data collection, analysis and debriefing of pt experience pilot across sites- Complete Finalize draft and distribute Street Health Field Manual to Contractors to promote standards practices- Complete

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
					quality improvement structure	<ul style="list-style-type: none"> October Contractor Quality meeting completed: Consumer Feedback/Pilot Survey Presentation (10/16/19) Winter Gathering Network Event (in process) Develop system-wide measures for HCH to evaluate performance as funder and direct services provider (in process) Develop and implement workplan for completing and implementing version 2 of patient experience workplan 	
Leadership and Advocacy	 Lucy			Increase HCH representation and SME in county decision-making processes	<ul style="list-style-type: none"> Develop clear strategy for HCH Director's role Identifying decision-making forums regarding homelessness 	<ul style="list-style-type: none"> Encampment response team involvement and homeless council. Exec committee at AC3. ACPH and ACPW emergency planning. HCH Commission StreetHealth Committee focusing on BOS and City leadership awareness of HCH and expertise 	<ul style="list-style-type: none"> Member of County ERT and Homeless Council Sub Committee- In Process
	 Jeffrey	ACPH CAPE; Liz Maker, Janice		Increase awareness of need for services for children, families, and other sub-populations in the homeless community	<ul style="list-style-type: none"> Decide how to use relevant sub-population data to support expansion and awareness of services. Conduct initial conversations with stakeholders regarding assessing and meeting the need of homeless sub-populations. 	<ul style="list-style-type: none"> Meetings w/ CAPE Meeting with Children's Meeting with listening group: homeless reentry population 	<ul style="list-style-type: none"> Completion of needs assessment by end of 2019- In Process

Strategic Priorities	Lead	Subgroup Members	Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Strategies	Current Activities	Milestones
	<p style="text-align: center;">Lucy</p> 	<p style="text-align: center;">Ted, Kathy</p>		<p>Establish a training and education function for sharing HCH best practices and increasing the use and effectiveness of evidence-based practices in the homeless services system</p>	<ul style="list-style-type: none"> • Conduct assessment of training and education needs in our community. • Research best practices in other communities. • Assess capacity of the system to provide training and education. • Identify homeless services subject matter expertise existing in the community and develop strategic role for HCH participation in meeting training and education needs. 	<ul style="list-style-type: none"> • Accessing additional training to conduct in response to community needs and new resources • Working with Probation on trainings/partnerships in outreach • AB210 Work group is finalizing policy, HCH will be piloting internally or may with Street Health contractors • Developing 2020 outreach training calendar informed by community feedback and attendance 	<ul style="list-style-type: none"> • Successful implementation of annual training plan- Complete • Additional training on CalFresh with overwhelming response- Complete • Launch of AB210 training and HCH pilot- In Process • Launch of Street Health Learning Community- Complete