# Alameda County Health Care for the Homeless Commission
Friday, May 18 2018, 9:00am -11:00am
Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577

## AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td><strong>A. CALL TO ORDER</strong></td>
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<tr>
<td>1. Welcome &amp; Introductions</td>
<td>boona cheema, chair HCH Commission</td>
<td></td>
<td>9:00 AM</td>
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<tr>
<td>2. Adopt agenda</td>
<td></td>
<td>TAB</td>
<td>5 min</td>
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<tr>
<td><strong>B. CLOSED SESSION</strong></td>
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<tr>
<td>1. No Closed Session</td>
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<tr>
<td><strong>C. PUBLIC COMMENT</strong> <strong>Persons wishing to address items on or off agenda</strong></td>
<td>boona cheema</td>
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<td>5 min</td>
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<tr>
<td><strong>D. CONSENT AGENDA</strong> Review and Approve Minutes of 4/20/18 HCH Commission meeting</td>
<td></td>
<td>TAB 1</td>
<td>5 min</td>
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<tr>
<td><strong>E. HCH Program Director Report</strong></td>
<td>Jeffrey Seal MD HCH Interim Director</td>
<td>TAB 2</td>
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<tr>
<td><strong>E. BOARD ORIENTATION</strong> HCH Health Center 2018 Strategic Planning Process</td>
<td>Jeffrey Seal MD HCH Interim Director and Daniel Cohen HCH Consultant</td>
<td>TAB 3</td>
<td>45 min</td>
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<tr>
<td><strong>F. REGULAR AGENDA</strong></td>
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<tr>
<td>1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board</td>
<td>Sam Weeks, DDS CCAB Board Chair</td>
<td>TAB 4</td>
<td>10 min</td>
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<tr>
<td>2. ACHCH Program Policy – Required HRSA Grants Management Health Center Policy</td>
<td>Jeffrey Seal MD HCH Interim Director</td>
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<tr>
<td><em>Action Item: Review/Approve: Required HRSA Health Center Grants Management Policy 5/2018</em></td>
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<td>3. Board Executive Committee report</td>
<td>boona cheema, chair HCH Commission</td>
<td>TAB 5</td>
<td>15 min</td>
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<td>4. Board Street Health Committee <em>Action Item: Review/Approve Encampment Policy Leadership letter drafted by HCH Street Health Committee</em></td>
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<td>5. Board Finance Committee</td>
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<td><strong>G. OTHER ITEMS</strong></td>
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<tr>
<td>1. HCH Commission Working Retreat Scheduling/Planning</td>
<td>boona cheema, chair HCH Commission</td>
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<td>15 min</td>
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<tr>
<td>2. Planning joint HCH Commission/HCH CCAB meeting June 2018</td>
<td>boona cheema, chair HCH Commission</td>
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<td>5 min</td>
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<tr>
<td>3. Items for upcoming agendas</td>
<td>boona cheema, chair HCH Commission</td>
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<td>5 min</td>
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<td>4. Housekeeping</td>
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<tr>
<td><strong>H. ADJOURNMENT</strong></td>
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<td>11:00 AM</td>
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*Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: [http://www.achch.org/](http://www.achch.org/).
Tab 1:
Draft Minutes 4/20/2018
HCH Commission Meeting
### HCH Commissioners Present
- boona Cheema (tel)
- Lynette Lee
- Michelle Schneiderman MD
- Fr. Rigo Caloca-Rivas (tel)

### Absent:
- Elecia Garrett
- Samuel Weeks DDS

### County Staff/Partners/Public Present:
- Jeffrey Seal MD, HCH Interim Director
- David Modersbach HCH Grants Mgr
- Lucy Kasdin, AHS Deputy Director
- Heather MacDonald-Fine, AHS
- Omar Rascon, HCH Admin
- Lois Bailey Lindsey
- Luella Penserga
- Laura Guzman
- Claudia Young
- Daniel Cohen

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<thead>
<tr>
<th>Item</th>
<th>Discussion/recommendations</th>
<th>Action</th>
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</table>
| A. CALL TO ORDER  
1. Welcome & Introductions  
2. Adopt agenda | HCH Commission vice-Chair Lynette Lee called the meeting to order at 9:05am.  
Introductions | Motion:  
L.Lee second  
M.Schneiderman; Yea: unanimous |
| B. CLOSED SESSION  
1. No Closed Session. | No closed session this meeting | |
| C. PUBLIC COMMENT**  
Persons wishing to address items on or off agenda | No members of public present to speak | |
| D. CONSENT AGENDA  
Review and Approve Minutes of 3/16/2018 Meeting | Reviewed minutes from 3/16/2018. Motion approved to adopt minutes. | Motion:  
M. Schneiderman MD; second, b.cheema  
Yea: unanimous |
| E. HCH DIRECTOR’S PROGRAM REPORT | Jeffrey Seal, Interim HCH Director provided Director’s Report:  
- Introduction of Daniel Cohen and strategic planning / needs assessment overview. June’s meeting will be focused on health center Strategic Planning process deep-dive.  
- Employee Updates: New admin employee has been hired, finance manager position filled (Jonathan Patterson). Dr. Seal provided background on historic obstacles and challenges for attendees to have an understanding of what is going on within the program and hiring process, and the programmatic vision when onboarding new staff.  
- Street Psychiatry pilot update and their role in transitioning clients into a medical home with the Trust Clinic; 11 clients so far connected to Trust Clinic. Now called HCH StreetHealth Team.  
- Alameda Care Connect – HCH StreetHealth Team patients and costs are | |
going to be included as part of Alameda County Care Connect. TCHC and ROOTS Street Medicine Teams also connecting patients to AC3 care management. HCH program is watching the development of AC3 Training Academy.

- Contracts – implementation of RBA and develop closer relationships with contracting agencies. Trust Clinic Contract is coming up for renewal.
- Data: partnering closely with BHCS to develop a new way to capture data and allow sharing data throughout partners, and develop ways to share data throughout the unit.
- Hep-A: over 600 vaccinations were provided since December 2017 in partnership with the Public Health Department.
- OSV Preparation for August 2018

Seven total HCH staff, CCAB attending HCH Conference in Minneapolis

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<tr>
<th>F. BOARD ORIENTATION</th>
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<tr>
<td>Detailed overview of ACHCH health center contracts provided by ACHCH Deputy Director Lucy Kasdin. See attached PPT. Questions and answers to Lucy and HCH staff re: contractors regarding details of contracts and contractors. boona requested program providing a narrative on contractors’ progression and provide updates on contract review on a perhaps quarterly basis.</td>
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<tr>
<th>G. HCH Commission Candidates: Introductions, Discussion and Interviews</th>
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| Lois Bailey Lindsey, Laura Guzman and Claudia Young were present at HCH Commission meeting. Each have submitted CV and applications, reviewed by HCH Commissioners, and provided some background as to their experience and contributions to HCH Commission, as well as their commitment to ongoing meetings, committees and participation. Appointees answered the following questions:
  - Are you sure you have the time to dedicate to attending meetings regularly and doing a few hours/month support work – double check to see if you’re not too extended to really support our effort.
  - Do you really understand that this is overseeing of a health center operation, in general it’s not about overall homeless & housing policies. |
| Motion to appoint Lois Bailey Lindsey as HCH Commissioner unanimously approved |
| Motion to appoint Laura Guzman as HCH Commissioner unanimously approved |
| Motion to appoint Claudia Young as HCH Commissioner unanimously approved |

**F. REGULAR AGENDA**

1. **Consumer/Community Input – Report from HCH Consumer /Community Advisory Board**

CCAB representative Samuel Weeks absent due to family medical needs. HCH staffer David Modersbach reported on his behalf. Bright Consulting Group will work with CCAB to strengthen consumer involvement, beginning with patient experience and patient satisfaction surveys. Two CCAB Members will attend NHCHC Conference in Minneapolis. All CCAB members are involved in different projects and have focused on age representation.
<table>
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<tr>
<th>2. Board Committee reports –</th>
<th>CCAB members carried out ALAMEDA COUNTY ALL IN LISTENING SESSIONS: Hayward 3/27, Castro Valley 3/25 and Oakland 3/28. CCAB members reviewed, discussed and endorsed Encampment Policy Leadership letter (attached) Joint Meeting with the Commission and HCH CCAB: Friday June 15, 2018 downtown Oakland at 1404 Franklin street #200 at 9:00-11AM. HCH Commissioners will discuss content at next meeting.</th>
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<tr>
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<td>Executive Committee—boona cheema and Lynette Lee; Executive Committee met with HCH staff and consultant Luella Penserga worked on recruitment of new Commissioners to fill vacant seats.</td>
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<td></td>
<td>Street Health Committee Changed its name from Housing As Health Committee. Committee met with CCAB members and HCH staff on 4/6/18 and drafted a statement on the role of the County in encampment health, (attached) which was approved by HCH CCAB on 4/13. Lynette proposed that the Commission review and possibly approve this statement. After discussion, the proposal was tabled to the next meeting. There were mixed opinions about the approach of a letter from the HCH Commission, Director Jeffrey Seal asked for deeper understanding of goals of the Commission and the asks and process of the letter. The letter will be circulated among HCH Commissioners and revisited at 5/19 meeting.</td>
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<td>Finance Committee: Did not meet last month</td>
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<tr>
<th>G. OTHER ITEMS</th>
<th>HCH program staff are working with Luella Penserga to help support carrying out HCH Commission Working retreat at a time to be determined in the near future (June/July). A doodle poll will be sent out to find a good half-day time for working retreat. Executive committee members will meet and discuss plans and goals for retreat.</th>
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<tbody>
<tr>
<td>1. HCH Commission Working Retreat Scheduling/Planning</td>
<td>Planning, goals and ideas for Joint HCH Commission/HCH CCAB meeting will take place at next HCH Commission meeting 5/19/18.</td>
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<tr>
<td>2. Planning Joint HCH Commission/HCH CCAB meeting June 15, 2018</td>
<td>Special focus in 5/19 meeting will be ACHCH health center Strategic Planning process, with Director Jeffrey Seal and consultant Daniel Cohen.</td>
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<tr>
<td>3. Items for upcoming agendas</td>
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<td>4. Housekeeping</td>
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| H. ADJOURNMENT | Meeting adjourned at 11:00am |
Tab 2:
HCH Director’s Report
Have to May 18th, 2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Jeffrey Seal, MD; Interim Director and Medical Director

SUBJECT: Director’s Report

Program activity update since the 04/20/2018 HCH Commission meeting:

1. **Strategic Plan**

As previously noted, HCH continues to work on its strategic plan with consultant Daniel Cohen. We continue to complete our needs assessments with consumers. We expect the development process to conclude in June 2018, and then we will begin to develop an implementation plan.

2. **Personnel**

During the interim, we have continued to conduct specialist clerk and CHW interviews to find a permanent person for our front desk role. As noted before, we are currently weighing options for the director position which will consider programmatic need, county civil service options, and retention. HCH is pursuing expansion of community health worker positions to continue developing itself as a leader in medical outreach, and we have moved forward with a plan to use social worker positions instead of CHW positions given concerns around county job descriptions.

3. **StreetHealth**

The HCH StreetHealth team continues to work in its pilot period with high rates of success of connecting high needs individuals to brick and mortar facilities such as Trust. As of yet, we have not completed our first buprenorphine induction, but we are hopeful over the coming weeks. We have recently worked with AC3 to match some of the MHSA funds supporting this project to a PMPM street psychiatry care package that will help to track its success and possibly allow for expansion next year.

4. **Contracts**

We have continued to actively restructure our contracts by incorporating results-based accountability to improve quality and clarify expectations. In addition, we have continued to
have an increasingly active presence with our contractors to make the collaboration more nimble and successful than years past.

a. Trust Clinic contract runs through June and we are nearing completion of next year’s renewal that will prioritize shared-care plans and RBA deliverables. We have completed a financial review of the program with Wipfli consultants with several important findings.

b. We have several contracts planned to go to the board next month for renewal- AHS, Daniel Cohen consulting, OnSite Dental, La Clinica, and Fruitvale Optometry

c. We are giving consideration to several important changes re: the Roots STOMP contract. We are hopeful to better clarify the model moving forward, as well as locate services exclusively in East Oakland to better allow clients to transition to a brick and mortar facility.

5. **Data**

We continue our work with HCSA IT to clean up our aging ACCESS database, as well as work with HCSA to plan for implementation of HMIS. We are also giving consideration to hiring a consultant currently working with BHCS to help us with a significant data transition that will make our storage, analytics, and EMR modern.

6. **AC3 Consumer Group**

No change in updates in the interim. HCH leadership continues to be actively involved in the working group for the consumer related AC3 deliverable. We are hopeful to establish ourselves as a leader in consumer empowerment in medical services, and we intend to be some of the early testers of tools and activities that are developed in the group. In addition, we are continuing to actively work with Bright Consulting to develop a plan to empower our Consumer Advisory Board.

7. **Operational Site Visit**

HCH has started significant preparation for its OSV, which will take place on August 14th-16th.

Sincerely,

Jeffrey Seal, MD
Interim Director and Medical Director
Alameda County Health Care for the Homeless
Jeffrey.Seal@acgov.org
510-891-8920
Tab 3
HCH 2018 Strategic Planning Process
Over the next 6 months and in preparation for a federal HRSA operational site visit in August 2018, Alameda County Health Care for the Homeless (HCH) is conducting a strategic planning process to determine the future direction, scope, and priorities of the program.

Our strategic planning process is structured in 3 phases:

1. The first phase is a comparative analysis of other HCH programs in the Bay Area and throughout the state. The goal of this analysis is to determine what role and functions the most effective HCH programs play in their respective communities and to gather examples of best practices in the use of HCH funding.

2. The second phase of our process comprises a survey of key stakeholders within Alameda County. The survey functions both as a needs assessment and a forum to evaluate the program's strengths and weaknesses and identify opportunities for improvement and development.

3. The third phase will synthesize the information gathered and culminate in a work plan detailing the steps necessary to implement our clarified goals and priorities.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Outcome</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Clarify HCH Strategic Planning Structure and</td>
<td>Initiative Work Plan Approved</td>
<td>10/1/2017</td>
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<tr>
<td>Process</td>
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<td>Establish Understanding of HCH’s Current</td>
<td>11/1/2017 - 11/13/17</td>
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<td>Structure and Operations</td>
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<tr>
<td>Conduct Needs, Gaps and Strengths Assessment</td>
<td>Complete Comparative Analysis of similar</td>
<td>11/13/17 - 12/4/2017</td>
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<td>HCH Programs throughout the state</td>
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<td>Develop Structure and Content for Stakeholder</td>
<td>12/4/2017 - 12/18/17</td>
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<tr>
<td></td>
<td>Input</td>
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<td>Conduct Stakeholder Input Surveys, Interviews</td>
<td>12/18/18 - 3/30/18</td>
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<td>and Events</td>
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<td>Analysis and Report of Stakeholder Data</td>
<td>3/30/18 - 4/6/18</td>
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<td>Compile Common Themes and Priorities Present</td>
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<td>in Needs, Gaps and Strengths Assessment</td>
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<td>Scope</td>
<td>and Scope</td>
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<td></td>
<td>Program Vision Statement Updated</td>
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<td>Program Mission Statement Updated</td>
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<tr>
<td>Develop Strategic Goals and Priorities</td>
<td>Analysis of Stakeholder Themes and Priorities</td>
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<td></td>
<td>Identify HCH Areas of Expertise</td>
<td>4/27/18 - 5/18/18</td>
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| Alameda County Health Care for the Homeless  
| Strategic Plan and Timeline  
| October 2017-August 2018 |
|-----------------------------|----------------|
|                            | Develop and Prioritize Strategic Goals |
| Finalize HCH Strategic Plan | Draft Strategic Plan | 5/18/18 - 6/15/18 |
|                            | Submit Strategic Plan for Approval and Finalize |
| Develop Implementation Action Plan | Identify Core Areas of Work | 6/15/18 - 6/29/18 |
|                            | Assessment Program Resources and Capacity |
|                            | Draft Implementation Action Plan |
| Create structures and processes to improve effectiveness and efficiency of HCH | Develop Quality Improvement and Program Dashboards | 6/15/18 - 8/10/18 |
|                            | Continued Assessment of Meeting Schedule aligned with Mission/Priorities |
|                            | Finalize Quality Improvement Structure and Membership |
| Staffing and Personnel | Evaluate Current Staffing Model | 6/15/18 - 8/10/18 |
|                            | Evaluate Growth Opportunity Internally and Externally |
|                            | Hone/Develop Internal Org Chart and Reporting Structure |
## Alameda County Health Care for the Homeless
### Strategic Plan and Timeline
### October 2017-August 2018

<table>
<thead>
<tr>
<th>Establish HCH Role in the Homeless Services System</th>
<th>Solidify HCH Areas of Expertise</th>
<th>8/2018-8/2021</th>
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<tr>
<td></td>
<td>Develop Strategy and Marketing Materials to Communicate HCH Functions, Role, Available Resources and Scope</td>
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<td>Strengthen and build collaborative relationships among agencies serving the homeless</td>
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<tr>
<td>Implementation of HCH Strategic Plan and Establish Mechanisms for Sustainability</td>
<td>Cohesive, Coordinated and Consistent Agency Functions Honed and Operational</td>
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Facilitating Access to Health Care

**Functions**

- FQHC Status and Funds Administration
- Contract Administration
- Quality Improvement
- B&M Primary Care Clinics (5)
- Mobile Medical Clinic
- Backpack Medicine
- Psychiatry and Substance Use Outreach
- Dental and Optometry
- Referral to Coord Entry
- Advocacy and Leadership in Housing Initiatives
- Supported Housing
- Emergency Respite Care
- Outreach Providers Meeting

**Activities**

- Administer HRSA Requirements
- Manage HRSA
- Administer FQHC
- Quality Improvement
- B&M Primary Care Clinics (5)
- Mobile Medical Clinic
- Backpack Medicine
- Psychiatry and Substance Use Outreach
- Dental and Optometry
- Referral to Coord Entry
- Advocacy and Leadership in Housing Initiatives
- Supported Housing
- Emergency Respite Care
- Outreach Providers Meeting

**Mission**

Facilitating Access to Health Care

Facilitating access to Housing

Training and Education for the Larger Health System

In 2017, Health Care for the Homeless (HCH) served 7,500 homeless individuals in 40,000 encounters. HCH operates under the HRSA definition of homelessness.
Facilitating Access to Health Care

**Functions**

- FQHC Status and Funds Administration
- Primary Care
- Medical Outreach
- Leadership and Advocacy
- Health and Housing Integration
- Training and Education for the Larger Health System

**Activities**

- Administer HRSA Requirements
- Contract Administration
- Quality Improvement
- B&M Primary Care Clinics (5)
- Mobile Medical Clinic
- Backpack Medicine
- Psychiatry and Substance Use Outreach
- Dental and Optometry
- Health Related Housing Consultation (7)
- Systemwide Outreach Policy and Practice
- Community Relations and Education
- Shelter Health
- HMIS and Coordinated Entry Participation
- "Emergency Respite Care"
- Model/Support Housing as Health Intervention
- Outreach Workforce Training
- Health Care Workforce Consultation and Training
- Shelter Health Standards Consultation and Training

**Mission**

HCH Activities: Looking Forward
Action Item:
Review/Approve ACHCH Health Center Policy: Required HRSA Grants Health Center Management Policies
5/2018
ACHCH Policy Document

NAME OF POLICY

Required HRSA Health Center Grants Management Policies 5/2018

PURPOSE

The purpose of this Policy is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018. The intent of this Policy is to describe ACHCH policy on the following statutory provisions that limit the use of funds on HRSA grant funding.

SCOPE/COVERAGE

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

PROVISIONS

1. Salary Limitation

   No HRSA health center grant funds shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of federal Executive Level II.

2. Gun Control

   No HRSA health center grant funds may be used, in whole or in part, to advocate or promote gun control.

3. Anti-Lobbying

   No HRSA health center grant funds shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local
government itself. The above prohibitions shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control. No federal grant funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

4. Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Alameda County HCH program shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.”

5. Restriction on Abortions

No HRSA health center grant funds shall be expended for any abortion. No HRSA health center grant funds shall be expended for health benefits coverage that includes coverage of abortion. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.”

6. Exceptions to Restriction on Abortions

The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds). Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).
The ACHCH program shall not subject any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. The term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

7. Ban on Funding of Human Embryo Research

No HRSA health center grant funds may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

8. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

No HRSA health center grant funds may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

9. Restriction on Distribution of Sterile Needles

No HRSA health center grant funds shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.”

10. Restriction of Pornography on Computer Networks

No HRSA health center grant funds may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

11. Restrictions on Funding ACORN

No HRSA health center grant funds may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.”

12. Confidentiality Agreements

No HRSA health center grant funds may be utilized for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.
RESOURCES:


REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Description of change</th>
<th>Approved by ACHCH Commission</th>
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May 4, 2018

County of Alameda, California
David Modersbach, Program Director

Re: Financial Management Review of County of Alameda, California
Grant Number H80CS00047

Dear Mr. Modersbach:

The Health Resources and Services Administration (HRSA) is conducting a Financial Management Review (FMR) of your organization regarding the referenced grant. Your organization has been selected for the FMR because its Health Center Program (Catalog of Federal Domestic Assistance number 93.224) was not audited as a major program in the FY 2017 audit performed in accordance with Subpart F of 45 CFR part 75. HRSA’s Division of Financial Integrity (DFI), within the Office of Federal Assistance Management (OFAM), is responsible for conducting FMRs. Harris Group Services, Inc., will be conducting the FMR on behalf of DFI.

The objective of the FMR is limited to determining whether your organization’s policies adequately incorporate HHS legislative mandates in HRSA Grants Policy Bulletin 2018-04. Recipient responsibilities for the legislative mandates are incorporated by reference in the Terms and Conditions of HRSA awards (see Standard Term #1).

Pursuant to 45 CFR part 75.364, HRSA has the right of access to any documents, papers, or other records of the non-federal entity which are pertinent to the federal award, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the non-federal entity’s personnel for the purpose of interview and discussion related to such documents.

To conduct the FMR, HRSA requests that the following information be submitted within 30 days from the date of this notice:

- Board-approved organizational policies that address all 12 legislative mandates in HRSA Grants Policy Bulletin 2018-04. Please highlight the applicable policy sections.

- To properly evaluate the policies, please respond Yes or No as to whether your health center funds or performs any abortion services.

- To properly evaluate the policies, please also respond Yes or No to inform HRSA whether your health center funds or performs Human Embryo Research.
Instructions for submission of organizational policies and procedures:

- **Prior to submission to HRSA**, ensure that policies adequately address the applicable legislative mandates.

- Revise your organization’s existing policies to incorporate the necessary requirements **prior to submission to HRSA**.

Note that HRSA does not conduct FMRs at grant recipient locations. Please submit the information requested in this notice to mharris@hrsa.gov.

If you have any questions or concerns you may contact myself by phone at (404) 243-5600, or email mharris@hrsa.gov, or David A. Fleurquin, HRSA OFAM/DFI by phone at (720) 318-4077, or email dfleurquin@hrsa.gov. Thank you in advance for your cooperation.

Sincerely,

Marine Harris, CPA, CEO
Harris Group Services, Inc.
on behalf of HRSA/OFAM/DFI
Grants Policy Bulletin
Legislative Mandates in Grants Management for FY 2018

Bulletin Number: 2018 - 04
Release Date: April 4, 2018
Related Bulletins: Replaces 2017 - 07
Issued by: Office of Federal Assistance Management (OFAM), Division of Grants Policy (DGP)

Purpose

The purpose of this Policy Bulletin is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018, which provides funding to HRSA for the fiscal year ending September 30, 2018. The intent of this Policy Bulletin is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2018. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements.

Implementation

FY 2018 Legislative Mandates are as follows:

Division H, Title II
(1) Salary Limitation (Section 202)
(2) Gun Control (Section 210)

Division H, Title V
(3) Anti-Lobbying (Section 503)
(4) Acknowledgment of Federal Funding (Section 505)
(5) Restriction on Abortions (Section 506)
(6) Exceptions to Restriction on Abortions (Section 507)
(7) Ban on Funding Human Embryo Research (Section 508)
(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
(9) Restriction on Distribution of Sterile Needles (Section 520)
(10) Restriction of Pornography on Computer Networks (Section 521)
(11) Restriction on Funding ACORN (Section 522)

Division E, Title VII
(12) Confidentiality Agreements (Section 743)
Details:

**Division H, Title II:**
(1) **Salary Limitation (Section 202)**

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

The Executive Level II salary is currently set at $189,600.

(2) **Gun Control (Section 210)**

“None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.”

**Division H, Title V**
(3) **Anti-Lobbying (Section 503)**

" (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

(4) **Acknowledgment of Federal Funding (Section 505)**

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state – (1) the
percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources."

(5) Restriction on Abortions (Section 506)
“(a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.”

(6) Exceptions to Restriction on Abortions (Section 507)
“(a) The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(d)(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(d)(2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

(7) Ban on Funding of Human Embryo Research (Section 508)
“(a) None of the funds made available in this Act may be used for – (1) the creation of a
human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
"(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."

(9) Restriction on Distribution of Sterile Needles (Section 520)
"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

(10) Restriction of Pornography on Computer Networks (Section 521)
“(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.”

(11) Restrictions on Funding ACORN
“None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.”

Division E Title VII
(12) Confidentiality Agreements (Section 743)
(a) None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such
employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

Resources


Inquiries

Inquiries regarding this notice can be directed to:
Office of Federal Assistance Management
Division of Grants Policy
Policy & Special Initiatives Branch
Email: DGP@HRSA.gov
Telephone: 301-443-2837
Tab 5
Action Item:
Review/Approve Encampment Policy
Leadership letter drafted by HCH
Street Health Committee
To: Alameda County Homeless Council and Alameda County Board of Supervisors:

From: Alameda County Health Care for the Homeless Commission and Alameda County Health Care for the Homeless Consumer/Community Advisory Board

RE: Homeless Encampment Health Leadership

April 20, 2018

Honorable Alameda County Supervisors and Department leads:

We send you this letter as colleagues governing Alameda County's $16M Health Care for the Homeless health center program. We join you in common struggle -- in roles as health providers, community partners, and advocates -- to end homelessness and improve the health of people experiencing homelessness. We are encouraged by and paying attention to recent actions by the County of Alameda to prioritize solutions to the growing crisis of street homelessness.

The presence of thousands of fellow humans living on our streets without adequate hygiene, health and safety supports puts everyone at risk. All county residents are impacted.

Local government exists to provide for the safety, health and well-being of all residents – housed or otherwise. We urge the County of Alameda to take stronger, more visible and direct leadership role in creating consistent appropriate responses to this disaster.

Our County is uniquely positioned to take these four critical steps:

1. Establish countywide standards and guidelines for homeless encampments.
   The County must create, support and enforce health and safety standards to protect both housed and unhoused community affected by street homelessness -- guiding when and how camps may be moved or shut down, health and safety standards for existing encampments, services are to be provided, and the continuum of resources from streets to camps to shelters to permanent housing. Clear procedures, principles and roles will balance public health and safety with the dignity and human rights of unhoused residents.

2. Require and facilitate countywide multi-jurisdictional coordination and provision of essential health, hygiene and safety services.
   Throughout Alameda County, local cities and other entities must coordinate and collaborate in a meaningful way to ensure for the provision of street and encampment health care services to protect housed and unhoused residents. The County must take a lead role in assuring this.

   The list below includes essential services corresponding to County and city departments. Under the direction of the County, these departments can effectively collaborate to ensure the ongoing provision of the essential health, hygiene and safety services to homeless encampments:

   - Medical and behavioral health care services
   - Case management & other support services
   - Hygienic restrooms
   - Potable water and washing/shower facilities
   - Food storage & preparation safety
   - Harm reduction and overdose prevention
• Access to safe storage for possessions and property
• Trash removal
• Environmental vermin/vector control
• Personal security and safety

• Care for pets and/or companion animals
• Biohazard/hazardous waste removal
• Governance, health standards and community relations
• Fire safety services and supplies

3. **Use a Countywide Emergency/Crisis approach to enable creative, local, community-involved responses to the crisis of street homelessness.**

   This is an emergency – State law AB932 allows codes and zoning requirements to be waived, and the County should take a lead role in removing roadblocks. We must work to encourage and enable innovative partners -- faith, community groups, businesses and others – to put their will and ideas to work.

4. **Dedicate an ongoing stream of funding to specifically address the health and hygiene impacts of street homelessness.**

   The $1.9M in 2017 County funds allocated to local jurisdictions is a step in the right direction, but this needs to be expanded and sustained, and focused directly on the immediate health, hygiene and safety needs of communities affected by the crisis of street homelessness.

   There are many examples, from Seattle King County implemented the first two recommendations, to the vibrant local community responses shown by our Interfaith Council of Alameda County, the State of Emergency being used in Santa Clara to create Bridge Communities, the countywide Hepatitis A collaboration vaccinating hundreds of homeless persons, as well as the weekly encampment coordination meetings between City of Oakland and Alameda County, and local efforts in the unincorporated County.

   **As County leaders, you must take strong leadership.** But you cannot solve the problem alone: Include us, your colleagues, service providers, people experiencing homelessness, health centers, housing providers, faith community, and activists. Continue to ask us for ideas, support and involvement. It will only be through dedicated partnership that we will resolve the crisis of street homelessness.

Sincerely,

Boona Cheema, chair HCH Commission
Lynette Lee
Fr. Rigo Caloca-Rivas
Michelle Schneiderman MD
Elecia Garrett
Sam Weeks DDS, Chair HCH CCAB*

Sabrina Fuentes*
Ronald “Guitar” Whitfield*
Mark Smith*
Denise Norman*
Jeannette Johnigan*

Brenda Whitfield*
Kimberlee Burks*
April Anthony*
Bennie Whitfield*
Amelia Moe*

Alameda County Health Care for the Homeless Commission
Alameda County Health Care for the Homeless Consumer/Community Advisory Board*
Resources:
National Health Care for the Homeless Council Encampment Health Statement
United States Interagency Council on Homelessness Encampment Statement
National Law Center on Homelessness and Poverty Tent City USA
   Encampment Principles and Practices
Seattle King County Policies and Standards on Encampments
Alameda County Interfaith Council Castro Valley / Union City Safe Parking
Alameda County HCH program StreetHealth Team