<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. CALL TO ORDER</td>
<td>Lynette Lee, co-chair HCH Commission</td>
<td></td>
<td>9:00 AM</td>
</tr>
<tr>
<td>1. Welcome &amp; Introductions</td>
<td></td>
<td></td>
<td>5 min</td>
</tr>
<tr>
<td>2. Adopt agenda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. CLOSED SESSION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. No Closed Session.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. PUBLIC COMMENT**</td>
<td></td>
<td></td>
<td>5 min</td>
</tr>
<tr>
<td>Persons wishing to address items on or off agenda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. CONSENT AGENDA</td>
<td>Lynette Lee, co-chair HCH Commission</td>
<td>TAB 1</td>
<td>10 min</td>
</tr>
<tr>
<td>Review and Approve Minutes of 11/2018 HCH Commission meeting</td>
<td>David Modersbach, Grants Manager ACHCH</td>
<td>TAB 2</td>
<td></td>
</tr>
<tr>
<td><strong>Action Items:</strong> Review and approve current grant year Contracts; to establish role of HCH Commission in approving ACHCH health center contracts for services and care.</td>
<td>Lucy Kasdin LCSW, HCH Interim Director</td>
<td>TAB 3</td>
<td></td>
</tr>
<tr>
<td><strong>Action Item:</strong> Review and approve HCH Subrecipient Monitoring Policies and Procedures</td>
<td>Jeffrey Seal MD, HCH Medical Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. HCH Program Director Report –</td>
<td>Lucy Kasdin LCSW, HCH Interim Director</td>
<td>TAB 4</td>
<td>30 min</td>
</tr>
<tr>
<td>• Lucy Kasdin LCSW, Interim HCH Program Director</td>
<td>Jeffrey Seal MD, HCH Medical Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Update on HCH Program Director permanent hire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. REGULAR AGENDA</td>
<td>Due to Special Joint HCH CCAB / Commission Meeting, Committee Reports will be on paper and not presented in person at this meeting</td>
<td>TAB 5</td>
<td>20 min</td>
</tr>
<tr>
<td>1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board</td>
<td>Jeffrey Seal MD</td>
<td>TAB 6</td>
<td></td>
</tr>
<tr>
<td>2. Executive Committee report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Street Health Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Finance Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Clinical Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. HRSA OSV Report and Conditions -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Discussion of AHS governance Conditions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Action Items:</strong> Approve submission of Action Plan for Meeting OSV Governance Condition to HRSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. OTHER ITEMS</td>
<td>Jeffrey Seal MD, HCH Medical Director</td>
<td>attached</td>
<td>30 min</td>
</tr>
<tr>
<td>1. <strong>HCH 2019 Strategic Plan.</strong> HCH staff will present highlights of final HCH 2019 Strategic Plan. HCH Commissioners and HCH CCAB members to discuss thoughts about plan for more formal feedback process in January meetings.</td>
<td>boona cheema, chair HCH Commission</td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td>2. Recruiting new members of HCH Commission.</td>
<td></td>
<td></td>
<td>5 min</td>
</tr>
<tr>
<td>3. Issues/Items for upcoming Joint HCH CCAB/Commission meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Next Meeting Friday January 18, 10am -12noon 1000 San Leandro #325, San Leandro CA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* 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 11/16/18 HCH Commission Meeting
Alameda County Health Care for the Homeless Commission  
Friday November 16, 2018 9:00am-11:00am  
Phone-in Meeting (due to Air Quality Emergency)  
Draft MINUTES

**HCH Commissioners Present:**  
boona Cheema (chair)  
Laura Guzman  
Lois Bailey Lindsey  
Claudia Young  
Lynette Lee  
Michelle Schneidermann, MD  
Fr. Rigo Caloca-Rivas  
Samuel Weeks DDS  
Gloria Crowell

**Absent:**

**County Staff/Partners Present:**  
Jeffrey Seal MD, HCH Interim Director/Medical Director  
Heather MacDonald Fine Alameda Health System  
David Modersbach HCH  
Lucy Kasdin HCH  
Omar Rascon HCH

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion/ Recommendations</th>
<th>Action</th>
</tr>
</thead>
</table>
| A. CALL TO ORDER  
1. Welcome & Introductions  
2. Adopt agenda – all in favor & agenda is approved. | Adopt agenda – Agenda adoped by Commission. | Motion: L.Lee; second, C.Young  
Yea: unanimous |
| B. CLOSED SESSION | No Closed Session. | |
| 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 10/19/2018 HCH Commission Meeting. Minutes approved by consensus of HCH Commissioners.  
Review and Approve revised HCH Sliding Fee Discount Policy. Policy approved unanimously by HCH Commissioners.  
Review and Approve revised HCH HRSA-Mandated Grant Management Policy. Policy and Procedures approved unanimously by HCH Commissioners. | Motion: L.Lee; second, M.Schneidermann  
Yea: unanimous |
| E. HCH DIRECTOR REPORT | HCH Program Director Report  
HCH is currently working on hiring several positions: Behavioral Health Clinical Supervisor that will manage the direct services provided to target population. In addition, the program is working to hire Social Worker, Psychiatric Nurse Practitioner, and front desk staffer (CHOW).  
Street Medicine: HCH Street Medicine contracts for Roots and Tri-City are scheduled to end effective June 2019, and the program is working on RFP process. HCH is working to develop a model that clearly identifies and outlines objectives that are to be followed, and required personnel needed to meet objectives. Goals in new contracts are to increase patient touches and linking patients to support/housing services and long-term medical care. | |

*Motion: L.Lee; second, R.Caloca-Rivas; second, G. Crowell  
Yea: unanimous*
**Alameda Health System:** HCH is currently in the process of reviewing AHS Contract and sub-recipient agreement. There was a discussion regarding the strategy to standardize process to capture quality data, and share common language across the AHS system; more will be discussed below.

**Questions raised by Commission**
- Finances allotted to Street Medicine Services? – HCH has budgeted approx. $550,000 but might change
- Funds provided by Alameda Care Connect? – HCH is currently exploring other funding streams for services

Continuing from the October 2018 meeting, Dr. Seal presented Lucy Kasdin who will replace Dr. Seal as Interim HCH Program Director while a formal recruitment/hiring process for permanent HCH Program Director is carried out. Dr. Jeffrey Seal will continue in his role as HCH Medical Director. Draft Org Chart and HCH Director Job Description was shared with HCH Commissioners.

**Action Item:** Approve Selection of Lucy Kasdin as Interim HCH Director – position. Unanimously accepted by HCH Commissioners.

---

### H. REGULAR AGENDA

- **Consumer/Community Input** – Report from HCH Consumer/Community Advisory Board
- **Executive Committee report**
- **Street Health Committee**
- **Finance Committee**
- **Clinical Committee**
- **HRSA OSV Report and Conditions** - Review of findings issued at OSV; Discussion of AHS monitoring and governance Conditions

| **HCH CCAB:** | Sam Weeks DDS provided overview of the CCAB Retreat, and topics discussed during extended meeting. CCAB members did learning on the TRUST Clinic with Dr. Jeffrey Seal, and also welcomed members of the TRUST Partners (TRUST’s consumer board) on joint discussion of oversight and advisory roles for TRUST as well as areas of improvement. CCAB is sponsoring the Homeless Memorial event at St. Mary’s on 12/6/18. Dr. Weeks discussed roles that CCAB members have had in distributing air filter masks during the Air Quality Emergency. |
| **Executive Committee:** | Met with HCH staff, have put out nominations for Secretary (review minutes, adherence to bylaws, communications). Bylaws haven’t been modified yet. |
| **Street Health Committee:** | Will meet by phone 12/4/18 at 3:30pm. Discussion of Dignity Village camp, Public Works and 66th Ave camp, Boise Vs. Idaho decision; Encampment Letter: boona received consensus from Commissioners that it’s ok to move forward to set up meetings with BOS members around Letter. Discussion about advocacy and Commission and about including CCAB members in a HCH Commission committee. |
| **Air Masks:** | Questions about HCH distribution of Air Masks. ACHCH had distributed over 12,000, continuing to distribute masks through a network of community partners to those at highest risk. Fr. Rigo’s MCI distributed 2,000 masks. |
| **Finance Committee:** | Will meet next Jan 11. HCH program has a vacant Finance Manager role which is being filled by HCSA finance staff lead by Alex Martin. |
| **Clinical Committee:** | Met 11/5/18 discussed logistivs and moving forward. They are planning to meet quarterly to discuss quality metrics, system of care and data. |
| **HRSA OSV Report and Conditions:** | HCH is addressing governance condition through communication with Alameda Health System as they... |

Motion: L.Guzman; second, L.Bailey Lindsey Yea: unanimous
develop a co-applicant governance structure. Meeting on 11/29/18 of AHS Board of Trustees, AHS will develop an AHS Co-Applicant Board (AHS CAB), which will govern AHS subrecipient health center operations.

Question: Could HCH Commission members serve on the AHS CAB? HRSA said that is not allowed. But HCH Commission must be involved effort to maintain authority over AHS health center operations.

<table>
<thead>
<tr>
<th>I. OTHER ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Action Item: Approval of new 4 yr terms for HCH Commissioners: Congresswoman Samuel Weeks, Rigo Caloca-Rivas, and Lois Bailey Lindsey were appointed to four year terms after having served either two year terms or shorter having filled other Commission members.</td>
</tr>
<tr>
<td>2. Recruiting new members of HCH Commission: The HCH Commission wants to add new members, including persons with lived experience, and will reach out to the CCAB at the next joint meeting to formalize that request. They are planning to look harder in community for specialties such as Legal, Veterans and Re-Entry. It was suggested that the Executive Committee carry out a gap analysis to identify areas of strength and weakness of current Commission to assist in recruitment.</td>
</tr>
<tr>
<td>3. Issues/Items for upcoming Joint HCH CCAB/Commission meeting: Joint HCH CCAB/HCH Commission Meeting 12/21/18. Meeting was discussed, Executive Committee will discuss specifics of agenda. The meeting is at 10am-noon and will be immediately followed by the HCH Winter Gathering from noon-2pm with lunch and networking.</td>
</tr>
<tr>
<td>EveryOne Home Point In Time Count 1/30/2019: Laura Guzman discussed EveryOne Counts!, the HUD-required biannual point in time count. Ms. Guzman is coordinator of this effort. It is a street count methodology, happens every two years and we will be counting on robust volunteer participation on the part of HCH Commissioners! Sign up here:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. OTHER ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Action Item: Approval of new 4 year terms for HCH Commissioners: Commissioners Weeks, Caloca Rivas and Bailey Lindsey were appointed to four year terms after having served either two year terms or shorter having filled other Commission members.</td>
</tr>
</tbody>
</table>

New HCH Commission member recruitment: The HCH Commission wants to add new members, including persons with lived experience, and will reach out to the CCAB at the next joint meeting to formalize that request. They are planning to look harder in community for specialties such as Legal, Veterans and Re-Entry. It was suggested that the Executive Committee carry out a gap analysis to identify areas of strength and weakness of current Commission to assist in recruitment.

Joint HCH CCAB/HCH Commission Meeting 12/21/18. Meeting was discussed, Executive Committee will discuss specifics of agenda. The meeting is at 10am-noon and will be immediately followed by the HCH Winter Gathering from noon-2pm with lunch and networking.

EveryOne Home Point In Time Count 1/30/2019

Laura Guzman discussed EveryOne Counts!, the HUD-required biannual point in time count. Ms. Guzman is coordinator of this effort. It is a street count methodology, happens every two years and we will be counting on robust volunteer participation on the part of HCH Commissioners! Sign up here:

Motion: G. Crowell; second, L. Guzman; Yea: unanimous
Tab 2: Action Item
Review and Approve HCH Contracts
DATE: 12/21/2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Staff, Alameda County Health Care for the Homeless

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION

Background:

In our 6/2018 HRSA Operational Site Visit, the ACHCH program was found to be out of compliance for HRSA Board Authority requirement C:

- **Board Authority-c. Exercising Required Authorities and Responsibilities:** Within 90 days, provide board minutes and any other relevant documentation that confirms the health center’s governing board is exercising, without restriction, the following authorities and functions: 1) Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions; 2) Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project; 3) Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue; 4) Approving the Health Center Program project’s sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center’s services; 5) Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken; 6) Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs; and 7) Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, and ensuring appropriate follow-up actions are taken. Please see Chapter 19: Board Authority of the Health Center Program Compliance Manual (https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html) for additional information and contact your project officer with any questions, including the applicable components to be addressed.

HRSA requires the ACHCH co-applicant governing Board, the HCH Commission, to approve our health center program’s project, including decisions to contract for portions of health center services.

Request:

Attached is a list of the 9 current HCH contracts. These contracts are available for review in their entirety at the private HCH Commissioners site at the following web address:

https://www.achch.org/commissioners----private.html

Each HCH Commissioner should have a password for entry. If you don’t remember your password, press Reset Password. Or ask David Modersbach 510-220-3225 or email

Discussion:

HCH Commissioner approval to current 2018 contracts will bring the program into health center compliance and remove the above HRSA condition. In the future, HCH Commissioners will approve all health center contracts before they are executed by the Board of Supervisors.
## 2018-9 HCH Contracts

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>description</th>
<th>Amount 2018</th>
<th>Amount 2019</th>
<th>outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Health System</td>
<td>Primary Care, specialty care, case management, behavioral health care, enabling services, drug/alcohol services, and collaborative Mobile Health services</td>
<td>527,733</td>
<td>602,463</td>
<td>4,500 patients treated in 20,500 visits.</td>
</tr>
<tr>
<td>La Clinica de la Raza</td>
<td>Contracted dental care for 240 prebooked time blocks of four 4-hour blocks per week to provide patients with emergency, restorative and specialty dental services in coordination with health center patient care managers.</td>
<td>127,363</td>
<td>127,363</td>
<td>200 patients in 960 visits.</td>
</tr>
<tr>
<td>On Site Dental Foundation</td>
<td>Contracted portable/mobile dental care provided for health center patients for one weekly mobile dental unit clinic, providing patients with emergency, restorative and specialty dental services in coordination with health center patient care managers.</td>
<td>220,000</td>
<td>250,000</td>
<td>50 weekly full-day sessions providing 1,400 visits/year to 200 health center patients. Note: contract increase pending on status of private funding to OnSite</td>
</tr>
<tr>
<td>ROOTS Community Health Center</td>
<td>North County Street Medicine - Contract to provide direct street primary care/urgent care clinical medical services, outreach, and enabling services to unsheltered persons living in encampments and on streets, increasing engagement and access to harm reduction, primary care medical homes, patient stabilization and related services.</td>
<td>332,440</td>
<td>332,440</td>
<td>Target: 1,200 face-to-face encounters with a physician or nurse practitioner and 7,200 outreach contacts.</td>
</tr>
<tr>
<td>Tri-City Health Center</td>
<td>South County Street Medicine: Contract to provide direct street primary care/urgent care clinical medical services, outreach, and enabling services to unsheltered persons living in encampments and on streets, increasing engagement and access to harm reduction, primary care medical homes, patient stabilization and related services.</td>
<td>200,000</td>
<td>200,000</td>
<td>Target: 225 unique patients in 700 medical encounters.</td>
</tr>
<tr>
<td>East Bay Community Recovery Project</td>
<td>Contract with community-based substance use provider for substance use services for new and existing health center patients, with interventions focused on harm reduction, case management, care coordination, housing navigation and outreach and enabling services for unsheltered homeless health center patients.</td>
<td>150,000</td>
<td>150,000</td>
<td>Target 210 patients engaged in substance use services, outreach to at least 1000 patients annually.</td>
</tr>
<tr>
<td>Fruitvale Optical</td>
<td>Contract with centrally-located North County optometry clinic to provide optometry exams and optical services to health center patients in coordination with health center care managers.</td>
<td>50,000</td>
<td>50,000</td>
<td>Projected goal is 200 patients per year.</td>
</tr>
<tr>
<td>South County Optometry Service (NEW)</td>
<td>Contract with centrally-located South County optometry clinic to provide optometry exams and optical services to health center patients in coordination with health center care managers.</td>
<td>25,000</td>
<td>25,000</td>
<td>Projected goal is 200 patients per year.</td>
</tr>
<tr>
<td>LifeLong Medical Care</td>
<td>Primary Care Services- ACHCH contracts with Lifelong Medical Care to provide high-value integrated primary care, behavioral health, substance use and enabling services to address physical, mental, and social well-being of indigent, disabled persons experiencing homelessness. Partner organizations collaborate closely to promote overall health and well-being, and to develop or re-establish strong social support networks outside of the public services system.</td>
<td>1,660,148</td>
<td>1,297,010</td>
<td>Projected 1500 unique patients served / year. Note: contract increase to payback for rent &amp; clinical staff cost at TRUST in order to maximize PPS rate.</td>
</tr>
</tbody>
</table>
Tab 3

Action Item: Review and Approve HCH Subrecipient Monitoring Policies and Procedures
DATE: 12/21/2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Staff, Alameda County Health care for the Homeless

SUBJECT: REQUEST FOR THE HCH COMMISSION TO TAKE ACTION

Background:

In our 6/2018 HRSA Operational Site Visit, the ACHCH program was found to be out of compliance for HRSA:

Contracts and Subawards-i. Subrecipient Monitoring: Within 90 days, provide documentation that the health center has a process and schedule for monitoring its subrecipient(s) that includes 1) Reviewing financial and performance reports to ensure performance goals are met, UDS data are submitted, and funds used for authorized purposes; 2) Ensuring that corrective action is taken by the subrecipient in response to audits, on-site reviews and other means; and 3) Issuing management decisions for audit findings pertaining to the subaward.

HRSA requires the ACHCH co-applicant governing Board, the HCH Commission, to approve our health center program’s policies and procedures for subrecipient monitoring, including schedule for on-site monitoring efforts.

Request:

Attached is the updated Subrecipient Assessment and Monitoring policies and procedures for approval of the HCH Commission.

Discussion:

HCH Commissioner approval of these procedures will bring the program into health center compliance and remove the above HRSA condition. In the future, HCH Commissioners will be kept abreast of any outstanding findings, corrective actions and sanctions resulting from ACHCH subrecipient monitoring efforts.
PURPOSE ....................................................................................................................................................... 2
AUTHORITY ................................................................................................................................................... 2
SCOPE ............................................................................................................................................................ 2
POLICY ........................................................................................................................................................... 2
ROLES & RESPONSIBILITIES ........................................................................................................................... 3
QUESTIONS AND CONCERNS ........................................................................................................................ 4
PROCEDURES ................................................................................................................................................. 4
DEFINITIONS .................................................................................................................................................. 9
ATTACHMENTS ............................................................................................................................................ 10
PURPOSE

The Alameda County Health Care Services Agency (the Agency), as a subrecipient of Federal awards, provides significant funding to subgrantees each year. A portion of this funding represents pass through of Federal funds. The Office of Management and Budget’s Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) requires the Agency, as a Federal funds pass-through entity, to:

a) Identify to the subgrantee in the subgrant information about Federal funding requirements;
b) Determine whether each subgrantee is a subrecipient or a contractor;
c) Assess the risk of each subrecipient’s noncompliance with Federal requirements;
d) Determine appropriate monitoring to be performed based on the results of the risk assessment;
e) Monitor subrecipients’ use of Federal awards; and
f) Review annual financial reports and programmatic reports and assure findings are resolved timely.

AUTHORITY

Office of Management and Budget’s Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200)

SCOPE

This policy applies to all subgrantees receiving Federal funds from the County of Alameda, as a subrecipient, (e.g. Agency and its departments such as Administration, Behavioral Health Care Services, and Public Health), in addition to individuals and programs providing funding to such subgrantees.

POLICY

This policy establishes procedures to be followed for: 1) identifying subrecipients of Federal funds - regardless of amount of contract or expenditures; 2) assessing risk of each subrecipient of not complying with requirements of Federal grants; and 3) performing appropriate monitoring of each subrecipient.

The Agency is required to implement the requirements of the Uniform Guidance for Federal awards made on or after December 26, 2014, and for additional funding to existing awards made after that date.
## ROLES & RESPONSIBILITIES

<table>
<thead>
<tr>
<th>When</th>
<th>Who</th>
<th>What</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-award</td>
<td>Pass-thru department</td>
<td>Review the risk associated with a potential recipient prior to making an award; review applicant organization and not the proposal.</td>
<td>Post solicitations for procurements that would ensure free and open competition; comply with County purchasing rules and guidelines.</td>
</tr>
<tr>
<td>Procurement phase</td>
<td>Program Manager</td>
<td>Determine subrecipients and identify funding sources.</td>
<td>Complete Subrecipient and Vendor Determination Checklist</td>
</tr>
<tr>
<td>Post Award (Annually)</td>
<td>CBO Audit Review Unit (CARU)</td>
<td>Prepare report to determine: -which subgrantees received Federal funds and will be monitored; -which Agency is responsible to monitor the subgrantee; -which subgrantees are required to submit a single audit report.</td>
<td>Use Alcolink Queries Categorize by funding source, e.g. Federal, State, County/Other funds.</td>
</tr>
<tr>
<td>Post Award (Annually)</td>
<td>CARU</td>
<td>Assess financial risk for each subrecipient</td>
<td>Use subrecipient Financial Statements Complete Subrecipient Risk Assessment – Financial Risk</td>
</tr>
<tr>
<td>During contract period</td>
<td>Program Manager of the department that made the subaward (may require communication with the subrecipient)</td>
<td>Assess programmatic risk for each program included the contract of the subrecipient</td>
<td>Complete Subrecipient Risk Assessment – Programmatic Risk</td>
</tr>
<tr>
<td>After completion of both risk assessments</td>
<td>CARU</td>
<td>Summarize and score subrecipient risks to determine level of monitoring by Program Manager and CARU</td>
<td>Complete Subrecipient Risk Summary</td>
</tr>
<tr>
<td>After completing Subrecipient Risk Summary and determination of monitoring</td>
<td>Program Manager of the department that made the subaward and CARU</td>
<td>Monitor subrecipients; identify areas of risk that need attention and determine level of monitoring Monitor Corrective Action Plan (CAP), if applicable</td>
<td>Refer to monitoring procedures in the P&amp;P</td>
</tr>
<tr>
<td>Non-compliance to CAP</td>
<td>Program manager CARU</td>
<td>Determine appropriate sanctions with support of County Counsel and recommend to Agency management</td>
<td>Refer to contract terms and to sanctions in P&amp;P</td>
</tr>
<tr>
<td>Closeout (subaward or contract has reached its end, all applicable administrative actions and all required work have been completed)</td>
<td>Subrecipient</td>
<td>Within 90 days of closeout, submit all financial, performance, and other reports required by the terms and conditions of the subaward.</td>
<td>Refer to contract terms</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Program Manager</td>
<td>Maintain documentation and data collection</td>
<td>Refer to P&amp;P</td>
</tr>
<tr>
<td>Ongoing</td>
<td>CARU</td>
<td>Monitor adjusted risk scores for opportunities to mitigate risks</td>
<td>Monitor Subrecipient Risk Summary</td>
</tr>
</tbody>
</table>
QUESTIONS AND CONCERNS

Please answer the forms as completely as possible and forward your written questions together with the forms per instructions below. CBO Audit Review Unit (CARU) will be compiling FAQs in order to address those questions and respond consistently. Submit your questions early to address training and form improvement, as needed in order to meet the implementation deadline.

Please submit your completed questionnaires and any questions to:

Jose Santiago, CBO Audit Coordinator: Jose.Santiago@acgov.org and
David Houts, Supervising Financial Services Specialist: David.Houts@acgov.org

PROCEDURES

1) General Information

The actions taken to comply with this policy and procedures shall be documented. Supporting documents shall be maintained and accessible upon receipt of information document requests from interested parties.

This policy does not preclude departments from completing any additional reporting or monitoring actions required by funders or programs.

The responsible staff job titles mentioned herein may change depending on the operations of each department.

Definition of terms is found on the last section of the Procedures.

2) Identify Subrecipients and Funding

During the procurement phase of each award of Federal funds, the Agency’s program manager or responsible staff shall determine whether the subgrantee is a subrecipient or a vendor (or contractor) following the guidance in the attached Determination of “Subrecipient and Vendor Determination Checklist” (Attachment 1).

Vendors are not required by the Uniform Guidance to be monitored but may be monitored according to these procedures at the discretion of the Department’s Contract or program manager.

3) Monitor Subrecipients according to these Subgrantee Monitoring Procedures described herein.

The Agency’s CBO Audit Review Unit (CARU) will annually prepare a report showing the total amount of funds provided to each subrecipient categorized by funding sources such as Federal, State and County funds. Each department must ensure that the information entered into the Alcolink Procurement Entry are correct as this is the document source that CARU uses. Where the funding source of the actual payments to each subrecipient is not readily available, the proportion of Federal, State and County funds per the contract will be multiplied to the actual payments made to each subrecipient. This report will also identify the amounts provided by each County agency.
This report will be used

- To determine:
  - Which subgrantees received Federal funds and will be monitored
  - Which County agency is responsible for monitoring the subgrantee
  - Which subgrantees are required to submit a single audit report

- To test the reasonableness of the amount of County funding reported by the subgrantees in their annual financial reports, and in some cases, the amount and type of monitoring that will be required.

For subrecipients that receive funding from more than one Agency, the Agency with the largest total contract amount is responsible for the risk assessment.

4) **Risk Assessment**

a) CARU will assess financial risk for each subrecipient via review of the subrecipient’s most recent annual financial report by CARU using the attached “**Subrecipient Risk Assessment Questionnaire – Financial Risk**” (Attachment 2).

b) The department that made the subaward will assess programmatic risk for each subrecipient by the program manager based on knowledge of the subrecipient, review of files, discussion with other County employees dealing with the subrecipient, and discussion with subrecipient management using the attached “**Subrecipient Risk Assessment Questionnaire – Programmatic Risk**” (Attachment 3).

Program managers will send completed Attachment 3 to CARU.

c) **Subrecipient Risk Assessment Questionnaires**

Answers to each risk criterion in the Subrecipient Risk Assessment Questionnaires shall be summarized in the “Subrecipient Risk Assessment Summary” (Attachment 4).

The Program Manager or responsible staff will calculate a numerical risk score for each subrecipient as follows:

1) For each risk criterion, insert the number of points from the Subrecipient Risk Assessment Questionnaire – From Review of Annual Financial Report and the Subrecipient Risk Assessment Questionnaire – From Program Manager.

2) Multiply the number of points by the “Risk Weight” column.

3) For each criterion not answered, insert zero.

4) For each criterion not applicable, write “NA” and exclude the criterion from the calculation of the risk score. Proportionately adjust the calculation so that the denominator is 100.

5) Multiply the inverse of the risk score by the annual contract amount to arrive at the Relative Risk Result, which is used to determine the appropriate monitoring procedures. Where a fillable form is provided, the number of points is automatically entered upon responding “Yes”, “No”, or “N/A, None”.
After the initial risk assessment is performed for each subrecipient, it is anticipated that ongoing monitoring is adequate to identify new risks as they arise. Therefore it is generally not necessary to perform recurring risk assessments.

5) **Monitor Subrecipients**

The completed *Subrecipient Risk Assessment Summary* shows the calculated Relative Risk Result for each subrecipient. It shows the identified areas of risk and will be used to determine the level of monitoring required and the risk areas needing attention. The following monitoring procedures are generally to be performed by program managers for each subrecipient based on their Relative Risk Result calculated on the *Subrecipient Risk Assessment Summary*:

- **<$100,000 = Minimum monitoring** - Review financial statements and program reports, follow-up findings, and request a corrective action plan as appropriate *plus* all required program-specific monitoring.

- **$100,000 - $499,999 = Desk review** – All of the minimum monitoring from above *plus* request additional documents from subrecipient regarding risk assessment findings, review its performance, and request a corrective action plan as appropriate.

- **$500,000 - $1,000,000 = On-site visit** – All of the minimum monitoring from above *plus* visit the subrecipient’s site as needed to review subrecipient’s operations, record-keeping and performance, and request a corrective action plan as appropriate.

- **>$1,000,000 = Agreed upon Procedures** - All of the minimum monitoring from above *plus* engage a CPA to conduct an “agreed upon procedures” review of the subrecipient (procedures to be determined based on the areas of risk for each subrecipient and results of the agreed upon procedures to be used to develop a corrective action plan).

The monitoring procedures determined to be appropriate based on the risk assessments shall be documented in the subgrantee’s file. Monitoring procedures required herein do not change the responsibility of the program manager to perform any program-specific monitoring required by the grantor.

The monitoring procedures to be used are more likely to be effective if based on a qualitative assessment of the subgrantee in addition to the results of this quantitative determination. Therefore the Agency Director or Finance Director can override this mathematical determination of monitoring procedures to be performed based on knowledge of subrecipient, size of subgrant, subrecipient management cooperation, and other considerations. The reasons for the override and the monitoring procedures to be performed should be documented in the subgrantee’s file.

6) **Corrective Action Plan**

A corrective action plan (CAP) is required from each subrecipient for each finding noted in monitoring activities describing how they will address the problem.

CAPs should include:

- List of tasks for the subrecipient to implement. These tasks should be those that the Agency considers likely to resolve the area(s) of concern
- Person responsible for completing each task
- Required date of completion for each task
• The format and frequency of status reports to the Agency regarding progress on the CAP

Related to CAPs, the program manager is responsible to:

• Assure the CAP is complete (i.e., all required elements listed above are included)
• Assure that the CAP is adequate (i.e., that if subrecipient completes the plan it is likely the problem will be adequately resolved)
• Monitor the subrecipient’s progress on the CAP and that it completes the CAP in a timely manner.
• Conclude on whether the finding was adequately resolved.

The Agency shall provide adequate education (aka “training and technical assistance”) to subrecipient management so they understand the Agency’s expectations. If several subrecipients are weak in the same risk criterion (e.g., revenues and expenses for each award are accounted for separately in the financial system), then the Agency shall consider providing training and technical assistance simultaneously to a group of subrecipients.

As each monitoring task is performed, the responsible Agency employee performing the monitoring task shall document in the subgrantee’s file the date, who was involved from the Agency and subgrantee, what tasks performed, the results of the task, and necessary next steps.

7) **Sanctions**

When the Agency requires a corrective action plan but the subrecipient does not make progress according to the corrective action plan, the department will inform the CARU and County Counsel. The CARU will determine appropriate sanctions including coordination with County Counsel and Agency management. Escalating sanctions that the Agency will consider one or all of the following:

a) Additional training and technical assistance  
b) Delay payments to subgrantee until they comply  
c) Deny a portion of requested payments for activities not in compliance  
d) Suspend or terminate the contract  
e) Reduce funding in next contract  
f) Decline to renew contract when it ends  
g) Initiate Federal suspension or debarment proceedings  
h) Other legally available actions

8) **Data Collection**

Information to be collected and maintained shall include but not be limited to:

1) Completed Risk Assessment Questionnaires  
2) Numerical risk score  
3) Monitoring procedures selected to be performed  
4) Due date for each monitoring procedure  
5) Person responsible for performing each monitoring procedure  
6) Reasons for selecting different monitoring procedures than those indicated in the preceding paragraph  
7) Annual financial statements (single audit reports if applicable)  
8) Programmatic reports filed by subrecipient
9) Grants, contracts, memorandums of understanding
10) Summary of expenditures, list of payments to subrecipient
11) Corrective action plans, including progress toward or resolution of each finding
12) List of monitoring tasks performed and results of each
13) Dates due and submitted for each financial and programmatic report
14) Findings from reviews of financial and programmatic reports
15) Status of outstanding issues including:
   i. Late financial or programmatic reports
   ii. Uncleared findings
   iii. Corrective action plans in progress

This information will be entered by the program managers or other responsible party into electronic system(s), such as Alcolink. Information in this system will be available to Agency program managers, finance personnel and senior management, as well as similar personnel in other agencies providing funding to the subrecipients.

Reports showing the results of the monitoring program will be reviewed by the Agency Director or Finance Director annually to determine needed changes to these procedures.

9) CONTACT INFORMATION
CBO Audit Review Unit (CARU):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jose Santiago</td>
<td>CARU Coordinator</td>
<td><a href="mailto:Jose.Santiago@ACGOV.org">Jose.Santiago@ACGOV.org</a>, Ext 383(3)1529</td>
</tr>
<tr>
<td>David Houts</td>
<td>Supervising Financial Svcs Spc</td>
<td><a href="mailto:David.Houts@ACGOV.org">David.Houts@ACGOV.org</a></td>
</tr>
<tr>
<td>Diana Cruz</td>
<td>Financial Services Officer</td>
<td><a href="mailto:Diana.Cruz@ACGOV.org">Diana.Cruz@ACGOV.org</a></td>
</tr>
</tbody>
</table>

Department CBO Liaisons:
Health Care Services Agency: To be determined
Public Health: Daisy Tabili
Behavioral Health Care Services Jose Santiago

10) DISTRIBUTION
HCSA, BHCS, PHD Finance Directors

11) HISTORY
Original Authors: Kevin Harper, CPA with input from Finance and Program managers
Fillable forms prepared by David Ha, Public Health Department

Original Date of Approval: 6/16/2017

Approved by: Chuck McKetney, HCSA
Director of Health and Business Data Analytics
DEFINITIONS

**Annual financial report** - An annual publication of an entity showing its assets, liabilities, revenues, expenses and net position. This financial report is usually audited and contains one or more auditors’ reports. If the entity spends significant Federal funds, the annual financial report will be expanded to cover the Federal compliance requirements of the Uniform Guidance; this expanded annual financial report is called a single audit report.

**Contractor** – An entity that receives a contract from the County to purchase property or services needed to carry out a County program. A contractor is distinguished from a subrecipient based on the extent of its involvement in carrying out program objectives.

**Corrective Action Plan** – Written plan describing how subgrantee will remedy a finding. The corrective action plan needs to include:

- Tasks that will be taken that are sufficient to remedy the finding;
- Who is responsible for completing each task; and
- The date by which each task will be completed.

**Federal funds** - The Federal financial assistance that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity.

**Generally Accepted Auditing Standards (GAAS)** - are the guidelines published by the American Institute of Certified Public Accountants that auditors follow when conducting audits of annual financial reports.

**Generally Accepted Government Auditing Standards (GAGAS)** - also known as the Yellow Book, provides a framework for conducting high quality audits with competence, integrity, objectivity, and independence. The Yellow Book is for use by auditors of government entities, entities that receive government awards, and other audit organizations performing Yellow Book audits.

**Grant agreement** - A legal instrument of financial assistance between a Federal awarding agency or pass-through entity and a non-Federal entity that is used to enter into a relationship the principal purpose of which is to transfer anything of value from the Federal awarding agency or pass-through entity to the non-Federal entity to carry out a public purpose authorized by a law of the United States.

**Internal controls** - A process, implemented by a non-Federal entity, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- Effectiveness and efficiency of operations;
- Reliability of reporting for internal and external use; and
- Compliance with applicable laws and regulations.
Management decision - The evaluation by the Federal awarding agency or pass-through entity of the audit findings and corrective action plan and the issuance of a written decision to the auditee as to what corrective action is necessary.

Pass-through entity - A non-Federal entity that provides a subgrant to a subrecipient to carry out part of a Federal program.

Subgrant – A legal agreement from the County to provide an award to a subgrantee to carry out part of a County program.

Subgrantee – An organization (nonprofit, for profit or local government, but not an individual) that receives an award from the County to carry out part of a County program.

Subrecipient - An organization (nonprofit, for profit or local government, but not an individual) that receives a subgrant from the County to carry out part of a Federal program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

ATTACHMENTS

Attachment 1 – Subrecipient and Vendor Determination Checklist
Attachment 2 – Subrecipient Risk Assessment Questionnaire – Financial Risk
Attachment 3 – Subrecipient Risk Assessment Questionnaire – Programmatic
Attachment 4 -- Subrecipient Risk Assessment Worksheet
Attachment 5 – AHS Site Visit Schedule GY2019
ACHCH/Alameda Health System
Subrecipient Monitoring Procedure
Quarterly Site Visit Schedule GY2019

<table>
<thead>
<tr>
<th>FY Quarter</th>
<th>Date</th>
<th>On Site Visit Quarterly Focus</th>
<th>HCH Staff</th>
</tr>
</thead>
</table>
| Q 3        | January 25 2019 | **Data Systems/Reporting/Eligibility:**  
- Scope of Project Review  
- Hours, Patient Accessible Services  
- Patient Eligibility and Screening  
- Culturally Appropriate Care  
- Data-Based Reports EHR review |          |
| Q 4        | April 26 2019 | **Financial and Revenue Systems:**  
- Budget for Scope of Project  
- HCH  
- SFDP  
- Fees, Billing and Collections  
- Revenue Sources  
- Contractual/Affiliation Agr.  
- Audit Review  
- Financial Policies  
- 340B Review |          |
| Q 1        | July 26 2019 | **Clinical & Quality Systems:**  
- Staff Credentialing  
- Clinical Staffing  
- Continuum of Care  
- Risk Management  
- Emergency coverage/after hours  
- Quality Improvement Program | TR JS |
| Q 2        | October 25 2019 | **Management:**  
- Management Team  
- Grievance procedures/Patient Rights  
- Governance  
- Consumer Participation  
- Needs Assessment | DM JS |
<table>
<thead>
<tr>
<th>Subrecipient Agreement Deliverable(s)</th>
<th>How Data Is Sent to HCH (format)</th>
<th>Report Frequency</th>
<th>Who is responsible for tracking</th>
<th>Current Problems /Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. UDS Visit Data (tracking monthly utilization)</td>
<td>EXCEL worksheet on FTP secure folder</td>
<td>Monthly (2nd week)</td>
<td>Heather MDF: AHS David M: HCH</td>
<td>- David, Terri and Theresa should have access to FTP secure folder - Data needs lots of preparation: cleaning &amp; filtering (DM) before uploaded into HCH ACCESS database (Karen). a. Issue of ‘aligning’ ICD-10 codes b. Patient Source of Income/Amount</td>
</tr>
<tr>
<td>2. Annual UDS Outcomes Data</td>
<td>EXCEL worksheet on FTP secure folder</td>
<td>Annually (Jan-Feb)</td>
<td>Heather MDF: AHS David M: HCH</td>
<td>- Based on samples/universes created by HCH based on CY UDS patient visit data, for UDS 19 measures. - issue: completeness of data (e.g. SOGI, source of income) -To what degree can AHS automate UDS Outcomes data reporting for entire UDS universe rather than by sample.</td>
</tr>
<tr>
<td>3. Annual UDS Reporting - Staffing Report - Financial Reporting (i.e. costs, patient-related revenue, program revenue)</td>
<td>Excel worksheets for UDS Tables (5, 5A, 8A, 9D, 9E)</td>
<td>Annually (Jan-Feb)</td>
<td>Heather MDF: AHS David M: HCH</td>
<td>- HCH Program (DM) provides master UDS patient/visit list. Financial: Cost (8A) and Program Revenue 9E: AHS calculates based on proportion of homeless patients seen to overall patient population (seen at the clinics) to derive costs/revenues. Staff: (5 &amp;5A) Support staff FTEs calculated by proportion, direct service providers based on actual visit master. Patient Revenue (9D): Cash basis accounting for revenue attached to UDS patients during Calendar Year (not tying revenue to costs via accrual method)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td><strong>HRSA Subrecipient Compliance Monitoring</strong></td>
<td><strong>On Site HCH Subrecipient Monitoring Visits</strong></td>
<td><strong>Quarterly</strong></td>
<td><strong>TBD (David, Terri, Theresa, Finance Mgr)</strong></td>
</tr>
<tr>
<td>6.</td>
<td><strong>HCH 340B Reporting</strong></td>
<td><strong>AHS Monthly internal Audit (Eric)</strong></td>
<td><strong>Quarterly &amp; Annually</strong></td>
<td><strong>David M.: HCH Eric Mahone: AHS Charles Raynor and Cassie Chan (BHCS)</strong></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Pass Thru Funding Deliverables</strong></td>
<td><strong>AHS Invoices</strong></td>
<td><strong>Quarterly</strong></td>
<td><strong>Terri M: HCH Heather MDF: AHS</strong></td>
</tr>
<tr>
<td>9.</td>
<td><strong>Mobile Health Clinic</strong></td>
<td><strong>RBA Worksheet (input data into Clear Impact software)</strong></td>
<td><strong>Monthly</strong></td>
<td><strong>Heather MDF: AHS Theresa R: HCH Terri M: HCH Lucy K: HCH</strong></td>
</tr>
</tbody>
</table>
Tab 4

HCH Directors Report
December 21, 2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Lucy Kasdin, LCSW Interim Director

SUBJECT: Director’s Report

Program activity update since the 11/2018 HCH Commission meeting:

1. **Strategic Plan**

The strategic plan will be presented for review in the December AHCH Commission meeting. ACHCH leadership is committed to ensuring that the strategic plan is a living document that drives and informs our work. In January we are holding a kick-off meeting with ACHCH managers to form committees charged with implementing areas of work within the plan. We anticipate continuing to bring the plan’s updates to the Committee for input and review over the coming year.

2. **Personnel**

We continue our work on several hires related to our direct services, which include a Behavioral Health Clinical Supervisor, Social Worker, Outreach Worker, and Psychiatric Nurse Practitioner to support our outreach medicine efforts in Oakland. The Social Worker has been hired and will begin with our direct service team in January. We anticipate having the remaining positioned hired by late Spring 2019.

3. **Quality**

ACHCH is working with our CCAB and Bright Research Group to develop a patient experience survey. The survey was initially piloted at the Trust Clinic and following a presentation to the ACHCH Quality Committee the pilot is in the process of expanding across ACHCH contracts.

4. **Operational Site Visit**

ACHCH leadership is in discussion with HRSA and in the process of submitting our initial work plan. We still have some considerations re: AHS governance structure, which is deferred to in-person meeting at this commission meeting.

5. **Contracts**
a. Street Medicine: ACHCH will release an RFP for street medicine services on January 28, 2019, with new services planned to begin July 1, 2019. The RFP will combine money from the two current street medicine contracts, as well as outside resources, to increase our overall funding towards street based medical services.

b. AHS/Sub-recipient: We are currently in the process of finalizing the AHS contract and sub-recipient agreement

c. Mobile dental: Following the RFP process, On-Site Dental Foundation was awarded the mobile dental contract. The new expanded contract will begin January 1, 2019.

Sincerely,

Lucy Kasdin, LCSW
Interim Director
Alameda County Health Care for the Homeless
Lucy.kasdin@acgov.org
510-891-8903
Health Care for the Homeless Commission
Executive Committee Call
Dec. 10, 2018

Present: Commissioners boona cheema and Lynette Lee; HCH staff Dr. Jeffrey Seal, David Modersbach, Lucy Kasdin; consultant Luella Penserga.

1. Staffing

JS reviewed options for filling the HCH director position: (1) to go through a promotional hire with the current interim director, or (2) open up recruitment for internal candidates or broader to all. LK is the interim director position. The Committee agreed to go forward with an initial interview of LK by 4 Commissioners as a precursor to beginning the County promotional hire process. Exec committee and committee chairs will interview. Next steps: JS will recap these next steps with the full Commission at the December 21 meeting and work with OR to schedule the interview.

2. Alameda Health System Sub-Recipient (HRSA Grant)

Addressing HRSA concerns about sub-recipient oversight entails the following: (1) AHS establishes a consumer-majority commission and (2) AHS designates a sub-recipient lead person who has oversight over the CFO and CMO, i.e., Delvecchio Finley, CEO or other C-suite executives, e.g., Dr. Jamaladdine, CMO, Mike Moye General Counsel, etc. Next steps: JS will provide a brief written summary for the Dec 21st meeting.

3. Prep for Next Commission Meeting (Dec 21)

Agenda items:
1. Consent agenda
   a. approval of HCH contracts
   b. AHS subrecipient policies and procedures for AHS
2. Director’s report, incl status of the director.
3. HRSA site visits follow up. HCH’s 3-year continuation grant is due to HRSA by Sept. 2019.
4. Committee – no discussion needed. Distribute the written meeting notes.
4. Joint Commission /CAB meeting: Staff will present highlights of the final strategic plan, and will solicit feedback about the plan through January.

Next steps: DM to develop the Dec 21 agenda. DM will forward a draft agenda to Exec Committee for review before the Jan 14 Exec committee call.

4. Committees

- LP provided a table to monitor the status of committees (see below).
- Street health committee will meet before Dec 21 to clarify its focus which so far is 1) prevent eviction of encampments, (2) basic sanitation conditions, (3) housing options for people.
Next steps: LK to work with OR to schedule the Street Health committee before Dec 21. LP and OR will add Lois to the Exec Committee and will send reminders prior to monthly calls.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Commissioners</th>
<th>Lead Staff</th>
<th>Next meeting</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality*</td>
<td>Michelle Schneiderrmann, MD, Sam Weeks DDS, Laura Guzman.</td>
<td>Jeffrey Seal, MD, Theresa Ramirez</td>
<td>Met Mon 11/5</td>
<td>Quarterly schedule to track clinical measures, inform clinical programming.</td>
</tr>
<tr>
<td>Street Health</td>
<td>boona cheema, Lynette Lee, Gloria Cox-Crowell.</td>
<td>Lucy Kasdin, David Modersbach</td>
<td>Met Tues 12/4 at 3pm.</td>
<td>Communication w/BOS, advocacy protocol, CCAB.</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>boona cheema, Lynette Lee, Lois Bailey-Lindsey</td>
<td>Lucy Kasdin, Jeffrey Seal MD Luella Penserga</td>
<td>Met Mon 12/10 at 12:00-1:00 pm</td>
<td>Keeping us organized and moving.</td>
</tr>
</tbody>
</table>

*Committee priorities should address HRSA compliance.

5. Commissioner Applications

There are 3 candidates. Exec Committee conducts the initial screening (i.e., Chair receives the nominee information and shares with Exec, Exec recommends nominees to be interviewed).

Next steps: DM will remind candidates to submit resumes, applications, conflict of interest form.

Next Executive Committee Call: Monday, January 14, 12:00 – 1:00 pm

Notes by Luella J. Penserga Consulting
<table>
<thead>
<tr>
<th>Item</th>
<th>Important Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction:</strong>&lt;br&gt;Participants/Members: Jeffrey Seal, Theresa Ramirez, Luella Penserga, Omar Rascon, Michelle Scheidermann, Sam Weeks</td>
<td>11:00AM</td>
</tr>
<tr>
<td><strong>Meeting Recurrence:</strong>&lt;br&gt;Clinical committee agreed to meet on a quarterly basis, and add Laura Guzman to committee; however, we should research bylaws to determine if addition would require Brown Act.</td>
<td>Omar Rascon to schedule quarterly meetings for 2019.</td>
</tr>
<tr>
<td><strong>How to Use HCH Data to Report-Back to Commission:</strong>&lt;br&gt;There was a discussion around current Dashboards used by HCH and how to pull data from them to provide commission with contract objectives, balances, metrics, and other patient activity data.</td>
<td>There are a series of meetings and work-groups that will be scheduled soon with AHS and HCSA/HCH Executives. Efforts will be discussed around how to draft and implement contract that is designed to report back to HCH when monitoring. Committee should explore efforts and strategies to capture health profile of homeless population with the purpose to re-design street medicine programs.</td>
</tr>
<tr>
<td><strong>HCH System Challenges and Program Overview:</strong>&lt;br&gt;There was a discussion around the sub-recipient agreement and contract monitoring with Alameda Health Systems (AHS). AHS uses different metrics, and contractor wanted to use their metrics instead of RBA measures. The challenges include taking contract monitoring and finding a point-of-contact that can support HCH’s inquiries and requests to modify contract. The mobile van is a different contract, and AHS is responsible for providing medical services from HCH Mobile Van. Currently, HCH is working on implementing phases to begin monitoring AHS contract and address findings of HRSA OSV. AHS is currently working on implementing new database to accommodate the needs of HCH and measure quality metrics. Quality Work-Plan should be completed by beginning of 2019, and will include RBA Measures. Eventually, RBA measures will be used across HCH system to monitor contractor patient activities. There was a discussion around FQHC Status, and ways to request AHS to provide clinic operations in the event FQHC status is withheld.</td>
<td></td>
</tr>
<tr>
<td><strong>HCH Quality Committee:</strong>&lt;br&gt;All contracts who receive $50,000 or more are required to participate in Quality Committee, and Theresa Ramirez’ role is to manage quality committee.</td>
<td></td>
</tr>
<tr>
<td><strong>H. ADJOURNMENT/QUESTIONS</strong></td>
<td>12:00PM</td>
</tr>
<tr>
<td>Item</td>
<td>Important Updates</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| **Introduction:**  
Participants/Members: David Modersbach, Alexander Martin, Luella Penserga, Omar Rascon, Fr. Rigo Caloca Rivas, Louis Bailey-Lindsey | 3:00PM |
| **Meeting Recurrence:**  
Finance committee agreed to meet on a quarterly basis at the beginning of each quarter. The meetings will be scheduled first Friday over every quarter. | Committee agreed to meet January 11, 2019 from 9:30-11AM.  
Omar to schedule future meetings; committee agreed to meet Quarter 1st Friday from 9:30-11AM. |
| **Goals for Finance Committee:**  
There was a discussion around county finance protocol. The purpose of the committee is to review financial reports, review policies related to finances, present policies to the board for review, and provide input throughout the development of program budget narrative prior to submitting to HRSA for final approval.  
Questions to consider:  
- How are we spending our federal budget?  
- What are our strategies to spend down funding?  
- How can we shape our commission to reflect HRSA OSV Findings? | Committee to send questions to Omar and David in advance, and items will be discussed during our next meeting. |
| **Regularity and Content of Finance Committee Meetings:**  
Items to be covered during quarterly meetings:  
- January 2019: review of the calendar year budget  
- April 2019: review of the county budget and memo of effort  
- July 2019: presentation of HRSA Grant for commission approval  
- October 2019: spend down efforts  
Finance Committee would like to know more about the contracts, deliverables, and organizational overview. The scope of the committee would be helpful to guide development, and provide finance recommendations to program. Also, there should be a clear distinction of what is not to be included to the scope of responsibilities. Alexander Martin, HCSA Finance Manager, provided overview of county procurement and finance structurer. Also, documents with program finance overview were provided for review. | Committee would like to develop a format to report-back to the commission.  
Committee would like to receive more information regarding contract information; such as budget, contract terms, deliverables, organization history, etc. |

H. ADJOURNMENT/QUESTIONS | 4:00PM |
Street Health Committee Meeting

12/4/2018

Agenda and Minutes

1. Next steps re letter
   a. priority issues
   b. Homeless Council
   c. Supervisors
2. Protocol for advocacy
3. Best ways to engage CCAB
4. Scope and direction of the St. Health Committee

The HCH Street Health Committee had a discussion about the Encampment Letter, and homeless services in general, especially around the Alameda County Homeless Council and Coordinated Entry system. The Committee members decided to request a follow up meeting with HCH Interim Director Lucy Kasdin to be held in mid December to get more specific information to help guide their next steps.
Tab 6

Action Item: Approve Submission of HRSA Governance Action Plan
December 21st, 2018

TO: Alameda County Health Care for the Homeless Commission

FROM: Jeffrey Seal, MD, Medical Director

SUBJECT: AHS Governance Condition

Dear HCH Commissioners,

I’m writing to give a brief background on concerns regarding the AHS governance condition from the recent HRSA operational site visit, as well as to ask for your support in moving the issue forward.

As you are aware, the main finding from the recent HRSA audit was that our governance structure ratified in the co-applicant agreement is no longer valid, and AHS is responsible for developing a separate governing board, which will have authority over their health center. HCH leadership feels strongly that this is an opportunity of utmost importance.

While we are committed partners with AHS, HCH has struggled for years to gain enough traction to significantly shift services offered in AHS ambulatory care centers. As a sub-recipient of our grant, AHS receives enhanced reimbursement for the treatment of complex populations, which obligates them to develop services that are tailored to the needs of people experiencing homelessness. While AHS’s role in the safety net is crucial, there is a long way to go in regards to improving homeless client experience through offering services such as housing coordination, flexible hours and appointments, and most importantly, effective recording of housing status to ensure accurate population data.

HRSA’s recent governance finding effectively stated that the HCH Commission is not positioned to exercise authority over the AHS ambulatory services; therefore, a structure needs to be in place to ensure AHS is compliant with all HRSA regulations. If created thoughtfully, this structure can ensure not only compliance, but it can also ensure that homeless patients have strong advocates in overseeing the development of services, especially considering that AHS is required to have a 51% majority of patients on the board.

In working with AHS leadership in drafting a proposed governance structure, AHS suggested an organizational chart that nominates the AHS Practice Manager currently leading the AHS Homeless Coordination Office to be the AHS health center Project Director. HCH leadership is strongly opposed to this: First, this does not meet HRSA compliance manual standards. Chapter 11-
Management Staff clearly states that the health center Director must be someone who manages other key staff, which includes CFO, CMO, etc. Second, in order for this AHS Co-Applicant Board to have authority and to effectively impact services for patients experiencing homelessness, the Project Director needs to be someone who has authority over all places where HCH patients are treated in the ACHCH scope of services at AHS. Our main concern is that the Co-Applicant Board is being set up to simply check a compliance manual box, and we are wholly against that.

On several occasions, we have provided AHS with this feedback, and thus far, they have conveyed that it is their decision to make. We have been clear with them that our main finding from HRSA on the recent OSV was to ensure AHS compliance. AHS recently submitted their draft proposal to us, and it did not include our recommended changes. Our HRSA Project Officer recently requested we submit draft language early so that we can review with them prior to submission. On a conference call with HCH leadership, the Project Officer was clear that the current AHS governance structure does not meet requirements and that the director position must be occupied by someone with authority—the CEO, CMO, or the CAO of ambulatory services has been suggested. She also emphasized the seriousness of non-compliance lest risk an additional OSV at the end of 2019 instead of 2021.

We have moved forward with notifying AHS of the discussions with our HRSA Project Officer, and we are asking them to resubmit a revised governance structure. I am writing to both inform you of these details, as well as to ask for your advocacy now and moving forward. For now, I am hoping that you will strongly back HCH leadership in ensuring that an effective and authoritative governance structure is set up. Moving forward, I am asking that you regularly review the development of the AHS Co-Applicant Board and work hard to develop a relationship with it to inform their decision-making as they oversee AHS ambulatory care services.

Sincerely,

Jeffrey Seal, MD
Medical Director
Alameda County Health Care for the Homeless
Jeffrey.Seal@acgov.org
510-891-8920