Alameda County Health Care for the Homeless Commission
Friday July 19, 9:00am-11:00am
Alameda County Health Care Services Agency
1000 San Leandro Blvd #325, San Leandro CA 94577
AGENDA

Item	Presenter	TAB	Time
A. CALL TO ORDER 1. Welcome & Introductions 2. Adopt agenda	Boona cheema Chair HCH Commission		9:00 AM 5 min
B. CLOSED SESSION 1. No Closed Session.			
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda			5 min
D. CONSENT AGENDA • Review and Approve Minutes of 6/21/19 and 6/25/19 HCH Commission meetings		TAB 1	5min
F. HCH Program Director Report – Lucy Kasdin: HCH Program Update ACHCH Quality Program Update G. AHS Subrecipient Report	Lucy Kasdin LCSW, HCH Director Heather MacDonald Fine, AHS Homeless Coordination Office	TAB 2 TAB 3	20 min 10 min
H. HCH Commission Orientation: ACHCH HRSA Services Area Competition 2020-2022 Overview	Lucy Kasdin LCSW HCH Director	TAB 4	10 min
I. REGULAR AGENDA 1. **Action Item**: ACHCH Contract review and approval: Lifelong Downtown Oakland Street Health https://www.achch.org/commissioners---private.html 2. **Action Item:** Change in Scope Submission Approval: ACHCH Street Health mobile sites (E.Oak, Central, South County, Downtown). 3. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board 4. Executive Committee report 5. Street Health Committee 6. Budget/Finance and Contracts Committee 7. Clinical Committee 8. Other HCH Commission Business	Boona cheema Chair HCH Commission Boona Cheems, Chair HCH Commission Sam Weeks DDS, CCAB Board Chair Lois Bailey Lindsey and Laura Guzman Lynette Lee Lois Bailey Lindsey Michelle Schneidermann MD	TAB 5 TAB 6 _____	5 min 10 min 5 min 5 min 5 min
J. OTHER ITEMS 1. Discussion: Recruiting new members of HCH Commission 2. Items for upcoming agendas: **Next Meeting: Joint HCH Commission/HCH CCAB meeting** Friday August 9, 9-11am, 1404 Franklin Street, Oakland CA			5 min 10 min
K. ADJOURNMENT			11:00 AM

* Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting

Tab 1:
Draft Minutes скнм/19 l-yŘ скнрк
Commission Meeting

Alameda County Health Care for the Homeless Commission Meeting
Tuesday June 25, 2019 10:00am -10:30am
MINUTES

HCH Commissioners Present	Absent:	County Staff/Partners Present:
Lynette Lee	Gloria Crowell	David Modersbach HCH Program
Claudia Young	Denise Norman	
Lois Bailey Lindsey	boona Cheema (chair)	
Michelle Schneidermann		
Fr. Rigo Caloca-Rivas		
Laura Guzman		
Shannon Smith-Bernardin		
Ana Bagtas		
Samuel Weeks DDS		

Item	Discussion/ Recommendations	Action
A. CALL TO ORDER 1. Introductions 2. Adopt agenda	Meeting Chaired by vice-Chair Lynette Lee . Convened 10:05am Adopt agenda – Agenda adoped by Commission.	**Motion:** S.Smith-Bernardine; Second: S.Weeks Yea: unanimous
B. CLOSED SESSION	No Closed Session.	
C. PUBLIC COMMENT**	No Public Comment.	
D. CONSENT AGENDA	**Action Item:** Revised HCH Commission-HCSA Co-Applicant Agreement HCH Commissioners discussed the new version of the ACHCH Commission/HCSA Co-Applicant Agreement. Commissioners appreciated having time to closely review the red-lined version. David gave overview of key differences in documents (AHS Board of Trustees removed as a co-signer, additional updated language from HRSA Health Center Compliance Guide, and termination language.). Fr. Rigo Calocas-Rivas gave feedback around wording and language of contract. All agreed that legal document is long, but precise. David gave overview of foundational documents of the Commission (Co-Applicant Agreement, County Ordinance to Establish Commission and initial By-Laws), all contain same base language, but the HCH Commission has the ability and authority to keep changing the Bylaws as needed. All Commissioners agreed that the language is satisfactory, and there is no language that presents problems or issues. Motion to approve Co-Applicant Agreement made by Laura Guzman, seconded by Sam Weeks. Unanimous support of motion.	**Motion:** L.Guzman; second, S.Weeks Yea: unanimous
ADJOURNMENT	Meeting adjourned at 10:26am.	11:00 AM

Alameda County Health Care for the Homeless Commission Meeting

Friday June 21, 2019 10:00am -12 noon

DRAFT MINUTES

HCH Commissioners Present	Absent:	County Staff/Partners Present:
Lynette Lee	Fr. Rigo Caloca-Rivas	Lucy Kasdin LCSW, HCH Interim Director
Claudia Young	Gloria Crowell	Jeffrey Seal MD, Medical Director
boona Cheema (chair)	Denise Norman	Heather MacDonald Fine AHS
Lois Bailey Lindsey		David Modersbach ACHCH
Michelle Schneidermann		Theresa Ramirez ACHCH
Laura Guzman		Will Keola-Thomas RN
Shannon Smith-Bernardin		
Ana Bagtas		
Samuel Weeks DDS		

Item	Discussion/ Recommendations	Action
A. CALL TO ORDER 1. Welcome & Introductions 2. Adopt agenda	Meeting Chaired by vice-Chair Lynette Lee . Convened 9:05am Adopt agenda – Agenda adoped by Commission.	**Motion:** L.B.Lindsey Second: C.Young Yea: unanimous
B. CLOSED SESSION	No Closed Session.	
C. PUBLIC COMMENT**	Will Keola-Thomas RN a nurse from SF introduced himself and shared interest in HCH program homeless outreach services.	
D. CONSENT AGENDA	Review and Approve Minutes of 5/17/19 HCH Commission meeting	**Motion:** L.B.Lindsey; second, S.Weeks Yea: unanimous
E. HCH DIRECTOR REPORT	ACHCH Director Lucy Kasdin presented Director's Report. **Personnel**: ACHCH Program has hired a new Finance Manager. Omar Rascon is leaving for a new position 7/1/19 **Operational Site Visit** conditions almost cleared, based on approval of CO-Applicant Agreement **HRSA Services Area Competition**: Will be presented to Commission on 7/19/19 in draft form for comments and in final form on 8/9/19 for approval **Street Health Contracts**. Contracts went to BOS on Tuesday 6/18 for approval in principal for funding and to move contracts along, approval given to BOS to give HCSA Director Colleen Chawla authority to approve contracts based on approval of contracts by HCH Commission	

	today.ACHCH staff is advocating with Colleen about creating a standard model – shifting the model – shifting to multidisciplinary teams (including BH/SUD) covering a specific geographic region – focus on coordination. Consistent model used across the County to increase standard approaches, consistent delivery of services at targeted sites, etc. We need to be ready to explain our model to different stakeholders in technical terms. Commssion discussed the HCH Street Health model, and agreed to continue to be strong in supporting our model. Important to remember that the HCH Commission is THE governing authority of our Scope of Project. Commissioners disturbed by offers made to contractor ROOTS, but still affirming their decision of 5/17/19 that ACHCH health center funding would only be extended through 7/1/19 for ROOTS. HCSA has allocated other funding for continuation of ROOTS contract through rest of CY19. Discussion of oversight/monitoring of ROOTS contract performance for rest of CY. Who will take on that duty? As long as ROOTS services on ACHCH Scope of Project, then ACHCH should have a role in that, but oversight arrangements are still being negotiated by HCSA/Alliance. **Oral Health Needs Assessment** recommendations will be presented to HCH Commission in July meeting. **Extreme Weather and Air Quality Emergencies**. ACHCH activated cooling center/heat response last week. Staff working with ACPHD and County-wide planning on communications for extreme weather (heat and smoke) responses. Goal is to move the organizing of cooling center and communication up to a coordinated countywide response.	
G. AHS Subrecipient Report	**G. AHS Subrecipient Report** Heather MacDonald Fine of AHS Homeless Coordination Office presented: The AHS Co-Applicant Board is officially seated and had their first meeting. They meet on the second Tuesday of each month 5:30pm at AHS HGH Hospital. Moving forward on recruiting and hiring a AHS Health Center Director for homeless subrecipient services. Discussion of AHS Budget process and funding issues in near future especially with loss of PRIME funding, possible $65M deficit forseen. AHS leadership evaluating where cuts would have to come from. News Article here.	
H. HCH Commission Orientation: ACHCH Contracts Overview	Grants Manager David Modersbach provided an overview of ACHCH health center contracts for this upcoming year. Commissioners gave feedback on improving presentation of contracts (newly edited version available here). **Homeless Vendor Pool:** Discussion of West Oakland Street Health contract which is under process to use new County Vendor Pool. On May 21, 2019, the Board of Supervisors approved a Master Contract with the Housing Solutions for Health Vendor Pool (Vendor Pool). The Vendor Pool is designed to accelerate the pace of contracting with qualified homeless	

	service and housing providers, as part of our ACGOV Vision 2026 to end homelessness in the County by 2026. Currently there are 25 vendors who are qualified into the Vendor Pool and are available for immediate contracting. Additional vendors who qualify into the Vendor Pool will be added on a rolling basis. Health Care Services Agency (HCSA) Special Projects Office will be administering the Vendor Pool selection and contracting process while Programs/Departments will be responsible for contract oversight, monitoring and payment. Lifelong West Oakland Street Health contract is new to the Commission and is under process to use new County Vendor Pool, ACHCH plans to incorporate this team into our Street Health operations and utilize non-Federal/grant MHSA funding for this team. This contract will come to the HCH Commission in the near future for consideration and approval. The idea is that with a standard, scaleable approach, the ACHCH program could reproduce many more Street Health teams that are geographically focused, using the Vendor Pool to streamline contracting and procurement. Emphasis placed on the need for South/East County/Tri-Valley area Street Health Teams, Commissioner Young shared that Livermore Pleasanton are interested in funding this approach.	
I. REGULAR AGENDA 1. New HCH Commissioner Approval: Approve Julie Lo as an HCH Commissioner 2. Action Item: ACHCH Contract review and approval: 3. Revised HCH Commission-HCSA Co-Applicant Agreement 4. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board 5. Report back from NHCHC Conference DC 6. Executive Committee report 7. Street Health Committee 8. Budget/Finance and Contracts	I. REGULAR AGENDA 1. **New HCH Commissioner Approval: Approve Julie Lo as an HCH Commissioner**. Commission voted unanimously to appoint Julie Lo as Commissioner. 2. **ACHCH Contract Review and Approval:** Commission reviewed the following contracts: AHS Subrecipient Agreement; Lifelong TRUST Clinic, Lifelong Street Health (E.Oakland), Tri-City Health Center Street Health (S.County), Tiburcio Vasquez Street Health (Central County), Fruitvale Optical. ROOTS extension was approved with ACHCH funding through 6/30/19 only. Commission voted unanimously to approve the above contracts. 3. **ACHCH Commission Co-Applicant Agreement** Commission reviewd and discussed the new draft of the Co-Applicant Agreement. Staff gave overview of key differences in documents (AHS Board of Trustees removed as a co-signer, additional updated language from HRSA Health Center Compliance Guide, and termination language.). After discussion, Commissioners requested more time to review document edits in red-lin format. A special meeting was set for Tuesday 6/25/19 at 10:00am, and ACHCH staff will ensure that the meeting is publically noticed. 4. **CCAB Update:** CCAB reviewing mid-pilot Patient Experience process and results. CCAB does have feedback especially in terms of using the Pat Ex process to get more details of what is not going well vs. what is going well for	**Motion:** L.Guzman Second: C.Young Yea: unanimous **Motion:** L.Guzman Second: LB.Lindsey Yea: unanimous

Committee 9. Clinical Committee Other HCH Commission Business	patients. Discussion of Kimberlee Burks' life, contributions and her passing last month. She will be missed, and staff, CCAB members and Commission are exploring how to learn from her passing to strengthen and support persons who have formerly experienced homelessness and continue to work in this field. Shared Certificate from EveryOne Home PITC. Joint HCH CCAB/Commission meeting scheduled for Friday August 9, 2019 9:-11am. 1404 Franklin Street. 5. **Report Back from NHCHC:** Lois Bailey Lindsey and Laura Guzman, Shannon Smith- attended from HCH Commission. Valuable conference and a great look at NHCHC approaches nationwide, impressed with extent of ACHCH involvement, including both HCH CCAB consumers Sabrina Fuentes and Jeannette Johnigan, and consumer involvement nationwide. Significant discussion and emphasis at conference on equitywork and especially in confronting racisim in our work. Sam reminded all about the importance of HCH Commissioners and CCAB members to attend conferences along with staff. 6. E**xecutive Committee** Met last week, discussion of possible HCH Commission retreat, recruitment, approval of Julie Lo. 7. **Street Health** Committee met once, working to update encampment standards document. 8. **Budget and Clinical** committees did not meet.	
I. OTHER ITEMS 1. Items for upcoming agendas:	• **Next Meeting: Discuss possible HCH Commission Retreat in Fall.** • **Special Phone Meeting Tuesday 6/25/19 10:00am** Review Approval of Co-Applicant Agreement. • **Next Meeting: HCH Commission meeting** Friday July 19, 9-11am, 1000 San Leandro Blvd, San Leandro. Agenda will include QI update, review of SAC submission. • **August 9, 2019** Joint HCH Commission/HCH CCAB meeting 9-11am 1404 Franklin Street #200 **NOTE TIME AND DATE CHANGE**! (Agenda will include PITC presentation, Approval of SAC submission)	
H. ADJOURNMENT	Meeting adjourned at 11:12AM. MINUTES APPROVED BY UNANIMOUS VOTE OF HCH COMMISSION 7/19/2019 Verified by Lois Bailey Lindsey, HCH Commission Executive Committee Secretary _____ Date:_____	11:00 AM

Tab 2:
HCH Director Program Update

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

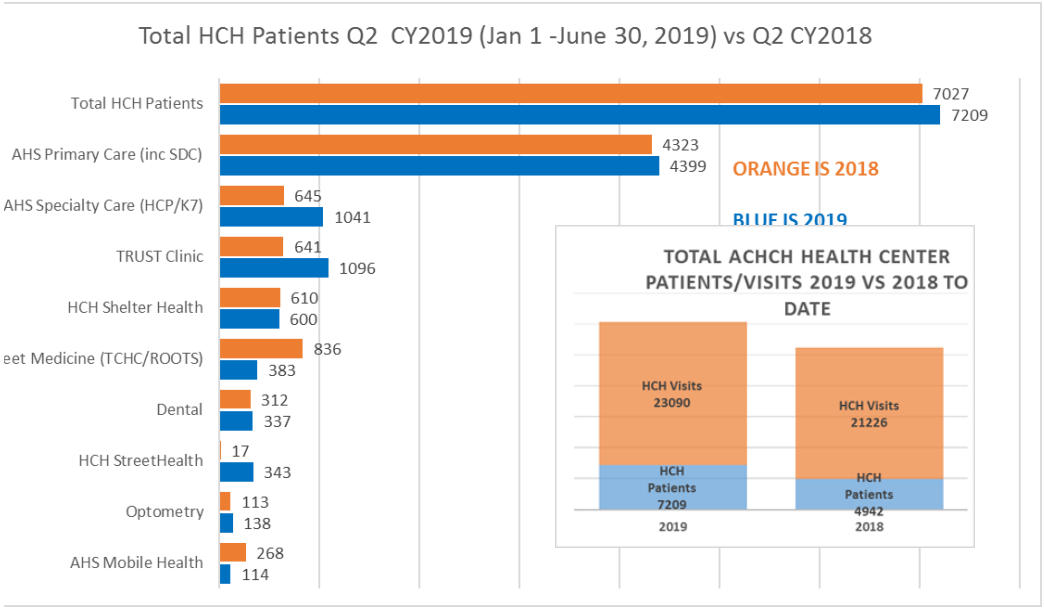
July 19, 2019

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

Program activity update since the 6/2019 HCH Commission meeting:

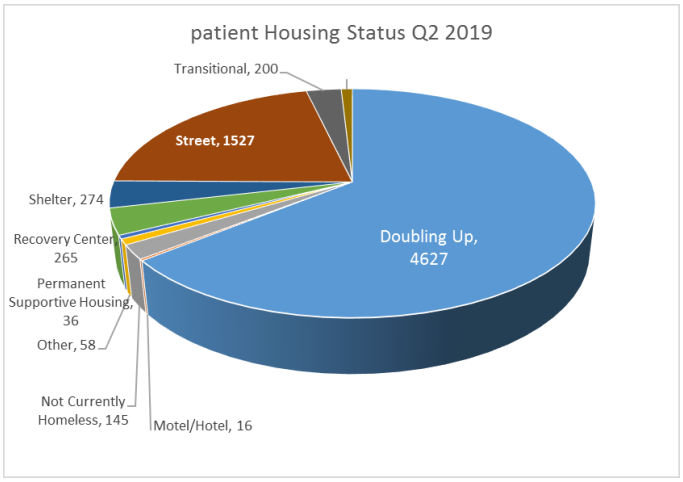
Quarterly Program Dashboard:

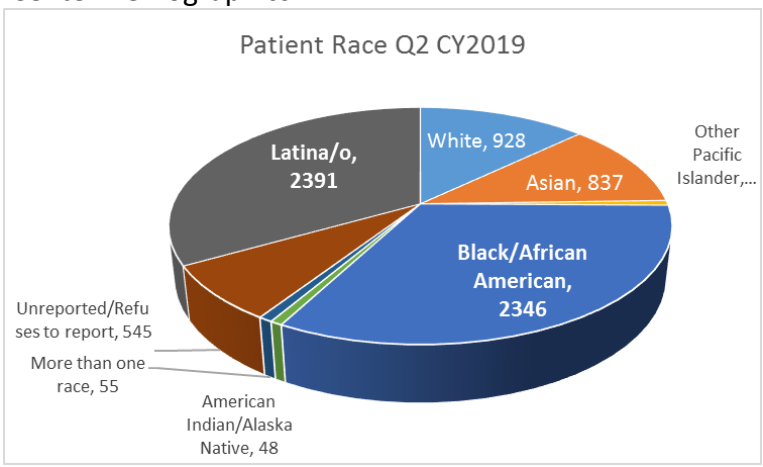
ACHCH Health Center Dashboard Q1/Q2 CY2019 (January-June 2019)



	CY2019 to date	
Site	Patie	Visit
AHS Mobile Health	114	180
Optometry	138	138
HCH StreetHealth	343	1135
Dental	337	939
Street Medicine (TCHC/ROOTS)	383	646
HCH Shelter Health	600	1286
TRUST Clinic	1096	6982
AHS Specialty Care (HCP/K7)	1041	1605
AHS Primary Care (inc SDC)	4399	10352
Total HCH Patients	7209	23090

CY 2019 Q2 Health Center Demographics





1. Strategic Plan

A full report of the programs achievements and milestones the second quarter of 2019 is included in the meeting packet.

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

We are excited to announce that Janice Edwards has joined our team as the Finance Manager effective July 1. We are working to hire an Administrative Assistance following the departure of Omar Rascon. In addition, we are still in the process of reclassifying several positions to enhance and support our growing direct services including a Senior Pharmacist, RN II and Behavioral Health Clinician.

3. Operational Site Visit (**Strategic Area:** Health Center Compliance**)**

ACHCH submitted documentation from the AHS Co-Applicant Board and the Governance Structure to HRSA. Pending acceptance ACHCH has no further outstanding OSV conditions.

4. Quality (**Strategic Area:** Clinical Care)

   a. Since the Quality Workplan was finalized in July 2018, ACHCH has successfully implemented Result-based Accountability (RBA) across all our contracted services. To date, we have received rich data and Contractor feedback that will inform ongoing quality reviews and refinement of RBA measures across service deliver models.
   b. ACHCH will complete CCAB-derived patient experience survey tool pilot in August. Results will be presented to the CCAB and Contractors in October along with a Consumer feedback training. The results thus far has demonstrated limited utility for quality improvements and require further discussion.
   c. ACHCH finalized a restructuring of the Quality Committee. Moving forward, there will be quarterly meetings with Contractors. In addition, the internal Quality structures has been significantly increased to include the following:
      i. Quarterly Compliance and Monitoring site visits at AHS
      ii. Bi-Annual Deep Drives presentations to internal Quality Committee.
      iii. Bi-Annual Deep Drives conducted at each Contractors site.
   d. In July ACHCH will be holding the kick-off event for a Street Health Learning Community. Over the past several months the ACHCH leadership team has worked to develop a Street Health manual and training plan to support the success of our new model.

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

Dr. Jeffrey Seal was an author on an article in Psychiatry Online, along with a former UCSF Fellow Dr. Colin Buzza who was instrumental in starting our StreetHealth team. The article highlighting the

cutting-edge work ACHCH is doing to provide Buprenorphine treatment for homeless individuals. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.70701

6. Needs Assessment (**Strategic Area**: Clinical Care and Leadership and Advocacy)

a. Dental:

ACHCH has finalized the Dental Needs Assessment under the leadership of Dr. Amanzadeh, our Dental Consultant. We are currently in the process of developing a plan to prioritize and implement recommendations including strengthening quality measures in contracts, adding a consulting Dental Director, formalizing a dental case management policies and procedures, and negotiating the role of AHS Dental Clinic on the ACHCH Scope of Project.

b. Shelter Health:

ACHCH is in the middle of a Shelter Health Needs Assessment to gather information about the strategies other counties and HCH programs use to bring services to shelter residents and what shelters in Alameda County need most to support access care to for their residents. The final report and recommendations will be used to clarify AHCHC program resources, role and strategies to increases access to medical care in shelters.

c. Family Impact of Homelessness:

ACHCH and Public Health Department staff from Family Health Services and Community Assessment, Planning and Evaluation (CAPE) are conducting a needs assessment of services for families with children 0-5 (including pregnant women). The goals include creating an evidence base for advocating for health care and housing services for pregnant women and families with young children who are homeless or at risk of experiencing homelessness; Identify services and gaps; tailor upstream and downstream programs to address gaps; and Identify opportunities to influence policy and distribution of resources for housing insecure pregnant women and families with young children.

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

a. LifeLong: ACHCH is currently working with AC3 on Medical Respite services in partnership with Lifelong Medical. LifeLong is currently renovating a facility to provide medical respite services for 27 people on Adeline Street. The new respite program is anticipated to begin accepting patients September 1, 2019.

b. Alameda Point Collaborative: ACHCH continues to provide support to this medical respite project. Currently we are participating as members of the senior advisory council, as well as assisting in procurement procedures. In addition, we are working with HCSA leadership to clarify capital investment.

Sincerely,

Lucy Kasdin, LCSW
Director

Tab 3
AHS Subrecipient Report

ALAMEDA HEALTH SYSTEM

July 15, 2019

TO: Alameda County Health Care for the Homeless Commission

FROM: Heather MacDonald Fine MHA, Practice Manager/Interim Project Director for the Alameda Health System (AHS) Health Care for the Homeless Center

SUBJECT: Monthly Sub-recipient Report

This report uses categories of the Alameda County Health Care for the Homeless Program (AC HCHP) strategic plan 2019-2021 to show how AHS Health Care for the Homeless Center activities align with AC HCHP strategic priorities.

1. Health Center Compliance (Improve compliance, contracting, sub-recipient management, effectiveness of quality improvement program)
    a. Two monitoring visits completed YTD. Monitoring visit re: Quality scheduled for July 29, 2019. No corrective actions pending/required.
    b. Alameda Health System (AHS) has submitted the 2020 budget per request by AC HCHP for the upcoming service area competition.
2. Health Center Needs and Resources Coordination (Strengthen the functioning of governing and consumer advisory boards, leverage/increase non-HRSA funds)
    a. To date, AHS Co-Applicant Board (CAB) elected a chair adopted the by-laws and approved the co-applicant agreement and participated in orientations on roles, responsibilities, budget process, Robert's rules, Brown Act and more.
3. Community Awareness and Marketing (Communicate services, information, resources)
    a. All AHS CAB materials are posted on the AHS website.
4. Clinical Care (Best practices/Increase capacity for medical respite, dental, optometry)
    a. Visit volume at AHS for CY 2019 appears roughly 12% above last years visits due to the scope expansions for multiple specialty care services.
    b. The AHS Mobile care team have completed training related to harm reduction, motivational interviewing and/or crisis prevention.
5. Data and Integrated Technology
    a. EPIC trainings scheduled for all uses. EPIC launches for AHS on September 29.
6. Leadership and Advocacy (Increase representation and subject matter expertise in county decision making processes)
    a. Heather MacDonald Fine sits on the NOFA Committee for Alameda County.
    b. Medical Director (Project Director) position .5 FTE administratively added to the AHS systems. The function of the position and agreement on the job description is in negotiation. AC HCHP is paying for .5 Medical Director for the AHS Health Care for the Homeless Center from non-federal funding (local AC3 funding).

Tab 4

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Alameda County Health Care for the Homeless
Health Care Services Agency

ACHCH HRSA 2020-2022 Services Area Competition (SAC) Overview & Review

ACHCH Director Lucy Kasdin
ACHCH Commission Meeting
July 19, 2019

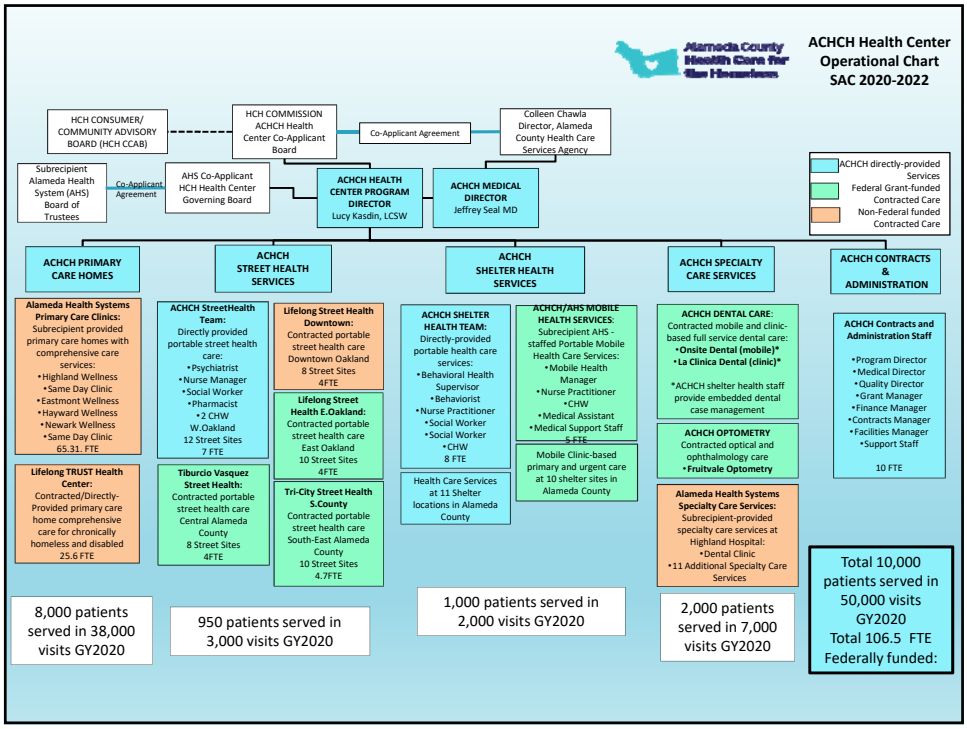
Alameda County Health Care for the Homeless
Health Care Services Agency

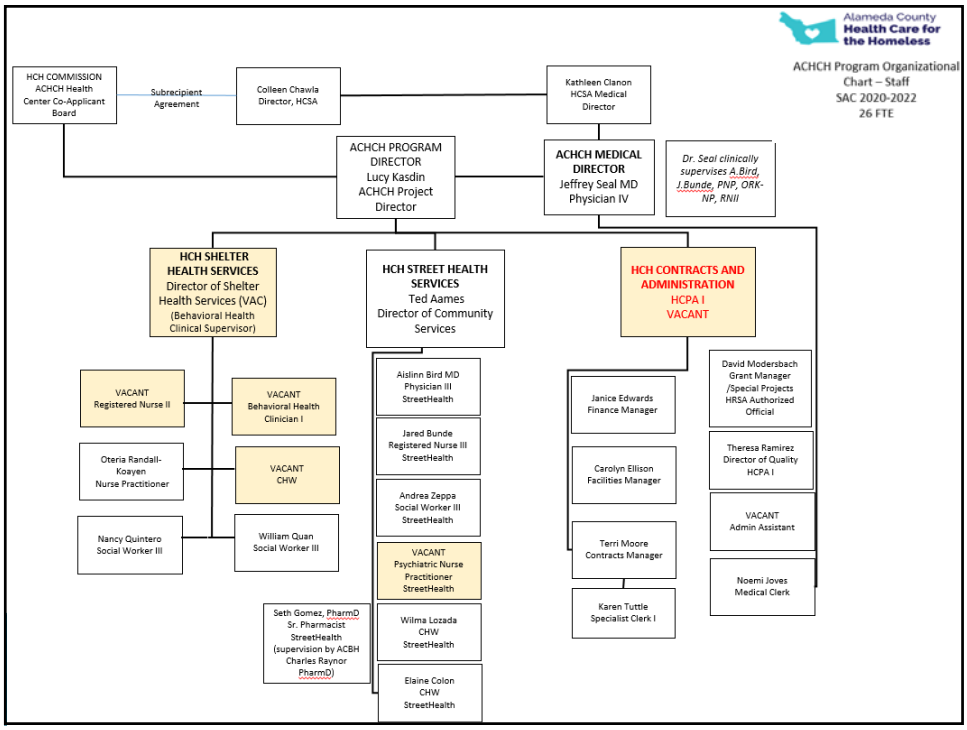
HRSA Services Area Competition

- Competitive SAC proposal submitted every 3 yr Grant Period
- Grant Period: 1/1/2020 – 12/31/2022
- Base Federal Grant Award/Yr: **$3,983,982**

- **HRSA SAC Submission Includes:**
  - **Health Center Operations** (program specific info)
  - **Staffing**: (Federally-supported vs Non-Federal FTEs)
  - **Budget**: Grant Budget (federal) and Overall Health Center (non federal)
  - **Comprehensive Project Narrative**
  - **Performance Measures** and Patient Projections

- HCH Commission approval on Friday August 9. Will submit to HRSA after approval. Due August 14.


Alameda County Health Care for the Homeless
ACHCH Health Center Operational Chart SAC 2020-2022
HCH CONSUMER/ COMMUNITY ADVISORY BOARD (HCH CCAB)
HCH COMMISSION ACHCH Health Center Co-Applicant Board
Co-Applicant Agreement
Colleen Chawla Director, Alameda County Health Care Services Agency
Subrecipient Alameda Health System (AHS) Board of Trustees
Co-Applicant Agreement
AHS Co-Applicant HCH Health Center Governing Board
ACHCH HEALTH CENTER PROGRAM DIRECTOR Lucy Kasdin, LCSW
ACHCH MEDICAL DIRECTOR Jeffrey Seal MD
ACHCH directly-provided Services
Federal Grant-funded Contracted Care
Non-Federal funded Contracted Care
ACHCH PRIMARY CARE HOMES
ACHCH STREET HEALTH SERVICES
ACHCH SHELTER HEALTH SERVICES
ACHCH SPECIALTY CARE SERVICES
ACHCH CONTRACTS & ADMINISTRATION
Alameda Health Systems Primary Care Clinics: Subrecipient provided primary care homes with comprehensive care services: •Highland Wellness •Same Day Clinic •Eastmont Wellness •Hayward Wellness •Newark Wellness •Same Day Clinic 65.31. FTE
Lifelong TRUST Health Center: Contracted/Directly-Provided primary care home comprehensive care for chronically homeless and disabled 25.6 FTE
ACHCH StreetHealth Team: Directly provided portable street health care: •Psychiatrist •Nurse Manager •Social Worker •Pharmacist •2 CHW W.Oakland 12 Street Sites 7 FTE
Tiburcio Vasquez Street Health: Contracted portable street health care Central Alameda County 8 Street Sites 4FTE
Lifelong Street Health Downtown: Contracted portable street health care Downtown Oakland 8 Street Sites 4FTE
Lifelong Street Health E.Oakland: Contracted portable street health care East Oakland 10 Street Sites 4FTE
Tri-City Street Health S.County Contracted portable street health care South-East Alameda County 10 Street Sites 4.7FTE
ACHCH SHELTER HEALTH TEAM: Directly-provided portable health care services: •Behavioral Health Supervisor •Behaviorist •Nurse Practitioner •Social Worker •Social Worker •CHW 8 FTE
Health Care Services at 11 Shelter locations in Alameda County
ACHCH/AHS MOBILE HEALTH SERVICES: Subrecipient AHS - staffed Portable Mobile Health Care Services: •Mobile Health Manager •Nurse Practitioner •CHW •Medical Assistant •Medical Support Staff 5 FTE
Mobile Clinic-based primary and urgent care at 10 shelter sites in Alameda County
ACHCH DENTAL CARE: Contracted mobile and clinic-based full service dental care: •Onsite Dental (mobile)* •La Clinica Dental (clinic)* *ACHCH shelter health staff provide embedded dental case management
ACHCH OPTOMETRY Contracted optical and ophthalmology care •Fruitvale Optometry
Alameda Health Systems Specialty Care Services: Subrecipient-provided specialty care services at Highland Hospital: •Dental Clinic •11 Additional Specialty Care Services
ACHCH Contracts and Administration Staff •Program Director •Medical Director •Quality Director •Grant Manager •Finance Manager •Contracts Manager •Facilities Manager •Support Staff 10 FTE
8,000 patients served in 38,000 visits GY2020
950 patients served in 3,000 visits GY2020
1,000 patients served in 2,000 visits GY2020
2,000 patients served in 7,000 visits GY2020
Total 10,000 patients served in 50,000 visits GY2020
Total 106.5 FTE
Federally funded:


Alameda County Health Care for the Homeless
ACHCH Program Organizational Chart – Staff SAC 2020-2022 26 FTE
HCH COMMISSION ACHCH Health Center Co-Applicant Board
Subrecipient Agreement
Colleen Chawla Director, HCSA
Kathleen Clanon HCSA Medical Director
ACHCH PROGRAM DIRECTOR Lucy Kasdin ACHCH Project Director
ACHCH MEDICAL DIRECTOR Jeffrey Seal MD Physician IV
Dr. Seal clinically supervises A.Bird, J.Bunde, PNP, ORK-NP, RNII
HCH SHELTER HEALTH SERVICES Director of Shelter Health Services (VAC) (Behavioral Health Clinical Supervisor)
HCH STREET HEALTH SERVICES Ted Aames Director of Community Services
HCH CONTRACTS AND ADMINISTRATION HCPA I VACANT
VACANT Registered Nurse II
VACANT Behavioral Health Clinician I
Oteria Randall-Koayen Nurse Practitioner
VACANT CHW
Nancy Quintero Social Worker III
William Quan Social Worker III
Aislinn Bird MD Physician III StreetHealth
Jared Bunde Registered Nurse III StreetHealth
Andrea Zeppa Social Worker III StreetHealth
VACANT Psychiatric Nurse Practitioner StreetHealth
Wilma Lozada CHW StreetHealth
Elaine Colon CHW StreetHealth
Seth Gomez, PharmD Sr. Pharmacist StreetHealth (supervision by ACBH Charles Raynor PharmD)
Janice Edwards Finance Manager
Carolyn Ellison Facilities Manager
Terri Moore Contracts Manager
Karen Tuttle Specialist Clerk I
David Modersbach Grant Manager /Special Projects HRSA Authorized Official
Theresa Ramirez Director of Quality HCPA I
VACANT Admin Assistant
Noemi Joves Medical Clerk

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

HCH Program SAC Budget 2020
ACHCH Direct Services Personnel

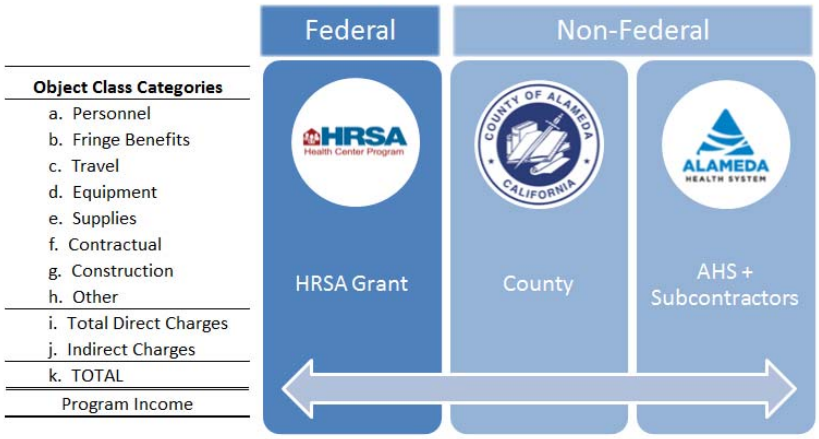
Staff Category	Staff Name	Total Program	HRSA	COUNTY /MHSA
Admin, Fiscal and Contracts				
Prog Director/HCPA II	Lucy Kasdin	1.0	0.5	0.5
Medical Director	Jeffrey Seal MD	1.0		1.0
Deputy Director/HCPA I	Vacant	1.0	0.5	0.5
HCPA I (Quality & Data)	Theresa Ramirez	1.0	0.5	0.5
Management Analyst (Grants)	David Modersbach	1.0	0.5	0.5
Program/Financial Specialist (Finance)	Janice Edwards	1.0	0.5	0.5
Admin Specialist II (Facilities)	Carolyn Ellison	1.0	0.5	0.5
Admin Specialist II (Contracts)	Terri Moore	1.0	0.5	0.5
Admin Assistant	Vacant	1.0	0.5	0.5
Specialist Clerk I	Karen Tuttle	1.0	0.5	0.5
CHOW I (Front Desk)	Elaine Colon	1.0	0.5	0.5
Street Health Services				
Director of Community Services	Ted Aames PsyD	1.0		1.0
Physician III	Aislin Bird	1.0		1.0
Senior Pharmacist	Seth Gomez, PsyD	1.0	0.5	0.5
Psychiatric Nurse Practitioner	Vacant	1.0	0.5	0.5
RN III	Jared Bunde	1.0	0.5	0.5
Social Worker	Andrea Zeppa	1.0	0.5	0.5
CHOW II	Wilma Lozada	1.0	0.5	0.5
CHOW II	Elaine Colon	1.0	0.5	0.5
Shelter Health Services				
Behavioral Health Clincal Supervisor	Vacant	1.0	0.5	0.5
Registered Nurse II	Vacant	1.0	0.5	0.5
Mid Level Practitioner	Oteria Randall	1.0	0.5	0.5
Social Worker III	William Quan	1.0	0.5	0.5
Social Worker III	Nancy Quintero	1.0	0.5	0.5
CHW	Vacant	1.0	0.5	0.5
Medical Clerk	Noemi Joves	1.0	0.5	0.5
Total Vacant FTE		**6.0**	**3.0**	**3.0**
Total Budget FTE		**26.0**	**11.5**	**14.5**

2019 ACHCH Contractors

Vendor Name	Contract Description	Amount 2019	Amount 2020	outcomes
Alameda Health System	Subrecipient agreement for provision of Primary Care, specialty care, case management, behavioral health care, enabling services, drug/alcohol services, and collaborative Mobile Health services. Pass through of federal funds for operation of Mobile Health van; some county HCSA funds to support hiring of AHS HCH Director MD-level position.	527,733	$785,176	5,500 patients treated in 30,500 visits.
La Clinica de la Raza	Contracted clinic-based dental care to provide patients with emergency, restorative and specialty dental services in coordination with health center patient care managers.	127,363	$124,536	100 Patients complete dental treatment plan
On Site Dental Foundation	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.	220,000	$250,000	50 weekly full-day sessions providing 1,400 visits/year to 200 health center patients.
Lifelong East Oakland Street Health Team	East OaklandStreet Medicine - Contract to provide direct Street Health nursing and 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.		$350,000	Target 210 patients engaged in services, outreach to at least 1000 patients annually.
Tri-City South/East County Street Health Team	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.	200,000	$350,000	Target 210 patients engaged in services, outreach to at least 1000 patients annually.
Lifelong Downtown Street Health Team	Downtown Oakland 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.		$350,000	Target 210 patients engaged in services, outreach to at least 1000 patients annually.
Fruitvale Optical	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.	50,000	$100,000	Projected goal is 200 patients per year.
Tiburcio Vasquez Central County Street Health	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.	200,000	$350,000	Target 210 patients engaged in services, outreach to at least 1000 patients annually.
LifeLong Medical Care TRUST Clinic	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, diabled 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	1,297,010	$1,576211	Projected 1500 unique patients served / year. Note: contract increase to payback for rent & clinical staff cost at TRUST in order to maximize PPS rate.

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

ACHCH Health Center Budget



2020: $22.8M $3.9M $5.4M $13.5M

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

HCH Program vs. Health Center Budget:

Key Category	Program Budget 2020	Health Center Budget 2020
Scope of Budget	*County Program/Staff & grant contracts*	*County Program + AHS + Contractors*
FTE	26 FTE	144 FTE (est)
Total Budget ($)	**$9,349,523**	**$22,842,109**
- Federal Fund	$3,983,982	$3,983,982
- Non Federal Fund	$5,389,541	$18,589,127

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

HCH Program Budget GY2020 detail

Program Budget (Federal Grant)			
Key Category	**2019**	**2020**	**Key Note**
FTE	20	26	6 FTE increase
Total ACHCH Program Budget	**$7,551,145**	**$9,373,523**	24% increase
- Fed HRSA grant	$3,942,892	$3,983,392	1.0% increase
- Non-Fed Fund (County and MHSA funds)	$3,608,253	$5,389,541	49% increase (MHSA & County funding) in GY2020
- Salary & Benefits	2,138,358	1,259,620	Reduce grant salaries to pay increased contract costs; offset by increased County commitment to salaries
- Travel	18,840	18,840	
- Supplies	60,400	71,100	
- Contractual	1,672,536	2,221,324	New Street Health Contracts
- Others	221,800	172,300	
- Indirect Cost	261,015	240,797	Incl. 1 AA + Admin/Fin Svcs
- Unallocated Fund	-	-	

ACHCH is budgeting to maximize entire HRSA salaries by middle 2020; after which County-funding will be made available to cover staff salaries.

HRSA PERFORMANCE MEASURES SAC 2020-2022					
Measure		**2018 numbers**	**2019 Target**	**2021 SAC Target**	**Contrib/Restrict Factors/ Notes**
Access to Prenatal Care	Percentage of prenatal care patients who entered treatment during their first trimester	70%	70%	80%	FINHA
Birthweight	Percentage of patients born to health center patients whose birthweight was below normal (less than 2500 grams)	5%	6%	5%	FINHA
Childhood Immunization	Percentage of children with their 3rd birthday during the measurement year or January 1st of the following year who are fully immunized before their 3rd birthday.	20%	80%	75%	AHS Epic reporting connecting to State IZ database in 2020
Cervical Cancer Screening	Percentage of women 21-64 years of age who received one or more tests to screen for cervical cancer	61%	65%	65%	increased Street Health services will lower #'s
Adolescent Weight Assessment and Counseling	Percentage of patients aged 3 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year	57%	95%	80%	Epic improvement at AHS will improve
Adult Weight Screening and Follow-up	Percentage of patients aged 18 and older who had documentation of a calculated BMI during the most recent visit or within the six months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented	34%	70%	70%	influenced by Street Health numbers, Epic
Tobacco Use Screening and Cessation	Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user	94%	90%	95%	increased Street Health services may lower #'s, but critical
Use of appropriate medications for asthma	Percentage of patients 5–64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	94%	80%	95%	
Cholesterol Treatment (Lipid Therapy for Coronary Artery Disease (CAD)	Percentage of patients aged 18 years and older with a diagnosis of Coronary Artery Disease (CAD) who were prescribed a lipid-lowering therapy	99%	95%	95%	

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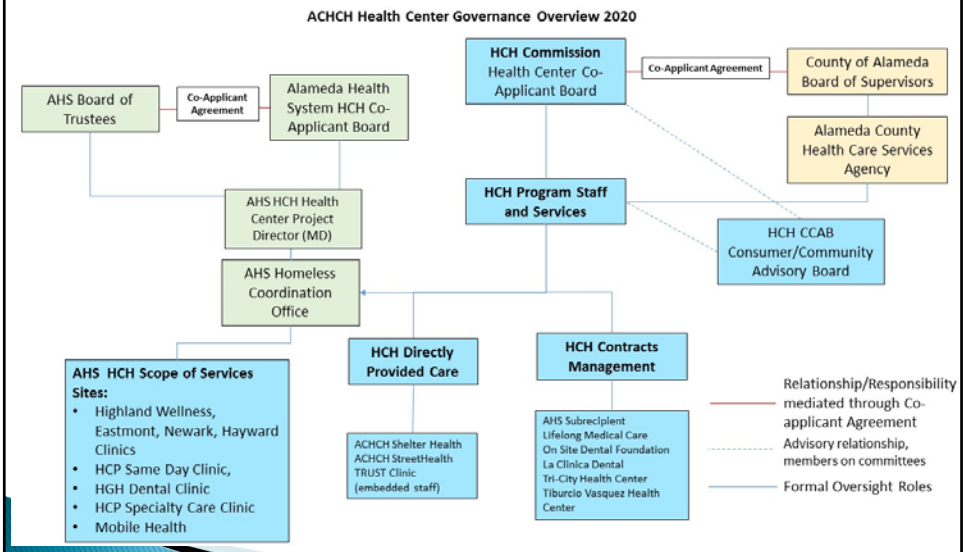
Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) in the prior year OR who had a diagnosis of ischemic vascular disease during the measurement year who had documentation of use of aspirin or another antithrombotic	97%	90%	95%	
Colorectal Cancer Screening	Percentage of patients aged 50 to 75 who had appropriate screening for colorectal cancer	57%	65%	65%	increased Street Health services will lower #'s
HIV Linkage to Care	Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis	100%	95%	100%	
Depression Screening and Follow-up	Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	56%	90%	80%	increased Street Health services may lower #'s, but critical
Dental Sealants	Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period		50%	90%	
Hypertension	Percentage of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 at the time of the last reading	74%	75%	80%	increased Street Health services may lower #'s, but critical
Diabetes	Percentage of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was greater than or equal to 9% at the time of the last reading in the measurement year	36%	30%	30%	Focus of cross Health Center Quality activities
Additional: Ensure Access to comprehensive oral health services for homeless persons treated in portable care settings	By 2019 increase access to comprehensive oral health examinations, dental services and supportservices to at least 30% of homeless patients receiving medical services on ACHCH portable medical care (mobile medical clinic and Street Medicine).	36%	30%	30%	How to track access to Dental homes

Financial Viability / Costs					
Total Cost Per Patient	ACHCHP is expecting our average cost per patient to be increased for the next 2 years to $1,600. Our program strategy is to perform increasingly costly work with chronically homeless patients with complex comorbidity.	$ 1,839	$ 1,600	$ 1,800	
Medical Cost Per Medical Visit	Maintaining average medical cost/visit to under $350 during the length of the Project Period	$ 412	$ 350	$ 400	
Health Center Program Grant Cost Per Patient	Limit the total 330 grant funding per patient to less than $360.	$ 386	$ 360	$ 360	
Change in Net Assets to Expense Ratio	N/A				
Working Capital to Monthly Expense Ratio	N/A				
Long-Term Debt to Equity Ratio	N/A				
Additional Measure: Provider Productivity	Utilization of licensed providers, including physicians, nurse practitioners, licensed mental health providers, dentists, optometrists, and ophthalmologists.	1403	1800	1500	
Additional Measure Program Income to Grant	By the end of 2018, the total of HCH program non-federal income over the total of HRSA 330 (h) grant is 3:1	$ 2.0	$ 3.0	$ 2.4	$ -

ACHCH Governance Structure



Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

ACHCH HRSA SAC CY 2020-2022 Operational Highlights

Changes in Health Center Structure?
- Program Chart and Org Chart Changes
- Big Increase in Street Health Services – Crisis of unsheltered homelessness
- Expansion of Specialty Care Services – increase in morbidity, aging population
- Multidisciplinary Teams (BH, SUD, housing) horizontally integrating key services vs silo'ed care.

Environment Major Changes:
- Impact of Housing Crisis and Unsheltered/Encampment Homeless
- Role of ACHCH in coordinated countywide response & planning
- Uncertainty in Trump Regime
- Impact of AC3, PRIME ending – what impacts? What roles foisted on ACHCH?
- ACHCH Lead Role in Respite Care Planning & Delivery? Direct Services?

Organizational Capacity
- Must work to fill key vacancies, AND secure smooth transition to increased County funding.

Target Patient Numbers:
- 9,987 homeless patients projected to be served in CY2022
- We're already hitting those numbers.

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Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

Questions / Comments

Tab 5
Action Item:

Lifelong Medical Care Downtown Oakland Street Health Team

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

DATE: 7/19/2019

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:

HRSA health center regulations requires the ACHCH co-applicant governing Board, the HCH Commission, to approve our health center program's project, including decisions to contract for or have subrecipient arrangements for substantial portions of health center services.

Request:

The ACHCH program has successfully utilized the County of Alameda Vendor Pool Process to offer and negotiate a contract for Street Health Team services to Lifelong Medical Care, for a street health team to cover the Downtown Oakland service area. This team will be based out of the Lifelong TRUST health center, and be comprised of 4 team members:

Lifelong Medical Care / Street Health	7/1/19 – 6/30/19	$350 $350K/Yr	Operate a Street Health Team covering East Oakland, providing health care services, engagement and care coordination for unsheltered persons primarily in encampments.	Goal: 600 outreach encounters yr, 60 patients per month	*Contract has added one-time $60K for purchase of Street Health mobile unit

The entire Contract is available for review here:
https://www.achch.org/hch-cbo-and-subrecipient-contracts-for-review.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

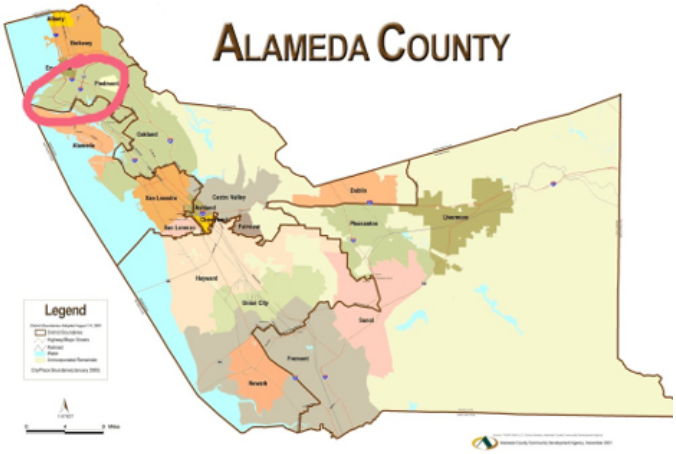
Discussion:

HCH Commissioner approval of this contract will enable the Board of Supervisors to execute this contract.

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

LifeLong Medical Care-Street Health West Oakland/Downtown

- Scope of work:
  - Homeless street outreach and engagement, street health services and triage, collaboration with housing and community organizations to secure housing and benefits for clients, enabling services, short-term case management, laboratory/diagnostic tests, medication formulary, healthcare navigation services, supportive services/referrals.
  - 600 outreach encounters, 150 patients enrolled/reconnected to medical home
  - Currently carrying out RFQ through County Homeless Vendor Pool



Contract Period: July 2019 – June 2022
Funding Level: $350,000 annually (+$60K for mobile vehicle 2019)
Funded by MHSA, non-federal funds.

Tab 6

Action Item: Approve

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ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

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

DATE: 7/19/2019

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: Approval of Submission of Change In Scope Application to HRSA to add 5 (five) Bew Street Health Services Sites.

Background:

The ACHCH Commission as the ACHCH health center governing board is required to review and approve applications related to the HRSA Scope of Project, including grants and designation applications and other HRSA requests regarding scope of project.

As a result of the planning and carrying out of the RFP to create the ACHCH-funded and led Street Health Teams, and contracts awarded to contractors and approved by the HCH Commission, we must now add the following sites to the ACHCH Scope of Services:

Tiburcio Vasquez Health Center HCH Street Health Mobile Unit	22331 Mission Blvd, Hayward, CA 94541-3911
Lifelong East Oakland HCH Street Health Mobile Unit	10700 Macarthur Blvd, Oakland, CA 94605-5298
Tri-City Health Center HCH Street Health Mobile Unit	39500 Liberty St, Fremont, CA 94538-2211
Alameda County HCH Program Street Health Mobile Unit	384-14th Street, Oakland CA 94612
Lifelong Downtown Oakland HCH Street Health Mobile Unit	386-14th Street, Oakland CA 94612

Request:

The ACHCH program staff requests HCH Commissioner approval of the submission of Changes In Scope to add the above sites to the ACHCH HRSA Form 5B Sites on the health center Scope of Project.

Discussion:

HCH Commission approval will bring the program into HRSA health center compliances and make our scope of project complete for our 2020 SAC submission.