Alameda County Health Care for the Homeless Commission

10/19/2018 Meeting

Subrecipient Alameda Health System Orientation and Update

In 2017, a total of 7,475 homeless patients were treated in 41,420 visits at sites throughout the homeless health center. We plan on roughly the same target numbers in 2018-2019.
Alameda Health System
ACHCH Subrecipient

ACHCH initiated in 1988, and included AHS clinics, labs, services as part of our HCH health center.

At that time, Alameda Health System was part of County of Alameda Health Care Services Agency. In 1999 AHS split from HCSA and became a Public Hospital Authority. To maintain continuity of services (and FQHC status), AHS became a subrecipient of the HCH program.

Subrecipient:
- Pass Through of Federal Funds
- Meets HRSA 19 Health Center Requirements
- Monitoring and Oversight
- Substantial part of health center work
  - FQHC status (for entire patient population) and federal grant funds.

AHS Facilities

Hospitals:
- Fairmont (140 beds),
- Highland (236 beds)
- San Leandro (93 beds)
- Alameda (281 beds)
- John George Psychiatric Hospital (80 beds)

Ambulatory Care Clinics:
- Highland Wellness
- Same Day Clinic
- Highland/HCP Specialty Care Clinics
- Eastmont Wellness
- Hayward Wellness
- Newark Wellness
- HCH Mobile Health
AHS Governance and Leadership

Board of Trustees
Joe DeVries, President

Executive Team
Delvecchio Finley, CEO

ALAMEDA HEALTH SYSTEM ORGANIZATIONAL CHART
**Ambulatory Care Services**

Dr. Palav Babaria, Chief Administrative Officer
Kathryn Horner, Vice President of Ambulatory Care Services

- Primary Care
- Substance Use
- Behavioral Health
- Enabling Services
- Cancer Care and Infusion Therapy
- Cardiovascular Care
- Dental Care, Oral and Maxillofacial Surgery
- Dermatology
- Endocrinology
- Eye Care
- Gastroenterology
- HIV Medical Care
- Kidney Care
- Maternal Child Health
- Neurology
- Nutrition and Weight Management Counseling
- Orthopedics
- Pediatrics
- Podiatry
- Psychiatric Care
- Refugee Health Services
- Rheumatology
- Same Day Clinic
- Senior Health
- Urology
- Wound Care

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**ACHCH Homeless Health Center Scope and AHS Services**

<table>
<thead>
<tr>
<th>In HCH Scope</th>
<th>Out of Scope</th>
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<tbody>
<tr>
<td>5 Ambulatory Clinics</td>
<td>In-Patient Care (Hospital)</td>
</tr>
<tr>
<td>Primary Care services</td>
<td>Emergency Departments</td>
</tr>
<tr>
<td>Same Day Clinic</td>
<td>John George Psychiatric Hospital</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>Laboratory Imaging</td>
</tr>
<tr>
<td>Dental (soon)</td>
<td>Non-Homeless Patients</td>
</tr>
<tr>
<td>Mobile Health</td>
<td>Surgery</td>
</tr>
<tr>
<td>Respite Care</td>
<td></td>
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**Quality Improvement Efforts for Patients Experiencing Homelessness**
- Clinical and quantitative reviews of data at monthly Ambulatory Quality Steering Committee Meetings and Quarterly at Alameda County Healthcare for the Homeless Quality Committee Meetings
How does one become an HCH Patient at AHS?

Registered as HCH patient at Mobile Clinic sites

Or

Walk-in or referred to ambulatory care clinics, and screened as experiencing homelessness.

All AHS patients are supposed to be screened at registration. Living arrangement is documented in AHS Soarian Financial System which feeds back AHS annual data on the number of patients served at AHS who are experiencing homelessness.

AHS Homeless Health Care Services 2017

- 21,420 visits in 2017
- 4,501 Unduplicated Patients
- 64 FTE equivalent Clinicians, support staff.
- 329 AHS clinicians touching HCH Patients
- Cost of $10,026,479  Revenue of $7.1M
- HCH subrecipient contract:  $611,000 in 2017
- AHS FQHC Revenue 2016:  $39M

AHS Homeless Health Care Services through Sep 2018

<table>
<thead>
<tr>
<th>Wellness Site</th>
<th>Patients</th>
<th>Visits</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highland</td>
<td>629</td>
<td>3,176</td>
<td>4.7%</td>
</tr>
<tr>
<td>Eastmont</td>
<td>1,542</td>
<td>7,650</td>
<td>12%</td>
</tr>
<tr>
<td>Newark</td>
<td>478</td>
<td>1,836</td>
<td>7%</td>
</tr>
<tr>
<td>Hayward</td>
<td>208</td>
<td>1,020</td>
<td>2.7%</td>
</tr>
<tr>
<td>Same Day</td>
<td>349</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Mobile Health</td>
<td>800 px</td>
<td>1127</td>
<td>NA</td>
</tr>
</tbody>
</table>
Alameda County Health Care for the Homeless Commission

AHS Homeless Patient Demographics

- **Race**
  - Latinx: 42%
  - Black or African American: 34%
  - All Asian: 10%
  - Pacific Islander: 4%
  - White: 12%
  - Unknown: 0%

- **Homeless Status**
  - Friend/Relative: 2706, 60%
  - Apartment or House: 57, 1%
  - Hotel: 45, 1%
  - Other: 534, 12%
  - Recovery Ctr: 166, 4%
  - Shelter: 330, 7%
  - Street: 304, 7%
  - Transitional: 109, 3%
  - Unknown: 181, 4%

- **Homeless Coordination Office**
  - Initiated in 2015 in order to improve coordination of homeless services, reporting and health center compliance throughout AHS.
  - Currently inadequate AHS staffing hours dedicated to compliance, reporting, quality, staff training,

- **Homeless Registration & Screening**
  - not carried out effectively and consistently across AHS sites

- **Homeless Care Access Issues**
  - Hayward long waits, only 200 patients served last year.

- **Billing and Collections**
  - Homeless patients inappropriately billed

- **Quality and RBA Reporting**
  - HCH Staff working with AHS to develop appropriate RBA measures

- **Data Systems / HMIS Integration / SOGI / Homeless Status**

- **Governance and Leadership Relationships with HCSA – ACHCH – and HCH Commission**
ACHCH Health Center Governance

Beginning 9/2016 ACHCH required to follow federal public entity health center governance mandates:

- BOT retains financial and personnel authority over health center activities
- HCH Commission has authority over health center operations, procedures, hours, fees, QI, Director, etc.
- BOS retains financial and personnel authority over health center activities

Based on 10/1/2018 HRSA OSV Conditions, this appears to be new recommended ACHCH Health Center Governance structure:

- Co-Applicant Agreement
- Subrecipient Agreement
- To Be Formed: 51% AHS Patient Majority Co-Applicant Board to govern AHS homeless health center operations
Questions...?