**Alameda County Health Care for the Homeless Commission**  
Friday October 19, 2018 9:00am-11:00am  
Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577

**APPROVED MINUTES**

<table>
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<tr>
<th>Item</th>
<th>Discussion/ Recommendations</th>
<th>Action</th>
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| A. CALL TO ORDER | (1) Welcome & Introductions  
(2) Adopt agenda – all in favor & agenda is approved. | boona Cheema  
chair HCH Commission  
Adopt agenda – all in favor & agenda is approved. |
| B. CLOSED SESSION | No Closed Session. | |
| C. PUBLIC COMMENT** | No Members of public present to speak | |
| D. CONSENT AGENDA | Review and Approve Minutes of 9/21/2018 HCH Commission meeting  
Consumer/Community Advisory Board & HCH Commission meeting – all in favor; minutes are approved. | |
| E. HCH Commission New Commissioner Selection | Gloria Crowell, Director of Social Services Allen-Temple Baptist Church  
Lois and Lynette met with Gloria Crowell on Thursday, October 18, 2018,  
and provided an overview of Gloria Crowell’s professional background and qualifications. Gloria Crowell’s professional experience and involvement in East Oakland will provide Commission additional views when assessing programmatic needs and efforts. If appointed, Gloria Crowell would like to be assigned to the Street Health subcommittee.  
HCH Commission unanimously voted to appoint Gloria Crowell to a 4 year term as HCH Commissioner, beginning 11/16/18. | |
| F. BOARD ORIENTATION | ACHCH Subrecipient Overview: Alameda Health System  
Presented by David Modersbach ACHCH Grants Manager  
Please see attached [PPT presentation](#).  
Attending the Commission meeting on behalf of AHS was Holly Garcia, AHS Director of Ambulatory Care Innovation and Experience. Ms. Garcia who has experience with HCH’s (Solano County) answered questions around | Motion: L. Lee; second, L. Bailey Lindsey  
Yea: unanimous |
registration and determination of homelessness, access to care especially in clinics like Hayward, where she discussed revamped scheduling templates; PRIME infrastructure, homeless families, FQHC revenue, Sexual Orientation and Gender Identity, EPIC EHR rollout, billing of homeless patients, quality and RBA reporting.

Commissioners discussed with Ms. Garcia some of the specific areas raised by HCH as needing attention:

- Homeless Coordination Office
- Homeless Registration & Screening
- Homeless Care Access Issues
- Billing
- Quality and RBA Reporting
- Data Systems
- HMIS Integration
- SOGI
- Homeless Status
- Governance and Leadership Relationships with HCSA – ACHCH – and HCH Commission

These issues will be discussed in more depth at the November 2018 meeting which will be held at Highland Hospital.

G. HCH Program Director Report

Dr. Clanon provided HCH Commission with HCHP organization history, HCH originally funded in 1988 as part of County of Alameda which included hospital and ambulatory care system. ACHCH was initially seen as a short-term response to crisis of homelessness which unfortunately has become permanent. Decision to decision to separate AHS from AC Health Care Services Agency (HCSA) in 1999. AHS ambulatory care sites remained in ACHCH scope of services through subrecipient agreement.

ACHCP moved out of Public Health Department in 2015, and is now part of HCSA, in part reflecting extra tight relationships around the TRUST clinic initiated in 2016.

Increasingly political attention to recent explosion of crisis of homelessness in recent years has put more pressure on county, HCSA and ACHCH, need to respond visibly, countywide, and the establishment of governing board HCH Commission.

New HRSA OSV results show that HRSA is serious about the issue of ACHCH program leadership.

ACHCH has not had a permanent Program Director since 2015. Program has had Interim Directors since then, and with the departure of Mark Shotwell in 6/2017, HCSA undertook review of ACHCH program directorship.

Recommendation of HCSA is that the ACHCH program has a Program Director (HCPAII) who leads the program in close partnership with the Medical Director (Physician IV).

Goals of this program leadership are:

- Integration of program and contractors and subrecipient
- Countywide scope of work and services for ACHCH
- More direct linkages to housing services
- Integration of Behavioral Health, Substance Use services, Primary Care and Whole Person Care.

Mechanics of hiring ACHCH Program Director: The HCH Commission must
evaluate and approve selection of a Program Director.

As HCSA Indigent Care Medical Director and supervisor of ACHCH program, Dr. Clanon will ask for the Commission to consider the appointment of Lucy Kasdin as the Interim Program Director, letting Dr. Jeffrey Seal move back to his ACHCH Medical Director position. The proposal will be put forth to the HCH Commission at the November 16 2018 meeting.

The goal will be to then initiate a search and recruitment for a permanent Program Director (Health Care Program Administrator II – NOT a reclassification of previous position). HCH Commissioners could help with that process. The process could take around 6 months.

Commissioners asked Dr. Clanon about the classification change discussion that was initiated 7 months ago by HCSA. What were the conclusions? Dr. Clanon said First, the OSV showed that ACHCH needs to focus on the bread and butter of managing the health center, not a political person handling homelessness in general across the county. Second, the County Administrators Office (CAO) formed the Homelessness Council at the County level and that will deal with homelessness at the policy and political level.

Additional questions about the county Homelessness Council and their approach to homeless services and funding. HCSA Director Colleen Chawla is presenting to the BOS Health Committee on 10/22, with spending plan, use of General Fund and state funds. Commissioners requested to know more about H.Council at next meeting.

HCH Commission will discuss proposal for Lucy Kasdin to assume HCH Interim Director position at 11/16 meeting. Staff will prepare draft Job Descriptions for Program Director and Medical Director, as well as draft program Org Chart for Commission review and input.

HCH Interim Director Jeffrey Seal MD presented the Director’s Report.
Please see attached report.

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**Consumer Community Advisory Board Report**

Sam Weeks DDS was absent due to family emergency

David reported that the HCH CCAB is planning a working retreat 11/9/18, they have a homeless voter’s forum planned on 10/22/18, voting registration drive in collaboration with Public Health Department was successful and 25 volunteers registered 50+ voters and distributed hundreds of forms. HCH CCAB participated in UN Special Rapporteur’s visit around informal settlements and will speak at the issuing of the report on 10/23/18, available [here](#) and media on the event is [here](#). The HCH CCAB is looking forward to the Joint HCH CCAB/HCH Commission meeting on December 21, 2018.

**HCH Commission Executive Committee:**

Last meeting was good, with staff. Developed process for new HCH Commission candidates:

1. Submit Resume
2. Interview with members of E.C.
3. Meet Commissioners at Commission meeting with standardized questions
| 6. EveryOne Home Point In Time Count 1/30/2019 | 4. Executive Committee refers on to HCH Commission for vote  
Executive Committee would like to add chair of each committee as member of Executive Committee if possible. Also the EC needs a secretary.  
**StreetHealth Committee:**  
The Encampments Letter has been signed and will be sent out to BOS and Health Department leadership. Next step is to set up meetings with Supervisors.  
Discussion of UN Report (above), Martin vs. Boise [info here](#).  
**Finance Committee**  
The finance Committee consists presently of Fr. Rigo Caloca-Rivas and Lois Bailey Lindsey, and will begin meeting quarterly starting November. The Committee will review HCH contracts as they come to the HCH Commission for approval. Commissioners asked that revisions to previous contracts be shown in red-line.  
**HRSA Operational Site Visit:**  
HCH staff will be working to resolve conditions related to the OSV and recent HRSA requirements, and in December 2018 meeting HCH Commissioners will review new P&Ps and contracts around:  
- Sliding Fee Discount Schedule policies and procedures  
- Sliding Fee Discount contract language  
- Subrecipient Monitoring Policies and Procedures  
- Subrecipient monitoring language in AHS subrecipient agreement  
- HRSA Legislative Mandates in Grants Management P&Ps  
- HCH Commission requirement to approve HCH Contracts  
Additional discussion around AHS Governance issue, please see attached letter sent by HCH program to Alameda Health System.  
**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! EveryOne Home general membership meeting 10/29/19, where EOH strategic plan will be released. Bottom line is that Alameda County needs an additional $240M annually to really impact homelessness, and needs to do advocacy to get there. Difficulty around non-transparency around State and federal funding and allocations.  
**I. OTHER ITEMS**  
**Recruiting new members of HCH Commission**  
Laura Guzman shared info about the EveryOne Home Systems Coordination Committee and work to expand representation of people with lived experience of homelessness. Asked if we can work to add more consumers to HCH Commission. All agreed and need overall recruitment, more members and other possible candidates.  
1. Items for upcoming agendas: |
Next Meeting Friday November 16: Note Location:
Highland Hospital 1411 E.31st Street HCP Conference Ctr 4th Floor Rm D/E; Oakland

| H. ADJOURNMENT | 11:00 AM |

Minutes Approved by HCH Commission November 16, 2018
October 19, 2018

TO: Alameda County Health Care for the Homeless Commission

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

SUBJECT: Director’s Report

Program activity update since the 09/2018 HCH Commission meeting and HRSA Operational Site Visit:

1. **Strategic Plan**

   HCH has completed its strategic plan for internal purposes. We have begun to incorporate it into our operations to guide our activities. Daniel Cohen continues to work on the larger document, which will make it more accessible to external audiences. We are working with the executive committee to determine how and when to present this to the Commission.

2. **Personnel**

   We are currently working on several hires related to our direct services, which include a Social Worker, Outreach Worker, and Nurse Practitioner to support our outreach medicine efforts in Oakland. We hope to have these positions filled by March 2019. The program is also working to hire a Behavioral Health Clinical Supervisor position.

   HCH Director position discussion is deferred to in-person meeting.

3. **StreetHealth**

   The HCH StreetHealth team has received SUD/MH expansion funds from HRSA and we are moving forward with plans to expand our team per above, and purchase and outfit a smaller mobile vehicle for StreetHealth operations.

4. **Quality**
   a. Michelle Schneidemann has agreed to be the Commission sponsor for the quality committee. Theresa Ramirez and I, in my role as medical director, will begin work on a dashboard for the Commission and will have more regular data presentations as previously discussed.
   b. Quality Committee: As previously reported, we are actively engaged with Bright Research Group to improve consumer experience data we receive across our health
center. They are initiating a 6 month pilot period sponsored by AC3, and its primary goal is to implement an experience survey, which was developed with our CCAB.

5. **Operational Site Visit**

Discussion deferred to in-person meeting.

6. **Medical Respite**

HCH continues to work with HCSA leadership to support the Alameda Point Collaborative med respite project. We are working with APC leadership to schedule upcoming meetings which will continue to clarify our role.

Sincerely,

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

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
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*

In HCH Scope

Homeless Care at:

5 Ambulatory Clinics
Primary Care services
Same Day Clinic
Specialty Care
Dental (soon)
Mobile Health
Quality Improvement Efforts for Patients Experiencing Homelessness

Out of Scope

In-Patient Care (Hospital)
Emergency Departments
John George Psychiatric Hospital
Laboratory Imaging
Non-Homeless Patients
Surgery
Respite Care

– 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

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<tr>
<th>Location</th>
<th>Patients</th>
<th>Visits</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Highland Wellness</td>
<td>629</td>
<td>3,176</td>
<td>4.7%</td>
</tr>
<tr>
<td>Eastmont Wellness</td>
<td>1,542</td>
<td>7,650</td>
<td>12%</td>
</tr>
<tr>
<td>Newark Wellness</td>
<td>478</td>
<td>1,836</td>
<td>7%</td>
</tr>
<tr>
<td>Hayward Wellness</td>
<td>208</td>
<td>1,020</td>
<td>2.7%</td>
</tr>
<tr>
<td>Same Day Clinic</td>
<td>349</td>
<td>628</td>
<td>NA</td>
</tr>
<tr>
<td>Mobile Health</td>
<td>800 px</td>
<td>1,127</td>
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Current Issues in AHS-ACHCH Relationship:

- **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:

- AHS Board of Trustees (BOT)
- Alameda County Board of Supervisors (BOS)
- Alameda County Health Care for the Homeless Commission

- 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:

- Alameda County Health Care for the Homeless Commission (Health Center Co-Applicant Board)
- Alameda County Board of Supervisors (BOS)

- Co-Applicant Agreement
- Subrecipient Agreement
- AHS Board of Trustees (BOT)

To Be Formed: 51% AHS Patient Majority Co-Applicant Board to govern AHS homeless health center operations