### AGENDA

**Item** | **Presenter** | **TAB** | **Time**
---|---|---|---
A. CALL TO ORDER  
1. Welcome & Introductions  
2. Adopt agenda | Mark Shotwell, ACHCH Director |  | 9:00 AM
B. CLOSED SESSION  
1. Closed Session for **Program Director Self-Assessment**. |  |  | 20 min
C. PUBLIC COMMENT** |  |  | 5 min
D. CONSENT AGENDA  
Review and Approve Minutes of 5/19/17 Meeting | TAB 1 |  | 5 min
E. BOARD ORIENTATION  
a. **HCH Commission Responsibilities and Relationships**  
Pre-Review; not presented in meeting. Questions in mtg | Mark Shotwell | TAB 2 | 5min
F. REGULAR AGENDA  
2. Board Ad Hoc Committee reports - no reports  
3. HCH Program report : HCH Director’s Report  
4. **Action Item**: Approve submission of Prior Notification notice to HRSA to change ACHCH Project Director  
5. HCH Program/Health Center 2018 HRSA Budget Period Renewal – Budget Overview  
6. Questions around Alameda County 2017 **Point In Time Count**? | Sam Weeks, DDS  
CCAB Board Chair  
Mark Shotwell  
Quyen Tran, HCH Finance Manager  
Mark Shotwell | TAB 3  
TAB 4  
TAB 5  
TAB 6 | 5 min  
5 min  
20 min  
5 min
G. OTHER ITEMS  
1. Items for upcoming agendas  
2. HCH Commission Selection of Chair, Vice Chair and Executive Committee  
3. Selection of 9th Commissioner & Betty’s vacant seat  
4. Housekeeping |  |  | 5 min  
20 min
H. ADJOURNMENT |  |  | 11:00 AM

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**Any person may address the HCH Commission during its Public Comments period. Presentations must not exceed three (3) minutes in length. HCH Commission members may not take actions or respond immediately to any Public Comments presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.*
Tab 1:
Minutes 5/19/2017 HCH Commission Meeting
**Alameda County Health Care for the Homeless Commission**  
**Friday, May 19, 2017 9:00am-11:00am**  
**Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577**

**draft MINUTES**

**HCH Commissioners Present:**  
Adria Walker  
Gay McDaniel  
boona Cheema  
Lynette Lee  
Fr. Rigo Caloca-Rivas  
Mark Shotwell (Ex Officio)

**Absent:**  
Jean Richardson-Prasher

**County Staff/Partners Present:**  
David Modersbach, HCH Grant Manager  
Heather MacDonald-Fine AHS Homeless Coordination Office

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*Announcement that there will be closed session scheduled in 6/16/17 HCH Commission meeting for HCH Director Evaluation.* |  |
| C. PUBLIC COMMENT | Public comments were invited; none were made |  |
| D. CONSENT AGENDA | Review and Approve Minutes of 4/17/17 Meeting | Motion: b.cheema; second Caloca-Rivas, Yea: unanimous |
| E. BOARD ORIENTATION | **Review of Board Orientation topics to present:**  
David presented a review of HCH Commission Board Orientation topics which have been a part of every HCH Commission meeting. These resources are compiled at [http://www.achch.org/orientation-materials.html](http://www.achch.org/orientation-materials.html). Commissioners reviewed orientation/training process, are happy with content so far and would like more:  
- Orientation & opportunities to visit clinical services/sites  
- Specific responsibilities of HCH Commission (approval of grants, budget, staffing, policies and procedures, Committees)  
- How HCH Commission articulates with CCAB, BOS, AHS BOT and other entities  
- Brown Act ongoing review and Q&A’s  
  
Commission will review Commission Bylaws and Co-Applicant Agreement re: responsibilities at next meeting.  

**Evaluation of HCH Director**  
The HCH Commission must approve hiring, dismissal and evaluation of HCH Director (Mark Shotwell). Mark is nearing 6 months in his role and David provided orientation to evaluation process. HCH staff is working with County HR to make sure this unique process works right. HCH Commission is required to provide annual evaluation. Additionally Commission must authorize any changes in HRSA’s designated Program Director status, currently is David and | **TAB2** |

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should be changed to reflect actual program Director.
Commissioners discussed & agreed that since they and Mark are new, and haven’t had sufficient time and experience to evaluate Mark, they will carry out the following:

1. Commission asked Mark to present a 6 month self-evaluation at the 6/16 meeting, in closed session and with Q&A and discussion of Commission.
2. Commission will initiate process to develop a formal evaluation process of Program Director, including goals, and evaluation standards, to carry out formal evaluation in November 2017. The goals and standards may be informed by the HCH Strategic Planning process which Mark will initiate this summer.
3. The Commission will review a proposal to recommend to HRSA that Mark be made Project Director for the Health Center at the June 16th meeting.

Other questions/issues around evaluation of Director include the overlap between the Commission’s evaluation and his formal HR county evaluation and how/if the Commission eval can inform and be included in his civil service evaluation process. HCH staff will investigate these questions before next meeting.

F. REGULAR AGENDA
7. Board Ad Hoc Committee reports - no reports this meeting

Consumer/Community Input – Report from HCH Consumer/Community Advisory Board (HCH CCAB)  Sam Weeks, DDS, CCAB Board Chair
Sam Weeks reported that CCAB members are taking on additional responsibilities in meetings to develop strengths and autonomy. Highly engaged in encampments/unsheltered discussions on multiple levels. In last CCAB meeting very lively discussion around Sam’s report around need for improvement in groups strengths, care to understand that this is about the CCAB as a group, not about individuals.
CCAB working on skills building, in each meeting. A CCAB retreat is scheduled for September (skills, strategic planning, group process), boona has volunteered support. CCAB is using Organizing For Social Change manual. Drafting an open letter re: encampments to key stakeholders. CCAB is planning to expand from 8 to 12 members, executive committee driving process. April and Kimberlee are attending the NHCHC Conference June 21-24. Discussing sponsoring Homeless Strengths Solstice event for 2018.
Sam shared a letter written by a formerly homeless organizer around encampments (attached)
Fr. Rigo asked how last month’s concerns are being met, appears more optimistic, why? Work plan?
Sam responded that the Executive Committee is taking steps, well received by CCAB, a very positive and raucous discussion with good resolution, group working on identity and work as a group. Happy with progress so far. Work plan part of work planned at retreat 9/2017.
Mark Shotwell suggested CCAB/Commission discussion in July?
Fr. Rigo asked if HCH Commissioners could share boona’s letter (attached), she said yes. boona is working with Berkeley Mayor’s Advisory Committee and will share key documents.

HCH Program report : HCH Director’s Report

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**Mark** presented updates on prioritization by County and Cities on unsheltered homeless: Challenges and Opportunities. Multiple requests from Board, Councils, on info coming fast and furious. Everyone is working at the same time on this, and need to bring stakeholders together. Example Miley/Allen Temple meeting re: “The Living Room” encampment. Concerns to avoid diversion of resources to political “hot spots” and concentrate on setting up Coordinated Entry system.  
**Fr. Rigo:** Scripture: Jesus was Homeless. Being pulled in all directions is a drain. Could HCH serve to provide status report to all, dashboard report, updates, key issues, data, who is doing what?  
**Adria:** Where can HCH Commission be useful in supporting communications with Community in general?  
**boona:** Important to admit past mistakes in homeless planning: in 1990’s Continuum of Cares advocated low-threshold centers (nav centers) but were blocked by NIMBYs. Current gaps in knowledge – many skills in “homeless industry” but not able to work with people on the streets: Need to create teams, show successes and consistency of approach to humans affected by shelter/housing crisis, especially those affected by addiction, low functioning, and mental health issues. Does everyone need to enter Coordinated Entry and then be provided with referrals, or do some folks (ie street homeless) need other ways of engagement? For example only $300K budgeted in Coordinated Entry for outreach – not nearly enough. Need 20-25 CHWs to meet need.  
PITC is an opportunity to show need, highlight best practices, and what we could do with more resources.  
In Berkeley, the Task Force recommendations went to Keith Carson’s 5/9/17 N. County unsheltered meeting.  
**Gay:** Described lack of information and responses from County re Coordinated Entry structures and plans – lack of information impacts services providers. SSA and HCD playing very close to the chest, and this stonewalling is problematic.  
**Lynette:** Do we need more time to engage in HCH’s strategic planning process? Expand meetings by a hour?  
**Adria:** New committees and structures could take on deeper dives in things like encampments and strategic planning.  
**Fr. Rigo:** Often roles are mixed in these conversations. Need HCH strategic plan and HCH Commission needs its own plan. HCH Commissioners need to know their focus is more limited w/program oversight, etc.  
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**Sam** requested report from Mark re: Allen Temple presentation.  
**Mark:** Task right now is developing proposal as to who is responsible for different tasks in homelessness, Cities, Counties, NGOs, etc. HCSA developing policy statement on encampments.  
**boona:** Berkeley is also drafting a new encampment policy, will share.

### G. OTHER ITEMS

**HCH Commission Selection of Chair, Vice Chair and Executive Committee**  
**Adria:** Recommend review of HCH Commission Bylaws and founding documents at next meeting.  
**Sam:** Recommend waiting till we get all 9, or at least 8 members before development of Executive Committee. General consensus of commissioners to this recommendation.

**Motion:**
Boona: Moved that HCH Commission officers should be selected at July 21 HCH Commission meeting.

Recruitment for HCH Commission seats
Betty's Seat: This seat will be recruited and approved by HCH Commission itself. David sent out packet of recruitment info & letters for review of Commissioners.
Gay: I will approach parishes, Tri-City Volunteers, and South County programs for nominations.
Lynette had recommended Jean Fong for AHS seat, possibly for Betty’s seat?
9th Seat (AHS/Hospital Expertise)
David reported that recruitment for the AHS seat, which is approved by BOS, is moving slowly. Sadly not a high priority at AHS, BOS or HCSA levels. Working with AHS BOT to identify a potential candidate.
Mark: We will work more aggressively seeking out an AHS appointee for the 9th seat, contact AHS, BOS and HCSA again.
Fr. Rigo: Move to have HCH push hard for a 9th seat nominee, if it doesn’t pan out then let’s move forward to identify our own candidate for this seat. Give a deadline of July 21 meeting; if there is no candidate, we’ll move forward with own nominees.

Items for upcoming agendas:
• HCH CCAB and roles between HCH Commission & HCH CCAB

Next HCH Commission Meeting:
Friday June 16th 9-11Am
1000 San Leandro Blvd #325

Adjourned 11:00am
Tab 2:
HCH Commission Roles and Responsibilities
(from June 16, 2017 Mtg)
Tab 3:
HCH Program Director’s Report
Tab 4: Submission of Prior Notification notice to HRSA to change ACHCH Project Director
Tab 5:
HCH Health Center HRSA
Budget Period Renewal –
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Tab 6:
Alameda County Point In
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Tab 2:

HCH Commission Roles and Responsibilities

(from June 16, 2017 Mtg)
HCH Commission Powers and Responsibilities
From Guiding Documents: Ordinance, Co-Applicant Agreement, Bylaws

2. Reservation of Powers
Powers not expressly granted to the Commission within the terms of Co-Applicant Agreement are reserved to the BOS and the BOT, as the case may be.

3. Powers of Commission:
   h) Limitations of Commission Authority.
      The BOS and BOT shall retain authority to set policy on fiscal and personnel matters within their respective public agencies including, but not limited to, appropriating and authorizing funding and staffing for programs and policies related to financial management practices, labor relations, and conditions of employment. The Commission may not adopt any policy or practice or take any action which is inconsistent with or which alters the scope of any decision or policy set by the BOS or the BOT on fiscal or personnel issues or which asserts control, directly or indirectly, over any non-HRSA Scope of Project fund or program. The Commission does not have the authority to direct the hiring, promotion, or firing of any employee of the County or AHS.
   i) Powers and Duties.
      Subject to the Limitations of Commission Authority as set forth herein, the duties of the Commission shall be limited to the HRSA Scope of Project as follows:
      i. Approving applications related to the HRSA Scope of Project, including grants and designation applications and other HRSA requests regarding scope of project.
      ii. Approving the annual HRSA Scope of Project budget and audit within appropriations made available by the BOS and/or the BOT.
      iii. Long-term strategic planning, which would include regular updating of the HRSA Scope of Project’s mission, goals, and plans, as appropriate.
      iv. Evaluating the HRSA Scope of Project’s progress in meeting its annual and long-term goals.
      v. Determining the hours during which services are provided at HRSA Scope of Project sites that are appropriate and responsive to the community’s needs.
      vi. Approving the selection and dismissal of, and evaluating the performance of, the HCH Director, subject to those limitations on the Commission’s authority over labor relations and conditions of employment described in the Commission’s enabling ordinance, which are strictly reserved to the BOT and BOS.
      vii. Establishing general policies and procedures for the HRSA Scope of Project that are consistent with the HRSA Scope of Project and applicable grants management requirements.
      viii. Developing Commission member selection and dismissal procedures.
      ix. Developing quality improvement system.
      x. Developing fee schedules for services, including the sliding fee discount program.
4. **Management of the HRSA Scope of Project.**

a) **Budget Development and Approval.**

Subject to the requirements for adoption and approval of a public agency budget, the Commission shall have final authority to approve the annual operating and capital budgets of the HRSA Scope of Project within the confines and amounts provided by the BOS during its annual budget adoption. The Commission agrees not to undertake expenditures in excess of the authorized budget. The BOS through HCSA shall develop preliminary recommendations for the annual operating and capital budgets of the HRSA Scope of Project based on financial projections and plans developed by HCSA and AHS staff. HCSA shall recommend such budgets to the Commission for review. The Parties shall negotiate in good faith in order to arrive at agreed-upon budgets which satisfy the programmatic goals as well as budgetary constraints and larger planning objectives of all three parties to this Agreement. In the event that the Commission is unable or unwilling to approve a budget which is satisfactory to all three parties, then the parties may engage in a dispute resolution process as defined in this Agreement.

All income generated within the HRSA Scope of Project, including fees, premiums, third party reimbursements, state and County funding, and Section 330 grant funds (collectively "Program Income"), as well as all Program Income greater than the amount budgeted to the Scope of the Project ("Excess Program Income"), shall be under the control of the BOS or BOT, depending on the entity responsible for carrying out the programmatic activities and billing for them. In accordance with HRSA regulations, the parties agree that Excess Program Income shall be used to further the goals of the Scope of Project consistent with the policies and priorities established by the Commission.

The Parties shall not materially deviate from adopted budgets except that the County or AHS may modify planned fiscal activities if there is a reduction in available resources (e.g. decreased levels of reimbursement, diminished revenues, or adverse labor events). The County and AHS shall immediately notify the Commission of any budgetary changes that would materially modify the HRSA Scope of Project and seek the Commission’s approval of any changes to the HRSA Scope of Project.

b) **Fiscal Management.**

The BOS, through HCSA, and the BOT, through its HCO, shall each be responsible for the management of their respective financial affairs, including:

i. Borrowing for capital costs and operations;

ii. Financial policies and controls;

iii. Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs and otherwise receiving, managing, allocating, and disbursing funds necessary for the operation of the HRSA Scope of Project;

iv. Providing for the annual audit of the HRSA Scope of Project, which shall be undertaken in consultation with the Commission in accordance with this Agreement, consistent with the requirements of the United States Office of Management and Budget Circular A-133 and the compliance supplement applicable to the consolidated Health Center Program to determine, at a minimum, the fiscal...
integrity of financial transactions and reports and compliance with Section 330 requirements and the fiscal policies of HCSA and AHS;

v. Preparing regular financial reports, which shall be submitted to the Commission, and managing financial matters related to the operation of the Health Center;

vi. Developing and managing internal control systems, in consultation with the Commission as set forth in this Agreement (as applicable), in accordance with sound management procedures and Section 330 that provide for:

   i. Eligibility determinations;
   ii. Development, preparation, and safekeeping of records and books of account relating to the business and financial affairs of the HRSA Scope of Project;
   iii. Separate maintenance of the HRSA Scope of Project’s business and financial records from other records related to the finances of HCSA so as to ensure that funds of the HRSA Scope of Project may be properly allocated;
   iv. Accounting procedures and financial controls in accordance with generally accepted accounting principles;
   v. A schedule of charges and partial payment schedules (i.e., a sliding fee schedule of discounts) for services provided to certain uninsured and underinsured patients with annual incomes at or below 200% of the federal poverty level, and a nominal fee policy for those with annual incomes at or below 100% of the federal poverty level, and in compliance with, but not greater than, the requirements set forth in the California State law (California Welfare and Institutions Code § 17000, et seq.); and
   vi. Billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors; or (3) underinsured or uninsured and whose earnings fit the low-income criteria.

c) Personnel

Subject to the limitations outlined in this Agreement regarding the selection, evaluation, approval, and removal of the HCH Program Director, the parties agree that the BOS and AHS shall have sole authority over employment matters and development and approval of personnel policies and procedures, including but not limited to: employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project, including agreements for the provision of staff who are employees of other agencies or organizations; day-to-day management and supervision; evaluation; discipline and dismissal; salary and benefit scales; grievance procedures and processes; equal employment opportunity practices; collective bargaining agreements; and labor disputes and other labor and human resources issues.

The HCH Program Director shall be an employee of HCSA. Removal of the HCH Program Director by the Commission pursuant to this Agreement shall not constitute a termination of employment nor impede the HCH Program Director’s employment relationship with HCSA or Alameda County.

d) Other Operations

Subject to the governance responsibilities exercised by the Commission, HCSA and AHS shall conduct the day-to-day operations of the HRSA Scope of Project. Such operational responsibilities shall include but not be limited to:
i. Applying for and maintaining all licenses, permits, certifications, accreditations, and approvals necessary for the operation of the HRSA Scope of Project;

ii. Compliance with the terms and conditions of the FQHC Look-Alike and/or Grantee designation, as applicable.

iii. Unless otherwise stated in this Agreement, establishment of the HRSA Scope of Project’s operational, management, and patient care policies.

iv. Establishing ongoing quality improvement programs.

v. Ensuring the effective and efficient operation of the Health Center.

## RELATIONSHIPS

<table>
<thead>
<tr>
<th>Entity</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Alameda County Health Care Services Agency</td>
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<tr>
<td>Alameda County Board of Supervisors</td>
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<tr>
<td>Alameda Health System Board of Trustees</td>
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<tr>
<td>Alameda County Health Care for the Homeless Consumer/Community Advisory Board</td>
<td></td>
</tr>
<tr>
<td>HHS-Bureau of Primary Health Care – Health Resources Services Administration (HRSA)</td>
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</tr>
<tr>
<td>Local City Council/City Administrations</td>
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</tr>
<tr>
<td>Alameda County Public Health Department Public Health Commission (meeting 8/10/17 invite)</td>
<td></td>
</tr>
<tr>
<td>Others?</td>
<td></td>
</tr>
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</table>
Tab 3:
HCH Program Director’s Report
1) Allen Temple Public Ministry Town Hall/Living Room Encampment Follow-up

As reported in my June Director’s Report, I met with the Allen Temple Community on May 19th as part of a panel of speakers that presented at a Town Hall on homelessness organized by the Allen Temple Public Ministry. Other speakers on the panel included: Senior Pastor Alfred Smith Jr.; County Supervisor, Nate Miley; Oakland City Council Member, Larry Reid; Oakland Public Safety Director, Venus Johnson.

The genesis of this town Hall is the homeless encampment immediately outside of Allen Temple, nicknamed the Living Room (due to all the furniture that is included in the encampment). There are approximately 30-40 individuals at the Living Room at any time and it is estimated that about 30% of these individuals are homeless. The remaining individuals come to the encampment to hang out and use substances, primarily opiates. Understandably, the Allen Temple community is very concerned about this encampment. The community raised concerns about the health and well-being of individuals in the encampment, concerns about safety for nearby residents and school children, and resulting garbage/hygiene/blight issues.

Two of ACHCHP’s contractors are actively involved in Outreach Efforts at the Living Room Encampment. The ROOTS Community Health Center STOMP Street Medicine Team visits the encampment at least twice per month to provide urgent medical care, referrals for housing and other outreach services. The EBCRP Substance Abuse Outreach Team has added the Living Room to their Outreach Schedule and offers linkage to substance abuse services, housing referrals and other outreach services. On 7/13, I had the opportunity to go on Outreach to the Living Room with these teams and Operation Dignity and HEPPAC. In addition to the services mentioned above, HEPPAC provided needle exchange and Naloxone kits for overdose prevention and Operation Dignity assisted with housing referrals and linkage to Veteran’s Services.

The City of Oakland plans to offer shelter beds at East Oakland Community Project for homeless individuals from the Living Room and plans to provide mobile showers and mobile laundry services to the encampment through a Contractor.

A follow-up meeting with the Allen Temple Community is scheduled for the evening of 7/21/17.

2) Lifelong Medical Care MOUs and Contract Amendment
On 6/27/17, The Board of Supervisors approved the ACHCHP amendments to the MOUs and Contract with Lifelong Medical Care regarding the Trust Clinic. These amendments will allow ACHCHP to pass through costs for rent and ACHCHP staff that provide services at Trust to Lifelong. This will then allow Lifelong to include these costs in their negotiation in the State for the highest possible Medi-Cal FQHC PPS Rate.

3) Evaluation of the ACHCHP Director

The ACHCHP Commission has the responsibility to evaluate the performance of the ACHCHP Director on an annual basis. In the July, 2017 meeting, as requested by the Commission, I will be presenting a self-appraisal that I have prepared of my first six months in this position. Later in the meeting, Commissioners will develop a plan to identify the criteria that you will use to evaluate my performance during my annual performance evaluation, which will occur in November, 2017.

4) Grant Condition

There is still one condition on our HCH Grant – HCH Commission must add additional HCH Commissioner (AHS/hospital system seat, appointed by BOS) by July 2017. **HOSPITAL EXPERIENCE BOARD MEMBER:** We had a great meeting with an MD who has lots of experience in homeless health care and respite care, and who is now working as a medical director in our main nonprofit managed-care provider here in Alameda County. She is interested, but immediately left for a two week vacation, so we’ll pick up the pieces when she returns with a hope that she can come on board by our August meeting. We’re excited.

5) Personnel Changes

Quyen Tran, Health Care for the Homeless Program Fiscal Specialist has resigned from her position as of August 25, 2017. Quyen has accepted a position as a Chief Financial Officer of a large hospital in Vietnam. Quyen has family in Vietnam and this position if a great opportunity for her and her family. Quyen has been a very important and valuable member of the HCH team for 4 years. We will miss her a lot and wish her and her family the best in this new chapter in their lives. We have begun the recruitment to fill Quyen’s position.

HCH is actively involved in recruitment for our Contract Manager position and have a couple viable candidates who are coming in for second interviews.

6) HCH Street Psychiatry Expansion Funding Proposal

HCH Program has submitted a funding request to HRSA for the HCH program, for HRSA expansion funding for their FY Access Increases for Mental Health and Substance Abuse opportunity. We’ll be using $75K in ongoing funding to hire a HCH program **Nurse Care Coordinator** to be the glue of two different outreach teams which will serve unsheltered and encampment adults with behavioral health and substance use issues:

- **Street Psychiatry Team:** 2x days/week two HCH psychiatrists (Aislinn and Collin) accompany the Nurse and/or outreach worker and do **street psychiatry**, with goal of getting patients into TRUST for ongoing care.
Street Recovery Team: Nurse will accompany EBCRP and HCH substance use outreach/harm reduction staff into streets and encampments and play a role linking patients with MAT/bupe services at TRUST and HGH.

The grant will also provide $75K in one-time funding for EHR interoperability upgrades, eConsultation implementation, consultation and laptop computer purchases, and to send two staffers to the Street Medicine 2017 conference in Allentown PA.
Tab 4:
Submission of Prior Notification notice to HRSA to change ACHCH Project Director
DATE:    July 21, 2016

TO:       Alameda County Health Care for the Homeless Commission

FROM:     David Modersbach, Grants Manager/HRSA Authorized Official

SUBJECT:  REQUEST FOR THE HCH COMMISSION TO TAKE ACTION TO APPROVE OF CHANGE IN HEALTH CENTER PROJECT DIRECTOR

Under the HRSA/BPHC Health Center Program (45 CFR 75.2), the term “Project Director/CEO” is used to mean the individual(s) designated by the health center to direct the project or program being supported by the grant. The Project Director is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.

Under Article II of the Bylaws of the Alameda County Health Care for the Homeless Commission, the HCH Commission has the authority and responsibility for approving the selection and dismissal of, and evaluating the performance of the HCH Director.

In the Services Area Competition submitted and awarded to the ACHCH health center in 12/2016, HCH Grants Manager David Modersbach was listed as the health center Project Director. With the hiring of Mark Shotwell in 11/2016, the health center governing board must approve a request to HRSA for a change in the Project Director/CEO position, after which the health center will receive prior approval from HRSA for this change.

In order to submit a Prior Approval request to change ACHCH Project Director, HCH Commission action is required. This request is for the HCH Commission to approve the submission of a request to HRSA/BPHC to add Mark Shotwell as the health center Project Director.

Approval of this item requires a majority vote of the HCH Commissioners present.
Tab 5:
HCH Health Center HRSA
Budget Period Renewal –
2017 Health Center Budget
ACHCH HRSA Budget Period Renewal (BPR) 2018

Quyen Tran and Mark Shotwell
ACHCH Commission Meeting
July 21, 2017

- Budget Period: Jan – Dec 2018
- Budget Details and Narrative. Allocated Federal award for 2018 is $3,857,421.
- Program Specific Information
  - Form 3: Income Analysis
  - Form 5A: Services Provided
  - Form 5B: Service Site
  - Form 5C: Other Activities/Locations
  - Project Narrative Update

- HCH Commission approval on Friday, Aug 18. Submit to HRSA same day.
### Overall Health Center Budget

- **Federal:**
  - HRSA Grant: $3.8M
  - County: $3.3M
  - AHS + Subcontractors: $6.7M

- **Non-Federal:**
  - Federal Fund: $3,803,524
  - Non Federal Fund: $3,268,456
  - Program Income: $0

**2017:**
- Total Budget: $13.7M
- Federal: $3.8M
- Non-Federal: $9.9M

### Program vs. Health Center Budget

<table>
<thead>
<tr>
<th>Key Category</th>
<th>Program Budget 2017</th>
<th>Health Center Budget 2017</th>
</tr>
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<tbody>
<tr>
<td>Scope of Budget</td>
<td>County Program</td>
<td>County Program + AHS + Contractors</td>
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<tr>
<td>FTE</td>
<td>23.00</td>
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<td>Total Budget ($)</td>
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<td>$3,803,524</td>
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<td>- Non Federal Fund</td>
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<td>$9,988,046</td>
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<tr>
<td>Program Income</td>
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<td>$5,574,101</td>
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## Program Budget YTY

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<th>2018 (Draft) FTE</th>
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<td>19</td>
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<td>3.9% increase</td>
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<td>- Non-Fed Fund</td>
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<td>3,656,426</td>
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<td>- Salary &amp; Benefits</td>
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<td>1,354,552</td>
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<td>- Travel</td>
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<td>- Supplies</td>
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<td>- Contractual</td>
<td>1,530,452</td>
<td>1,724,229</td>
<td>+ 150K substance abuse</td>
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<td>- Others</td>
<td>141,750</td>
<td>171,800</td>
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<td>- Indirect Cost</td>
<td>167,268</td>
<td>326,405</td>
<td>Incl. 2 HCH positions</td>
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<td>- Unallocated Fund</td>
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<td>200,995</td>
<td>Mgmt to determine</td>
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## Program Budget – Draft Staff List

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<td>Deputy Director/HCPA I</td>
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<td>Specialist Clerk II</td>
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<tr>
<td>Mobile Supp Clk</td>
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<td>Medical Assistant</td>
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<td>Total Vacant FTE</td>
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<td>Total Budget FTE</td>
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### Health Center Budget YTY

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<th>Key Category</th>
<th>Health Center Budget</th>
<th>Key Note</th>
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<tr>
<td></td>
<td>2017</td>
<td>2018 (Draft)</td>
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<tr>
<td>FTE</td>
<td>105.15</td>
<td>97.98</td>
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<td>Total Budget</td>
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<td>$15,809,134 (14.6% increase)</td>
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<td>- County Funds</td>
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### ACHCH HRSA Budget Period Renewal CY 2018 Operational Highlights

**Changes in Health Center Structure?**
- No significant changes in program
- Expansion of Specialty Care Services (HGH)
- Expansion of Dental Services (HGH Dental)

**Environment Major Changes:**
- Impact of Housing Crisis and Unsheltered/Encampment Homeless
- Impact of AC3

**Organizational Capacity**
- Key Staff Vacancies (as of 8/19/17)

**Target Patient Number:**
- 9,301 homeless patients to be served in CY2018
- We’re currently about 10% below that (8300 patients): Decline in Substance Use patients.
<table>
<thead>
<tr>
<th>Measure</th>
<th>2016 Compliance Rate</th>
<th>2015-2016 difference</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Childhood Immunization</td>
<td>69%</td>
<td>decline</td>
<td>Primary Care AHS only</td>
</tr>
<tr>
<td>Pap Tests</td>
<td>59%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Child and Adolescent Weight Assessment and Counseling</td>
<td>86%</td>
<td>declined</td>
<td>Primary Care AHS only</td>
</tr>
<tr>
<td>Adult Weight Screening and Follow-up</td>
<td>63%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Tobacco Use Screening and Cessation Intervention</td>
<td>83%</td>
<td>declined</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Asthma Pharmacological Therapy</td>
<td>91%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Coronary Artery Disease (CAD): Lipid Therapy</td>
<td>69%</td>
<td>declined</td>
<td>Primary Care AHS only</td>
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<tr>
<td>Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy</td>
<td>94%</td>
<td>improved</td>
<td>Primary Care AHS only</td>
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<td>Colorectal Cancer Screening</td>
<td>47%</td>
<td>improved</td>
<td>Mobile and primary care</td>
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<td>HIV Linkage to Care</td>
<td>75%</td>
<td>same</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Depression Screening and Follow-up</td>
<td>80%</td>
<td>same</td>
<td>Mobile and primary care</td>
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<tr>
<td>Dental Sealants Children</td>
<td>27%</td>
<td>improved</td>
<td>Primary Care AHS only</td>
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<tr>
<td>Controlled Hypertension</td>
<td>76%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Diabetes: Compliance: A1c ≤ 9%</td>
<td>61%</td>
<td>slight decline</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>HCH Oral Health Access to Care</td>
<td>25%</td>
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<td>Dental access for HCH mobile patients</td>
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<td>Higher</td>
<td>Overall Program Costs</td>
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<tr>
<td>Revenue Growth</td>
<td>0%</td>
<td>same</td>
<td>Increase program revenue to enable expanded svcs.</td>
</tr>
</tbody>
</table>

Questions?
Tab 6:
Alameda County Point In
Time Count 2017
Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2017 Alameda County Point-in-Time Count was a community-wide effort conducted on January 30, 2017. The entire county was canvassed by teams of volunteers and guides with lived experience. In the weeks following the street count, a survey was administered to 1,228 unsheltered and sheltered homeless individuals, in order to profile their experience and characteristics.

### 2017 Homeless Census Population

- **Yearly Count**
  - 2009: 4,341
  - 2011: 4,178
  - 2013: 4,264
  - 2015: 4,040
  - 2017: 5,629

### 2017 Sheltered/Unsheltered Population

- **Total Population**
  - Sheltered: 1,766
  - Unsheltered: 3,863

### Race/Ethnicity (Top Responses)

- **Latino**: 17%
- **Non-Latino**: 83%
- **Black or African American**: 49%
- **Multi-ethnic**: 15%
- **American Indian or Alaskan Native**: 3%
- **White**: 30%
- **Multi-race**: 3%

### Age

- **Under 18**: 9%
- **18-24**: 18%
- **25-39**: 63%
- **40+**: 10%

### Gender

- **Men**: 58%
- **Women**: 41%
- **Transgender**: 1%

### Residence Prior to Homelessness

- **Alameda County**: 82%

### Length of Time in Alameda County

- **Less than 1 year**: 19%
- **1-4 years**: 16%
- **5-9 years**: 9%
- **10 years or more**: 57%

### Subpopulations

- **Chronically Homeless**: 1,652 Individuals
  - Sheltered: 15%
  - Unsheltered: 85%
- **Veterans**: 531 Individuals
  - Sheltered: 29%
  - Unsheltered: 71%
- **Unaccompanied Transitional Age Youth (TAY)**: 919 Individuals
  - Sheltered: 26%
  - Unsheltered: 74%
- **Post K-12 Education**
  - of survey respondents have been in the foster system.
  - 15%
  - Foster Care
  - Justice System Involvement
  - of respondents spent one or more nights in jail/prison/juvenile hall in the past year.
  - 14%
  - 5% of respondents were currently enrolled in a vocational program or college.

### Household Breakdown

- **Single Adults**: 4,533 Households with 4,846 members
  - Sheltered: 22%
  - Unsheltered: 78%
- **Families**: 270 Families with 711 members
  - Sheltered: 96%
  - Unsheltered: 4%
- **Unaccompanied Children**: 72 Individuals
  - Sheltered: 14%
  - Unsheltered: 86%
Alameda County will release a comprehensive report of The EveryOne Home 2017 Homeless Count and Survey in Summer 2017. For more information about EveryOne Home and effort to address homelessness in Alameda County please visit www.EveryOneHome.org


*Subpopulation Definitions*

**Chronically Homeless**
An individual with a disabling condition or a family with a head of household with a disabling condition who:
- Has been continuously homeless for 1 year or more and/or;
- Has experienced 4 or more episodes of homelessness within the past 3 years.

**Veterans**
Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

**Families**
A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

**Unaccompanied Children**
Children under the age of 18 who are homeless and living without a parent or legal guardian.

**Transition-Age Youth**
Young adults between the ages of 18 and 24 years old.