### AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>A. CALL TO ORDER</td>
<td>Boona cheema&lt;br&gt;Chair HCH Commission</td>
<td></td>
<td>9:00 AM</td>
</tr>
<tr>
<td>1. Welcome &amp; Introductions</td>
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<td>5 min</td>
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<tr>
<td>2. Adopt agenda</td>
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<tr>
<td>B. CLOSED SESSION</td>
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<tr>
<td>1. No Closed Session.</td>
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<tr>
<td>C. PUBLIC COMMENT**</td>
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<td>5 min</td>
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<tr>
<td>Persons wishing to address items on or off agenda</td>
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<td>D. CONSENT AGENDA</td>
<td>Lucy Kasdin LCSW, HCH&lt;br&gt;Interim Director&lt;br&gt;Heather MacDonald Fine, AHS Homeless Coordination Office</td>
<td>TAB 1</td>
<td>5 min</td>
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<tr>
<td>• Review and Approve Minutes of 4/19/19 HCH Commission meeting</td>
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<tr>
<td>F. HCH Program Director Report – Lucy Kasdin: HCH Program Update</td>
<td>TAB 2</td>
<td>20 min</td>
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<td>G. AHS Subrecipient Report</td>
<td>TAB 3</td>
<td>10 min</td>
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<tr>
<td>H. HCH Commission Orientation: ACHCH Health Center HRSA Uniform Data System CY2018 Overview</td>
<td>David Modersbach, HCH&lt;br&gt;Mg’t Analyst</td>
<td>TAB 4</td>
<td>10 min</td>
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<tr>
<td>I. REGULAR AGENDA</td>
<td>Lucy Kasdin LCSW, HCH&lt;br&gt;Interim Director&lt;br&gt;Laura Guzman, EOH&lt;br&gt;Sam Weeks DDS, CCAB Board Chair&lt;br&gt;Boona Cheema/Lynette Lynette Lee&lt;br&gt;Lois Bailey Lindsey&lt;br&gt;Michelle Schneidermann MD</td>
<td>TAB 5</td>
<td>5 min</td>
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<tr>
<td>1. <strong>Action Item:</strong> ACHCH Contract review and approval: Lifelong TRUST Clinic and Fruitvale Optical, <a href="https://www.achch.org/commissioners---private.html">https://www.achch.org/commissioners---private.html</a></td>
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<tr>
<td>2. Point In Time Count Presentation</td>
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<td>5 min</td>
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<td>3. County/City Budget Hearings Update</td>
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<td>5. Executive Committee report</td>
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<td>6. Street Health Committee</td>
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<td>7. Budget/Finance and Contracts Committee</td>
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<td>8. Clinical Committee</td>
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<td>9. Other HCH Commission Business</td>
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<td>J. OTHER ITEMS</td>
<td>Lynette Lee, vice-chair HCH Commission</td>
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<tr>
<td>1. Discussion: Recruiting new members of HCH Commission</td>
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<td>10 min</td>
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<tr>
<td>2. Items for upcoming agendas: Next Meeting Friday, June 21, 9-11am, 1000 San Leandro Blvd.</td>
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<td>K. ADJOURNMENT</td>
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<td>11:00 AM</td>
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*Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: [http://www.achch.org/](http://www.achch.org/).
### HCH Commissioners Present

<table>
<thead>
<tr>
<th>Lynette Lee</th>
<th>Laura Guzman</th>
<th>Lucy Kasdin LCSW, HCH Interim Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fr. Rigo Caloca-Rivas</td>
<td>Michelle Schneidermann</td>
<td>Jeffrey Seal MD, Medical Director</td>
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<tr>
<td>Claudia Young</td>
<td>Lois Bailey Lindsey</td>
<td>Heather MacDonald Fine AHS</td>
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<tr>
<td>boona Cheema (chair)</td>
<td>Samuel Weeks DDS</td>
<td>David Modersbach HCH</td>
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<tr>
<td>Gloria Crowell</td>
<td>Shannon Smith-Bernardin</td>
<td>Luella Penserga, Consultant</td>
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<tr>
<td>Ana Bagtas</td>
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<td>Omar Rascon, HCH</td>
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</table>

### County Staff/Partners Present:

- Lucy Kasdin LCSW, HCH Interim Director
- Jeffrey Seal MD, Medical Director
- Heather MacDonald Fine AHS
- David Modersbach HCH
- Luella Penserga, Consultant
- Omar Rascon, HCH

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion/ Recommendations</th>
<th>Action</th>
</tr>
</thead>
</table>
| **A. CALL TO ORDER**
1. Welcome & Introductions
2. Adopt agenda | Meeting Chaired by vice-Chair boona cheema. Convened 9:05am | Motion: L. Guzman; second: G. Crowell Yea: unanimous |
| **B. CLOSED SESSION** | No Closed Session. | |
| **C. PUBLIC COMMENT** | Kendra Roberts – HumanGood. Works in developing affordable housing communities. Town Hall scheduled for July and would like for ACHCH Commission to attend and provide comment. | Motion: L. Lee; second, G. Crowell Yea: unanimous |
| **E. HCH DIRECTOR REPORT** | F. HCH Program Director Report – Lucy Kasdin: HCH Program Update
Total ACHCH Patients Q1 CY2019. David presented dashboard to review patient data and compared to prior year. ACHCH is seeing more patients compared to last year.
Questions:
- How to focus on housing status? Those who are doubled-up and unsheltered. – When patients are transitioned into housing, they are still eligible for treatment and supportive services.
- Dips in Street Medicine visits? we will discuss more detail, but Roots lost their physician and EBCRP’s contract was terminated.
- AHS Mobile Van? – Mobile Health driver retired, and are currently in negotiation with AHS to transition the mobile van to AHS. ACHCH is currently involved in County meet and confer for staff transitions.
- StreetHealth? Street Health is a pilot program that is based in ACHCH, and is currently providing served in Downtown and West Oakland. The team is growing as new street medicine teams roll out. There will be teams assigned to a specific |
Suggestions:
- The Commission would like a presentation from ACHCH to provide more information on behavioral health and Street Psychiatry services that are provided throughout Oakland.
- The Commission would like to more closely track gender and age, race as well as Street vs. Doubled UP/Sheltered.

Street Medicine Discussion: The group discussed differences in clinic models; the TRUST was designed to specifically serve homeless patients and there need to be more clinics like this, and the other model is supporting existing clinics to provide services to the homeless population as a subset of larger population. For instance, Tiburcio Vasquez does not have a service delivery model dedicated to serving the homeless; therefore, the role of ACHCH is to support successful implementation while other contractors have some experience in the field.

ACHCH Strategic Planning:

Personnel: The Program Director position will officially be filled by the end of April. Dr. Ted Aames will start working as ACHCH Behavioral Health Clinical Supervisor effective 4/22/2019. Still recruiting, interviewing Psychiatric Nurse Practitioner and Program Financial Specialist. New front-office Spanish-speaking CHOW starting at 384-14th Street. Working to reclass serveral positions, including Sr. Pharmacist as part of the StreetHealth Team (funded by HRSA SUDS/MH expansion), RN II and Behavioral Health Clinician. We are looking to shift service delivery to ensure that patients are provided treatment by staff with clinical background.

Question: are nurse practitioners and sr. pharmacist prescribe medication? – yes, they are able to prescribe medication.

HRSA Expansion: ACHCH is planning to apply for two HRSA opportunities (Oral Health Infrastructure & Integrated Behavioral Health Services). Planning is in early phases, but more information will be provided to the commission soon.

Contracts

AHS: 4/17 meeting with ACHCH, HCSA & AHS leadership, and the outcome was for ACHCH to make adjustments to the contract to reflect additional HCSA funding for an MD-level 0.50FTE Health Center Director position which will meet HRSA compliance for AHS’s subrecipient health center Program Director, and interact with AHS Executive Leadership Team. The subrecipient agreement will be provided to the commission for review and approval. This position is in addition to the homeless Program Manager and mobile services staffing that will be funded by ACHCH using federal pass-through funds. Contract is still under development, and will be provided to the commission for the next meeting.

TRUST Clinic: contract is up for renewal and there will be slight changes. The new contract included additional position for street medicine expansion and other funding.

Question: what about services in North Oakland and Berkeley? – ACHCH is currently in discussion with Berkeley to support the development of street outreach/medicine
teams, but Berkeley is not included in regional Street Medicine coverage.

**Street Medicine:** Three contracts have been awarded as a result of RFP process.
1. Lifelong (East Oakland)
2. Tiburcio Vasquez (Central County)
3. Tri-City Health Center (South and East County)

**Question/Discussion:**
- Will Roots continue to serve patients in East Oakland? – Roots announced that they would not apply for the RFP, expressed that they do not support the new Street Medicine program model. ACHCH went through a comprehensive planning process to explore best practices and have developed a model with a team that is led by a nurse rather than MD. The new teams will serve a smaller more specific service area and priority is to connect patient to primary care clinics. Lucy discussed the non MD-led program model for street medicine in detail, focusing on patient engagement, scheduled presence at camps, and increased numbers of hours available for patient contact/care.
- Was it a budgetary issue? – each of the teams cost more in comparison to prior contracts. The teams will serve patients 40-hours a week versus 20-hours a week. It was an increase but it excluded a physician. Physician position is costly.
- Roots did express their displeasure and what was their input regarding physician being included in the model? – The definition of an active patient is a patient we see three-times per year and one of the visits have to be with a primary care provider. Unfortunately, Roots did not see that many patients we would consider active. Roots is openly stating that over 500 patients will not have access to street-based care when their data does not support this. Majority of visits are one or two times only, for chronic conditions which require ongoing engagement for patient care. ACHCH has presented ROOTS with a list of patients in recent months and has asked them to create a transition plan with ACHCH funding through July, without response from ROOTS.
- ACHCH is currently exploring ways to charge PPS-rate. Commissioner expressed agreement in both of the models (physician led vs. nurse led), and encouraged ACHCH to include retention rate in future contracts. ACHCH stated that the new model will focus on providing consistent care to patients in designated locations.
- Please provide overview of contract deliverables and model per demographic; and encourage local communities to provide support to street outreach teams. Also, include in the contract to hire personnel with lived experience and include staff that speaks Spanish.

**Discussion:**
- Currently, the model focuses on areas with high homelessness density, and unfortunately this is complicated in wide spread cities like Union City, Fremont. The commission would like to announce support of the street-medicine model and draft a letter for the BOS. There was a consensus on HCH Commission sending a letter to express support for the new model, encourage the three organizations to adapt model to reflect diverse workforce and acknowledge Roots’ views on physician-led team. Executive committee will take on task to draft letter, and will distribute to members for comment.
- Commissioners looked at merit of both sides of mode, especially given the increasing rate of camp evictions and the housing crisis, folks are increasingly mobile. Important to include outreach and retention as key factors in Street
Medicine learning communities.

- Commissioners would like for ACHCH to find other methodologies to support decisionmaking on street outreach efforts. ACHCH should also use SSA data as another reference. What is role of Street Medicine in Alameda?
- Must push for increasing racial equity, lived experience, language competency in our contracts. One visit only does not change health. Primary care engagement must be led by HCH. Understand the HCH must prioritize by homelessness density, but have to find ways to target smaller, more specific target populations. Support moving away from a crisis-based model to ongoing, scheduled engagement.

**Family Impact of Homeless:** EveryOne Home would like to receive report to identify links. The homeless count doesn’t accurately capture homeless family data. We are currently working with CAPE unit to identify data sources. More information will be provided soon.

**Oral Health Needs Assessment:** Consultant Bahar Amanzadeh DDS is leading the 4-month long process bringing together many stakeholders in reviewing ACHCH dental care and community needs and opportunities, last meeting in late May, then report out.

**Patient Experience:** ACHCH patient experience pilot is half way complete. The project is moving along and will provide updates once the project is complete. Bright Research is presenting for the national conference with one of our CCAB members.

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**G. AHS Subrecipient Report**

Heather MacDonald Fine of AHS Homeless Coordination Office presented:

AHS is carrying out first meeting for new AHS Co-Applicant Board which will be the subrecipient co-applicant governing board for AHS-wide homeless health center operations. There are 7 confirmed attendees, including 4 patients, 3 with lived experience.

**H. HCH Commission Orientation:**

ACHCH Health Center Uniform Data System CY2018 overview and report moved over to next meeting due to time.

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**I. REGULAR AGENDA**

- Action Item Election of Exec Committee Chairs
- Consumer/Community Input – Report from HCH Consumer /Community Advisory Board
- Executive Committee report
- Street Health Committee
- Finance Committee
- Clinical Committee

**Selection of New HCH Commissioner:** Denise Norman (member of ACHCH CCAB, St. Mary’s Center, EBHO, Residents United, etc.), was unanimously elected to ACHCH Commission.

**Discussion of New Members:** There is one person (Julie Lo) currently seeking membership as HCH Commission. To be interviewed by Executive Committee. Discussion of representation in HCH Committee – need better gender representation especially to align better with racial demographics served by HCH program.

**HCH CCAB Report:** CCAB working to expand membership; seeking new members with actively using HCH services and community members. Two members attending NHCHC Conference in DC: Jeannette Johnigan (presenting Patient Experience) and Sabrina Fuentes (speaking in Rally). Working on new program pamphlets, evaluating outreach and flyers, planning retreat this summer.

**Motion:** L. Lee; second, G. Crowell

Yea: unanimous
Executive Committee: Executive Committee is meeting regularly on a monthly basis, to review agenda and HCH Commission meeting content, selection of new HCH Commissioners.

Street Health Committee: Committee has not met recently, but there is a need to bring members together to address the recent speed in which encampments are being evicted and enforcement carried out. How to continue to provide health services in this midst of rapid change, and how to keep track of people who are swept from one place to another. Role of HCH program/County in recent eviction of 66th Ave/Coliseum encampment was discussed. Lucy Kasdin is involved in county Encampment Response Team, in Operations Committee of Homeless Council, providing HCH input into processes as part of collaborative approach including county staff, SSA, sheriff, Environmental Health, BHCS, etc.; however a significant gap between program staff and community media/social media perceptions of enforcement. Commissioners suggest that there is still need for input and direction for County Operations Committee around policies for encampment abatement and support, as some types of enforcement negatively affect trust and confidence in the HCH program.

Finance and Contracts Committee: Has had third meeting, working on a dashboard, quarterly reports, making budget reports easier to read, focus on grant spend-down, review of services, clients, contract reviews: Street Medicine negotiations, and next meeting will focus on GY20-22 budget.

Clinical Quality Committee meets 5/13/19.

<table>
<thead>
<tr>
<th>I. OTHER ITEMS</th>
<th>H. ADJOURNMENT</th>
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<tbody>
<tr>
<td>1. 2019 NHCHC Conference DC</td>
<td>MINUTES APPROVED BY UNANIMOUS VOTE OF HCH COMMISSION 4/19/2019</td>
</tr>
<tr>
<td>2. Items for upcoming agendas:</td>
<td>Verified by Lois Bailey Lindsey, HCH Commission Executive Committee Secretary</td>
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<td>Date: ____________________ 11:00 AM</td>
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Motion:
Tab 2:
HCH Director Program Update
May 17, 2019

TO: Alameda County Health Care for the Homeless Commission

FROM: Lucy Kasdin, LCSW Interim Director

SUBJECT: Director’s Report

Program activity update since the 4/2019 HCH Commission meeting:

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

   We have interviewed scheduled for the Program Financial Specialist and hope to fill this position in the next two months. In addition, we continue our work to hire a Psychiatric Nurse Practitioner and remain 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 II.

2. **HRSA IBHS Expansion Funding (Strategic Area: Clinical Care and Community Needs)**

   ACHCH has submitted a proposal to expand StreetHealth service team by adding a 1.0FTE Psychiatric Nurse Practitioner to provide behavioral, substance use and basic primary care to StreetHealth services. Funding will likely be announced by September.

3. **Change in Scope (Strategic Area: Clinical Care and Community Needs)**

   ACHCH has submitted a Change In Scope to add the AHS Highland Dental Clinic to the HCH scope of services. Staff has been working with AHS Dental clinic, monitoring improvements in care, services and coordination for the past two years. Plan for first year of homeless dental services is to provide general dentistry, emergency care and restorative care to 200 homeless patients, in coordination with the ACHCH program.

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

   As AHS Co-Applicant Board is established, the HCH Commission Co-Applicant Agreement is being revised to remove AHS Board of Trustees from the agreement. County Counsel will draft a revision for HCH Commission review, input and approval in July 2019.

5. **Service Area Competition (Strategic Area: Health Center Compliance)**

   ACHCH is nearing the end of its 2017-2019 HRSA grant period. Next grant period is 2020-2022. Submission of our health center HRSA Services Area Competition will be in late August. Staff is developing SAC application, which includes assessment of need, program design, budget and projected numbers for next three years. Commission will be updated on progress, and receive
drafts (program design and budget) for review, input and approval before submission in late August.

6. **Contracts (Strategic Area: Clinical Care)**
   a. AHS subrecipient agreement, TRUST Clinic, Fruitvale Optometry, Street Medicine (Lifelong, Tiburcio Vasquez and Tri City Health Center) and possibly ROOTS contract extension are all under County Counsel review and will be presented for BOS approval at 6/18/19 BOS meeting. HCH Commission has not reviewed or approved final contracts yet, and next HCH Commission meeting is 6/21. It is possible could convene the HCH Commission Budget and Contracts Committee for review of contracts with HCH Commission approval in 6/21/18 meeting.
   b. ROOTS STOMP: HCSA leadership made an agreement with Noha Aboelata MD, ROOTS CEO, to extend ROOTS’ HCH contract (which ended 4/30/19) through 12/31/19. HCH staff is in the process of developing contract extension language and funding to support this extension.

7. **Program Highlight (Strategic Area: Community Awareness and Marketing)**
   The HCH StreetHealth team is featured in this video to highlight their work and the role of UCSF Psychiatry residents (Fellows) in our HCH program: [https://www.ucsf.edu/news/2019/05/414401/public-psychiatry-health-equity-and-inclusiveness](https://www.ucsf.edu/news/2019/05/414401/public-psychiatry-health-equity-and-inclusiveness), HCH has a long-standing relationship with UCSF developed by Dr. Seal.

8. **Needs Assessment (Strategic Area: Clinical Care and Leadership and Advocacy)**
   The HCH Dental Needs Assessment working group will meet for a final time on June 5th to review and finalize recommendations for expanding/improving health center dental health services.

Sincerely,

Lucy Kasdin, LCSW
Interim Director
Alameda County Health Care for the Homeless
Lucy.kasdin@acgov.org
510-891-8903
Tab 3

AHS Subrecipient Report
May 17, 2019

TO: Alameda County Health Care for the Homeless Commission

FROM: Heather MacDonald Fine MHA, Practice Manager

SUBJECT: Sub-recipient Report

Program Activity update since 4/2019 HCH Commission Meeting:

1. Health Center Compliance
   a. AHS Homeless Health Center Co-Applicant Workgroup meeting held on May 14th to allow candidates to meet one another and submit applications for AHS co-applicant board positions.
   b. Contract draft reviewed and returned to AC HCH

2. Health Center Needs and Resources Coordination
   a. See 1a.

3. Community Awareness and Marketing
   a. RBA data through March is entered
   b. Internet Site Updated
   c. Participation in Everyone Home annual community meeting

4. Clinical Care
   a. AHS annual competencies due May 15, 2019
   b. Worked with Mobile Team re: site checklist
   c. Transforming Mobile Health Program design

5. Data and Integrated Technology
   a. EPIC build UDS in progress

6. Leadership and Advocacy
   a. Provided training to Patient Services Representative (PSR) teams re: Coordinated Entry, Living Arrangement and standard work for people experiencing homelessness.

Heather MacDonald Fine | Practice Manager
Ambulatory Care

Alameda Health System
510-437-5086
hmacdonald@alamedahealthsystem.org
Tab 4

ACHCH UDS Overview
ACHCH Commission
May 17, 2019

ACHCH Health Center UDS Report Overview
CY 2018

CY2018 Uniform Data System Report

- Annual utilization Report submitted to HRSA every February, covering health center patient demographics, care, outcomes, costs and revenue for previous calendar year.
### ACHCH Health Center vs. HCH Program

<table>
<thead>
<tr>
<th>ACHCH Health Center</th>
<th>HCH Program</th>
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<tbody>
<tr>
<td>Includes all in-scope, reportable services provided to health center patients at sites on ACHCH scope of services.</td>
<td>Grantee of HRSA health center funding, housed within Alameda County HCSA.</td>
</tr>
<tr>
<td>Includes contractors and their staff, costs, revenue related to health center visits.</td>
<td>Total: 21 FTE</td>
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<td>Total 113.05 FTE</td>
<td>Administers grant, contracts, governance, monitors health center compliance, and provides some direct health care services.</td>
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### ACHCH Health Center Patient:

A person who has received at least one ACHCH directly-provided or contracted health care service.

Most ACHCH health center patients are persons experiencing homelessness. Some are formerly homeless (up to 12 months) or in Permanent Supportive Housing (indefinitely).
ACHCH Health Center Scope of Services Form A Services

Required Services:
General Primary Medical Care, Lab, radiology, screenings, family planning, immunizations, Well Child services, GYN, prenatal, postpartum care, preventative dental, pharmacy, substance use,

Enabling Services

Additional Services
Dental, Mental Health, Optometry, Acupuncture, Additional Enabling,

Specialty Services (Highland Hospital K7, HCP)
Podiatry, Psychiatry, Ophthalmology, Orthopedics, Endocrinology, Dermatology, Rheumatology, Urology, Cardiology, Chest, Gastroenterology, Oncology, Neurology, Oral Surgery, ENT, Advanced Diagnostic Imaging

ACHCH Health Center Scope of Services Form 5B Sites

- ACHCH/AHS Mobile Services (Van)
- AHS Ambulatory outpatient Clinics (HGH, Same Day Clinic, Eastmont, Newark, Hayward)
- HCH Program 384-14th Street Oakland, inc StreetHealth and Shelter Health portable care.
- ROOTS (Street Medicine)
- Tri City Health Center (Street Medicine)
- Lifelong TRUST Health Center 1404 Franklin Oakland
- Onsite Dental Foundation
- La Clinica de la Raza
ACHCH Contractors

<table>
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<tr>
<th>Contractor</th>
<th>Service/Site</th>
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<tbody>
<tr>
<td>Alameda Health System (Subrecipient)</td>
<td>Primary Care/Specialty Care: Highland, Eastmont, Hayward, Newark, Mobile Health</td>
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<tr>
<td>Lifelong Medical</td>
<td>TRUST Health Center</td>
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<tr>
<td>Onsite Dental Foundation</td>
<td>Mobile Dental Care</td>
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<tr>
<td>ROOTS Community Health Center</td>
<td>N.County Street Medicine (STOMP)</td>
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<tr>
<td>Tri City Health Center</td>
<td>S.County Street Medicine</td>
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<tr>
<td>Fruitvale Optometry</td>
<td>Optical</td>
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UDS Total Health Center Utilization CY2018

Total Patients: 9,987 (↑34%)
Total Visits: 45,035 (↑ 9%)
Total Medical Patients: 7,805 / 28,660 visits (↑ 8%)
Behavioral Health Patients: 781 / 4,147 visits (↓ 20%)
Dental Patients: 504 / 2,207 visits
Optometry Patients: 705 / 1,233 visits
Enabling Services Patients: 2,444 / 6,857 (↑ 21%)
Alameda County Health Care for the Homeless Commission

ACHCH Health Center UDS 2018 Patient Demographics

Race of HCH Patients CY 2018 (9,987 patients)
- Latina/o: 30%
- More than one race: 2%
- Male: 53%
- Female: 47%
- Hawaiian/Pacific Islander: 1%
- Asian: 11%
- Black/African American: 34%
- American Indian/Alaska Native: 2%
- White: 16%
- Latina/o: 30%
- More than one race: 2%
- Male: 53%
- Female: 47%
- Hawaiian/Pacific Islander: 1%
- Asian: 11%
- Black/African American: 34%
- American Indian/Alaska Native: 2%
- White: 16%
- Male: 53%
- Female: 47%
- Veterans: 147

Housing Status CY2018 UDS
- Doubling Up: 57%
- Street: 25%
- Homeless Shelter: 5%
- Transitional: 8%
- Other: 4%
- Unknown: 1%

Average age: 46 yrs
- 0-5 yrs: 376 (4%)
- 0-18 yrs: 626 patients (6%)
- 18 yrs - 64: 80%
- 65+ yrs: 1358 (14%)

Patients best served in a language other than English:
- 2,927 (29%)

UDS Total Health Center 2017 Patient Demographics

Percentage of Health Center Patients <65 yrs Age 2011-2018

- 2011: 6%
- 2012: 5%
- 2013: 5%
- 2014: 7%
- 2015: 11%
- 2016: 11%
- 2017: 12%
- 2018: 14%
### 2018 HRSA Performance Measures HCH Program

<table>
<thead>
<tr>
<th>Measure</th>
<th>2018 Compliance</th>
<th>2017 Compliance Rate</th>
<th>2015-2018 difference</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization</td>
<td>19.5%</td>
<td>74%</td>
<td>declined</td>
<td>Primary Care ART only</td>
</tr>
<tr>
<td>Pap Tests</td>
<td>61.4%</td>
<td>55%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Child and Adolescent Weight Assessment and Counseling</td>
<td>57.1%</td>
<td>90%</td>
<td>improved</td>
<td>Primary Care ART only</td>
</tr>
<tr>
<td>Adult Weight Screening and Follow-up</td>
<td>34.3%</td>
<td>80%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Tobacco Use Screening and Cessation Intervention</td>
<td>94.3%</td>
<td>88%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Asthma Pharmacological Therapy</td>
<td>94.3%</td>
<td>97%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Coronary Artery Disease (CAD): Lipid Therapy</td>
<td>98.7%</td>
<td>83%</td>
<td>improved</td>
<td>Primary Care ART only</td>
</tr>
<tr>
<td>Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy</td>
<td>96.9%</td>
<td>70%</td>
<td>declined</td>
<td>Primary Care ART only</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>57.1%</td>
<td>25%</td>
<td>declined</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>HIV Linkage to Care</td>
<td>100.0%</td>
<td>50%</td>
<td>same</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Depression Screening and Follow-up</td>
<td>56.7%</td>
<td>75%</td>
<td>same</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Dental Sealants Children</td>
<td>100.0%</td>
<td>100%</td>
<td>improved</td>
<td>Primary Care ART only</td>
</tr>
<tr>
<td>Controlled Hypertension</td>
<td>74.3%</td>
<td>78%</td>
<td>improved</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>Non-controlled Diabetes &gt;9%</td>
<td>35.7%</td>
<td>57%</td>
<td>Slight decline</td>
<td>Mobile and primary care</td>
</tr>
<tr>
<td>HCH Oral Health Access to Care</td>
<td>25.0%</td>
<td>25%</td>
<td>Same</td>
<td>Dental access for HCH mobile patients</td>
</tr>
<tr>
<td>Cost Per Patient</td>
<td>$1,839</td>
<td>$2,176</td>
<td>Higher</td>
<td>Overall Program costs</td>
</tr>
<tr>
<td>Revenue Growth</td>
<td>3.0%</td>
<td>0%</td>
<td>improved</td>
<td>Increase program revenue to enable expanded services</td>
</tr>
</tbody>
</table>

### UDS Total Health Center 2017 Patient Demographics

**Health Insurance Status ACHCH Patients 2011-2018**

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients with Medi-Cal</th>
<th>Uninsured Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>2012</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>2013</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>2014</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>2015</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>2016</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>2017</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>2018</td>
<td>33%</td>
<td>67%</td>
</tr>
</tbody>
</table>

*Notes:*
- Primary Care ART only
- Mobile and primary care
- Slight decline
- Same
Alameda County Health Care for the Homeless Commission

UDS Total Health Center 2018 Costs

HCH Health Center 2018 FTEs total 113.05

- HCH Contractors, 26.86%
- HCH Program, 17.3%
- Alameda Health System, 65.24%

Total Health Center 2018 Financial Costs (in Millions)
total $18.36M

- HCH Contractors, $4.72
- HCH Program, $4.77
- Alameda Health System, $10.81

Total Health Center 2018 Financial Costs (in Millions)
total $18.36M

HCH Program 2018 Budget

ACHCH Health Center CY2018 Budget by Category
Total Expenses $7,272,295

- Personnel 21FTE S&EB $3,403,026 47%
- Contracts inc. Trust, AHS and clinics $2,685,923 37%
- Operations $1,021,661 14%
- Indirect $63,685 2%
HCH Program 2018 Contracts

HCH Contractors by Amount
CY2018 total $2,735,923

- Lifelong TRUST $1,913,792 (39%)
- Alameda County Health Care for the Homeless Commission $932,944 (17%)
- ROOTS $332,440 (12%)
- Fruitvale Optometry $47,103 (2%)
- La Clinica Dental $100,453 (4%)
- Onsite Dental $291,351 (9%)
- Tri-City $146,641 (6%)
- East Bay Community Recovery $122,390 (5%)
- AHS $521,773 (19%)
- Program Consultants $130,000 (4%)
- Onsite Dental $251,335 (9%)
- Program Consultants $130,000 (4%)

UDS Total Health Center 2018 Staffing

ACHCH Health Center Wide Staff FTES by Type 2018

- Administrative, etc Staff, 31.00
- Physicians, MD, NP, PA, 14.16
- Enabling Services Providers, 23.6
- Vision Staff, 1.26
- Mental Health (MD, LCSW, Psych), 7.10
- Substance Use Providers, 0.75
- Dental Staff, 4.30
- Medical Support (RN, etc), 10.88
ACHCH CY2018 UDS Reported Revenue

Health Center Patient Revenue 2018 by Source $6,930,396

- AHS, $5,844,253
- Lifelong TRUST, $1,096,153
- ROOTS, $19,890

County General Fund, $118,701

Non Patient Program Revenue CY2018 $9,710,978

- AHS Non-Px Services, $3,227,789
- HCH MHSA-TRUST, $2,267,897
- HCH MHSA-Grant, $5,853,333

- Contractor in-Kind, $102,270

Questions?
Tab 5
Action Item: Approve CY2019 ACHCH Contracts
Draft HCH Contracts will be made available on the HCH Commissioners Login Page of the HCH Commission webpage.

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

Login to access the 2019 Contracts for review.

Questions contact David Modersbach at david.modersbach@acgov.org