

Alameda County Health Care for the Homeless Commission
Friday, January 20, 2016 9:00am-11:00am
Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577

AGENDA

Item	Presenter	TAB	Time
A. CALL TO ORDER 1. Welcome 2. Introductions 3. Adopt agenda	Mark Shotwell, ACHCH Director		9:00 AM 10 min
B. CLOSED SESSION 1. No closed session this meeting			
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda			5 min
D. CONSENT AGENDA Review and Approve Minutes of 12/16/16 Meeting		TAB 1	5 min
E. BOARD ORIENTATION a. HCH Contracts Overview	Harit Agroia HCH Contracts Mgr	TAB 2	20 min
F. REGULAR AGENDA 1. Consumer/Community Input – Report from HCH CCAB 2. Board Ad Hoc Committee reports - no reports this meeting 3. HCH Program report : HCH Director’s Report 4. HCH Scope of Services – Add Specialty Services Action Items: Approve submission of Changes in Scope: Podiatry, Optometry, Ophthalmology, Orthopedics, Complementary/Alternative Medicine 5. Encampments / unsheltered homeless in Alameda County – continued discussion	Mark Shotwell, ACHCH Director David Modersbach, HCH Grants Mgr	TAB 3 TAB 4	10 min 15 min
G. OTHER ITEMS 1. Items for upcoming agendas 2. HCH Commission Selection of Chair, Vice Chair and Executive Committee 3. Housekeeping			10min 30min
H. ADJOURNMENT			11:00 AM

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

** 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 of December 16, 2016
Commission Meeting**

	<p>partnership with BHCS on employment using the Individual Placement and Support (IPS) model.</p> <p><u>Unsheltered Homeless & Encampments in Alameda County Overview</u> – ACHCH Grant Manager David Modersbach defined the scope of the problem: the 2015 Point in Time Count found more than 2,400 unsheltered, with 13,000 unsheltered annually, but this is probably an underestimate: using the HRSA definition, 23,000 people experience homelessness in any given year. There are only 440 shelter beds available for single persons at any given time plus 285 during cold or rainy nights during the winter, not nearly enough. Street homelessness has increased as a result of the housing crisis and reduction in shelter beds. The spectrum of responses to homelessness includes: 1) criminalization; 2) abatement ('cleaning up'); 3) outreach to serve people whenever they are; 4) "Navigation Centers" where encampment dwellers are relocated to; and 5) sanctioned encampments (there's now one in Oakland); and 6) sanctioned "Shelter In Place" encampments supported by outreach and services. Sanctioned encampments can include legalizing parking for people living in cars – there are many people now parked along San Leandro Blvd. Another approach is micro-housing -- tiny home villages - with shared cooking and bathrooms. HCH's response to encampments includes: mobile clinics; outreach (mostly limited to downtown Oakland); street medicine; and helping with County and city approaches to sanctioned encampments. HCSA is now developing a position paper on encampments and would like the Commission's input. A Commissioner asked what percentage of unsheltered people want traditional housing. Staff responded that focus groups carried out through All In Alameda County found that 75% would like shelters if accessible and decent. Another Commissioner asked what the Commission could do to counteract the myth that people want to live outside. A desire was expressed to invest in media to change public perception of this issue. Next steps: the Commission will review the draft position paper and have more discussion at the next meeting. Staff will follow up with more materials and check in with HCSA leadership about the process of finalizing the position paper.</p>	
<p>REGULAR AGENDA</p>	<ol style="list-style-type: none"> 6. <u>Consumer Input</u> - no item this meeting. 7. <u>Board Ad Hoc Committee reports</u> - no reports this meeting. 8. <u>HCH Director Report</u> - Mark Shotwell presented briefly. Volunteers are sought for Point in Time count to take place on January 31, 2017. 9. <u>HCH Budget Process</u> – HCH Finance Manager Quyen Tran provided an overview of the budget process. The County budget, which is a program planning tool, is a subset of the 	<p>Attachment Tab 4</p> <p>Attachment Tab 5</p>

	<p>HRSA or 'health center' budget. Quyen presented an overview of budget components, timeline, budget development process, reporting, and policies. County and federal internal policies and procedures apply. A Commissioner asked if Commissioners have fiduciary responsibility. Staff replied that they do not believe that Commissioners have personal liability related to financial oversight.</p>	
OTHER ITEMS	<ol style="list-style-type: none"> 1. <u>Officer elections</u> – Agreed that the selection of Commission officers should occur with full participation of Commissioners and after there has been more time for Commissioners and staff to know one another. Agreed to keep this on the agenda and check in regularly about next steps. 2. <u>Next HCH Commission meeting - Friday, January 20, 2017 - 9:00am-11:00am, 1000 San Leandro Blvd #325, San Leandro CA 94577.</u> 	
ADJOURNMENT	Time: 11:05 a.m.	<p>Motion: Caloca-Rivas, Lee, second; Yea: unanimous</p>

Tab 2:

HCH Contracts Overview

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

ACHCH Commission Meeting
ACHCH Contracts
January 20, 2017

Alameda County Health Care for the Homeless Commission 1

Presentation Overview

- ▶ ACHCH Contracts
- ▶ Contracts Monitoring Process
- ▶ Procurement Process

Alameda County Health Care for the Homeless Commission 2

Overview of Contracts

- ▶ La Clinica de la Raza
- ▶ On Site Dental Care Foundation
- ▶ Tri-City Health Center
- ▶ Roots Community Health Center
- ▶ East Bay Community Recovery Project
- ▶ LifeLong Medical Care

La Clinica de la Raza

- Scope of work:
 - Provides comprehensive dental health care services including phase I and phase II treatments
 - Provides specialty services including full dentures, partial dentures, and crowns
- Deliverables
 - Serves about 96 clients annually
 - Approx. 960 visits
 - Services provided in block sessions; 240 blocks/year (3 visits per block)

Contract Period: January - December 2017

Funding Level: \$127,363

On Site Dental Care Foundation

- Scope of work:
 - Provides mobile comprehensive dental health care services including phase I and phase II treatments
 - Provides specialty and prosthetic services including full dentures, partial dentures, bridges, and crowns
- Deliverables
 - Serves about 162 clients annually
 - Approx. 1,000 visits
 - Services provided in block sessions; 50 blocks/year (20 visits per block)

Contract Period: November 2014 – October 2018
Funding Level: \$260, 896

Tri-City Health Center

- Scope of work:
 - Provides street medicine and outreach services, including face-to-face provider visits 20 hours/week
 - Provides counseling services (MI, PST, etc.)
 - Operates a primary care stable site clinic
- Deliverables
 - Street Outreach:
 - At least 1,850 outreach encounters per year within 20 unique encampments
 - Integrated Health Care:
 - 226 unique patients resulting in at least 1,700 visits
 - Health Navigation
 - 60% of patients connected to PCMH
 - 70% connected to behavioral health, social health and/or housing assistance services

Contract Period: October 2015 – September 2018
Funding Level: \$600,000

Roots Community Health Center

- Scope of work:
 - Provides street medicine and outreach services, including face-to-face provider visits 20 hours/week
 - Provides counseling services (MI, PST, etc.)
 - Provides care coordination to integrate primary and behavioral health services
 - Provides housing navigation
 - Operates a primary care stable site clinic
- Deliverables
 - Outreach & Integrated Health Care:
 - 230 unique clients served resulting in 1,100 visits
 - Health Navigation
 - 60% of patients connected to PCMH
 - Connects at least 20% of patients to housing navigation services

Contract Period: May 2015 – April 2019

Funding Level: \$1,193,208

East Bay Community Recovery Project

- Scope of work:
 - Connects clients to substance use and mental health facilities; primary health care services
 - Harm reduction integrated into outreach
 - One-on-one meetings with clients, establishes case management plan
- Deliverables
 - Client Engagement & Outreach
 - 70 clients served/year
 - 1,000 harm reduction kits distributed
 - Outreach to 15 sites
 - Primary Care Services
 - 50 clients connected to primary health care services
 - Case Management
 - 70 clients provided case management services
 - Housing Navigation
 - 50 clients provided housing navigation services

Contract Period: January 2017 – December 2019

Funding Level: \$450,000

LifeLong Medical Care

- Scope of work:
 - Operates the Trust Health Center to improve access to integrated primary care and behavioral health services
 - Develops treatment approaches to reduce utilization of emergency, inpatient, and crisis health care services
 - Promote health and well-being through partnerships and collaborations with other CBOs
- Deliverables
 - Serve 1,500 eligible individuals over the 3 year contract period

Contract Period: April 2015- March 2018

Funding Level: \$2,700,000

Contracts Monitoring Process

- ▶ Contractors submit reporting materials by the 15th of each month or the 15th of the month following the end of each quarter. Types of reports provided include:
 - Invoices and financial statements
 - Utilization reports and referral logs
 - Narrative progress reports
- ▶ All data is reviewed prior to submission of invoice to finance to ensure progress toward contract deliverables
- ▶ Data dashboards are created and presented to internal stakeholders

Procurement Process

- ▶ Based on program need, ACHCH determines funding level for each contracted service
- ▶ Based on this funding level, County procurement guidelines are followed to select the Contractor best qualified to provide the service.
 - <\$100,000 → Informal RFP/RFQ
 - >\$100,00 → Formal RFP
- ▶ Informal RFP/RFQ's
 - Those over \$25,000 follow the Request for Quotations process and Board of Supervisors Approval
 - Those under \$25,000 do not require Board of Supervisors approval
- ▶ Formal RFP's
 - This requires the release of the RFP which specifies Contractor minimum qualifications, scope of work to propose and answers to additional program questions.
 - A County Selection Committee is appointed to review bid proposals if they are received by the specified due date. A vendor interview may be required.
 - When selected, the Contractor works with the program for negotiations
 - Once contract is agreed upon, it is taken to the Board of Supervisors for approval.

Questions?

Tab 3:

HCH Director's Report

DATE: 1/20/17

TO: Alameda County Health Care for the Homeless Commission Meeting

FROM: Mark Shotwell, Director
ACHCH Program

SUBJECT: Director's Report

1) Vision Development for Health Care for the Homeless

The development of the vision for the program is a process that includes all HCH staff and the HCH Commission. I have taken initial steps that will lead to this process.

First, I met individually with each of the HCH staff members to get to know them and hear from them their personal insights about the program. My next step was to re-launch this week our monthly all staff meetings. In our January meeting, our focus was to build our shared vision for the staff meeting and ensure it is highly effective and productive for staff. In future meetings, we will begin to plan for a formal vision building process.

The strong partnership of staff and the Commission in the development of the program's vision is essential. I will work with HCH staff to develop a draft plan for the vision planning process. I will bring that plan to the Commission for review. Commissioners will decide how the Commission will be involved in this process.

2) Alameda County Homeless Point in Time Count-January 31, 2017

10 HCH staff and clients, at least one Commission Member and I will be participating in the Homeless Point in Time Count scheduled for January 31, 2017. There is still time to volunteer if you are interested. Just let me know.

3) Social Security Advocacy Project

The HCH-funded Trust Health Center, has been chosen by the Rockville Institute Westat IPS Center as a potential site for a Social Security Study. The goal of the study is to engage SSI applicants who have been denied benefits with Individual Supported Employment services (IPS) to see if it deters them from further pursuit of SSI. IPS programs all over the country were asked by The IPS Center to submit a letter of interest. Bay Area Community Services (BACS) and the TRUST Clinic were two from our county that submitted letters.

Those chosen for the study will be provided funds to support 8 Employment Specialists, an LVN, and have 6 years to demonstrate how at least 80 potential SSI recipients were able to forgo SSI for work. It's quite an opportunity for any programs selected.

We are currently in communication with The IPS Center about our potential involvement. I will update the Commission once we learn if we are formally selected to be a study participant.

4) **ACHCH Home Stretch**

Home Stretch is a program funded by Health Care for the Homeless. HCH recognizes the link between health and housing and works to connect persons experiencing homelessness to housing services through the Home Stretch program.

Alameda County has over 1800 units of Permanent Supportive Housing (PSH) for formerly homeless people. Home Stretch is Alameda County's strategy to prioritize PSH opportunities to homeless and disabled people with the highest needs in order to maximize the impact PSH can have in ending homelessness.

Home Stretch will establish a County-wide registry of people who are homeless and disabled and a centralized process for linking high need individuals and households with PSH opportunities. In addition, Home Stretch will include housing navigation services for people prioritized for PSH in order to provide a supportive process that includes assistance obtaining necessary documentation for move-in.

Home Stretch began accepting referrals in July, 2016. Below are some statistics on referrals and housing through Home Stretch so far:

Referrals

Total # Referrals Received by Home Stretch (as of 12/16/16): **505**

Eligible Referrals: **371**

Ineligible Referrals: **62**

Incomplete Referrals: **72**

Housing – as of 1/12/17

Total # of PSH Openings since Program Start: **54**

Total # of Clients Referred: **73**

of Clients Moved-In: **25**

Roughly **20%** of eligible referrals have received a referral to PSH

Tab 4:

Changes in Scope Submission

Approval Memo

DATE: January 20, 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
SUBMISSION OF CHANGES IN SCOPE TO HRSA FOR HCH PROGRAM

Under Article II of the Bylaws of the Alameda County Health Care for the Homeless Commission, the HCH Commission has the authority and responsibility to set the scope, method and availability of services to be delivered by the HCH Program. This responsibility is also represented by HRSA Program Requirements #2 – Required and Additional Services.

The HCH Program currently provides, through formal subcontracts and/or through subrecipient agreement with Alameda Health System, the following Additional Services/Specialty Services that are currently not on the HRSA Scope of Services provided, Column II:

Additional/Specialty Service to add to HCH Scope of Services:	Method of provision	Number of Health Center Patients treated:
Optometry	<ol style="list-style-type: none"> 1. Contract with La Clinica Optical (CY 2016) 2. Contract (in process) with Fruitvale Optical 3. Subrecipient Provider Alameda Health System (Eastmont & Hayward Wellness) 	<ol style="list-style-type: none"> 1. 70 patients CY2016 2. 200 patients planned for CY2017 3. 486 patients CY2016
Ophthalmology	Subrecipient Provider Alameda Health System (Eastmont Wellness)	63 patients CY2016
Podiatry	Subrecipient Provider Alameda Health System (Eastmont Wellness)	126 patients CY2016
Orthopedics	Subrecipient Provider Alameda Health System (Eastmont, Newark Wellness)	91 patients CY 2016
Complementary and Alternative Medicine	<ol style="list-style-type: none"> 1. Acupuncture and other alternative Tx Subrecipient AHS (HCH K6 Clinic) 2. Planned services of TRUST & East Bay 	12 patients CY2016

	Community Recovery Program	
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In order to submit the above identified Change of Scope requests, HCH Commission action is required. This request is for the HCH Commission to approve the submission of Changes in Scope requests to HRSA for the above identified Specialties/Additional Services.

Approval of this item requires a majority vote of the HCH Commissioners present.

Attachments:

ACHCH Form 5A

Self Updates: Services details

▼ H80CS00047: ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, Oakland, CA

Grant Number: H80CS00047

BHCNIS ID: 090870

Project Period: 11/1/2001 - 12/31/2019

Budget Period: 1/1/2017 - 12/31/2017

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory		X	
Diagnostic Radiology		X	
Screenings	X	X	
Coverage for Emergencies During and After Hours		X	
Voluntary Family Planning		X	
Immunizations	X	X	
Well Child Services		X	
Gynecological Care		X	
Obstetrical Care			
Prenatal Care		X	
Intrapartum Care (Labor & Delivery)		X	
Postpartum Care		X	
Preventive Dental		X	
Pharmaceutical Services	X	X	
HCH Required Substance Abuse Services	X	X	X
Case Management	X	X	X
Eligibility Assistance	X	X	
Health Education	X	X	
Outreach	X	X	
Transportation	X	X	
Translation	X	X	X

Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services		X	
Behavioral Health Services			
Mental Health Services	X	X	
Additional Enabling/Supportive Services	X	X	

Speciality Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry	X	X	

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