

Alameda County Health Care for the Homeless Commission

Meeting Minutes

Friday, January 20, 9:00am-11:00am

1000 San Leandro Blvd #325, San Leandro CA 94577

HCH Commissioners Present

Samuel Weeks
 Gay McDaniel
 Betty DeForest
 boona Cheema
 Lynette Lee
 Fr. Rigo Caloca-Rivas
 Mark Shotwell (*Ex Officio*)

Absent:

Adria Walker
 Jean Prasher

County Staff/Partners Present:

David Modersbach, HCH Grant Manager

Item	Discussion/Recommendation	Action
CALL TO ORDER	<ul style="list-style-type: none"> HCH Director Mark Shotwell called the meeting to order at 9:15am. Action Item: Approve Agenda 	Motion: McDaniel, second Caloca-Rivas; Yea: unanimous
CLOSED SESSION	There was no closed session this meeting.	
PUBLIC COMMENT	Public comments were invited; none were made.	
CONSENT AGENDA	Action Item: Approve Minutes of 11/18/16 HCH Commission Meeting	Motion: cheema, second Lee; Yea: unanimous Attachment Tab 1
BOARD ORIENTATION	<p><u>Health Center Contracts Overview</u> Presenting for HCH Contracts Manager Harit Agroia who was out sick, David Modersbach presented an overview of HCH health center contracts (See Attachment Tab 2).</p> <p>HCH program outlined areas where HCH program staff will request input from Commission – budget development, in development of contract RFPs, in evaluation of contractor performance, renewal of contracts, and approval of new contracts.</p> <p>Commissioners discussed role of HCH Commission in contracts processes:</p> <ul style="list-style-type: none"> Commissioner Caloca-Rivas spoke of “fine line” of Commission to balance HCH staff capabilities and reporting with not getting too involved beyond the appropriate. Commissioner Weeks spoke of the importance of Commission being involved in formation of RFP guidelines and supporting selection of RFP committee. Commissioner cheema spoke to the need for adequate refinement of RFP, and the role of the Commission to be well informed, form ad hoc committees or subcommittees to add to staff expertise. Sometimes RFPs are written badly and you don’t get what you were looking for. Commissioner DeForest said that the Commission will be looking for staff to provide report on contract performance, especially for contracts to be renewed, example of a city planning commission. Commissioner McDaniel requested HCH staff to make reports on contracts including “why’s and how’s” of RFPs, summaries of contractor performances and staff recommendations as to next steps. HCH Commissioners agreed that they want appropriately-timed staff reports and recommendations. HCH staff will provide that, and develop timeline for contracts updates, performance and recommendations. HCH Director Shotwell said that in his monthly Director’s Report he will highlight a different contractor monthly. 	Attachment Tab 2
REGULAR AGENDA	<ol style="list-style-type: none"> <u>Consumer Input</u> - no item this meeting. <u>Board Ad Hoc Committee reports</u> - no reports this meeting. <u>HCH Director Report</u> - Mark Shotwell presented briefly. Discussion on 	Attachment Tab 3

	<p>HomeStretch process. HUD requires communities to first meet the needs of chronically homeless residents, then can move to other housing-related needs.</p> <p>4. <u>HCH Scope of Services – Add Specialty Services</u>: David Modersbach presented about the HCH Scope of Services provided, and asked Commission to approve the submission of five separate Changes In Scope requests to HRSA: Optometry, Ophthalmology, Orthopedics, Podiatry and Complementary and Alternative Medicine. Commission reviewed memo and approved submission of these CIS's.</p>	<p>Attachment Tab 4</p> <p>Motion: cheema; second, Caloca-Rivas; Yea: unanimous</p>
<p>OTHER ITEMS</p>	<p>1. <u>Homeless Encampment Discussion</u>: Commissioners decided to move Encampments discussion to more time (45 min?) in next HCH Commission meeting. Requested staff and possibly providers to be on hand to support next discussion. Decided to focus on Oakland in next meeting and Berkeley and other areas not served by HCH program in future meetings.</p> <p>2. <u>Officer elections</u> – Commissioners agreed that the selection of Commission officers should occur with full participation of Commissioners and after ninth Commissioner has been appointed and with more time for Commissioners and staff to know one another. HCH Commissioners want to see all the Commissioners work together to do their work in selecting their leadership. HCH Staff is currently interviewing possible candidates for 9th seat, seeking Commissioner with hospital and health care system expertise.</p> <p>3. <u>HCH Commission discussion</u>: Commissioners discussed their goals for the work of the Commission.</p> <ul style="list-style-type: none"> • Commissioner Caloca-Rivas said as a new Commission they are answering questions of what are we supposed to be doing? What do we want to be focusing on? Commissioner Caloca-Rivas asked HCH staffers Modersbach and Shotwell their perceptions of the Commissioners. Modersbach stated that he is impressed with the Commissioners, and supportive of both the Commission elevating the issues of homelessness on a countywide level <u>and</u> driving improvement of the HCH program. • Commissioners agreed that they are eager to work on the county-level, addressing the Board of Supervisors and at other forums. • Commissioner Lee said the Commissioners need some time to develop their stances on issues, by making more time for in-depth discussions, perhaps in committees or ad hoc meetings. • Commissioner cheema told of many ways that Commission can be present, be eyes and ears for Board of Supervisors, it won't take deep thinking or specific policy formulations to present the Commission to the BOS. • Commissioner Caloca-Rivas observed that five out of the eight Commissioners are working on the Point In Time Count, and could possibly present to the BOS following that, perhaps in coordination when results are published. The Commission could present to the BOS within the next couple months, and keep working on an ad hoc and subcommittee basis in issues like encampments, etc. • HCH Director Shotwell described goals and values development for the HCH staff, and the links between staff and Commission. • Commissioner Caloca-Rivas spoke of not just County-wide issues, but the larger political agenda in play in the US, and the Commission could do some thinking and work around the impact of the new Administration. A powerful role of the Commission can be to convene. <p>4. <u>Next HCH Commission meeting - Friday, February 17, 2017 - 9:00am-11:00am, 1000 San Leandro Blvd #325, San Leandro CA 94577.</u></p>	
<p>ADJOURNMENT</p>	<p>Time: 11:00 a.m.</p>	<p>Motion: Lee; second, Caloca-Rivas; Yea: unanimous</p>

Tab 1

Approved Minutes HCH Commission Meeting December 20, 2016

Alameda County Health Care for the Homeless Commission
Board-Approved Meeting Minutes
Friday, December 16, 2016, 9:00am-11:00am
1404 Franklin Street/14th St, Suite #200, Oakland CA 94612

HCH Commissioners Present

Adria Walker
boona Cheema
Jean Prasher
Lynette Lee
Fr. Rigo Caloca-Rivas
Mark Shotwell (*Ex Officio*)

Absent:

Samuel Weeks
Gay McDaniel
Betty DeForest

County Staff/Partners Present:

Suzanne Warner, HCH Deputy Director
Quyen Tran, HCH Finance Manager
Heather MacDonald-Fine, AHS
Jeffrey Seal, HCH Interim Medical Director
Lucy Kasdin, HCH Direct Services Manager
Joel Ginsberg, HCH Program Services
Coordinator
David Modersbach, HCH Grant Manager

Item	Discussion/Recommendation	Action
CALL TO ORDER	<ul style="list-style-type: none"> • HCH Director Mark Shotwell called the meeting to order at 9:10am. • Action Item: Approve Agenda 	Motion: Caloca-Rivas, Prasher, second; Yea: unanimous
CLOSED SESSION	There was no closed session this meeting.	
PUBLIC COMMENT	Public comments were invited; none were made.	
CONSENT AGENDA	Action Item: Approve Minutes of 11/18/16 HCH Commission Meeting	Motion: Walker, second Caloca-Rivas; Yea: unanimous
BOARD ORIENTATION	<ul style="list-style-type: none"> • <u>Whole Person Care</u> – ACHCH Deputy Director Suzanne Warner presented an overview of the Whole Person Care grant, called Alameda County Care Connect. The grant is \$28 million/year over 5 years and is matched by the County for a total of \$56 million/year or \$280 million total. It will focus on Medi-Cal eligible homeless persons with complex conditions who are high utilizers of multiple systems. The approach aligns with the coordinated entry system. Interventions include expanded outreach, housing navigation, move-in funds, landlord incentives, permanent supportive housing services, education and legal assistance, oversight for community living facilities, a pool for affordable housing development, and a program of overall coordination and training. Long-term, the Alameda Alliance for Health may provide continuing support after 2020 if effectiveness and cost savings are demonstrated. There will also been an effort to maximize Medi-Cal MAA and TCM reimbursement as a long-term funding strategy. The goal is to have the program up and running by July 2017. A Commissioner asked about job placement and life skills. Staff replied that there will be a partnership with BHCS on employment using the Individual Placement and Support (IPS) 	

	<p>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"> 1. <u>Consumer Input</u> - no item this meeting. 2. <u>Board Ad Hoc Committee reports</u> - no reports this meeting. 3. <u>HCH Director Report</u> - Mark Shotwell presented briefly. Volunteers are sought for Point in Time count to take place on January 31, 2017. 4. <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 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</p>	<ol style="list-style-type: none"> 1. <u>Officer elections</u> – Agreed that the selection of Commissioners should occur with full participation of Commissioners and after 	

	<p>ere 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.</p> <p>2. <u>Next HCH Commission meeting - Friday, January 20, 2017 - 10am-11:00am, 1000 San Leandro Blvd #325, San Leandro CA 94577.</u></p>	
ADJOURNMENT	Time: 11:05 a.m.	<p>Motion: Caloca-Rivas, Lee, second; Yea: unanimous</p>

Minutes Approved by HCH Commission 1/20/2017

Tab 2

HCH Contracts Presentation

ACHCH Commission Meeting
ACHCH Contracts
January 20, 2017

Presentation Overview

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

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

- | | |
|--|--|
| <ul style="list-style-type: none"> - <u>Scope of work:</u> <ul style="list-style-type: none"> - Provides comprehensive dental health care services including phase I and phase II treatments - Provides specialty services including full dentures, partial dentures, and crowns | <ul style="list-style-type: none"> - <u>Deliverables</u> <ul style="list-style-type: none"> - 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 (ISE) to see if it deters them from further pursuit of SSI. ISE programs all over the country were asked by The ISE 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:

HCH Change in Scope Request 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	1. Contract with La Clinica Optical (CY 2016) 2. Contract (in process) with Fruitvale Optical 3. Subrecipient Provider Alameda Health System (Eastmont & Hayward Wellness)	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	1. Acupuncture and other alternative Tx Subrecipient AHS (HCH K6 Clinic) 2. Planned services of TRUST & East Bay Community Recovery Program	12 patients CY2016

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.