# Alameda County Health Care for the Homeless Commission

**Friday March 15, 9:00am-11:00am**

**Alameda County Health Care Services Agency**  
**1000 San Leandro Blvd #325, San Leandro CA 94577**

## AGENDA

<table>
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<tr>
<th>Item</th>
<th>Presenter</th>
<th>TAB</th>
<th>Time</th>
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| **A. CALL TO ORDER** | Lynette Lee  
1. Welcome & Introductions  
2. Adopt agenda | TAB | 9:00 AM  
5 min |
| **B. CLOSED SESSION** | | |  |
| 1. No Closed Session. | | |  |
| **C. PUBLIC COMMENT** | | | 5 min |
| 1. Persons wishing to address items on or off agenda | | |  |
| **D. CONSENT AGENDA** | | TAB 1 | 5 min |
| • Review and Approve Minutes of 2/15/19 HCH Commission meeting | Lucy Kasdin LCSW, HCH Interim Director  
Heather MacDonald Fine, AHS Homeless Coordination Office | |  |
| **F. HCH Program Director Report – Lucy Kasdin: HCH Program Update** | TAB 2 | 20 min |
| **G. AHS Subrecipient Report** | TAB 3 | 10 min |
| **H. HCH Commission Orientation:**  
Emerging California homeless policy Issues: SB1152 and AB210 | Lucy Kasdin HCH Interim Director | TAB 4 | 10 min |
| **I. ACHCH Strategic Plan 2019-2021** | Lucy Kasdin/Jeffrey Seal MD | | 20 min |
| **J. REGULAR AGENDA** | Sam Weeks DDS, CCAB Board Chair  
Boona Cheema/Lynette Lee  
Lois Bailey Lindsey  
Michelle Schneidermann MD | |  |
2. Executive Committee report  
3. Street Health Committee  
4. Budget/Finance and Contracts Committee  
5. Clinical Committee  
6. Other HCH Commission Business | | |  |
| **J. OTHER ITEMS** | Lynette Lee, vice-chair HCH Commission | |  |
| 1. Action Item Election of new HCH Commission Member  
2. Review of New Applicants HCH Commission  
3. Discussion: Recruiting new members of HCH Commission  
4. Items for upcoming agendas: Next Meeting Friday, April 19, 9-11am, 1000 San Leandro Blvd. | | |  |
| **K. 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/](http://www.achch.org/).*
Tab 1:
Draft Minutes 2/15/19 HCH Commission Meeting
**Alameda County Health Care for the Homeless Commission Meeting**  
Friday February 15, 2019 10:00am -12 noon  
**DRAFT MINUTES**

### HCH Commissioners Present
Lois Bailey Lindsey  
Lynette Lee (chair)  
Michelle Schneidermann, MD  
Laura Guzman  
Fr. Rigo Caloca-Rivas (phone)  
Claudia Young  
Samuel Weeks DDS

### Absent:
boona Cheema  
Gloria Crowell

### County Staff/Partners Present:
Lucy Kasdin LCSW, HCH Interim Director  
Jeffrey Seal MD, Medical Director  
Heather MacDonald Fine AHS  
David Modersbach HCH  
Theresa Ramirez HCH  
Luella Penserga, Consultant

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<tr>
<th>Item</th>
<th>Discussion/ Recommendations</th>
<th>Action</th>
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| A. CALL TO ORDER  
1. Welcome & Introductions  
2. Adopt agenda – all in favor & agenda is approved. | Meeting Chaired by vice-Chair Lynette Lee. Convened 9:05am  
Adopt agenda – Agenda adopted by Commission. | Motion: L.B.Lindsey; Second: R.Caloca-Rivas  
Yea: unanimous |
| B. CLOSED SESSION | No Closed Session. | |
| C. PUBLIC COMMENT**  
Persons wishing to address items on or off agenda | No Members of public present to speak | |
| D. CONSENT AGENDA | Review and Approve Minutes of 1/18/2019 HCH Commission Meeting. Minutes approved by consensus of HCH Commissioners. | Motion: L.B.Lindsey; second, M. Schneidermann  
Yea: unanimous |
| E. HCH DIRECTOR REPORT | ACHCH Interim Director Lucy Kasdin provided HCH Program Update  
- Strategic Plan: Being implemented throughout health center (including CCAB, Commission and contractors) through work-groups organized around key priority areas.  
- Personnel: working with Executive Committee on Program Directors’ role and position. ACHCH HR position is on notice that Commission will send out letter to urgently fill Directors’ position. HCH Commissioners consensed that letter in its current form is appropriate to send.  
- Quality: Patient Experience Survey – it will be implemented across programs and the pilot period will take approx. 6months. The project was in collaboration with | |
CCAB. Question: will results be submitted to HRSA? – the results are not required to be submitted to HRSA.

- **Operational Site Visit:** 6 out of the 8 conditions have been lifted. The plan is to change co-applicant agreement with AHS to include more governance and contract monitoring; the second condition was to include Commission in the approval of contracts and specifically Scope of Project (taken care of in last HCH Commission meeting). Question: is there a timeline? – 60 days; next steps include to provide action plan.

- **Contracts:** *Street Medicine RFP* – RFP presentation today for contractors to learn more about our organization and available contracts for street medicine services to homeless population. We would like to engage organizations and primary care clinics to encourage organizations to apply. *AHS/Sub-recipient* – we are still working on developing a contract to reflect the recommendations/requirements presented by HRSA and the contract will be submitted to the board for approval. *EBCRP* – contract will expire on March 4, 2019 and not be renewed, funding will be folded into Street Medicine RFP.
  
  - **Question:** have you reached out to mid-county organizations to apply for RFP? – ACHCH is not allowed to reach out to potential organizations. Urging Commissioners to use their connections to put out the word.
  
  - **Question:** are you confident about level of funding per team? – it is $350k per year per team and one-time money available for clinics that are new. Street medicine collaborative will be implemented to support new organizations that would like to provide street medicine services.

- **Question:** potential contractors to replace EBCRP? – Street Medicine RFP was a $600k funding increase and would like to use the funds for street medicine services.

- **Comment/Suggestion:** Whole Person Care funding ends December 2020, and it would be important for ACHCH to become more involved in steering committee to make program more visible. Could Kate Jones and Carol Burton to present to the commission, and discuss collaboration/intergration efforts w/ ACHCH?

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<th>G. AHS Subrecipient Report</th>
<th>Heather MacDonald Fine presented a report on AHS Subrecipient activities:</th>
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<td><strong>Uniform Data System</strong> – data submitted to ACHCH.</td>
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<td>o EPIC: new electronic system that will be implemented across the system. Changes to take place September 2019.</td>
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<td>o There will be two systems providing data during the transition, but there will be a data analyst to control reporting to prevent errors.</td>
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<td><strong>Finance:</strong> the mobile health van was never designed to collect payment; patients were to be provided services for no-cost. Unfortunately, there has been instances where patients were sent bills and subsequently charged off to collections. AHS is currently resolving billing/finance components when providing services to homeless population. Approximately 66 patients were sent bills and seems to have been resolved.</td>
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<td>o <strong>Question:</strong> medi-cal enrollment/eligible patients, and patients that are enrolled? – when patients have medi-cal, they will be forwarded to eligibility technician; however, if they are enrolled to medi-cal services are automatically charged to medi-cal/insurance.</td>
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<td>o <strong>Question:</strong> has AHS sent bills over to credit bureaus? – AHS does</td>
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not send bills to collectors; however, we made sure that bills were corrected prior to being escalated to other departments.

- **Quality Report**: AHS is currently implementing patient satisfaction, and it is still in the early stages; more updates will be provided soon.
- **Governance**: AHS is currently seeking members for the forming AHS Homeless Health Center Co-Applicant Board. 3 presentations were made at patient advisory groups, and a list of candidates should be developed soon.

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<th>H. HCH Commission Orientation: Initial 2018 UDS Report Numbers</th>
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<td>David Modersbach presented the 2018 Health Center UDS utilization numbers which were to be submitted to HRSA after the meeting: ACHCH served 9,877 patients in 45,035 visits at all our sites. Rounded numbers by major service categories:</td>
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<td>- Street Medicine (including StreetHealth): 943 patients 2,500 visits</td>
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<td>- Shelter Health: 1,100 patients 2,000 visits</td>
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<td>- TRUST: 1,001 patients in 10,043 visits</td>
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<td>- Dental/Optometry: 700 patients/3000 visits</td>
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<td>- AHS: 6600 patients, 26,667 visits – Majority of health center $18.3mil is cost of health center activities, 113 FTE staff including some 500 providers countywide. We now have gender identify and sexual orientation overview for the first time; we will require contractors to collect gender and sexual orientation data. patients and visits.</td>
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More comprehensive reporting will happen after HRSA evaluation and changes to report.  
**Recommendation by HCH Commission**: Development of a dashboard to provide commission on a quarterly basis to provide overview and action items that commission can support.

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<td><strong>Consumer/Community Input – Report from HCH CCAB</strong>: Sam Weeks DDS</td>
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<td>a. <strong>Alameda Point Collaborative</strong>: Referendum in April. if the measure passes to block project, the land can be sold to developers.</td>
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<td>- Feedback: residents experiencing homelessness should be encouraged to attend public hearings.</td>
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<td>- Suggestion: motion to endorse measures that support housing, respite services, and APC project.</td>
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<td>- PR Campaign: promote project and homeless population.</td>
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<td>- Invite Alameda Residents and CCAB who were formerly homeless to hearing and provide support.</td>
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<td>b. <strong>Encampments</strong>: closure of encampments took place a few weeks ago, and other encampments formed nearby.</td>
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<td>- i. There is active sweeping taking place in Lake Merritt.</td>
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<td>c. HCH CCAB members are working to develop brochure for resource information</td>
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<td>d. <strong>Census 2020</strong>: looking for people experiencing homelessness to conduct special count to ensure homeless representation.</td>
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<td>e. <strong>NHCHC Conference</strong>: two participants are going, Jeannette Johnigan and Sabrina Fuentes.</td>
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<td>2. <strong>Executive Committee report</strong></td>
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<td>a. Letter to County HR re: HCH Director positon.</td>
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<td>b. Reviewed two Commission applicants; committee interviewed candidates and</td>
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overview was provided to Commission.
c. A member of the HCH CCAB Denise Norman has submitted an application for HCH Commission. Commissioners reviewed her CV and application and will be interviewed by Executive Committee before next meeting.
d. Committee members are interested in touring City of Oakland tuff-shed sites to understand how they are serving our homeless population.

3. Street Health Committee
a. Meeting with Wilma Chan, Dave Brown, Vannessa Cedeno around Encampment letter advocacy. Will continue to work with County and Commission to track development of countywide encampment response and process to provide clearing and cleaning. Next meeting will be with Keith Carson.
b. Discussion of SB1152 Safe Hospital Discharge standards.

4. Budget/Finance and Contracts
no meeting this month

5. Clinical Committee
no meeting this month

6. ACHCH Strategic Plan 2019-2021
a. Not much time for discussion, but we will revisit Strategic Plan in February meeting. All commissioners are asked to review strategic plan, as they are expected to be involved in implementation, and ACHCH to provide quarterly updates.

Action Item: Commissioners to review strategic plan and highlight categories of interest.

HCH Strategic Plan 2019-2022 available [here](#).

I. OTHER ITEMS

1. 2019 NHHC Conference DC
2. Items for upcoming agendas:

   1. Point in Time Count Review: overview was provided by Laura Guzman.
   2. Action Item Selection of new HCH Commission Members

Motion to approve two new Commission members Shannon Smith-Bernardin and Ana Bagtas:

HCH Commissioners discussed selection of Shannon Smith-Bernardin and Ana Bagtas. Both highly recommended by Executive Committee. Each was approved by unanimous vote of HCH Commissioners present.

3. 2019 NHHC Conference DC: Selection of two HCH Commissioners to attend: Start procedure to enroll Lois Bailey-Lindsey to attend conference. Discussion of costs of sending a second Commissioner to HCH program. HCH Program will confer with fiscal and HCSA staff to determine if we can send a second Commissioner to this important conference.

4. Items for upcoming agendas: SB1152; hospitals are struggling with discharge and coordination into shelter health.

H. ADJOURNMENT

Motion: L.Guzman; second, M. Schneidermann
Yea: unanimous


Verified by Lois Bailey Lindsey, Secretary HCH Executive Committee

Date: ____________________
Tab 2:
HCH Director Program Update
March 15, 2019

TO: Alameda County Health Care for the Homeless Commission

FROM: Lucy Kasdin, LCSW Interim Director

SUBJECT: Director’s Report

1. **Strategic Plan**

ACHCH leadership spend the first two months of the year planning and operationalizing our implementation plan. We are making steady progress and have developed several new ACHCH committees on quality, data analytics, and Shelter Health. Two formal interdisciplinary Working Groups (Oral Health and Family Impact of Homelessness Needs Assessment (FIHNA) Group) have begun working. In April we will present a full report to the Commission on our achievements and milestones achieved during the first quarter.

2. **Personnel**

AHCHC Leadership is working HR to move forward the hiring for the Program Director. We continue our work on additional key direct services hires including a Psychiatric Nurse Practitioner, Behavioral Health Clinical Supervisor and Program Financial Specialist.

3. **Media**

- KPFA
- KQED
- UCSF Fellows
- NHCHC conference presentation
- HRSA bulletin highlighting HCH StreetHealth Team

4. **Operational Site Visit**

All HRSA conditions except for the Governing Authority condition have been cleared, and staff is working to present documentations and an updated action plan to continue forth with the Governing Authority condition.

5. **Contracts**

   a. **Street Medicine**: ACHCH released an RFP for street medicine services on January 28, 2019, with new services planned to begin July 1, 2019. The new street medicine contracts will greatly increase street based care across the County and increase the coordination
between street medicine providers, Housing Resource Centers and other resources regionally. Please see attached memo RE: Street Medicine RFP.

b. AHS/Sub-recipient: ACHCH is continuing to work with AHS to finalize the AHS contract and sub-recipient agreement. ACHCH planned to present the contract to the Commission for approval, however this is still delayed due to outstanding items related to governance structure and pass-through funding. ACHCH is working with HCSA leadership to address the impasse and is confident resolution will be achieved in the coming month. Please see attached Memo dated 3/11/19.

Sincerely,

Lucy Kasdin, LCSW
Interim Director
Alameda County Health Care for the Homeless
Lucy.kasdin@acgov.org
510-891-8903
March 11, 2019

TO: HCSA and AHS ACHCH Health Center Leadership

FROM: Alameda County Health Care Services Agency

RE: Alameda Health System-Alameda County Health Care for the Homeless CY2019 Subrecipient Agreement and HRSA Health Center Governance Conditions

HRSA Health Center grantee Alameda County Health Care Services Agency, through the Alameda County Health Care for the Homeless (ACHCH) program, has maintained a subrecipient contractual relationship with Alameda Health System (AHS) since 1999. Through this contract, AHS provides ambulatory primary care, mobile, enabling, and specialty care services to homeless patients at seven sites on the ACHCH HRSA scope of project, while ACHCH staff monitors AHS compliance with all HRSA health center requirements. Demonstrating HRSA compliance within the subrecipient relationship and having sites on the ACHCH HRSA Scope of Project qualifies AHS for Federally Qualified Health Center (FQHC) status as an entity, and this revenue (some $50M annually) in great part supports the overall AHS ambulatory care system.

The August 2018 HRSA Operational Site Visit resulted in grant conditions placed on the ACHCH health center grant, which requires ACHCH to take steps to ensure that subrecipient AHS has a HRSA compliant system of health center governance. Specifically, AHS must develop a separate co-applicant health center governing board to govern AHS homeless health care operations. ACHCH submitted an action plan to HRSA on December 28, 2018 containing elements of an action plan submitted to ACHCH by AHS. This action plan was rejected by HRSA on January 31, 2019. In a conversation with our HRSA Project Officer on February 13, 2019, ACHCH staff were told to revise the action plan to remove details of AHS action plan steps and, affirming ACHCH’s role as monitor and arbitrator of AHS’ compliance with HRSA health center regulations, submit a shorter plan of oversight.

At the same time, ACHCH staff is working with AHS to finalize the CY2019 subrecipient contract between the entities in which there has been disagreement. This memo describes the two areas of work between ACHCH and AHS: a) AHS Health Center Director and b) AHS health center governance.

a) AHS Health Center Director:

ACHCH staff presently have not been able to execute the CY2019 Subrecipient Agreement owing to a disagreement between AHS and ACHCH around a key HRSA health center requirement for appropriate direction and management of compliance and operations within the AHS homeless health center.
ACHCH is asking AHS to create and maintain an appropriate level of leadership, oversight, and management of health center (homeless) activities within AHS, which reported at least 6,626 homeless patients in 26,064 visits at 7 AHS sites in CY2018. As a HRSA health center grantee, ACHCH is required to monitor and oversee subrecipient AHS’ compliance with HRSA health center requirements. Since the 2008 nadir of AHS compliance, which generated HRSA grant conditions and almost resulted in termination of AHS FQHC status, ACHCH, AHS, and HCSA have worked hard to bring AHS into compliance with the spirit and letter of HRSA regulations. As a result of lessons learned over the past 10 years, beginning 2019 ACHCH requested AHS appoint and fund an AHS Homeless Health Center Director position to oversee HRSA health center compliance and homeless health care operations throughout the AHS homeless health center (the ACHCH scope of project).

9) Key Management Staff
   a. AHS must maintain key management staff sufficient to carry out health center operations. AHS must report to ACHCH the names of current key management positions: AHS Homeless Health Center Director, Chief Executive Officer, Chief Medical Officer, Chief Finance Officer, Director of Ambulatory Care Services, and Chief Information Officer.
   b. Homeless Health Center Direction: AHS must fund and maintain a Homeless health center office (Homeless Coordination Office) led by AHS Homeless Health Center Director, responsible for ensuring AHS compliance with HRSA health center requirements, including but not limited to homeless patient eligibility and registration, homeless patient access, quality, health center data collection and reporting, assessment patient needs and health center services, health center patient-related quality measures, integration of health center homeless patient services into AHS and countywide health and housing services, oversight of ACHCH federally funded mobile health services staff, and supporting and ensuring compliant health center governance.

In this same subrecipient agreement, ACHCH provides $616,788 in pass-through federal funds for 5.23 FTE AHS staff within the AHS Homeless Coordination Office (HCO) to manage and operate AHS/ACHCH mobile health direct patient care services, as well provide and oversee health care services to literally homeless health center patients at AHS ambulatory clinic sites. This is led by a Mobile Health Practice Manager 1.0FTE.

The Health Center Director and Mobile Health Manager positions have different responsibilities and skillsets, and they require two different staff persons to carry them out. The Director position must have authority\(^1\) to lead system change to bring AHS into compliance with HRSA regulations, maintain the co-applicant governing board, and monitor and improve homeless health care on a system-wide level, while the Mobile Health Practice Manager would direct mobile health services and provide training, coordination, and oversight of staff on the clinic and patient level throughout the AHS homeless health center sites of services.

AHS has communicated to ACHCH that it intends to have a single staff person split the AHS Homeless Health Center Director and Mobile Health Practice Manager positions and

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\(^1\) [https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-11.html](https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-11.html)
responsibilities, as well as that AHS will not sign a subrecipient agreement requiring them to consider those positions as separate.

**b) AHS Health Center Governance and AHS Compliance Action Plan**

As a result of the August 2018 HRSA Operational Site Visit, ACHCH was issued conditions related to the governance structure of our subrecipient AHS. Specifically, it is required that ACHCH show that AHS meets HRSA governance requirements, including the formation of an AHS Co-applicant Board to direct AHS health center activities. In conjunction with AHS, ACHCH developed and submitted an action plan for resolution of that finding. That action plan was rejected by HRSA and is being revised to reflect the HRSA requirements that 1) ACHCH remove AHS Board of Trustees as a partner to the ACHCH Co-Applicant Agreement signed on September 2016; and 2) that ACHCH as grantee is responsible for monitoring and approving a compliant governance structure for subrecipient AHS.

ACHCH is satisfied with the current AHS governance action plan and efforts to recruit and seat a compliant, patient-majority Co-Applicant governing board. ACHCH expects a vigorous effort to identify consumer and community and non-BOT representatives to constitute this Board, which should be seated by the end of June, 2019. Embedded in AHS’ health center governance structure is the question of the Health Center Director position, and again, ACHCH requires that position to be different than the Mobile Health Practice Manager.

ACHCH staff remind all that the health center is entering its Service Area Competition for our 2020-2022 three year funding cycle. Any conditions that are not met by mid-July will result in both a shortened one-year funding cycle and the imposition of annual operational site visits, which would be a negative consequence for both of our organizations.

We hope that we can make agreements that work for both of our entities and are happy to answer questions and clarify where needed. ACHCH staff appreciate the commitment of our partners at AHS in continuing to improve the health of people experiencing homelessness in Alameda County.
Briefing on Street Medicine RFP
February 22, 2019

HCSA’s Health Care for the Homeless (HCH) released on February 1, 2019 an RFP for Street Medicine Outreach services in the County. Some concerns have been raised about the model we chose, how we got to that model, and whether it represents a decrease in the overall service to Alameda County residents.

Current State:

- HCH currently fields two Street Medicine teams,
  - Roots: contracted since 2015, $332,439/year
  - Tri-City: contracted since 2015 $200,000/year
- Current contracts with Roots and Tri-City expire in June.
- Since the original program design in 2014, the problem of street homelessness has changed:
  - Many more people on the streets, driving a need to expand the services.
  - More need to coordinate with other forms of outreach and other outreach providers
  - More street medicine programs around us, allowing lessons to be harvested.

Research and opportunities for input into the RFP:

- In July, 2018 HCH commissioned a research effort to inform our new RFP.
  - **Literature Review**: summarized the findings from 15 articles and reports on street medicine program models and best practices.
  - **Outside expert interviews**: 2 university researchers, 12 stakeholders from street medicine programs in Los Angeles, San Francisco, San Mateo, Santa Clara, Ventura, and Shasta
  - **Local expert interviews**: 7 key informants from Alameda County street med providers —Tri-City, Roots, Lifelong, HCH, and WOHC.
  - **Street Medicine Symposium**: 36 providers/practitioners came to a Street Medicine symposium September 27, where 4 programs including Roots and Tri-City presented in detail on their models and their results.
- The RFP was written with this input in mind and with the charge to:
  - Increase the number of teams from two to 4 and the hours for each team from 20 to 40 hours per week
  - Connect more tightly to other outreach, including new Behavioral Health outreach and housing support
  - Work within a specific geographic area, in order to give a higher “dose” of the intervention
  - The model for the team is RN-led, with MD backup at an associated bricks and mortar clinic.
  - HCH’s own Street Health team will be covering the Downtown and West Oakland area, the RFP is to secure services for East Oakland, Mid-County, and South County.
Questions:

- Physician vs RN-led teams:
  - Although all street medicine programs include physician or NP back up, none of the counties we interviewed has a model with a fulltime physician leading the Street Medicine team. They generally cite cost effectiveness and the fact that most of the care provided on the street can be done by RNs under protocol.
  - Data reported to us by our current contractors supports that, with hypertension, chronic hepatitis C, and STD checks representing the majority of street visits.
  - So far, there is no evidence in the literature that allows us to say whether one team design is more effective than another. (No “best practice” identified as yet.)

- Amount of service:
  - We will be fielding 4 teams instead of 2, and the total hours for each team will go from 20-40 in the new model.
  - The RFP asks for a mixed design seeing some clients as “outreach”, doing sick visits and engagement work, AND carrying a case load of sicker patients. This will allow for not only a significantly increase in the breadth of services but also the depth of services the teams can provide to the most vulnerable.
  - Old model: two teams, 20 hours per week, average 1.5 visits per year per patient, 210 total unduplicated patients CY 2018.
  - New model: four teams, 40 hours per week including “light-touch” medical outreach and 20 patients per team engaged in in-depth care management at any given time, est. 500 total unduplicated patients per year (RFP requests applicants to project their numbers.)

- Coverage in West Oakland:
  - HCH’s in-house Street Medicine team will be covering Downtown Oakland and the West Oakland area.

- Notice to current providers:
  - Current contracted providers were made aware beginning in mid-2018 in meetings with HCH that a new RFP would be researched and written.
  - Multiple staff of both organizations were interviewed in the research phase and participated in the Symposium.
  - HCSA does not allow potential bidders on an RFP to participate in the writing of the document or in reviewing it.

- Transition issues:
  - We see street medicine as an outreach service of a bricks and mortar clinic, not as a discrete practice. If Roots or Tri-City does not continue as a street medicine provider, they can continue to see any current patients in their physical sites.
  - According to data reported to HCSA, very few patients (~10%) are seen twice and an even a smaller number (~3%) are seen 3+ times in our current model; they are primarily receiving episodic/sick care, not ongoing management.
  - If there is a provider change, HCH is committed to making a transition plan for all vulnerable patients not yet connected to a brick and mortar clinic, based on contract data we anticipate this number will be no more than 20 patients per contract.
Tab 3

AHS Subrecipient Report
March 15, 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 2/2019 HCH Commission Meeting:

1. Leadership
   a. Homeless Health Center director job description drafted and under review

2. Finance
   a. Mobile Self-Pay health plan went into production on Monday 3/11/2019 and can now be used for Mobile Health Visits
   b. We have launched a new monthly data analysis re: patients experiencing homelessness who are listed as self-pay throughout AHS
   c. Budgets are due at AHS this month

3. Quality Report
   a. Diabetes QI report was submitted to AC HCH
   b. RBA metrics for Mobile were approved by the Mobile Health team and submitted to AC HCH for approval.

4. Governance
   a. Outreach for co-applicant board members continued via Everyone Home board meeting. Board of Trustees request for support
   b. CAB Application packet developed and distributed to 6 candidates (3 patients).

5. Staff Development
   a. Grand Rounds for 75 AHS providers and staff re: Permanent Supportive Housing by Margot Kushel and Robert Ratner. (March 8)
   b. Everyone Home flyer distributed to all ambulatory sites/working with Everyone Home to translate the flyer into Spanish.

Heather MacDonald Fine | Practice Manager
Ambulatory Care

Alameda Health System
510-437-5086
hmacdonald@alamedahealthsystem.org
Tab 4
Orientation: Policy Update
SB1152 and AB201