

STRATEGIC PLAN

2019 - 2021



Alameda County
**Health Care for
the Homeless**



Alameda County
Health Care Services Agency

www.achch.org

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WHO WE ARE

Alameda County Health Care for the Homeless is a federally funded network of providers working to improve the health of people experiencing homelessness throughout Alameda County. The ACHCH network includes a variety of medical practitioners, social workers, outreach workers, and support staff who provide no-cost, patient-centered care across nine organizations at eighteen different locations, as well as in encampments and on the streets. ACHCH is a program of the Alameda County Health Care Services Agency and is an active member of the National Health Care for the Homeless Council. Operations are overseen by the ACHCH Commission, the County of Alameda, and the ACHCH Community Consumer Advisory Board.

WHAT WE DO

ACHCH provides a network of whole-person health care services to meet the medical needs of the roughly 23,000 residents experiencing homelessness in Alameda County annually.^{1,2} We provide access to primary care homes, field-based health care, mental health treatment, substance use treatment, dental care, optometry, specialty care, and medical case management throughout Alameda County. The ACHCH network provided 41,280 health care visits serving 7,450 people experiencing homelessness in 2017.



¹ ACHCH operates under the U.S. Health Resources and Services Administration's definition of homelessness. Please visit the following link for more information: <https://www.nhchc.org/faq/official-definition-homelessness/>

² Alameda County Health Care for the Homeless Health Care Needs Assessment of Persons Experiencing Homelessness in Alameda County. (2015). Retrieved from https://www.achch.org/uploads/7/2/5/4/72547769/achchp_homeless_health_care_needs_assessment_2014-2015.pdf



EXECUTIVE SUMMARY

Alameda County Health Care for the Homeless has been a federally funded and county health department-based network of providers since 1988. ACHCH is nationally recognized for providing patient-centered mobile and clinic-based homeless health care services. In 30 years, the ACHCH network has served 138,000 persons experiencing homelessness with the goal of increasing access to health services and improving health outcomes. Our network provides a range of urgent, primary, specialty, and enabling care services, as well as linkage to critical supports in other safety net sectors.

In November 2017, ACHCH began a year-long strategic planning process to clarify the organization's mission, role, and scope in the context of a rapidly changing landscape of homelessness in Alameda County. An affordable housing crisis with an associated increase in the number of people experiencing homelessness has significant implications for the health service delivery model. Our strategic planning process focused on strengthening our ability to respond most effectively to these challenges through community input, best practice research, and internal evaluation. Affirming the program's future direction ensures that ACHCH continues to achieve its core mission of ensuring access to health services and improving the health outcomes of Alameda County's homeless population.

Our approach included three phases beginning with a comparative analysis of five similarly structured Health Care for the Homeless programs. The goal of this analysis was to determine the roles and functions of exemplary HCH programs in their communities, as well as to gather best practices in the use of HCH resources. The second phase was comprised of a survey of key stakeholders within Alameda County. Patients, staff, community provider organizations, and county leaders across safety net sectors were interviewed and surveyed as a forum to evaluate the community's perception of ACHCH's strengths and weaknesses, as well as to identify opportunities for improvement and development. Finally, we developed strategic priorities and goals informed by common themes identified in our research.

EXECUTIVE SUMMARY

The resulting six strategic priorities encompass both community input and consideration of ACHCH's mission, capacity, and operational environment.

Health Center Compliance

1

- Improve statutory compliance, contracting, sub-recipient management, and effectiveness of ACHCH's quality improvement program
 - Result – High quality, culturally aware services across the ACHCH network sites

Health Center Needs and Resources Coordination

2

- Strengthen the functioning of governing and consumer advisory boards
 - Result – Increased ability of the boards to inform program strategies and planning, as well as to articulate community needs
- Increase non-HRSA grant funding for health network services
 - Result – Decreased service gaps that exist for more vulnerable homeless sub-populations in the county

Community Awareness and Marketing

3

- Clearly communicate health center service offerings and referral/request pathways
 - Result – Increased community awareness of the program and its service offerings
- Distribute timely, homeless-specific health information and resources
 - Result – Increased community awareness of emerging issues in the homeless community and resources

Clinical Care

4

- Develop and implement consistent best practices for the coordination of outreach, portable services, and primary care
 - Result – Increased low-barrier access to health care services for individuals experiencing homelessness
- Develop a shelter health function and partner to increase medical respite capacity, dental care, and optometry for individuals experiencing homelessness
 - Result – Increased access to primary care, specialty care, and medical respite for individuals experiencing homelessness

Data and Integrated Technology

5

- Develop ACHCH's internal data warehouse and analysis capacity
 - Result – Increased program ability to inform the larger system on emergent issues in the homeless community and services system
- Implement a modern EMR for ACHCH's directly operated services
 - Result – Increased integration with county-wide data sharing efforts and increased capacity to bill for direct services

EXECUTIVE SUMMARY

Leadership and Advocacy

6

- Increase ACHCH representation and subject matter expertise in county decision making processes
 - Result – Increased program ability to inform and influence planning and policy decisions around services for homeless individuals, families, children, and other sub-populations
- Establish a training and education function
 - Result – ACHCH can share best practices and improve the use of evidence-based practices in the county's homeless services system

ACHCH's strategic priorities focus on administration, operations, ACHCH network services, and system-wide leadership. Our goals include increasing the effectiveness and reach of the program's services, as well as sharing best practices learned over years of operation. Additionally, we aim to improve the county's homeless services system through leadership, training, and education. Our strategic plan positions ACHCH to respond to growing challenges in the community and continue our legacy of improving access to care and the health outcomes of our friends, family, and neighbors experiencing homelessness.



Our Strategic Planning Process

Comparative Analysis

Our process began with an analysis of similarly structured and exemplary Health Care for the Homeless programs in California and Washington State. Representatives from each organization were interviewed with questions focused on determining the role and functions the most effective HCH programs play in their communities and to gather best practices in the use of HCH resources. We sought programs that were similar in context using four criteria: programs that are county-operated, serve large urban areas, manage partnerships with either county health departments or grant sub-recipients to provide clinical services, and are viewed as exceptional programs in the homeless services community.

Contra Costa, San Mateo, Santa Clara, Santa Barbara counties in California, and King County in Washington were the programs selected.

Stakeholder Input

The second phase of our process was comprised of interviews and a survey of key stakeholders within Alameda County. This phase functioned both as a needs, gaps, and strengths assessment, as well as an evaluation of the community's awareness and perception of the program.

Department leads across safety net sectors, community-based organizations, staff, and patients provided stakeholder input. The directors of the county's Health Care Services Agency, Public Health Department, Housing and Community Development, Behavioral Health Care Services Housing Services Office, and the director of the City of Oakland's Health and Human Services Department represented leadership. Participating community-based organizations included Bay Area Community Services and Tri-City Health. Additionally, 114 patients completed a survey to determine the services which are most important to them.



Themes from Our Research



Comparative Analysis

Analysis of other HCH programs provided an understanding of the functions they prioritize in their communities. Although a wide range of activities were mentioned, the programs interviewed all identified the same four functions as the most important in their roles as health care providers in their respective counties (in ranked order):

1. Providing portable and site-based health care services
2. Facilitating access to and engagement in primary care
3. Funding for needed services and augmentations to clinics to increase the effectiveness of engagement and treatment for homeless patients
4. Training and education for the county's larger health system

Additionally, our colleagues provided valuable information about the integration of their governing boards, how priorities are determined, and their specific relationship to housing efforts in their counties.⁴

Stakeholder Input

Themes most commonly identified by Alameda County leadership and providers included both program strengths and challenges.⁵

The three most commonly perceived program strengths were (in ranked order):

1. **Portable Health Services** – ACHCH mobile medical clinic and street medicine and psychiatry programs were seen as distinct and needed services utilizing effective approaches to outreach and engagement
2. **Convening and Coordinating Function** – ACHCH's positioning, power, and skill in convening different system sectors and provider agencies towards better coordination and collaboration were identified as a significant program strength

⁴ Please see Appendix #4 for a full report of comparative analysis results

⁵ Please see Appendix #5 for a full report of stakeholder input

3. **Program Leadership** – ACHCH's current leadership's skill in implementing innovations and facilitating collaboration between providers was recognized as a substantial program strength

The three most commonly identified opportunities for program improvement were (in ranked order):

1. **Program Identity and Community Awareness** – A majority of participants highlighted the community's lack of knowledge and awareness of ACHCH including the program's identity, primary focus, services, and access points. Stakeholders indicated that improvement in these areas would increase ACHCH's impact and influence in the county
2. **Contracting and Sub-Recipient Strategies** – Stakeholders felt that an improvement in contracting and MOU relationships could reduce geographical and target population gaps, as well as increase ACHCH's influence on partner agency's practices and performance
3. **Outreach Function Utilization** – Participants also suggested that a more cohesive, efficient model could improve ACHCH's medical outreach and portable care activities and that the program could increase its reach and visibility at important homeless touchpoints



114 patients participated in our patient survey. We asked patients what services or supports were most important to them for accessing needed health services.⁶

The following were our patients' four highest priorities (in ranked order):

1. Dental and eye care
2. Better information and resources
3. More portable health care and outreach services in encampments and on the streets
4. Transportation to care

⁶ Please see Appendix #5 for a full report of patient survey results

Development of Strategic Priorities and Goals

Program leadership developed strategic priorities and goals during regular meetings taking place over a period of three months. Data gathered from our comparative analysis, along with themes identified in stakeholder and patient feedback helped to identify areas where the program could capitalize on its strengths and pursue opportunities for improvement. Current county initiatives, program capacity, gaps identified by stakeholders, and relevant homeless data were also considered to align our goals with the community's needs and to ensure relevance to the current landscape of homeless services in the county. Goals and strategies developed were specific and measurable to ensure our ability to evaluate progress and achieve success.

The result is a comprehensive and ambitious strategic plan relevant to both ACHCH's internal operations and to the needs of our community. Our plan guides quality improvement, program operations, and program development over the next three years.



VISION

We envision a just society where all persons have access to quality health care and housing. We believe the problems of homelessness and health inequities can be solved

MISSION

The mission of Alameda County Health Care for the Homeless is to improve the health of Alameda County residents experiencing homelessness by ensuring access to culturally informed, whole-person health care and housing services



2019-2021 Strategic Priorities

Health Center Compliance

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Results	Strategies	Measurable Indicators
	Develop a structure for tracking health network and other statutory compliance	ACHCH remains in compliance with HRSA requirements, the enabling program to concentrate on services and strategies rather than correcting deficiencies	<ul style="list-style-type: none"> • Develop and maintain program-wide compliance protocols and system • Track health network compliance through participation in NHCHC and coordination with regional health department-based HCH programs • Develop roles for staff to coordinate with ACHCH Commission in tracking health center compliance 	<ul style="list-style-type: none"> • Establish compliance indicators and system presented in successful 2019 HRSA Service Area Competition renewal • Successful 2021 HRSA Operational Site Visit • ACHCH Commission carrying out oversight/compliance roles
	Achieve effective and joint ACHCH/HCSA sub-recipient oversight	HRSA grant sub-recipient will be more responsive to ACHCH and county initiatives for serving the homeless and more accountable in providing homeless specific services	<ul style="list-style-type: none"> • Establish regular convenings between county, ACHCH, and AHS leadership to discuss initiatives and accountability • Align sub-recipient MOU with HCSA initiatives • On site monitoring of AHS health center compliance 	<ul style="list-style-type: none"> • HCSA Hospital Management Analyst is overseeing alignment of AHS/HCSA contract deliverables • Coordination between AHS, BOT, and ACHCH Commission • AHS demonstrates improvement in homeless data screening
Improve contract management and procurement		High quality services are being provided in all ACHCH network sites under the direction of ACHCH	<ul style="list-style-type: none"> • Develop consistent approach to contract management and oversight • Devise an efficient strategy for supporting organizations across the ACHCH network to implement RBA • Implement RBA measures across ACHCH network sites 	<ul style="list-style-type: none"> • Conducting consistent, data-driven contract management meetings • Consistent contract monitoring and audits • Timely procurement processes that are responsive to community needs
Increase effectiveness and reach of the ACHCH quality improvement program across the ACHCH network		Robust quality improvement program with shared goals and metrics that promotes best practices at ACHCH network locations	<ul style="list-style-type: none"> • Annual identification of quality metrics and quality improvement plan • Identify administrative staff FTE to administer QI program • Establish regular quality review meetings with providers across ACHCH network • Implement annual homeless services audits conducted by the CCAB 	<ul style="list-style-type: none"> • QI data is being submitted and evaluated consistently • Quality committee has shared narrative, investment, and enthusiasm towards QI goals and activities • Individual program QI activities are driven by shared RBA metrics

2019-2021 Strategic Priorities

Health Center Needs and Resources Coordination

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Results	Strategies	Measurable Indicators
	Strengthen Community Consumer Advisory Board and governing board's ability to articulate community needs to inform health network planning	The ACHCH Commission and the CCAB are functioning effectively, able to articulate relevant community needs, and inform health network planning	<ul style="list-style-type: none"> • Increase ACHCH Commission membership with homeless services and health systems expertise • Determine role of ACHCH in supporting the functioning of the Commission and CCAB • Support the ACHCH Commission and CCAB to develop effective operational and communication processes 	<ul style="list-style-type: none"> • Both the ACHCH Commission and CCAB have increased and stable membership • The ACHCH Commission and CCAB have a refined agenda and operational dashboard • Consultant-based support is in place to strengthen each entity
	Increase non-HRSA grant funding for health network services	Achieve adequate ACHCH network resource and capacity to meet the specific needs of the underserved homeless population and sub-populations	<ul style="list-style-type: none"> • Expand General Fund funding for ACHCH to meet emerging needs • Consolidate a plan and narrative for continued use, maintenance, and expansion of MHSa funds • Assessment of scalable funding streams, such as specialty mental health, victims of violent crimes and others. • Increase collaboration with HCSA Funding Development Office 	<ul style="list-style-type: none"> • Increased percentage of non-grant funds secured for ACHCH



2019-2021 Strategic Priorities

Community Awareness and Marketing

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Results	Strategies	Measurable Indicators
Increase patient and provider awareness of ACHCH as a health network		Patients and providers are aware that the clinics and services they are participating in have functions specifically designed to meet the needs of people experiencing homelessness and are part of ACHCH health network services	<ul style="list-style-type: none"> • Update marketing and education media with new HCH logo and post at all network locations • Actively engage with a strategic set of community groups, organizations, and local government • Participate in community events to provide program information 	<ul style="list-style-type: none"> • Signage is visible on every ACHCH asset and health network location • ACHCH CCAB is carrying out at least 3 community events annually • ACHCH staff is participating in 3 community events annually • ACHCH is publishing 2 newsletters annually that are linked to the website
Clearly communicate ACHCH health network service offerings and referral/request pathways		County residents have increased awareness of ACHCH services and access pathways	<ul style="list-style-type: none"> • Create clear, accurate educational materials for consumers, providers, and community members • Streamline consumer education materials and vet with CCAB • Improve ACHCH website functionality, versatility, and usefulness for the community 	<ul style="list-style-type: none"> • Fully implemented CCAB process • Staff has unified knowledge and is able to articulate service offerings and referral pathways • Functioning and accurate ACHCH website
Distribute timely, homeless-specific health information and resources		Community members receive accurate and timely homeless-specific information and resources	<ul style="list-style-type: none"> • Formalize ACHCH's strategy and plan for distributing accurate and timely homeless-specific information • Explore increasing presence on social media platforms, including Next Door • Clarify ACHCH's role in county-wide responses to emergencies affecting the homeless 	<ul style="list-style-type: none"> • ACHCH has a plan for distribution of homeless-specific information, including emergency scenarios • ACHCH has an active database of more than 1000 email addresses • ACHCH has a strategy for an increased presence on social media platforms

2019-2021 Strategic Priorities

Clinical Care

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Results	Strategies	Measurable Indicators
Implement best-practices consistently across ACHCH network primary care clinics		Homeless patients have increased and expedited access to primary care clinics in the county	<ul style="list-style-type: none"> • Pilot regional partnerships with outreach providers and community-based primary care clinics to improve access • Clarify and summarize best practices for homeless access and services in primary care • Provide technical assistance to community primary care clinics on best practices for engaging, linking, and serving patients experiencing homelessness • Leverage relationships within HCSA to implement best practices across AHS and CHCN primary care clinics • Implement housing coordination services at every ACHCH network clinic • Disseminate best practices for engagement and linkage to primary care clinics across ACHCH network sites 	<ul style="list-style-type: none"> • Double the number of homeless patients served at Hayward Wellness Center • Increased number of South and East County homeless residents accessing primary care medical homes • Summary document for primary care best-practices in serving persons experiencing homelessness is created • Increased availability of housing coordination services at ACHCH network primary care clinics
Increase transportation supports for health care access		Transportation is no longer a barrier to accessing health care for ACHCH network patients	<ul style="list-style-type: none"> • Develop and model best practices for existing health network transportation services • Provide education about available transportation benefits/services through health plans 	<ul style="list-style-type: none"> • Survey respondents report increased options for transportation to medical appointments • ACHCH will offer increased options for transportation supports
	Develop best practices in Alameda County for portable care and outreach services	Efficient integration of outreach and portable care	<ul style="list-style-type: none"> • Conduct geographically-specific, data-driven pilots • Develop effective collaboration between outreach partners and ACHCH portable care • Develop and implement consistent RBA measures for ACHCH portable care contracts and services • Evaluate whether ACHCH should directly provide or contract for portable care and outreach services 	<ul style="list-style-type: none"> • Completion of pilots and investment in clear service delivery model for outreach and portable services in Alameda County • ACHCH funded contracts will have consistent service delivery models and contract deliverables

2019-2021 Strategic Priorities

Clinical Care

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Results	Strategies	Measurable Indicators
Determine ACHCH's role in the county's outreach strategy		A clear understanding of county's outreach strategy and scope of ACHCH's participation	<ul style="list-style-type: none"> • Determine what entity is best positioned to hold county-wide outreach strategy • Participate in piloting homeless resources coordination and implementation of practices aligned with Indianapolis Ordinance in unincorporated areas 	<ul style="list-style-type: none"> • There is a county-wide, coordinated outreach strategy in place with clear roles • A pilot initiative is in place for unincorporated areas of the county with clear measures of success
	Expand ACHCH's portable integrated health services	Effective, data-driven allocation of portable services to increase coordination and outcomes	<ul style="list-style-type: none"> • Pursue HRSA funding opportunities for portable health medicine • Upon securing HRSA funding for expanded services, continue to develop and formalize model • Implement RBA for all network portable services • Develop a management plan for ACHCH operated portable services • Improve oversight and management of portable services • Develop ACHCH capacity to understand and track county-wide efforts towards field-based homeless services in order to improve coordination and efficiency 	<ul style="list-style-type: none"> • Number of times ACHCH has successfully applied for new funding opportunities • Number of associated new FTE staff resource • ACHCH is consistently reviewing outcome data as indicated on UDS reporting
	Develop a shelter health function	There are accessible health services at all homeless shelters	<ul style="list-style-type: none"> • Define ACHCH's role and scope in the development and operation of shelter health services 	<ul style="list-style-type: none"> • ACHCH will complete a needs assessment regarding shelter health in the county • Initiation of ACHCH's role in county shelter health
Increase medical respite capacity in the homeless health system		Increased medical respite capacity for homeless individuals transitioning from institutional care	<ul style="list-style-type: none"> • Complete a comparative analysis of best practices and scope of other HCH programs in neighboring counties and nationally in the provision of medical respite services • Assess feasibility of various ACHCH roles in the implementation of medical respite in terms of funding and staff resource • Determine ACHCH's role in the development of medical respite capacity in the county 	<ul style="list-style-type: none"> • Number of respite beds in the county • ACHCH has clearly defined role in medical respite services

2019-2021 Strategic Priorities

Clinical Care

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Results	Strategies	Measurable Indicators
Increase access to dental care and optometry		Increased access to improved dental care and optometry for individuals experiencing homelessness using ACHCH network health services	<ul style="list-style-type: none"> • Increase AHS capacity for referral and provision of homeless-focused dental care • Leverage relationships with health plans to increase coverage and availability of dental and optometry services • Increase ACHCH capacity for providing dental care management for high-needs homeless individuals • Assessment and implementation of best practices in providing dental care to people experiencing homelessness • Explore dental outreach provision with AHS Dental • Expand optometry contracting to meet regional and overall need 	<ul style="list-style-type: none"> • Highland Dental Clinic added to scope of services • Additional optometry provider contracted for ACHCH health network



2019-2021 Strategic Priorities

Data and Integrated Technology

Short-Term Goals (1 Year)	Mid-Term Goals (3 Years)	Long-Term Goals (5-6 Years)	Results	Strategies	Measurable Indicators
Develop internal functional data warehouse and analysis			ACHCH has relevant data and effective analysis which is shared with the larger homeless services system	<ul style="list-style-type: none"> • Improve and stabilize current ACHCH data system • Collaborate with BHCS on planning and implementation of ACHCH data system • Continue strategy of exploring HMIS implementation at ACHCH 	<ul style="list-style-type: none"> • Regular use of dashboards that include UDS and HMIS data • Overlap of UDS and MHIS systems
	Implement modern EMR for ACHCH's directly operated services			<ul style="list-style-type: none"> • Assign management/staff resource to development of a plan for implementation of an EMR 	<ul style="list-style-type: none"> • Modern EMR implemented for ACHCH direct services



2019-2021 Strategic Priorities

Leadership and Advocacy

Mid-Term Goals (3 Years)	Long-Term Goals (5-6 Years)	Results	Strategies	Measurable Indicators
Increase ACHCH representation and subject matter expertise in county decision-making processes		Increased county political leadership's awareness of ACHCH reach and scope of work	<ul style="list-style-type: none"> • Develop clear strategy for ACHCH Director's role • Identify decision-making forums regarding homelessness 	<ul style="list-style-type: none"> • Increased ACHCH representation in county-wide homeless decision-making forums
Increase awareness of need for services for children, families, and other sub-populations in the homeless community		Improved health care access for children, families, and other sub-populations within the homeless community	<ul style="list-style-type: none"> • Decide how to use relevant sub-population data to support expansion and awareness of services • Conduct initial conversations with stakeholders regarding assessing and meeting the needs of homeless sub populations 	<ul style="list-style-type: none"> • Completed data analysis for 2 homeless subpopulations • Plan developed and partners identified
Establish a training and education function for sharing ACHCH best practices and increasing the use and effectiveness of evidence-based practices in the homeless services system		ACHCH will provide training and education on best and emerging practices in homeless health care and services	<ul style="list-style-type: none"> • Conduct assessment of training and education needs in our community • Research best practices in other communities • Assess capacity of the system to provide training and education • Identify homeless services subject matter expertise existing in the community and develop a strategic role for ACHCH participation in meeting training and education needs 	<ul style="list-style-type: none"> • Complete review of best-practices • County-wide training plan developed





Acknowledgments

We would like to thank the following individuals for their participation and support:

Daniel Cohen, Daniel Matthieu Cohen, LCSW, Inc., Strategic Planning Consultant

Jeffrey Seal, MD, Interim Director and Medical Director, Health Care for the Homeless, Alameda County

David Modersbach, Management Analyst, Health Care for the Homeless, Alameda County

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Rachael Birch, Health Services Administrator, Contra Costa County

Frank Trinh, MD, Medical Director, Health Care for the Homeless/Farm Health Program, San Mateo County

Ralph Barbosa, Program Coordinator, Health Care for the Homeless, Santa Barbara County

John Glivar, Manager, Health Care for the Homeless, Public Health Department, Seattle and King County

Selene Ho, Ambulatory Services Manager, Santa Clara Valley Medical Center

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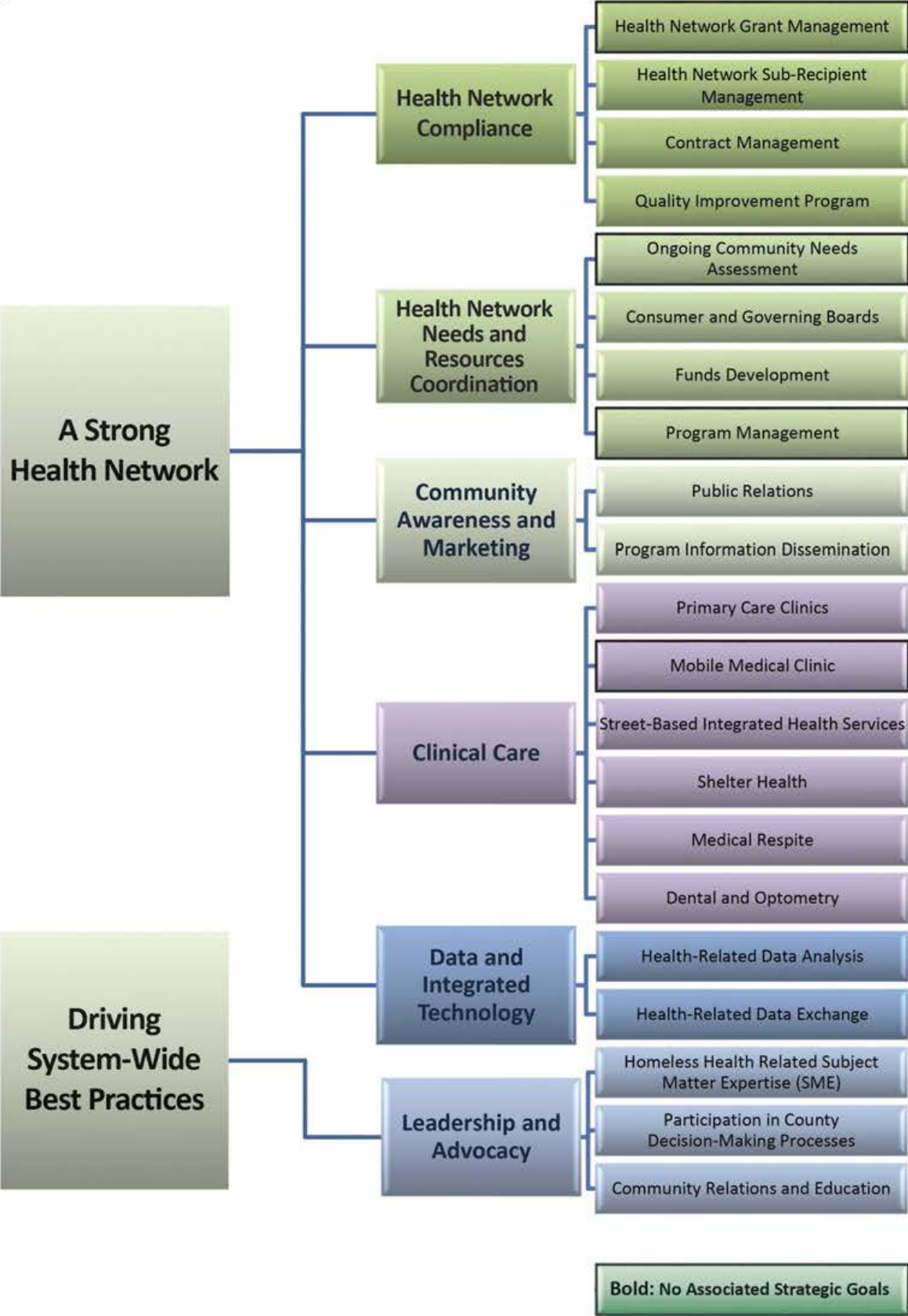
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Strategic Planning Timeline and Action Plan

Objective	Outcome	Timeline
Develop ACHCH strategic planning structure and process	Project work plan approved	10/1/2017
Conduct needs, gaps, and strengths assessment	Established understanding of ACHCH's current structure and operations	11/1/2017 - 11/13/17
	Complete comparative analysis of similar ACHCH programs throughout the state	11/13/17 - 12/4/2017
	Structure and content for stakeholder input developed	12/4/2017 - 12/18/17
	Conduct stakeholder input surveys, interviews, and events	12/18/18 - 3/30/18
	Analysis and report of stakeholder data	3/30/18 - 4/6/18
	Common themes and priorities present in needs, gaps, and strengths assessment compiled	
Evaluate and align ACHCH vision, mission, and scope	Achieve agency alignment on program vision and mission	4/6/18 - 4/27/18
	Program vision statement updated	
	Program mission statement updated	
Develop strategic goals and priorities	Analysis of stakeholder themes and priorities completed	4/27/18 - 7/16/18
	ACHCH areas of expertise identified	
	Strategic goals developed and prioritized	
Finalize ACHCH Strategic Plan	Draft strategic plan completed	7/16/18 - 9/28/18
	Strategic plan submitted, approved, and finalized	
Develop implementation action plan	Core areas of work identified	9/28/18 - 10/29/18
	Assessment of program resources and capacity complete	
	Implementation action plan developed	
Create structures and processes to improve effectiveness and efficiency of ACHCH	Quality improvement structure and program dashboards developed	10/29/18 - 12/17/18
	Continued assessment of meeting schedule aligned with mission/priorities	
	Finalize quality improvement structure and membership	
Evaluate and improve staffing model	Current staffing model evaluated	
	Growth opportunity internally and externally identified	
	Internal organizational chart and reporting structure developed and honed	
Establish ACHCH role in the homeless services system	ACHCH areas of expertise identified	12/2018 - 8/2021
	Strategy and marketing materials to communicate ACHCH functions, role, available resources, and scope developed	
	Continue to strengthen and build collaborative relationships among agencies serving persons experiencing homelessness	
Implementation of ACHCH strategic plan and establish mechanisms for sustainability	Cohesive, coordinated, and consistent agency functions honed and operational	

Program Activities Visual

Health Care for the Homeless Program Activities in 2021



ACHCH Scope Decision Rubric

What is the scope of our work?

The scope of Health Care for the Homeless' work includes activities specifically related to supporting access to and provision of culturally aware health care services to people experiencing homelessness in Alameda County

Priority is given to activities that work to lower barriers for homeless individuals and communities who do not have the capacity and/or supports needed to access health care

Is the initiative or activity aligned with the ACHCH Mission?

YES

NO

CONSIDER DECLINING

Is the initiative or activity aligned with ACHCH's short or long-term strategic priorities and goals?

YES

NO

CONSIDER DECLINING

Can we suggest or coordinate with another entity that can better or more easily take on the initiative or activity?

YES

NO

CONSIDER DECLINING

Does ACHCH currently have the staff/resources necessary to enact the initiative or activity effectively without impacting other priority activities?

YES

NO

CONSIDER DECLINING

Consider conducting the initiative or activity



Comparative Analysis Results



Role in Larger Health System

- > FQHC status holder (5/5 Programs-100%)
- > Training and education for larger health System (5/5-100%)
- > Facilitating access to health care (5/5-100%)
- > Funding to expand range/capacity of homeless programming (3/5-60%)



How Priorities are determined

- > Governing board input (5/5-100%)
- > Director vision (2/5-40%)
- > Pressure from cities and power players (2/5-40%)
- > "Organic", "Make it up every day!" (2/5-40%)
- > Governing board directives (1/5- 20%)
- > Directives from PH director (1/5-20%)
- > Input from collaborators in health system (1/5-20%)



Relationship to Housing

- > Referral to county housing system (Coord Entry, CoC) (5/5-100%)
- > Coordinate/collaborate with Coord Entry or housing dept on policy and decision making (2/5-40%)
- > Provides health services at supportive housing site, (1/5-20%)



Most Important Functions

- > Medical outreach (5/5-100%)
- > Facilitating homeless access to medical care (5/5-100%)
- > Funding of augmentations of clinics/services to increase effectiveness of engagement and treatment (5/5- 100%)
- > Training and education in larger health system (5/5-100%)
- > Raising awareness of homeless issues and best practices (5/5-100%)
- > Linkage, navigation, coordination of services (4/5-80%)
- > Spearheading county initiatives to benefit the homeless (2/5-40%)



Role of Governing Board

- > Board active and directive (3/5-60%)
- > Board semi-active, provides input (2/5-40%)



Direct vs Contracted Services

- > Range of ratios from all direct to all contracted services
- > Most programs had a combination of contracted and direct service



Types of Service Operated

- > Medical outreach (5/5-100%)
- > Mobile van clinics (3/5-60%)
- > Dental clinics (3/5-60%)
- > PCP clinics in collab with PH (3/5-60%)
- > Respite housing (1/5-20%)
- > Backpack medicine (1/5-20%)
- > Medical transportation program (1/5-20%)

HEALTH CARE SYSTEM GAPS

THE THREE MOST COMMON THEMES

Medical Outreach

13 Respondents

- Street-based medical and specialty care with the ultimate goal of linkage to brick-and-mortar primary care clinics

Health and Housing Integration

9 Respondents

- Integration of housing services and support in health care locations, health services in housing, health-related housing continuum, and coordination of planning between housing and health entities

Resource Info and Referral

7 Respondents

- Facilitation of access to resources and health services through dissemination of accurate, clear, and user-friendly information and through referral services

PROGRAM STRENGTHS

THE 3 MOST COMMON THEMES

Medical Outreach

8 Respondents

- Mobile medical clinic, street medicine, and street psychiatry are distinct and needed functions that ACHCH provides utilizing effective approaches to outreach and engagement

Convening and Coordinating Function

8 Respondents

- ACHCH's positioning, power, and skill in convening different system sectors and providers towards better coordination and collaboration was identified as a significant program strength

Program Leadership

6 Respondents

- ACHCH's current leadership and the leadership's skill in implementing innovations and facilitating collaboration was identified as a significant program strength

PROGRAM CHALLENGES

THE THREE MOST COMMON THEMES

Lack of Program Identity and Community Awareness

20 Respondents

- Stakeholders highlighted a significant lack of community awareness of ACHCH including the program's identity, primary focus, services, and access points resulting in decreased impact and influence in the county

Contracting and Sub-Recipient Strategies

10 Respondents

- Strategies for contracting and MOU relationships have resulted in some geographical and target population gaps, as well as challenges in influencing partner agencies' practices and performance

Outreach Function Utilization

4 Respondents

- ACHCH's medical outreach function lacks a cohesive, efficient model and has limited reach and visibility at important homeless touchpoints

POTENTIAL ACTIVITIES NOT INCLUDED HCH'S OPERATIONS

THE TREE MOST COMMON THEMES

Training and Education of the Larger System

10 Respondents

- Stakeholders emphasized the need for a robust training, education, and technical assistance function across sectors serving the homeless and felt that ACHCH has the capacity, knowledge, and positioning to provide it

Resource Info and Referral

5 Respondents

- Clear, up-to-date information on services, resources, and referral pathways is a significant system gap that ACHCH could lead or participate in addressing

Model Programming

3 Respondents

- ACHCH could use its knowledge and skill to operate programming, such as primary care clinics or homeless drop-in centers, that serve as needed models of care in the county

WAYS THAT ACHCH CAN SUPPORT SYSTEM COLLABORATION

THE THREE MOST COMMON THEMES

Take on Role of Convener

13 Respondents

- Stakeholders encouraged ACHCH to provide leadership and mechanisms for convening different jurisdictions and parts of the system towards shared learning of best practices, collaboration, and coordination among entities serving people experiencing homelessness

Provide Training and Education

4 Respondents

- ACHCH could provide training, education, and technical assistance to increase use of best practices and to increase knowledge of resources and services in the community across sectors, as well as with leadership and elected officials

Leadership in Policy Making

4 Respondents

- ACHCH could have more presence and an informing role in policy making arenas that effect homeless services and the distribution of needed resources

WAYS THAT ACHCH CAN SUPPORT SYSTEM COORDINATION

THE THREE MOST COMMON THEMES

Information and Referral

6 Respondents

- Stakeholders felt that ACHCH could support coordination of homeless services by acting as a source of information on resources and referral pathways, as well as supporting the implementation of a community health record

Acting as a Coordination Hub

3 Respondents

- ACHCH could operate as a “coordination hub” and be a resource for cross-sector case conferencing, coordination, and trouble-shooting for specific coordination challenges

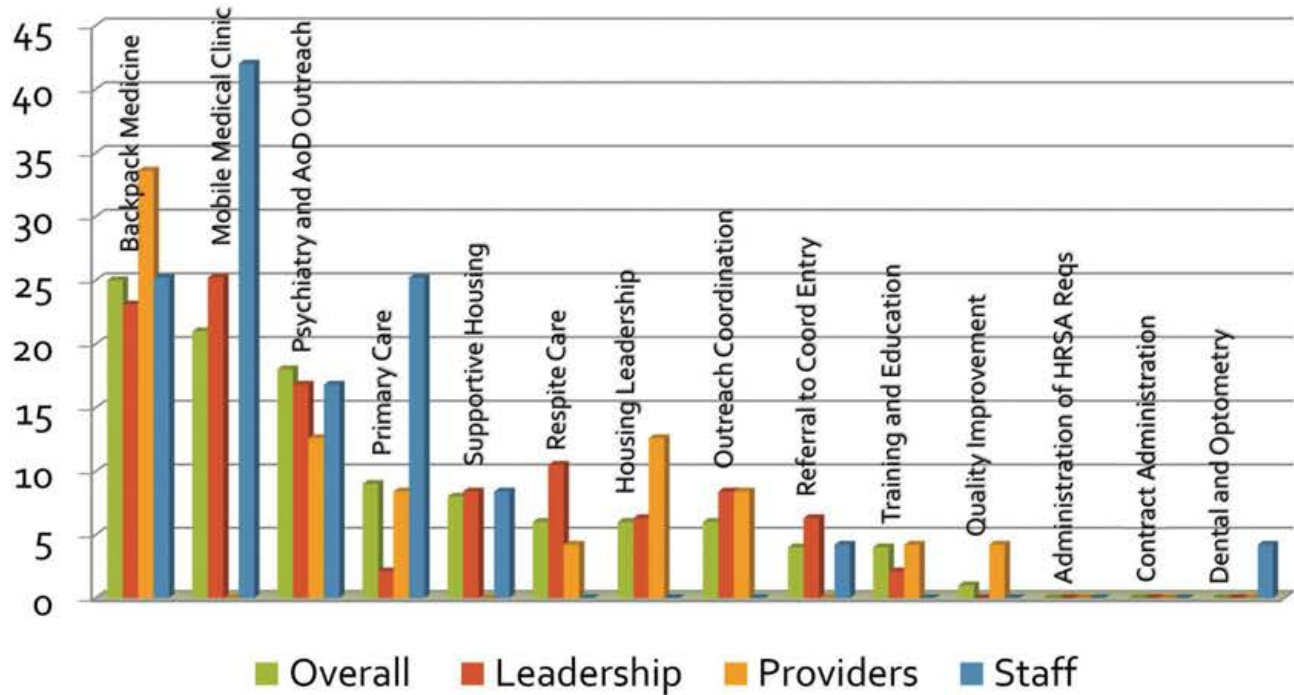
Training and Education

2 Respondents

- ACHCH could provide information, training, and education on best practices in homeless service provision and where to most effectively apply those practices to increase impact

STAKEHOLDER PRIORITY RANKING

CURRENT ACHCH ACTIVITIES: LEVEL OF IMPORTANCE TO STAKEHOLDERS



STAKEHOLDER PRIORITY RANKING

SUPPORTS FOR ACCESSING HEALTH CARE: DEGREE OF IMPORTANCE TO PATIENTS (N: 114)

