



Agenda _____ April 26, 2016

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REVISED

March 28, 2016

The Honorable Board of Supervisors
County Administration Building
1221 Oak Street
Oakland, CA 94612

Dear Board Members:

SUBJECT: APPROVE THE SUBMISSION OF CORRECTIVE ACTION PLANS FOR QUALITY MANAGEMENT AND BOARD AUTHORITY TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) FOR ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS PROGRAM

RECOMMENDATIONS

- A. Approve the attached Health Care for the Homeless Quality Management Corrective Action Plan to come into compliance with Requirement 8 (Quality Management) of the Health Resources and Services Administration (HRSA) Health Center Program by September 2016; and
- B. Approve the attached Health Care for the Homeless Board Authority Corrective Action Plan to come into compliance with Requirement 17 (Board Authority) of the Health Resources and Services Administration (HRSA) Health Center Program by September 2016

SUMMARY

Your Board is requested to approve the submission of two corrective action plans to come into compliance with HRSA Health Center Program Requirements 8 (Quality Management) and 17 (Board Authority) by September 2016 to avoid violating the ongoing conditions of the HRSA grant award that would result in escalating oversight by HRSA with shorter timelines for corrections, and ultimately termination of the grant award if required corrections are not made.

The Health Care for the Homeless (HCH) Quality Management Corrective Action Plan addresses HRSA Health Center Program Requirement 8 (Quality Management). The plan describes the steps that will be taken to connect multiple existing activities across HCH and Alameda Health System into a single structure and program to allow the newly established Joint Co-Applicant Board to oversee the quality of health care services provided to people experiencing homelessness.

The HCH Board Authority Corrective Action Plan addresses HRSA Health Center Program Requirement 17 (Board Authority). The plan describes the steps that will be taken to establish a Joint Co-Applicant Board as discussed at meetings of the Board of Supervisors on February 9, 2016 and March 2, 2016. The attached plan was presented to the Board of Supervisors Health Committee on March 14, 2016.

DISCUSSION

Since November 1, 2001, the Alameda County Health Care for the Homeless Program (HCH) has received the Health Center Cluster Award from HRSA for the provision of comprehensive primary care, dental care, case management and substance abuse recovery services to persons experiencing homelessness throughout Alameda County. The funding period for the current HRSA grant is through December 31, 2016.

In August 2015, HRSA conducted an Operational Site Visit to HCH to review compliance with each of the 19 requirements of the HRSA Health Center Program. Site visitors found that HCH was out of compliance with 4 of 19 requirements, which they noted to be better than average for health center programs in California and especially for those embedded in public agencies. Two of the four requirements (Requirement 13 - Billing and Collections and Requirement 16 - Scope of Project) have been addressed by updating existing documents to reflect pending application for Medicare billing certification and the existing scope of services, which already meets requirements.

Upon approval by your Board, the Corrective Action Plans to meet the final two requirements (Requirement 8 - Quality Management and Requirement 17 – Board Authority) will be submitted to the HRSA Project Officer through the HRSA Electronic Handbook (EHB) as are all official communications related to the grant. The Project Officer will notify the program through the EHB regarding acceptance of the plans.

Implementation of the plans is underway in anticipation of acceptance by your Board and HRSA, although adjustments can be made subject to revisions at either level. For the Quality Management Corrective Action Plan, activities that are currently in process include the development of an Ambulatory Quality Committee at Alameda Health System, and a selection process for a consultant to assist Alameda County and Alameda Health System in the development of a HRSA-compliant quality program. Completion of the plan will include the establishment of a HCH Quality Committee reporting regularly to the Joint Co-Applicant Board on processes and outcomes of care throughout the scope of HCH, and demonstration of the ability to identify and undertake necessary changes to improve quality of care within HCH.

For the Board Authority Corrective Action Plan, activities currently in process include drafting of an ordinance to establish the Joint Co-Applicant Board in consultation with County Counsel, and invitations to Health Committee members, Alameda Health System CEO, and the Alameda Health System Board of Trustees to appoint staff to a working group that will support HCH in the development of the required documentation and recruitment of the initial Joint Co-Applicant Board in accordance with the ordinance once it is adopted. Ultimately, the Joint Co-Applicant Board will enter into an agreement (the Co-Applicant Agreement) with the Board of Supervisors and the Alameda Health System Board of Trustees defining the role of each in the governance of HCH in compliance with HRSA requirements.

FINANCING

Approval of this recommendation will have no impact on net County cost.

Sincerely,



Rebecca Gebhart, Acting Director
Health Care Services Agency



Board Authority Corrective Action Plan

Background

Alameda County Health Care for the Homeless (HCH) is a 330(h) funded health center which currently has two separate public governing authorities overseeing the HRSA-funded Scope of Project. The grantee is Alameda County Health Care Services Agency (HCSA), a public entity governed by the Alameda County Board of Supervisors. Through the HCH program, HCSA administers contracts for services including primary care, substance use, outreach, and urgent care, and Alameda County employees provide outreach and enabling services.

Alameda Health System (AHS) is a subrecipient of the 330(h) grant, providing the majority of primary care within the HRSA Scope of Project. AHS is the local public hospital authority for Alameda County, governed by a separate Board of Trustees.

At our site visit in August 2015, it was determined that neither the Board of Supervisors of Alameda County nor the Board of Trustees of Alameda Health System meets HRSA/BPHC requirement 17 for the Board Authority of a 330(h) program. Site visitors were impressed by the complexity and unique challenges presented by having two public entities with two separate governing boards administering the Scope of Project for the health center. As a result, we have done extensive research consulting other public centers in California and several experts in community health center regulations, including Pat Fairchild, resulting in the proposal below.

Proposed governance structure

A Joint Co-Applicant Board (JCAB) will be created to meet the Board Authority requirement for both Alameda County and Alameda Health System (see Figure). The JCAB will be a commission established by an ordinance of the Alameda County Board of Supervisors meeting all state legal requirements for public commissions as well as HRSA requirements for governance. The co-applicant agreement will specify roles and responsibilities among the Board of Supervisors of Alameda County, the Board of Trustees of Alameda Health System, and the JCAB for governance of the HRSA Scope of Project. The co-applicant agreement will meet all of the requirements for 330(h) health centers set forth in PIN 2014-01 for both the grantee and the subrecipient, and will be signed by both in addition to the JCAB.

As a 330(h) grantee, HCH currently has a waiver for Board Composition, and will continue to seek the waiver in our upcoming Services Area Competition. To maintain strong patient voice we have already established a Community

Consumer Advisory Board (CCAB) which meets monthly. All members of the CCAB have received services from HCH and have experienced homelessness at some point in their lives. The CCAB will select one member to serve on the JCAB. Additionally, all services provided by HCH are subject to patient experience surveys, whether delivered directly by AHS or Alameda County staff, or delivered by contractors. Surveys will be compiled and reviewed at least quarterly by the JCAB.

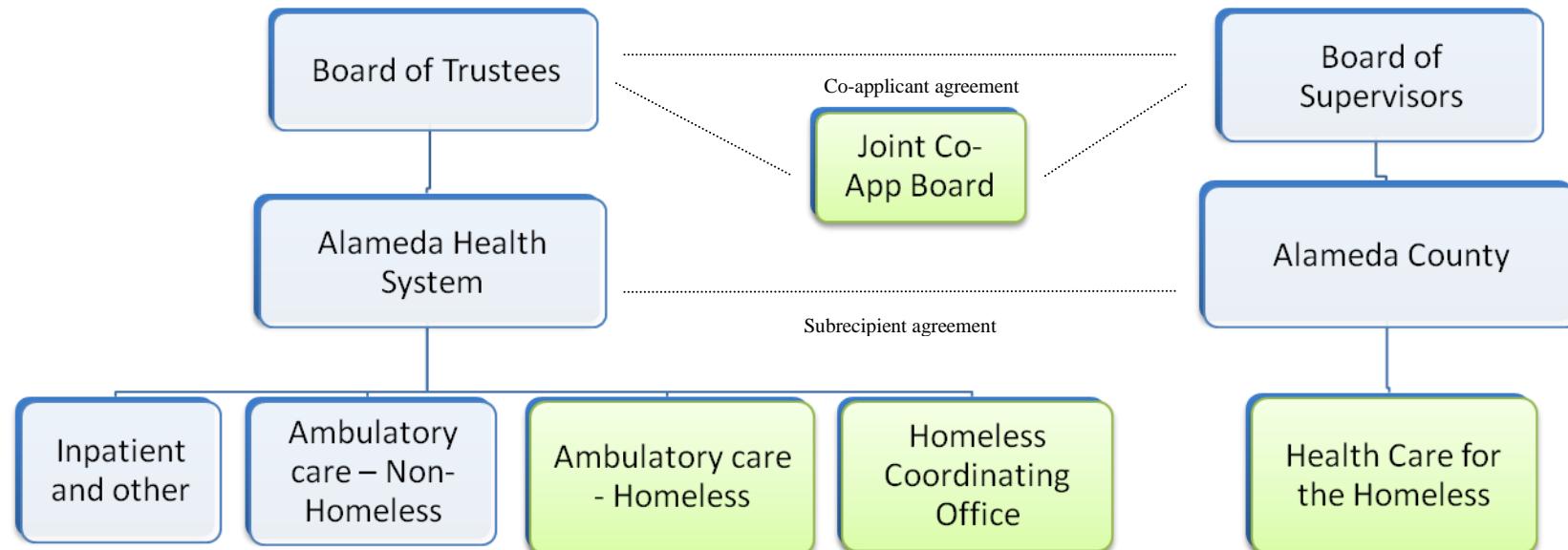
The JCAB can best meet the spirit and substance of the Board Authority requirement by creating a strong community voice with a window into both Alameda County and AHS, convening experts with a commitment to address the needs of people experiencing homelessness, and overseeing shared resources to develop and monitor health care programs targeting those needs.

Overview of planning process

HCH has established a JCAB Working Group with representation from the Alameda County Board of Supervisors, Alameda County Counsel, Alameda Health System, and Health Care for the Homeless. The JCAB Working Group meets twice a month to oversee the drafting of required documents to be submitted to HRSA, the recruitment and initial appointment of the JCAB, and the development and implementation of processes to support the JCAB.

A timeline for the work of establishing the JCAB is included below.

Figure. Governance structure for Alameda County Health Care for the Homeless



Board Authority Corrective Action Plan Timeline

Deliverable	Responsible	Due
Ordinance and initial bylaws for creation of Joint Co-Applicant Board addressing (drafts attached)	Lead: County Counsel Others: JCAB Working Group	Early May 2016
List of nominees for JCAB	Lead: JCAB Working Group Others: BOS as desired	Early June 2016
Appointment of JCAB members	BOS	June 2016
Initial meeting of JCAB <ul style="list-style-type: none"> Orientation of board Establish monthly meeting calendar Elect officers Delegate representative to co-applicant agreement working group Review of co-applicant agreement Revision and adoption of existing bylaws 	HCH	July 2016
Present draft co-applicant agreement to JCAB, BOT, BOS	JCAB Working Group	August 2016
Final co-applicant agreement	JCAB Working Group	August 2016
Signed co-applicant agreement	JCAB, BOT, BOS	September 2016
Submit ordinance, bylaws, and co-applicant agreement to HRSA	HCH	September 2016



Quality Management Corrective Action Plan

Background

Alameda County Health Care for the Homeless (HCH) is a 330(h) health center that coordinates a network of contractors to deliver primary care and related services to people experiencing homelessness throughout Alameda County. Alameda Health System (AHS) is a subrecipient of the 330(h) grant and provides the majority of primary care within the HRSA Scope of Project.

At our site visit in August 2015, it was determined HCH “does not have a formal structure or mechanism for monitoring services or quality.” The report did cite a number of components already in place including a draft ambulatory quality improvement plan at AHS, a Homeless Coordination Advisory Committee, and quality reports generated through NextGen EHR.

The site visitors recommended the completion of a Board-approved Quality Plan, the development of a Quality Committee, and demonstration of a methodology to report homeless-specific data to within the ambulatory care system and track improvement activities and outcomes.

Overview of Proposed Quality Program

The attached draft Quality Plan described the proposed Quality Program in detail. Briefly, a HCH Quality Committee chaired by the HCH Medical Director will review combined data on services and quality from 3 sources—the AHS Ambulatory Quality Committee (a new Committee), the Homeless Coordination Advisory Committee (existing, monthly meetings), and Health Care for the Homeless contract reporting. The HCH Quality Committee will consist of front line staff, clinicians and managers from across the HCH scope of project. The Committee will report directly to the Joint Co-Applicant Board at least twice a year, and will be responsible for recommending and overseeing quality improvement activities across the scope of project.

Plan

Deliverable	Responsible	Due
Draft HCH Quality Plan including-- <ul style="list-style-type: none">• Mission• Scope• Participation• Logistics• Goals/Expected outcomes• Actions	HCH Medical Director	May 2016
First meeting of AHS Ambulatory Quality Committee <ul style="list-style-type: none">• Review existing dashboard, suggest additional measures• Review draft HCH Quality Plan and provide feedback	AHS Medical Home Manager	June 2016
First meeting of HCH Quality Committee <ul style="list-style-type: none">• Review draft HCH Quality Plan and measures and provide feedback• Propose additional members	HCH Quality Committee	July 2016
Present Quality Plan to Joint Co-Applicant Board for feedback	HCH Medical Director	August 2016
Revise Quality Plan	HCH Medical Director	August 2016
Approve and sign Quality Plan	Joint Co-Applicant Board	September 2016
Submit signed Quality Plan and Committee meeting minutes to HRSA	HCH Director	September 2016