

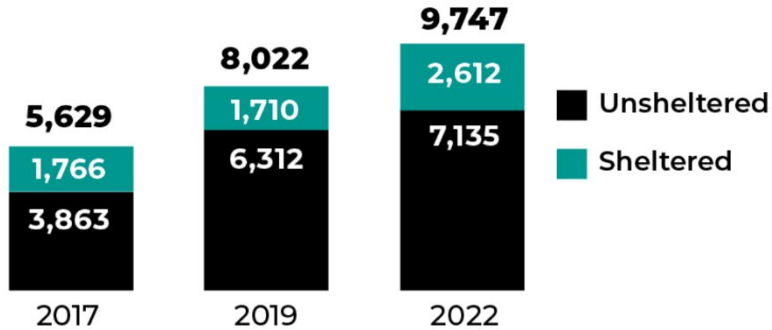


Caring, Healing, Teaching, Serving All

Homeless Health Center Update
May 10, 2023

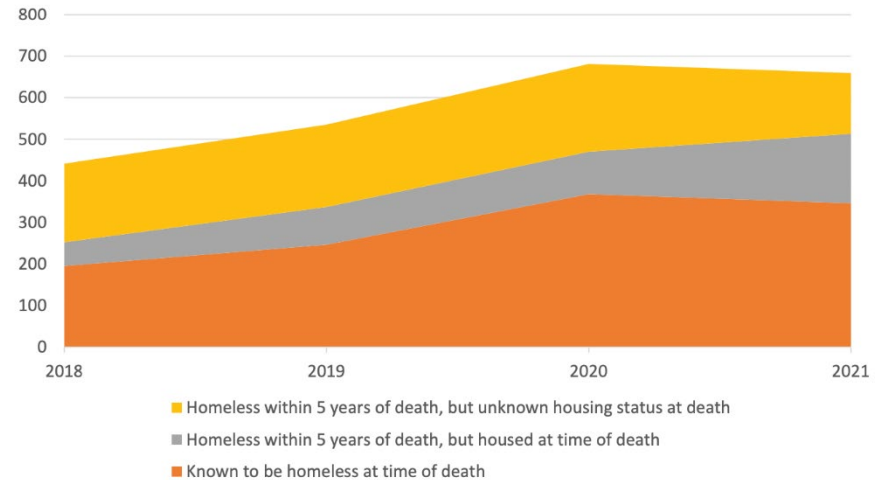
Homelessness and homeless deaths are rising rapidly

CENSUS POPULATION: TREND



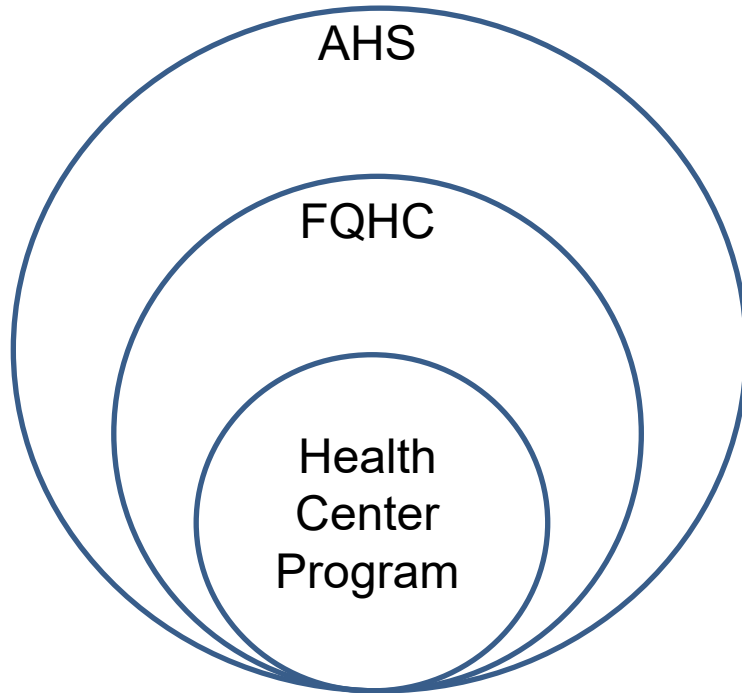
Source: Alameda County 2022 Point-In-Time Homeless Count and Survey

Alameda County Homeless Deaths per Year 2018-2021



Source: 2021 Alameda County Homeless Mortality Report

Homeless Health Center encompasses services provided to people experiencing homelessness at FQHC sites



Calendar Year 2022 by the numbers

- 3,189 unduplicated patients
- 15,000 visits
- 68 FTE
- \$10.3M expenses

Co-Applicant Board strategic priorities emphasize **access and continuity** to improve homeless health care



Loretta Medellin, Chair



Richard Hervey Jr., Vice-Chair



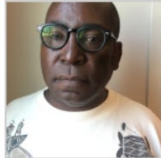
Serena Clayton



Bee Franks-Walker



Tami Rossell



Mark Smith



Derrick Turner



Ali Yasin



Damon Francis, Medical Director (Non-Voting Member)

Goal #1: Maximize the care that people experiencing homelessness receive for acute and chronic illnesses *at the earliest opportunity, and in the locations and settings that work best for them.*

Goal #3: Create strong and lasting *relationships* between care teams and people experiencing homelessness at every opportunity by *following up on identified housing and primary care needs.*

Source: Homeless Health Center Strategic Plan 2022-24

We have achieved some modest success in increasing access...

- Doubled homeless patient volume in Bridge Clinic over last 12 months
- Developed and expanded mobile dental services, and purchased a new van equipped for dental services
- Piloted primary care at syringe exchange sites in partnership with the HIV Education and Prevention Project of Alameda County (HEPPAC)



Aerial view of HEPPAC syringe exchange site
(<https://heppac.org/syringe-access-program-2/>)

...and we are engaged in collaborative planning with multiple partners to improve continuity...

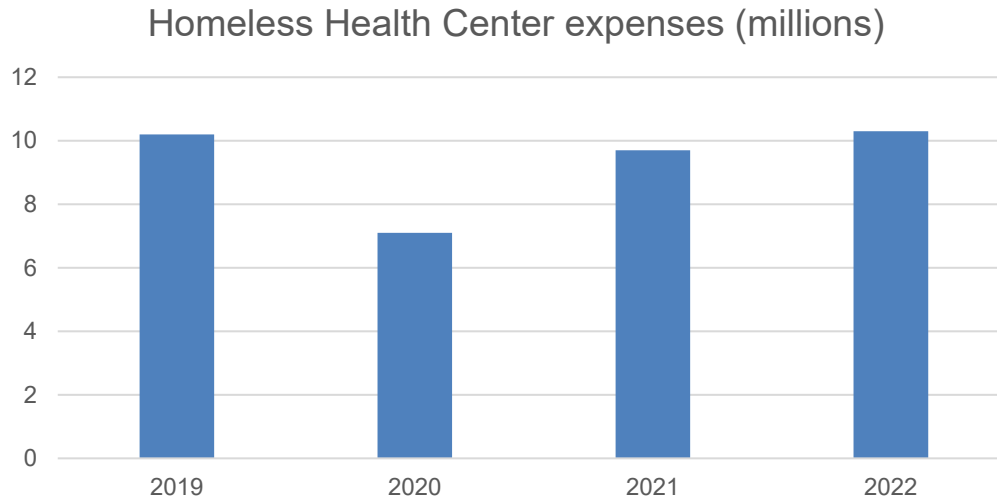


ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS



CARDEA  HEALTH

...but our investment in ambulatory homeless services has not kept pace with rapidly rising needs



Source: Uniform Data System reports to Alameda County Health Care for the Homeless 2019-22

What role does the Co-Applicant Board play in overseeing AHS investment in ambulatory homeless services?

Co-Applicant Board (CAB) financial oversight responsibilities

- “...the CAB shall have authority to *approve the annual operating and capital budgets of the Health Center Program* within the confines and amounts provided by the BOT...” (Co-Applicant Agreement)
- “..the health center’s annual budget includes *all projected revenue sources* that will support the Health Center Program project” ([Health Center Program Compliance Manual](#))

Recent improvements in CAB financial oversight

- Entity-based financial reports to BOT and CAB that show status of FQHC finances
- CAB approved 6-month extension to CY 2022 Homeless Health Center budget
 - Aligns the next Homeless Health Center annual budget with AHS fiscal year
- Increased discussion of FQHC financial reports at Co-Applicant Board meetings

Outstanding challenges to CAB financial oversight

Current budgets do not show “...all projected revenue sources that will support the health center...” as required by federal regulations

Feb 2023 FQHC

In Thousands	MTD	YTD
<i>Operating Revenue</i> -----		
Net Patient Revenue	\$4,663	\$37,471
Capitation Revenue	869	6,863
Other Government Programs	34	416
Other Revenues	320	2,613
Total Revenue - All Sources	5,886	47,363
Budget Revenue	4,553	38,419
Collection %	39.9%	39.9%
Budget Collection %	37.9%	38.9%
<i>Operating Expenses</i> -----		
Salaries & Benefits	7,367	58,461
Purchased Services	183	2,485
Materials and Supplies	613	2,934
Facilities	110	1,037
Depreciation	166	1,324
General & Administration	11	106
Total Operating Expenses	8,451	66,347
Budget Expenses	7,548	62,112
Contribution Margin	(2,565)	(18,984)
Budget Contribution Margin	(2,995)	(23,693)

Source: Finance report to Co-Applicant Board, April 2022

Outstanding challenges to Co-Applicant Board financial oversight (cont')

Substantial sources of revenue supporting the FQHC remain unallocated

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC
Contribution Margin	(9,559)	(22,081)	(18,984)
Cost/Charge Ratio	22%	46%	71%
Budget Contribution Margin	(1,732)	(17,429)	(23,693)
System Overhead Expense Allocation	25,017	7,772	13,063
Measure A Allocation	12,163	5,324	8,963
GPP			
QIP			
Total Non Operating Activity	15	(54)	(92)
Net Income (Loss) After Allocations	(22,398)	(24,583)	(23,176)
Budget Net Income (Loss) After Allocation:	(11,129)	(20,395)	(26,224)

Source: Finance report to Co-Applicant Board, April 2022

How can the CAB and BOT collaborate to ensure AHS does everything it can to improve the health of people experiencing homelessness?

1. Review our Co-Applicant Agreement and ensure we are meeting its terms

CO-APPLICANT AGREEMENT
Between the
BOARD OF TRUSTEES and
**ALAMEDA HEALTH SYSTEM HEALTH CARE FOR THE
HOMELESS CENTER CO-APPLICANT BOARD**

2. Adopt CAB recommendations for better collaboration

- The Boards should meet with greater frequency;
- Minutes from the CAB's regular meetings should be accepted by the BOT at their following regular meeting; and
- The Boards should jointly advocate for and recommend the inclusion of a consumer member on the BOT to the Alameda County Board of Supervisors.

Source: Co-Applicant Board Approved Motion, April 2022

www.alamedahealthsystem.org/wp-content/uploads/2022/04/2022-04-12-E-CAB-MEMO-Reccomendations-to-the-BOT.docx

3. Leverage CAB collaboration to learn how to move from *transactional* to *transformational* community engagement

Transactional Engagement:

- Checking a box
- Narrow engagement
- Seeking input on near-final product
- Results in superficial or technical change only
- Challenges: may lead to community fatigue, lack of trust

Transformational Engagement:

- Sustainable relationships
- Transparency and “feedback loop”
- Results in cultural or structural change
- Challenges: resource intensive, requires institutional commitment and readiness

Source: Transformational Community Engagement to Advance Health Equity, Health Equity Solutions, Jan 2023
<https://www.rwjf.org/en/insights/our-research/2023/01/transformational-community-engagement-to-advance-health-equity.html>