



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Assessment of Administrative Mechanism (AAM)

QSC Committee Presentation
October 25, 2023



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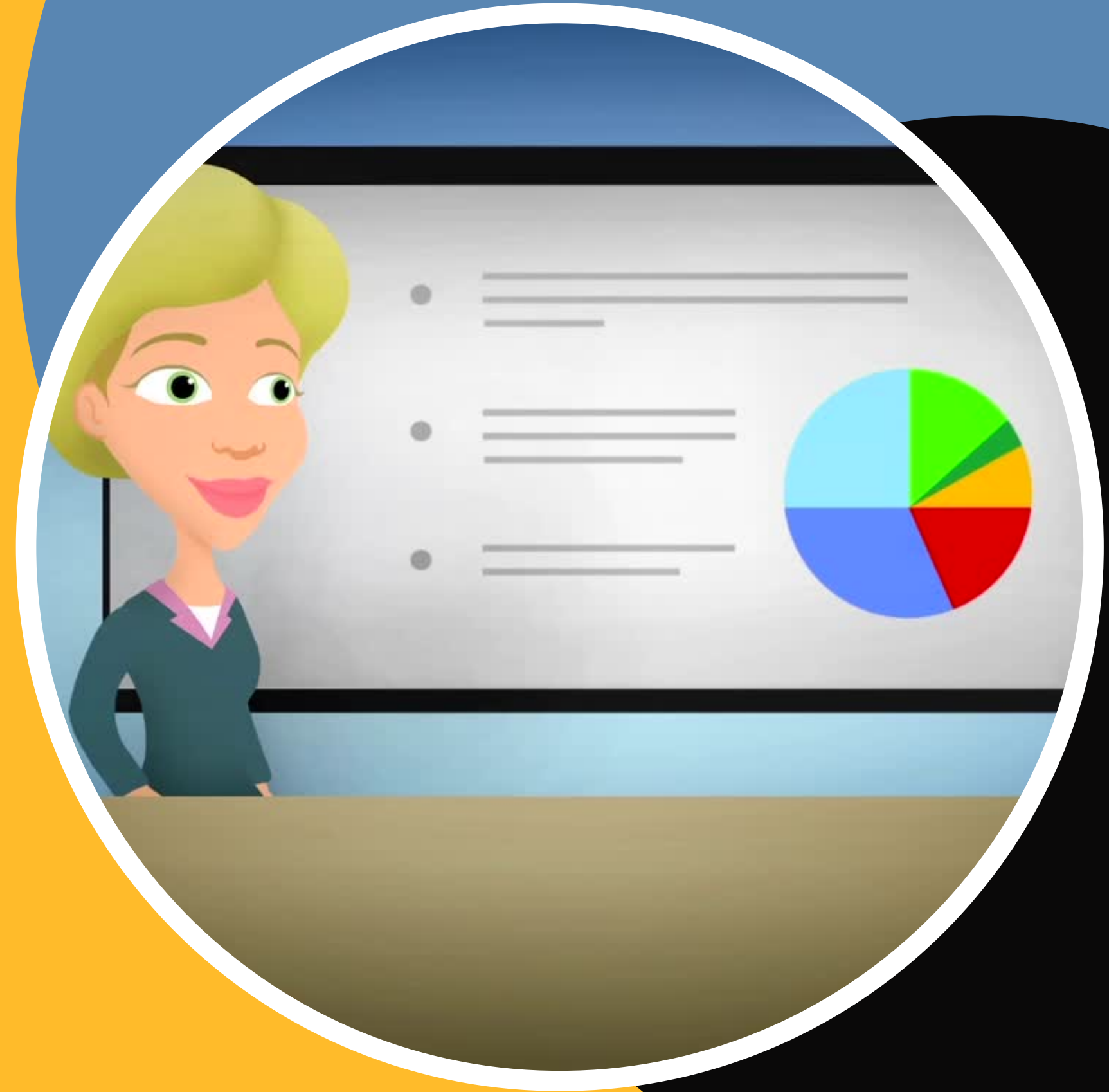
Presentation goals

- Review the Purpose of the AAM
- Methodology of the AAM
- Review Findings
- Feedback and Recommendations



Presenters

Daniel Moore and
Megan Crowley





Purpose of the AAM

- A federally mandated evaluation that the Planning Council is required to complete annually.
- Assesses how rapidly and efficiently the Recipient, Alameda County Office of HIV Care (OHC), disburses the Part A funds to the areas of greatest need within the Transitional Grant Area
- Assessments are based on time-framed observations of procurement, expenditure, and reimbursement processes.

Methodology

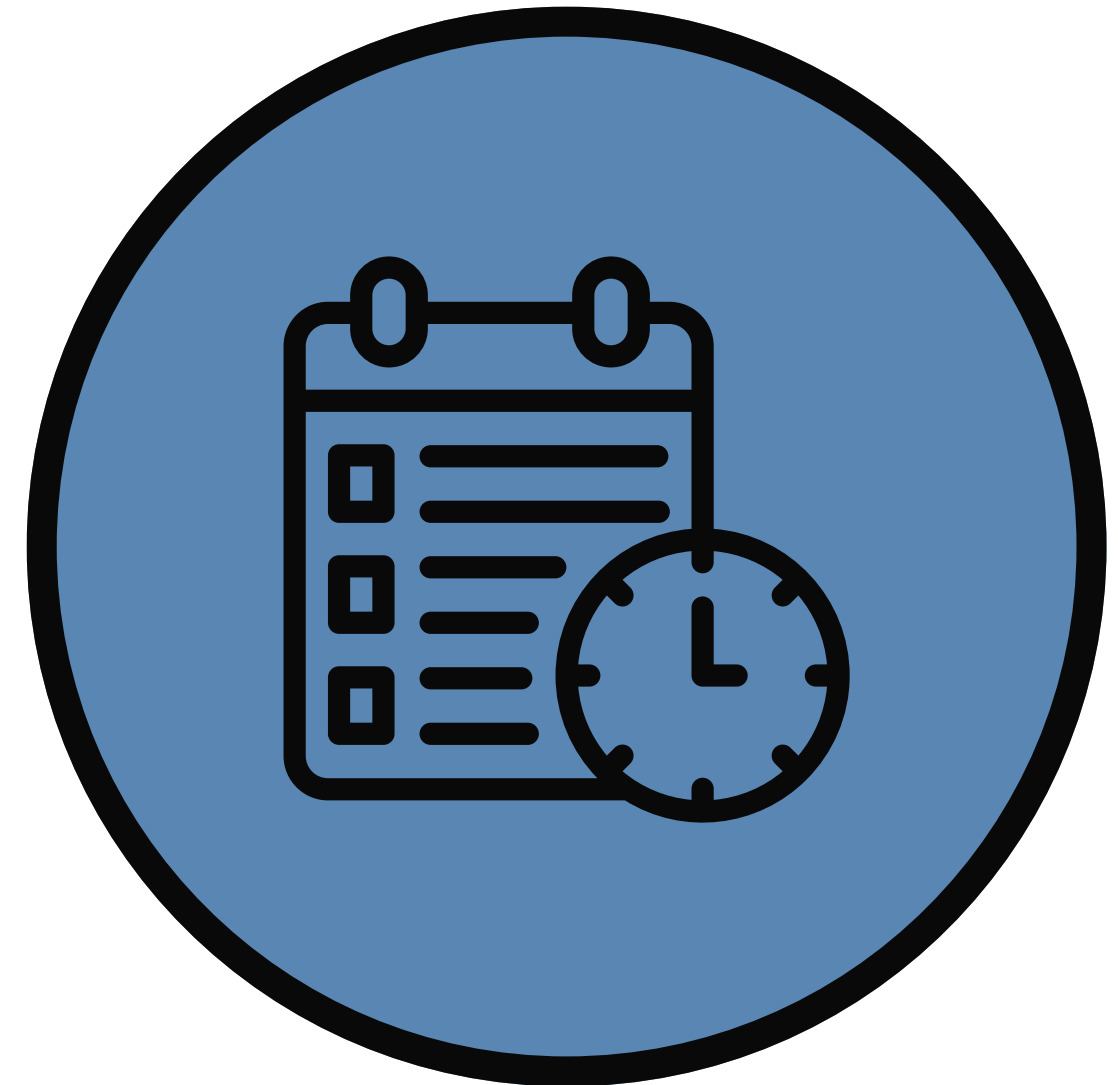
To prepare the AAM, we used the following methodology:

- A survey was sent to recipients of Ryan White Part A Funds via Alchemer.
- Internal documentation from the Office of HIV Care (OHC) was reviewed.
- A survey was sent to Planning Council members concerning its relationship with OHC.



Subrecipient Responses

- The survey was sent to 20 agencies this year.
- 20 out of 20 agencies responded, giving us a 100% completion rate.
- There are a total of 28 responses between the 20 agencies

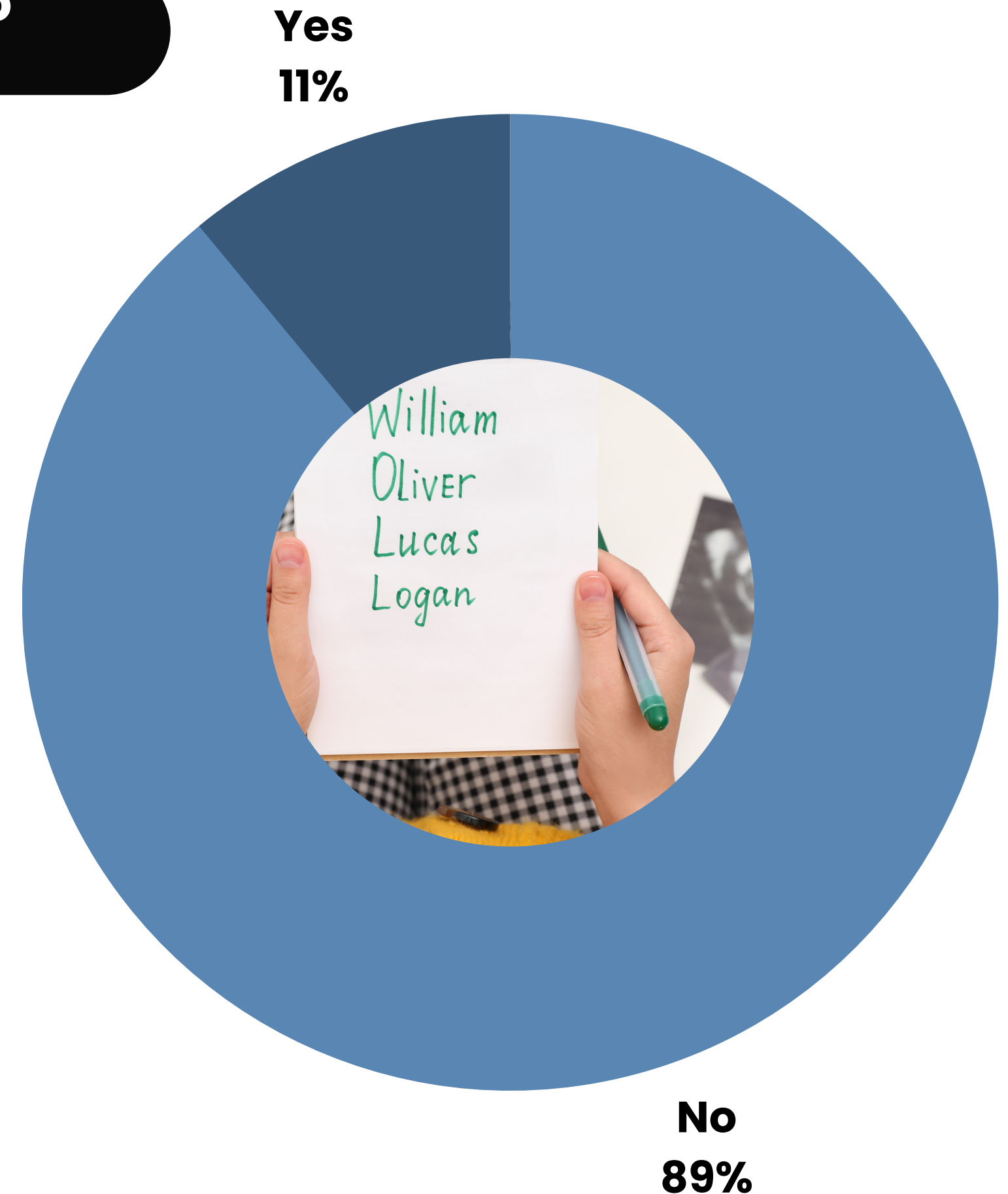


Subrecipient Responses



Is there a waitlist for new clients to gain access to your agency's services

3 respondents stated that they have a waitlist.





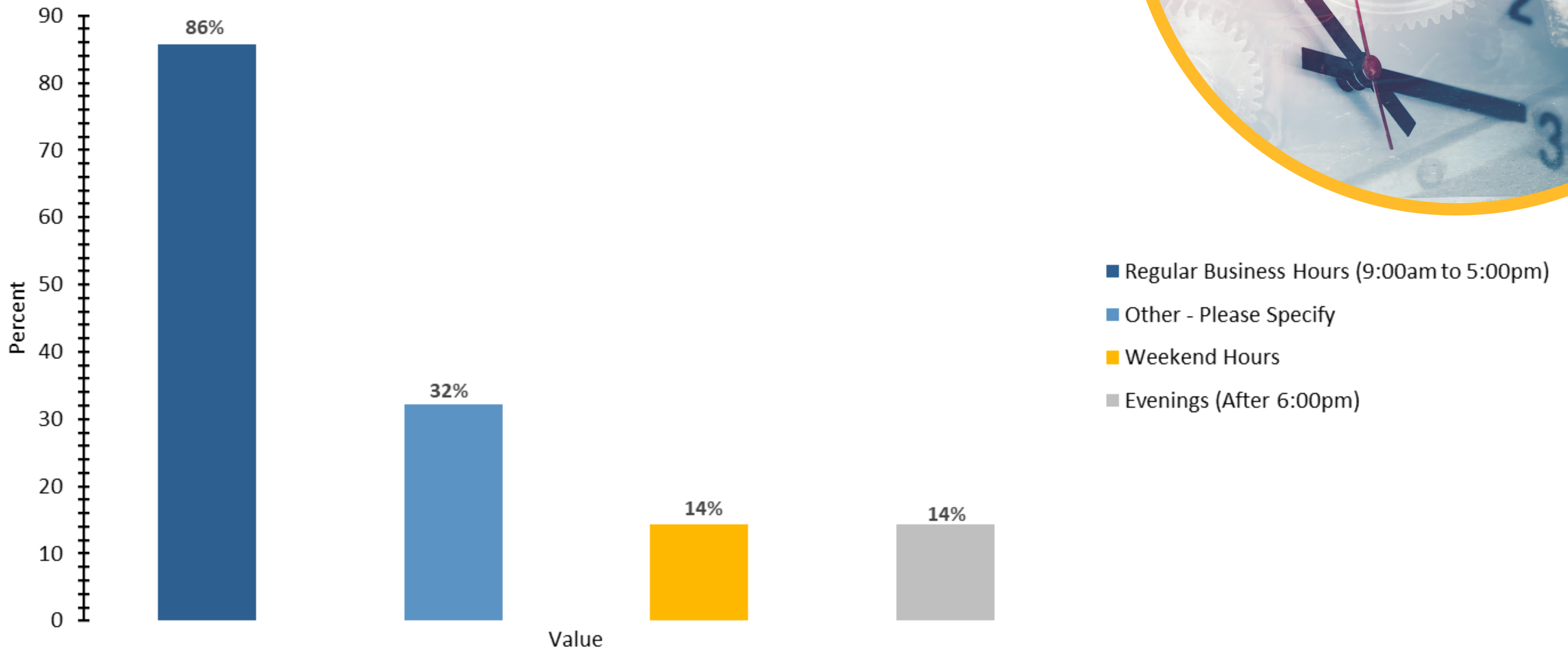
What is the average wait time for a new client to begin utilizing oral health care services?

3-4 weeks

What is the average wait time for a new client to begin utilizing respite care services?

1-2 weeks

What are your days/hours of operation?



Is your program/service currently operating at full staffing capacity?

20 respondents (74%) said they are operating at full capacity and 7 (26%) stated that they were not operating at capacity.



In the past year which positions have been vacant and how long have they been vacant?

The Clinical Director position has been vacant since July 1, 2023.

**Case Manager – 1 year
Case Manager – 6 months**

**Two staff attorneys, 8 months/6 months
Program Director 3.5 months**

Our challenge for the past year is recruiting Respite Care Workers.

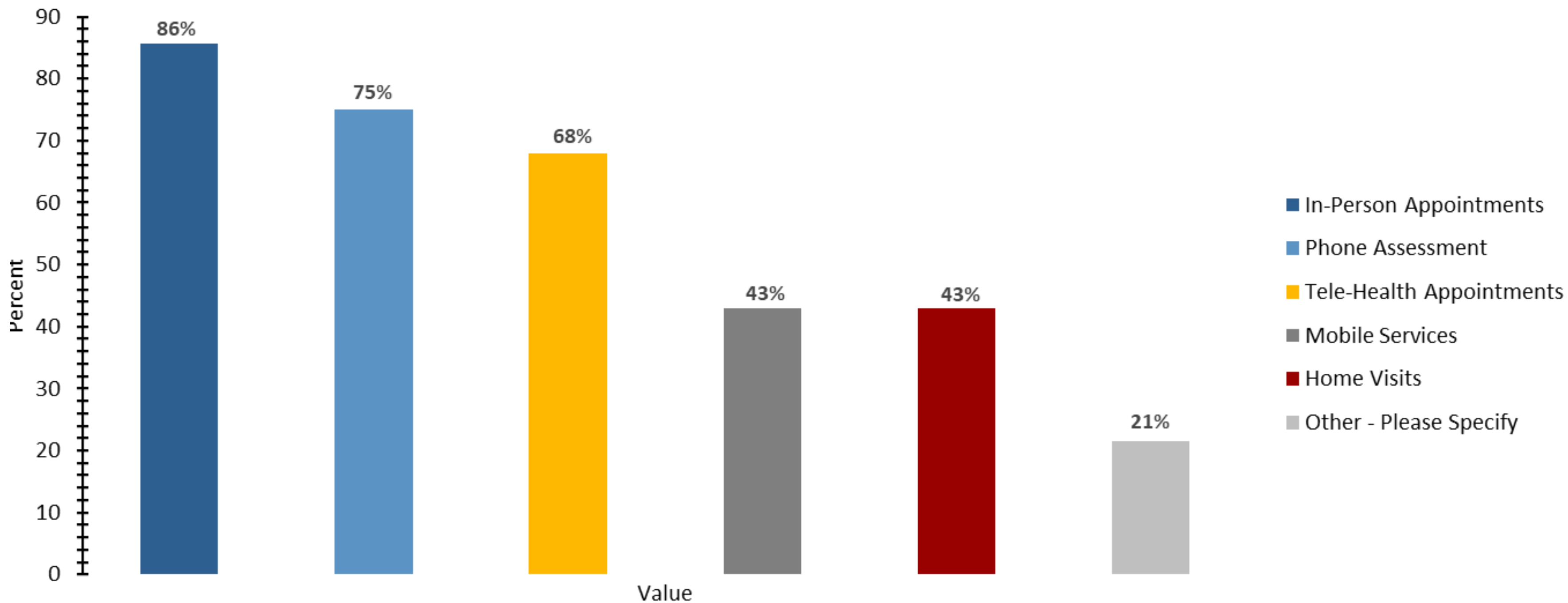
We have one vacancy and we are accepting resumes.

There has been a shortage of Dental Assistants for several months.

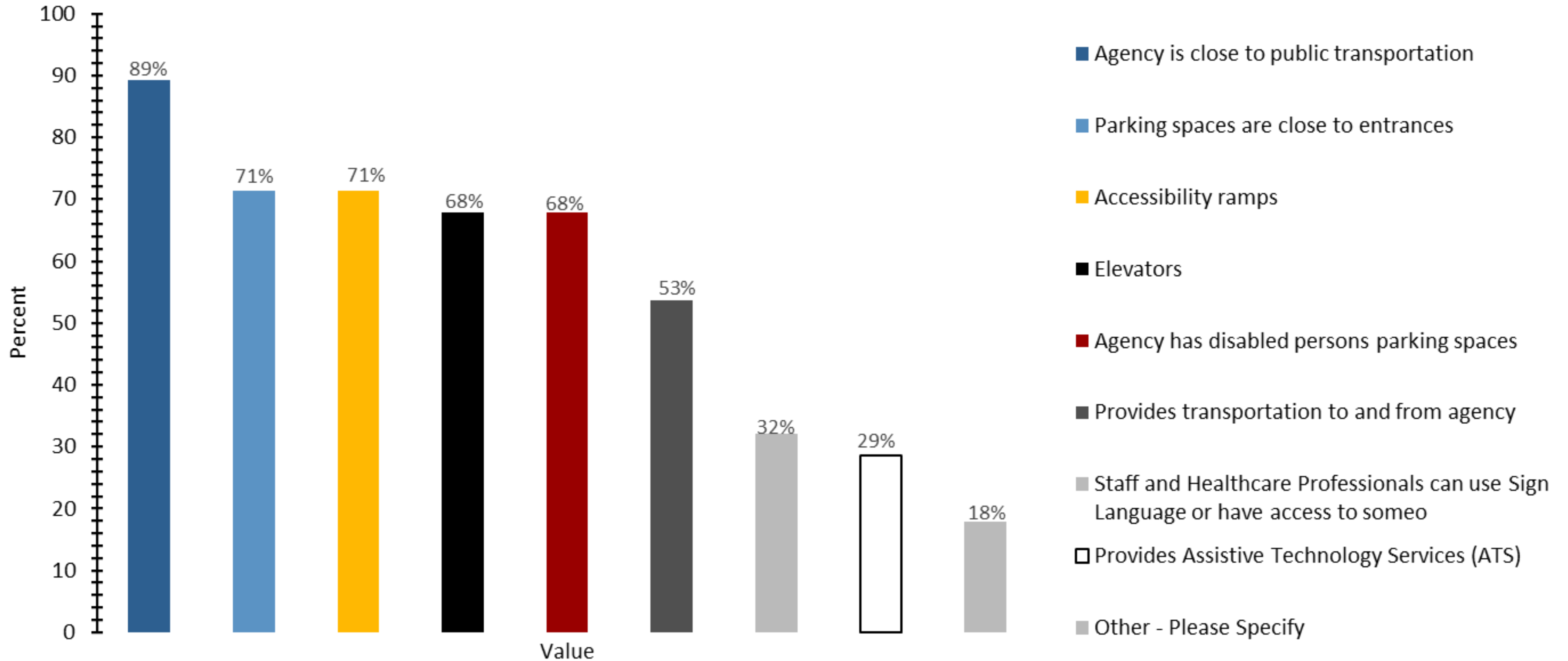
What barrier(s) does your agency face with hiring and/or retaining staff?

- **Based on union contract, we must hire based on seniority. This prevents us from being able to hire based on needs of the clinic.**
- **Difficult to find and retain doctors because there is a shortage of PCPs in the Bay Area and providers have many options.**
- I feel we need to provide more \$ and better retirement/savings plans to staff. We also need more funding to hire more staff.
- The cost of living continues to go up. Many of our staff find themselves living further from the service area.
- EBCLC has experienced difficulty in hiring attorneys across all of our practices within the last few years. Other legal aid organizations have also reported similarly. There appears to be a shortage of social justice attorneys interested in working at non-profit organizations. Salaries have and continue to be a major barrier, although we are making strides to more fairly compensate staff. This, of course, is dependent on raising funds, which can be more restricted as not as many opportunities are available for legal services.
- **Rate of pay not comparable to other agencies. Case management, retention and service navigation is a bit challenging for those new to community work. Training up staff, only to have them vetted by sister agencies that offer more pay.**
- Many have left the area or have returned to school in hopes gaining increased education to put themselves in the position to obtain better earning power.
- **Several have said because childcare has become so limited, they are now having to find ways to meet their personal childcare challenges.**
- RW funding doesn't allow us to pay a living wage or even pay all the staff involved in making this program run successfully!
- High compensation was offered by other facilities than us.
- Wages
- **salary and work/life balance and secondary trauma/burnout**
- Difficulty hiring dental assistants (even DA training programs at educational institutions have fewer candidates); no competitive salaries
- Bureaucratic process and union MOU rules that prevent programs from filling positions quickly.

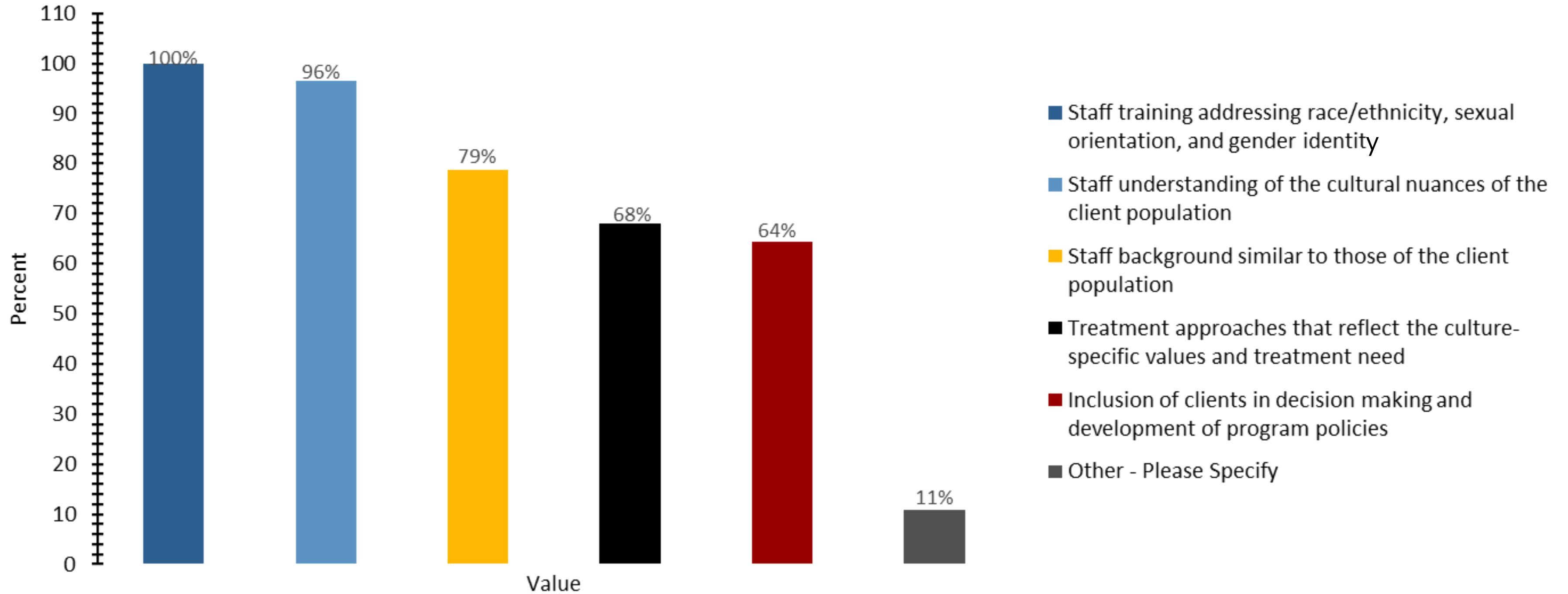
How are services delivered to your clients?



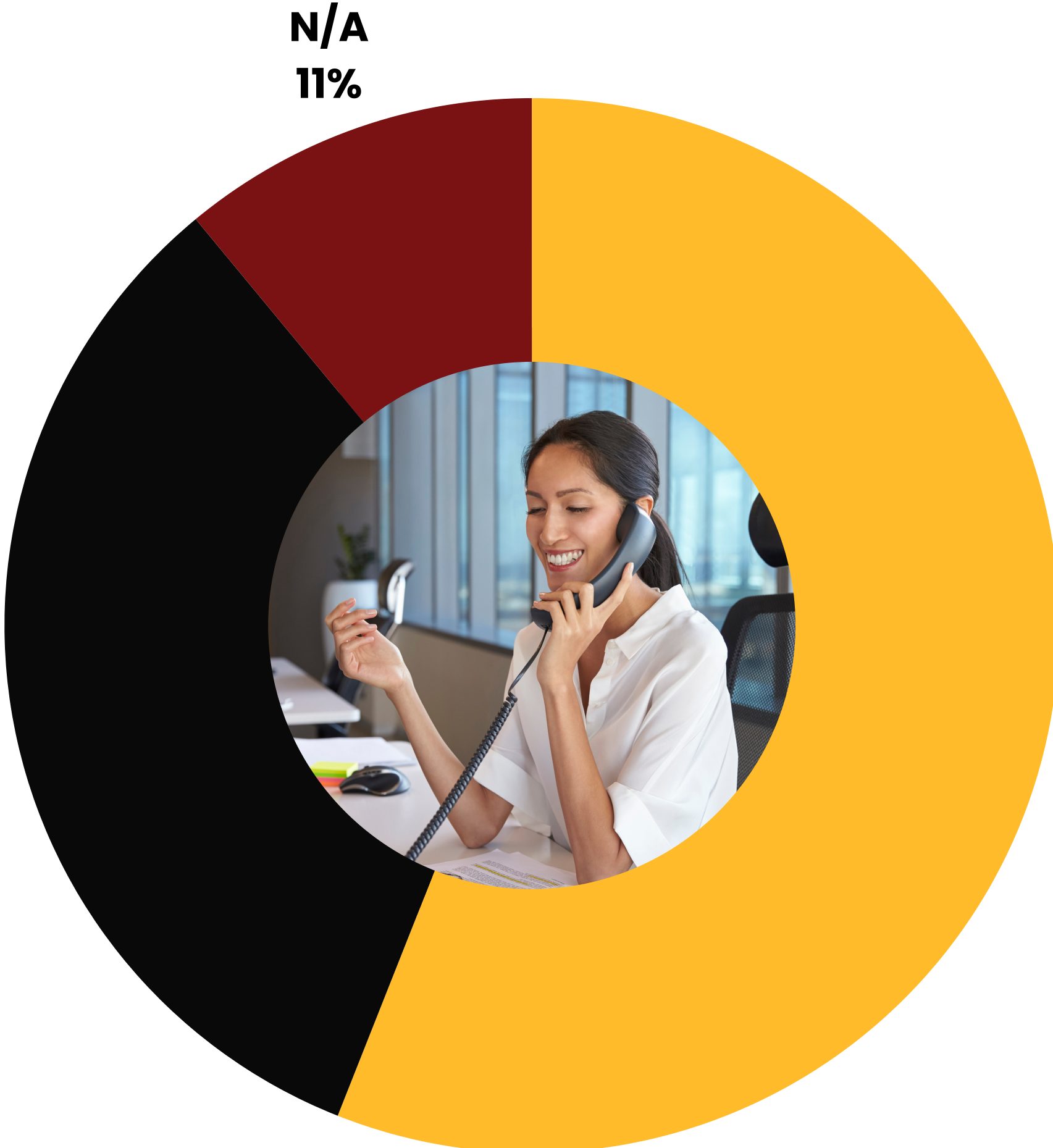
How does your agency ensure compliance with the Americans with Disability Act (ADA)?



How does your agency provide culturally competent care?



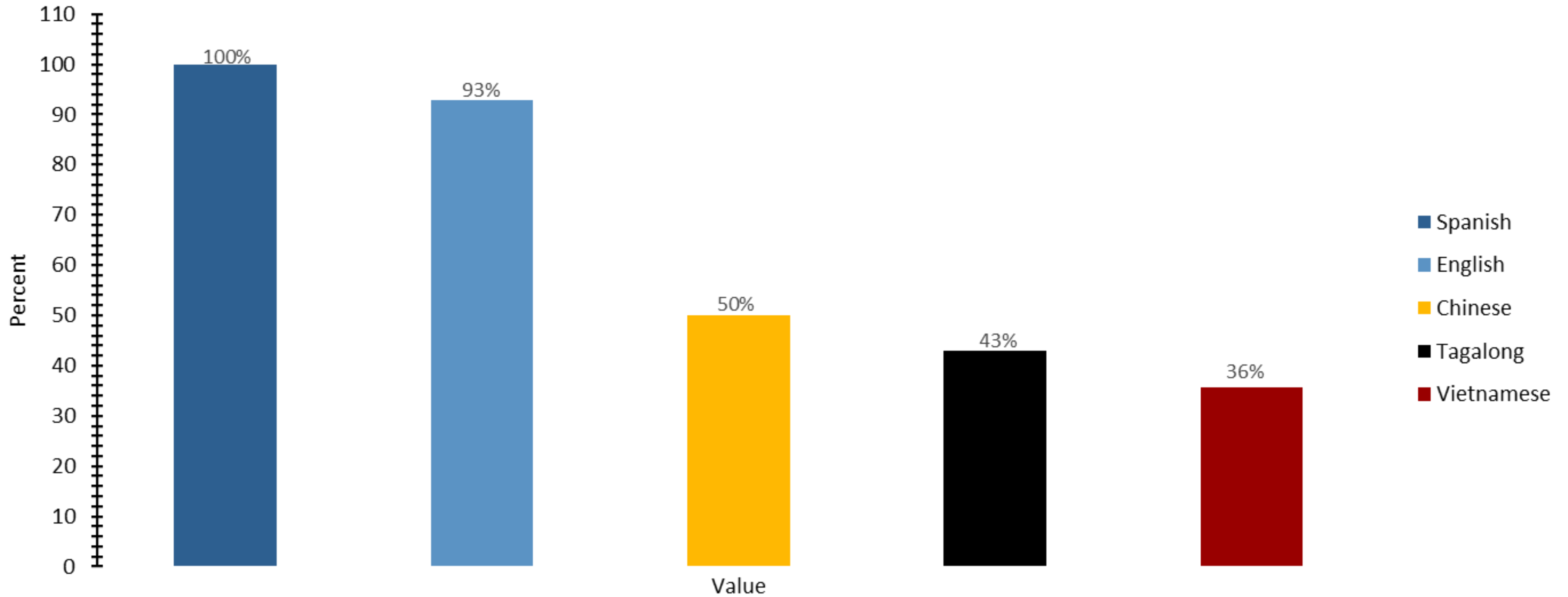
How does your agency provide translational services?



Interpretation phone service
33%

Bilingual or Multilingual staff
56%

What languages do your clients have access to?



What were the 3 most significant changes that your agency has made in response to COVID-19?

<ul style="list-style-type: none">1. Telemedicine2. Remote and in person staffing	<ul style="list-style-type: none">1. More telehealth and phone visits.2. Wearing masks.3. Offer and encourage covid-19 vaccinations.	<ul style="list-style-type: none">1. Increased access to home-delivery.2. Provided PPE to clients, staff, and volunteers, and enforced masking policies.3. Maintained services throughout the COVID-19 pandemic.	<ul style="list-style-type: none">1. Virtual services/No face to face services2. Implemented COVID Protocols/Mask mandates3. Reduced group size and testing of participants during group meetings
<ul style="list-style-type: none">1. Hybrid workspace.2. Meeting clients where they need to be met.3. Accomplishing more by phone.	<ul style="list-style-type: none">1. Wearing masks in the building.2. Washing hands with hand antiseptic.3. Clients must provide Covid vaccine records at time of appointment.	<ul style="list-style-type: none">1. Upgrades to dental operatories.2. Changes to infection control practices.3. Covid screening practices for patients/staff	<ul style="list-style-type: none">1. Telehealth appointments2. Telehealth rapid ART3. Technology literacy workshops

What practices have been retained?

We still have telemedicine options

All practices have been retained with the exception of wearing a mask, which is now optional.

Reframing from having large groups, meeting, training or social groups.

We have maintained services for clients throughout the covid-19 pandemic.

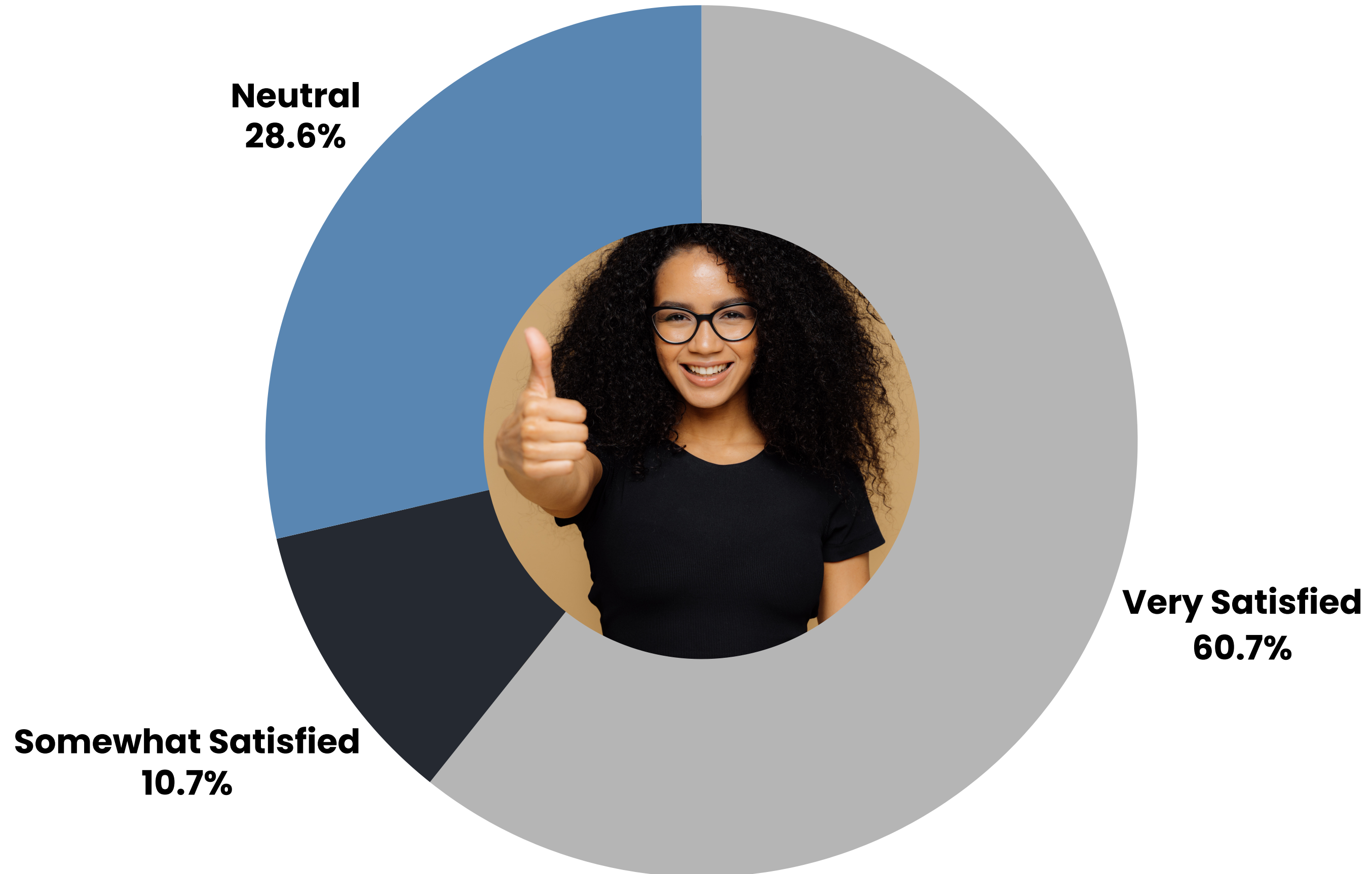
PPE, protocols when staff test positive-must stay home

Being available for holistic services

Providing legal services

All practices have been retained.

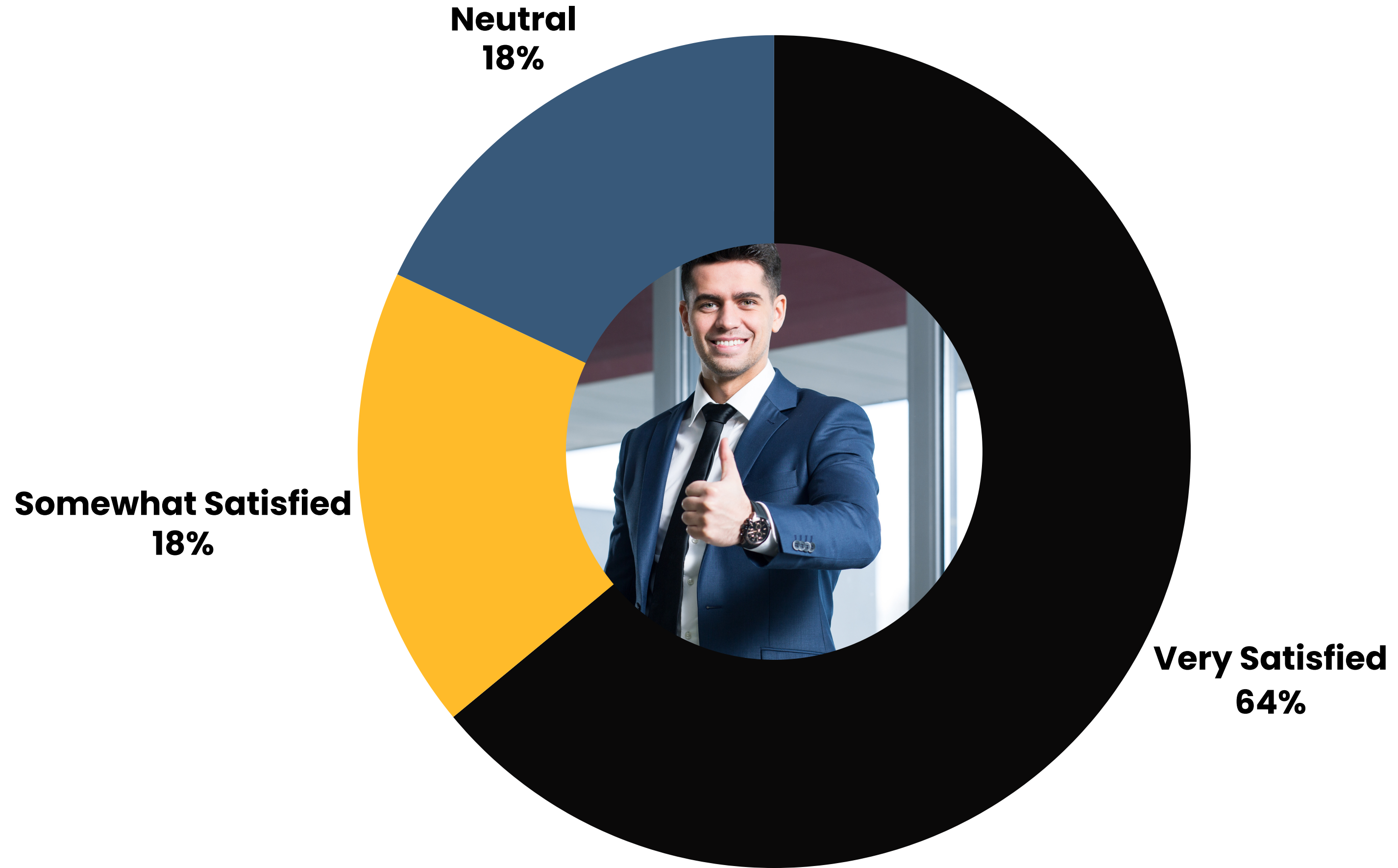
How satisfied are you with the contracting process currently used by the Office of HIV Care (OHC)?



How can the Office of HIV Care (OHC) improve the contracting process? (Please specify)

- Turnaround time for contracts
 - We have been very happy with the new things implemented by OHC! Hope that there will be even faster access to funds particularly when they are additional funds.
 - Sometimes finalizing the contract process takes months past beginning of fiscal start date.
 - Ensure contracts go to the Board of Supervisors for approval with enough time for contracts to start on time
 - Faster response, especially with award letters.
 - Full award at the beginning of the grant year so that we do not have to go through multiple budget revisions, amended award contracts, etc.
- Content of contracts
 - Work with the PC to make sure contracts reflect Standards of Care and vice versa.
 - By continuing to provide awareness and preventive based practices, that implement safe spaces. This will allow people to feel comfortable with going to the doctor to be tested.
- Other
 - That all staff positions be filled.
 - By providing more communications to contractors regarding reports that are due and having more providers meetings.

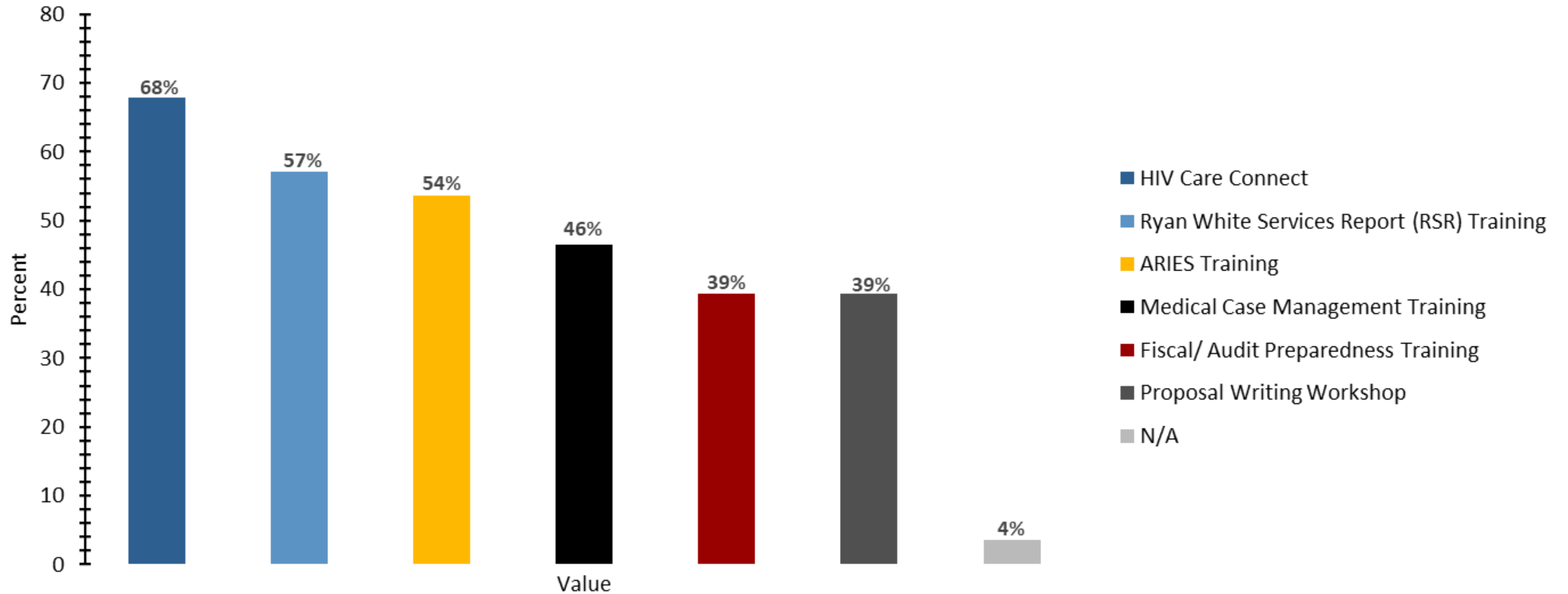
How satisfied are you with the invoicing process currently used by the Office of HIV Care (OHC)?



How can the Office of HIV Care (OHC) improve the invoicing process? (Please specify)

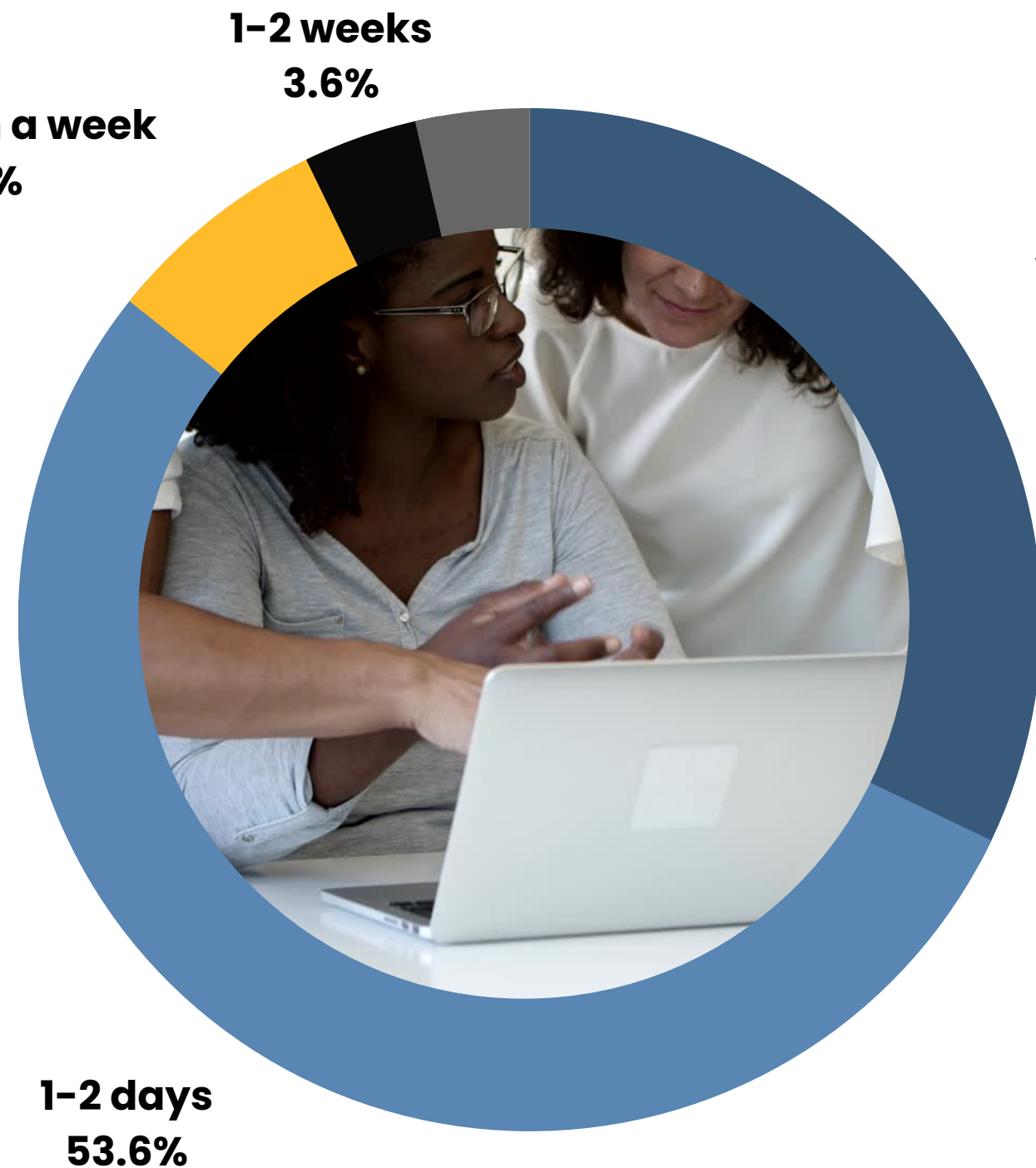
- It gets a little confusing at times and the rules change often.
- The Office of HIV care has improved its invoice turn around. It would be good if there was more opportunity for TA around invoicing and budgeting when requested.
- The invoicing process can be cumbersome due to the duplication submission of receipts or proof. One example is rent. If the rent stays the same and payment is required monthly, submission of it (12 times) is excessive
- You have come a long way!
- I am so satisfied with the invoicing process
- Being more consistent with messaging and communications.

Which of the following trainings would you like to receive from the Office of HIV Care (OHC)?



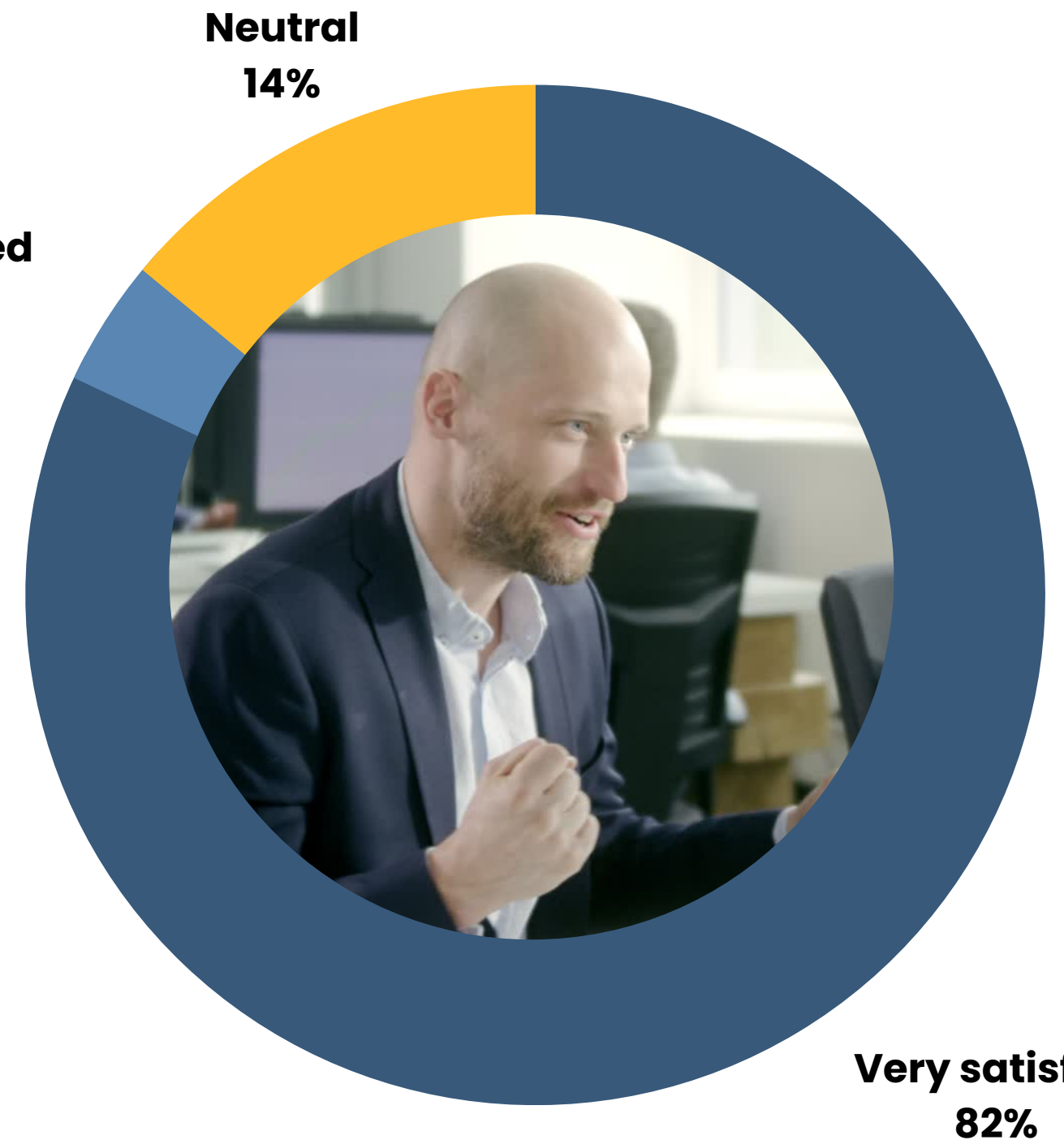
How quickly does your Office of HIV Care (OHC) Program Manager respond to you when you reach out?

How satisfied are you with the communication between your agency and the Office of HIV Care (OHC) Program Manager?



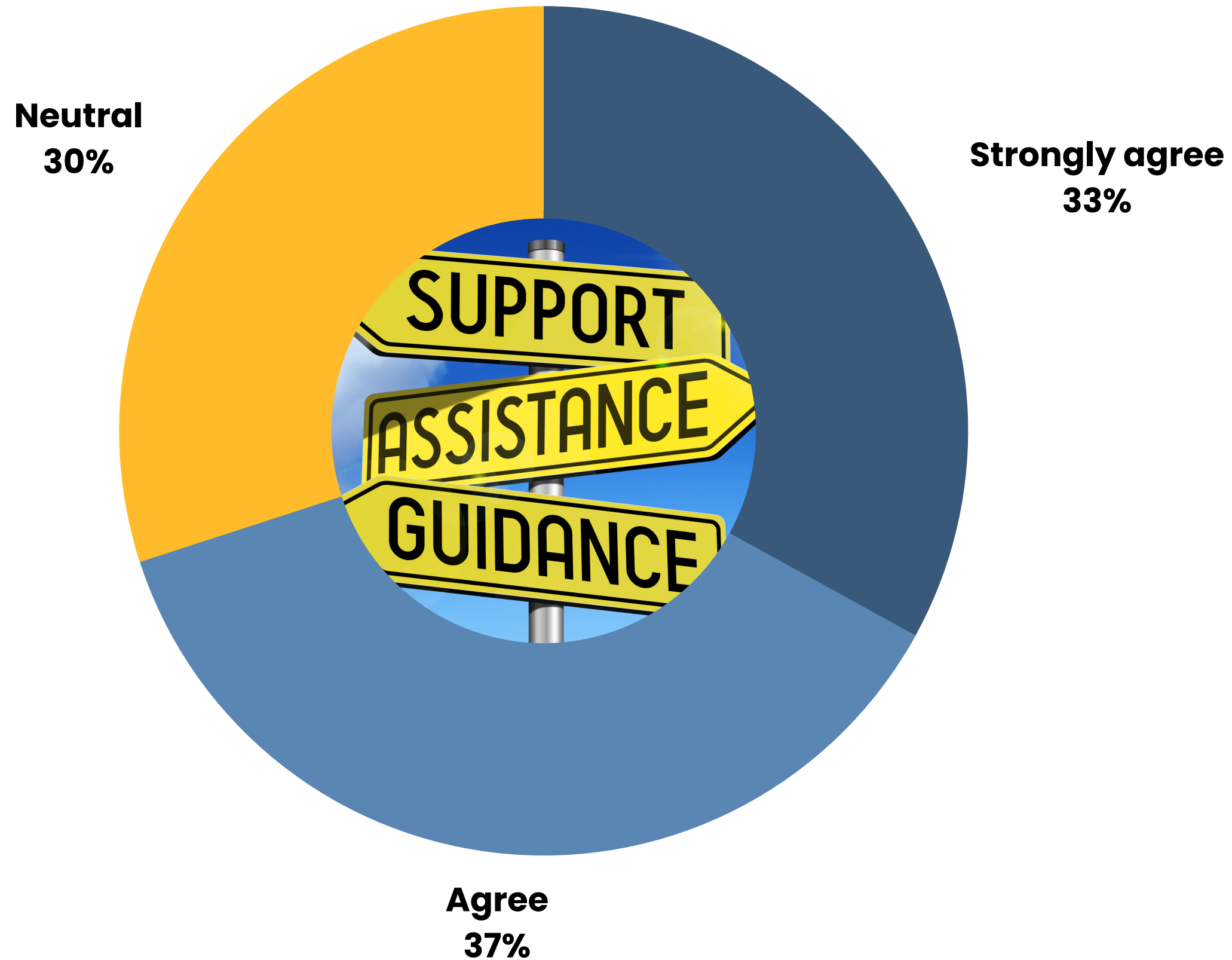
Within the day
32.1%

Somewhat satisfied
4%



Very satisfied
82%

The technical support provided by the Office of HIV Care (OHC) consistently includes the guidance needed by your agency to achieve its desired outcomes.



Do you have additional feedback you would like to provide regarding the Office of HIV Care's (OHC) administration of Part A funds?

- EBCLC has a long-standing partnership with OHC which is invaluable to the community we mutually serve. We remain grateful for the continued support.
- Great staff-Thank you.
- More staff at OHC please
- ARIES and RSR are much too complicated - wish we had a better way for agencies to share data and all the systems spoke to each other.
- I feel very supported by OHC. Thank you for the collaboration!

Office of HIV Care (OHC) Internal Documentation



Were any Bidders Conferences held during FY 2023 (March 2022– Feb. 2023)?

NO

How long did it take to finalize any initial contract(s) set to begin in FY23 (March 2022– Feb. 2023)?

2 months or longer

Were additional contracts approved during the fiscal year due to re-allocations or availability of additional funds?

NO

What is the average number of days needed for payment of invoices?

2-4 weeks



How often are contracts monitored for fiscal compliance?

”
Sometimes

How often are contracts monitored for programmatic compliance?

”
Often

How did COVID impact the contract monitoring process?

”
This funding year there has been no impact from Covid in the contract monitoring process

How does the OHC communicate with the Planning Council re: service utilization and expenditure by service category?

Monthly through the recipient report presented monthly at PC meetings.



Please describe staff attendance at Planning Council meetings and meetings of the PC committees?

Luis Loza - QSC
Stephanie Cornwell - PPAC
Dot Theodore - Executive
Georgia Scheiber - PLWHA
All- Planning Council Meetings

Staff attend all monthly meetings. When staff are unable to attend, efforts are made to find a substitute so that there is always representation by OHC.

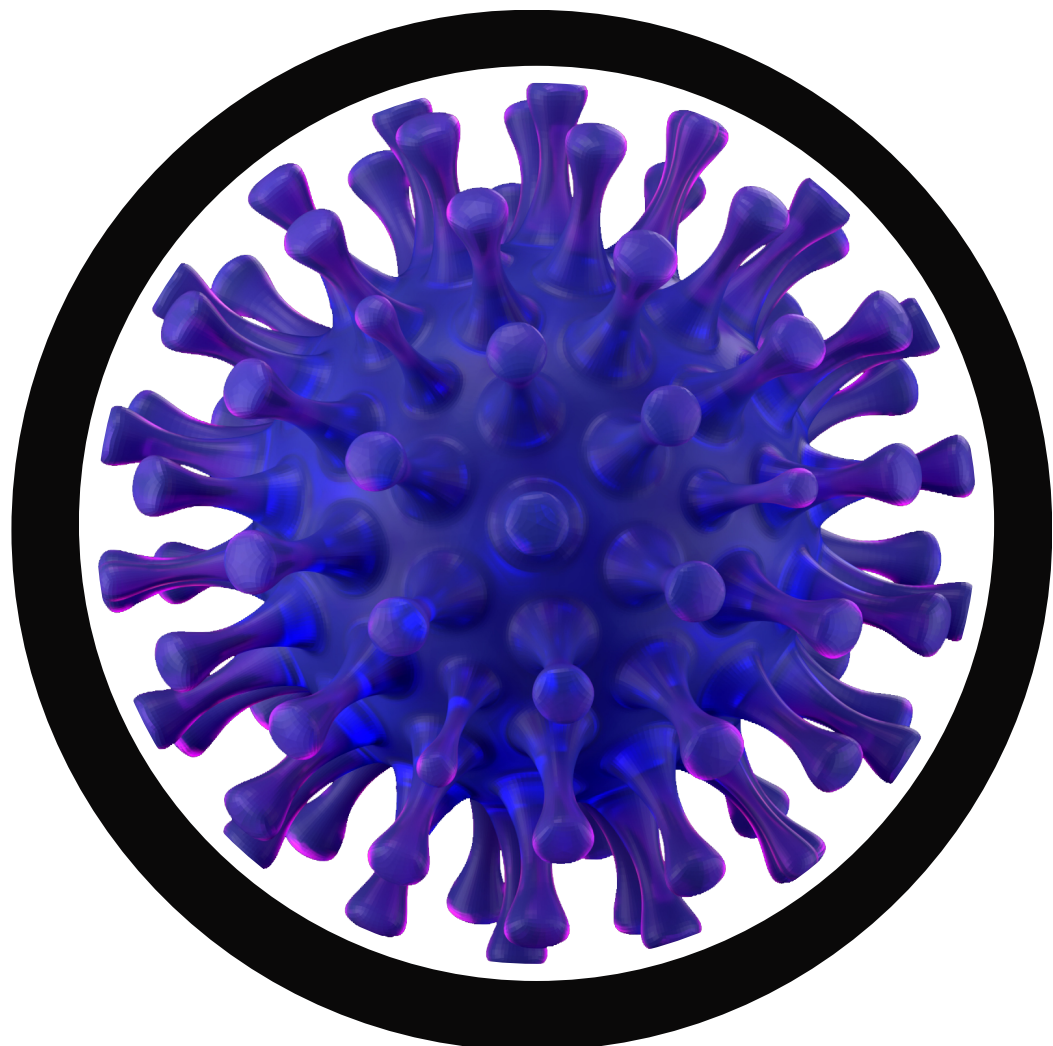
Did OHC review any grievances from patients/clients that could not be resolved at the agency level?

No, there were no grievances for OHC to review.



How is Alameda County (PHD and OHC) responding to agency needs during the unwinding of the COVID-19 Public Health Emergency?

OHC continues to hold meetings both in person and virtually to accommodate stakeholders who are hesitant to return to in-person meetings.



During the COVID-19 pandemic many changes in policies and procedures were made. Please describe any lessons learned and how the OHC will apply them moving forward.

OHC eliminated the mid-year report in 2021 to reduce the reporting burden on agencies. We changed our quarterly viral load report to a simplified electronic report also to reduce the burden and streamline the reporting process. We will continue to use electronic reporting formats to ease the workload for subrecipients.

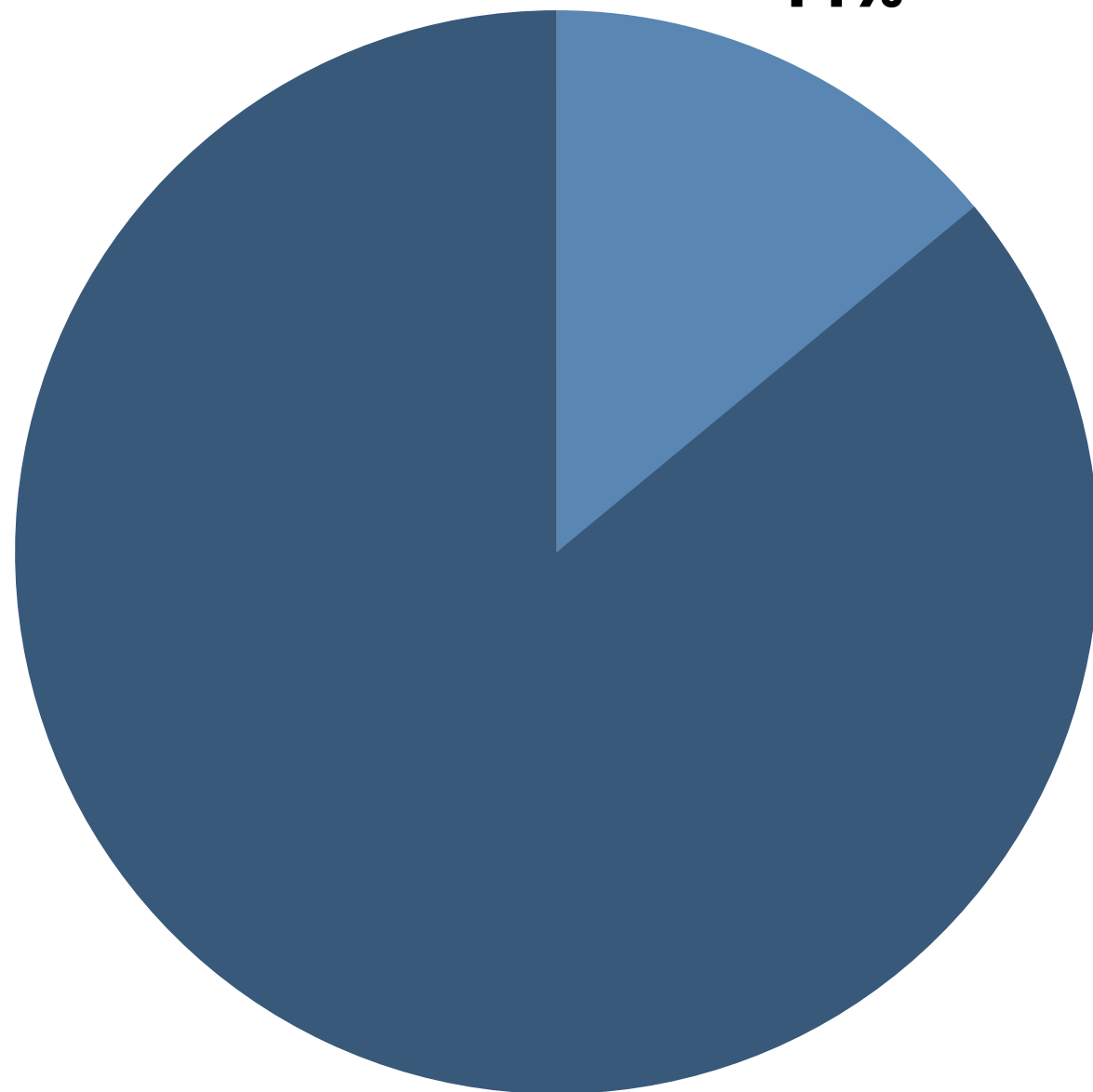
Planning Council Responses



Does the Planning Council receive regular monthly reports on service utilization and expenditures by service category?

Yes

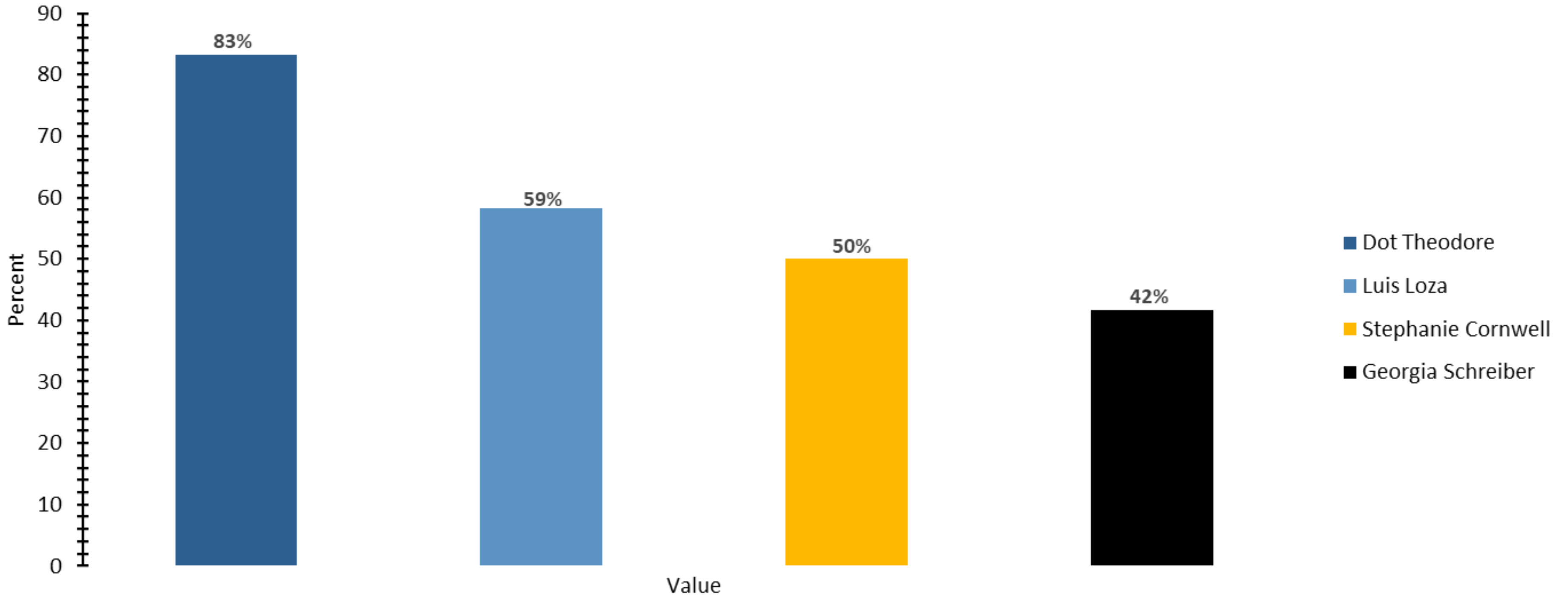
**No
14%**



**Yes
86%**

Does the recipient have an Office of HIV Care (OHC) staff member at each committee meeting except when asked not to attend?

Office of HIV Care Staff Member Attendance



Provide feedback on the Council's work over the year and recommendations for next year.

- Workload/responsibilities:
 - Overall, I think we work well together. My only suggestion would be to refer to the PC and committee workplans together a little more frequently. There's a lot to accomplish in a year, so it's easy to lose track of the various activities and timelines.
 - This has been a very busy year and has taken a lot of time. I enjoy the work we do and I am a bit overwhelmed with the time commitment with about 6-8 hours a month. Hoping my schedule lightens a little soon.
 - We have made real progress since 2021-22 in adding new members (5 out of 16 voting members), building more constructive and collaborative relationships with OHC and QIA staff, and addressing the backlog of work left over from past years (Bylaws, Standards of Care, etc.)
 - If we intend to work as a Council toward ending the epidemic in the TGA we need to identify our role, devise specific plans and begin taking concrete steps to achieve our goals.
 - Attendance is important

Provide feedback on the Council's work over the year and recommendations for next year.

- Reflectiveness/representation
 - Needs to focus on bringing in new members from different demographics
 - For next year I hope we focus on building our membership, both in numbers and increased reflectiveness.
 - Listen more to the PLWHA committee
- New members
 - Being a new member, what date is set for orientation for new members?
 - My first year with the OTGA, I orientated myself with all the committees; I even held a chair position. I've been learning all that I could regarding Ryan White funding. For my second year I plan to fine tune my leadership skills and to become a stronger voice of the people and this planning council.
- I'd like to express appreciation and much respect to Candace Brooks for always going above and beyond, and for always being there to offer thoughtful support.
- My recommendation is that we continue to maintain our hybrid meetings and master the use of Zoom technology. For me, access to this technology is essential and thus for the future, it is imperative that this form of communication be maintained so as to have every voice heard and every vote counted.



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Thank You For Your Attention



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