Alameda County
Health Care for the Homeless

Alameda County
Health Care Services Agency

Alameda County Health Care for the Homeless Commission
Committee Report

Committee:

☐ **Executive:** Oversees Commission structure organized and moving; provides strategic guidance to staff. Meets monthly.

☒ **Clinical Quality:** Recommends clinical measures to the full Commission; informs medical, dental, mental health, SUD programming. Meets quarterly.

☐ **Budget and Finance:** Monitors HRSA grant budget vs actuals; recommends budgetary actions to the full Commission. Meets quarterly.

Commissioner Liaison to the full Commission: • Michelle Schneidermann, MD	
Last meeting date: July 31, 2023	Current meeting date: January 29, 2024
Commissioners in attendance: • Shannon Smith-Bernardin, PhD, MSN, RN • Michelle Schneidermann, MD	
ACHCH staff in attendance: • Amy Garlin, MD, ACHCH Medical Director • Kathy Barron	
Absent: • Casey Zirbel • Aislinn Bird, MD, ACHCH Director of Integrated Care • Gerard Jenkins, MD	

1) Items discussed:

a) October 30, 2023 meeting was cancelled due to lack of attendance.
- Shannon Smith-Bernardin and Amy Garlin introduced themselves.
- Amy Garlin led meeting.

b) Staffing:
1. ACHCH Staff
   - Hiring for Administrative Specialist II, RNIV, and RNIII positions
2. Clinical Provider Training Rotations Update
   - Aislinn is waiting to hear back from UCSF re: fellow

c) Quarterly Quality Report Highlights
1. Service Utilization Data [Appendix]
   - Amy Garlin reviewed report from packet
   - Michelle Schneidermann commented that what would be helpful is to get ACHCH's perspective on how the data stacks up to their goals; show trends, quarter over quarter.

- Amy Garlin responded that numbers are low for our street team because of the active transformation and epic transition. September- February will be lower.
- Michelle Schneidermann suggested using the stop light approach regarding goals and this report (quarter to quarter).
- Shannon Smith-Bernardin asked how vision referrals for Fruitvale Optometry were going. Amy Garlin will take the question back to Casey for next meeting.
- Amy Garlin mentioned that once we get through the Epic transition, we will look closer at shelter health goals.

2. Staff Education and Best Practices
    - ACHCH Street Health medical service update
        - Street health team is in a pre-pilot phase of developing a slightly different service model. Pilot is going well and we are learning particular needs of people that are living largely alone or more alone than not (and not in an encampment) in downtown Oakland. We've encountered cases of severe mental illness and have significant success of engaging people with the mental health services available. This can be done but takes a lot of individuals, hours, and consistency. Some of the things we are learning is how to engage existing systems which will be useful for our systems partners.
        - We will be co-locating outreach with ACBH with four individuals that have severe mental illness. This is the first collaboration and we hope to learn how to help people be engaged and be part of improving their situations. Michelle Schneidermann is interested in how unsheltered patients are accessing Full-Service Partnership or other intensive case management programs.
        - Shannon Smith-Bernardin would like to know how we are tracking the requests and the needs versus what we actually get. For example, these are people we've been referring to ACBH and this is what we've actually received from ACBH. This information/data will be useful when brought to the Board of Supervisors (BOS) to let them know the needs we have and what are actually being met. The data should include case studies; following the patients journey from day one of assessment to the result of how their needs were/weren't met.
        - Amy Garlin commented that the system isn't set up to handle the daily engagement needed to get people the services they need. We need to find a way to highlight unmet needs in our current systems.
        - Michelle Schneidermann commented that in parallel with codifying information through data/stories, we need to clarify the accountability structures in place and consider utilizing the grievance process that the county and managed care plan have in place. Facilities take grievances very seriously because it's part of State reporting. It might be a good time to start looking down the line if Prop 1 passes and there is MHSA reform, more money will be earmarked for behavioral health and housing and ACBH will have to step up. Amy Garlin would like to be an ally with ACBH to make sure they have the resources to do their job successfully.

    - Shannon Smith-Bernardin suggested reframing the grievance process as a system reporting issue so that people aren't afraid to file one.
    - Michelle Schneidermann suggested offering to train the BH teams on effectively engaging and working with people experiencing homelessness as an entry point toward better collaboration. Would be great to get to a place of case conferencing together that includes homeless response system and coordinated entry.
    - Amy Garlin would like this to be on a case-by-case basis so that we can look deep into a particular case and figure out how to make the information garnered into data where changes can be made. Perhaps conducting Executive Rounds (AHS, Alliance); Michelle Schneidermann agreed with this idea and suggested taking some of the particularly challenging stores of system failures to BOS. She also recommended when conducting the Executive Rounds to think about cross-system collaboration and accountability.

- RN SOPs
    - Amy Garlin mentioned that Katie Hayes completed the requested set of SOPs.

- Street Health Provider Clinical Meeting
    - Amy Garlin is working on getting providers together and would like anyone who is providing clinical care in the same room together to do clinical updates and SMEs. She recognizes the obstacles and will think strategically to make it worth their while. Providing some in-service to the larger organizations' provider group (i.e. LifeLong) could be offered as an incentive.

- Clinical Learning Community
    - Amy Garlin reported that we had a biweekly meeting with RNs (RN supervision meeting) and are renaming it to Clinical Learning Community. Community standards around case reporting and sharing will be developed collectively with the RN/NP/MD provider group and we will provide cross training among our nurses. We will also conduct joint case conferences with ACD and ongoing interagency dialogue. One particular standard is developing a case reporting structure that zeroes in on what we are precisely talking about and grievance level incidents.

- Inter-Agency Case Conferences
    - Amy Garlin reported that last week we had an interagency case conference regarding a patient who died at one of our respite sites. The case conference included respite care providers, the medical team, data from the housing provider, and medical records. It was a rich and interesting conversation where we focused on areas of needed advocacy for systems change. Some of what came out of the case conference (1) daily contact is needed for some individuals and (2) it's

particularly difficult getting care between silos when patients have mental illness and TBI (the "not my problem" reasoning).

- Amy Garlin would like to develop a prioritization system and get input from others about what the thresholds are for pulling people together for case conferencing.
- Michelle Schneidermann mentioned that readmissions might be a trigger for more in-depth conversations.
- Shannon Smith-Bernardin commented that it's the inability to implement the plan of care (client wasn't taking medication so staying out late; use substances in building) and how much the sobering nurses got involved (no other nurses after 6pm).
- Amy Garlin added that in medical respite there are many teams that are involved in the care and communication between the teams is not always good. Case conferencing is a good formal structure to discuss situations that aren't going well. Next steps would be to create an informal survey of what those thresholds may be.

3. Incident Reports

- One incident report for this quarter: No harm incident report/ 911 call for a patient that had a witnessed seizure. Community Health Worker was at the scene and filed the incident report.
- Amy is interested in finding how to fine tune the incident reporting. Two separate lens to have here; incident reporting won't capture of this feedback to inform systems change. How can we make the incident reporting satisfy our accountability and not suck up all of the bandwidth? What's the most correct and lest burdensome and most helpful way to approach it. Shannon – staff training around objective versus subjective perception and how to write it that way. Each role has an idea of what is the most important aspect of the situation (based on their role). Getting people okay with what has happened; very open ended and many things to consider. Amy – perhaps someone supervisory could have more discretion and hear everything that happened and say it doesn't/does warrant an incident report. What strategy is both compliant and helpful? Shannon – you want someone to write an incident report in the moment and should only take 5-10 minutes. Amy – need a clearer definition of what incidents need to be reported so that we can do our jobs better.

4. Amy Garlin reported:

- The Shelter Health redesign will be discussed after Epic rollout.
- First pilot of Harm Reduction/BACS/Cardea has concluded. There is much to talk about and another pilot has started. Diane Del Pozo and Dr. Aislinn Bird will be presenting to the Commission soon.
- Alameda County drug checking program is in the process of being implemented.

- OD3 work is continuing with Dr. Aislinn Bird in the lead. We are having a meeting with ACBH regarding residential substance use treatment, capacity, and barriers.
- Naloxone wall mount program is continuing.
- Harm reduction supplies continue to be provided by ACHCH.
- Pharmacy update: vaccines (COVID/flu) rollout
- Patient satisfaction: We are developing other ways to track patient satisfaction and plan on working with our street health quality subcommittee co-chaired with Dr. Carey at Alliance. Our approach to gathering patient satisfaction/feedback is really important. Shannon Smith-Bernardin suggested conducting mini qualitative interview so we capture information that is useful and more helpful to seeing the big picture. Michelle Schneidermann mentioned that it's really critical that ACHCH bring the ACHCH (AHS/Alliance) CCAB into these conversations and have the folks that are experiencing what we are talking about be included.

2) **Next Meeting:** Monday, April 29, 2024; 9:30am – 11:00am

Meeting adjourned 11:00am