



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.

Table with 2 columns: Last meeting date (April 29, 2024) and Current meeting date (August 23, 2024). Rows include Commissioner Liaison (Michelle Schneidermann, MD), Commissioners in attendance (Michelle Schneidermann, MD), ACHCH staff in attendance (Dr. Amy Garlin, MD, Dr. Aislinn Bird, Casey Zirbel, Kathy Barron, Luella Penserga, Lucy Kasdin), and Absent (Gerard Jenkins, MD).

1) Items discussed:

- a) Meeting minutes from April 29, 2024 meeting and agenda were approved.
b) Dr. Amy Garlin announced she has resigned from ACHCH (as Medical Director) and her last day will be September 13th.
- Michelle Schneidermann wished Dr. Garlin well and acknowledged the turnover in the Medical Director role and how ACHCH and Commission can overcome that.
- Dr. Garlin gave her reason for resigning as that the position wasn't a good fit (between her strengths and what was required of the role). She asked M. Schneidermann's help in thinking about the Commission and how she should communicate her resignation with them. Dr. Garlin requested M. Schneidermann's input about Dr. Garlin's quality plan that she hopes can be implemented after her departure.

c) ACHCH Staffing:

1. ACHCH Staff

- Katrina Martin was hired as a Social Worker
- Seth Gomez came back as the Sr. Pharmacist
- Hiring for two RN II positions for Shelter Health team
- Behavioral Health Manager position has been approved and ACHCH will be recruiting for the position.

2. Credentialing/Privileging – Dr. Garlin reported that Casey Zirbel has verified completeness of CAQH attestations for HRSA compliance, and that quarterly workflow to request attestation status from ACBH will be developed and incorporated into P&P revisions.

d) Quarterly Quality Report Highlights

1. Service Utilization Data – Casey Zirbel

- Using PowerBi for data utilization. C. Zirbel organized outputs from PowerBI that is on a Teams channel for anyone to view reports, etc.
- Data report didn't make it into the meeting packet. He showed data report to the group.
- M. Schneidermann suggested that a benchmark(s) be created in the utilization report. What is the goal?
- C. Zirbel commented that they are expanding DX reporting. Currently, UDS covers broad topics we are interested in (i.e. number of visits and number of patients). Report is very high level and C. Zirbel will improve and get more specific.

2. Incident Report – Dr. Aislinn Bird

- Van was stolen and broken into; PHI in van was never unlocked so no breach happened. Recommendations were made regarding security of vehicle and securing PHI.

e) Quality Program Planning

1. Revised Policies and Procedures

- Dr. Garlin and ACHCH are preparing for the HRSA OSV (On-site visit) from HRSA. The P&Ps are being revised and created for ACHCH. There is an estimate of 50-60 P&Ps that need to be revised, written, or checked. Dr. Garlin was working on a timeline of completing all P&Ps by December 31<sup>st</sup>. Dr. Garlin reviewed P&Ps in meeting packet.
- Naloxone Policy needs to be in place for the Naloxone Dispenser Program. L.Kasdin commented that the Naloxone Dispenser Program will be using the over-the-counter version of Naloxone because of liability purposes. M. Schneidermann commented that the Naloxone P&P looks good to go to Commission.
- M. Schneidermann had a question regarding the Blood Borne Pathogens P&P and the description "or other material." Dr. Garlin responded that she will take out that description. M. Schneidermann suggested having a sentence about post

exposure prophylactics. M. Schneidermann commented that it's an opportunity to help the ACHCH staff understand what the best practices are for them. Dr. Garlin agreed to put that information back into the P&P.

- Dr. Garlin commented that evidence-based practices could be rolled into the larger QI/QA plan. L. Penserga commented that HRSA flagged this in the ACHCH 2021 OSV. HRSA wants to see some analysis regarding our population needs. Dr. Garlin commented that it's important to build workflows, systems, and standard work practices.
- Telehealth P&P: M. Schneidermann asked if telehealth was about telephone care and that the structures to do video visits in this P&P is too broad. Dr. Bird commented that if we wanted to move to video we would need to update the P&P and it's a lot of technology on our patient side. Many patients don't have the capability to participate in video calls.
- Communicable Disease Reporting P&P: Dr. Garlin commented that the ACHCH team (Street Health and Shelter Health) needs some training on this topic.

## 2. ACHCH QI/QA Plan

- Dr. Garlin reviewed the QI/QA Plan. She mentioned that it might be used as a tool for HRSA OSV.
- Dr. Garlin commented that there needs to be organizational self-reflection to decide who is accountable for these pieces of the organization, who needs to be in decisional spaces, where is the executive work that is happening regarding the quality of program. She mentioned that quality is an inside and outside job; they need to be aligned to be successful.
- Dr. Garlin shared the ACHCH 2-year Quality Plan 2024-2026 draft document that is still a work in progress and not part of this meeting's agenda or meeting packet. She commented that we need to focus on health outcomes. Dr. Garlin wants to bring attention to problems that providers need help from elsewhere in order to provide quality healthcare. Bottom line: intentional patient engagement in care.

## 3. Announcements – no announcements

## 4. **Next Meeting: Monday, October 28th; 9:30am-11:00am**

Meeting adjourned 1:50pm