

Alameda County Health Care for the Homeless Commission

Friday, June 19, 2020

9:00 am-11:00 am

TELECONFERENCING GUIDELINES: FOR TELECONFERENCED COMMISSION MEETINGS, MEMBERS OF THE PUBLIC MAY OBSERVE AND PARTICIPATE IN MEETINGS BY FOLLOWING THE INSTRUCTIONS IN THE TELECONFERENCING GUIDELINES POSTED ON-LINE AT: www.achch.org/commission

AGENDA

Item	Presenter	TAB	Time
A. CALL TO ORDER 1. Welcome & Roll Call 2. Adopt agenda	Laura Guzmán Chair, ACHCH Commission		9:00am 5 min
B. PUBLIC COMMENT** Persons wishing to address items on or off agenda	Laura Guzmán Chair, ACHCH Commission		9:05am 5 min
C. CLOSED SESSION 1. No Items for closed session	Laura Guzmán Chair, ACHCH Commission		
D. CONSENT AGENDA 1. Review and Approve Minutes of 5/15/20 and 5/29/20 Meetings	Laura Guzmán Chair, ACHCH Commission	TAB 1 TAB 2	9:10am 5 min
E. ACHCH HEALTH CENTER • Compliance and HRSA Update	David Modersbach ACHCH Grants & Special Projects		9:15am 15 min
F. GUEST SPEAKER	Kerry Abbott Director, Alameda County Office of Homeless Care and Coordination		9:30am 30 min
G. ACHCH DIRECTOR'S REPORT • Covid-19 reponse • HCH operations	Lucy Kasdin, LCSW ACHCH Director	TAB 3	10:00am 45 min
H. ACTION AGENDA 1. Revise by-laws to read: All members of the ACHCH Commission shall be residents of Alameda County or employed in Alameda County.	Laura Guzmán Chair, ACHCH Commission	TAB 4	10:45am 5 min
I. REGULAR AGENDA 1. Executive Committee – report 2. Budget/Finance and Contracts Committee – no report 3. Clinical Committee – no report	L. Guzmán, L. Bailey Lindsey	TAB 5	10:50 AM



4. Consumer/Community Input – report from CCAB	Sam Weeks DDS		5 min
J. OTHER ITEMS Next ACHCH Commission Meeting: Friday, July 17, 2020, 9am-11am 1. Suggestions for upcoming agendas	Laura Guzmán Chair, ACHCH Commission		10:55 AM 5 min
K. ADJOURNMENT			11:00 AM

* Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH Grant Manager at least five working days before the meeting at (510) 667-4487 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH Commission regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.achch.org/>.

June 09, 2020

TO: Alameda Health System Co-Applicant Board
Alameda County Healthcare for the Homeless Commission

FROM: Heather MacDonald Fine MHA, Practice Manager

SUBJECT: Program Report

Program Activity update:

1. Health Center Compliance

- a. AHS has no known Health Resources and Services Administration (HRSA) compliance findings. All reports associated with monitoring visits from ACHCH Program have been received to date.

2. Mobile Health

- a. Mobile Health Clinic completed 88 clinical patient encounters for May.
- b. Mobile Health Clinic completed 130 enabling patient encounters for May.

3. Quality

- a. AHS submitted Uniform Data System data for the months January through April to Alameda County Healthcare for the Homeless program. The data was rejected as incomplete. New projected submission by end of June, 2020.
- b. The social determinants of health wheel screening questions for risk of homelessness was discussed at our monthly AOC/AQC (ambulatory operations committee/ambulatory quality committee) to get feedback for the workflow related to the screening.

4. Leadership and Advocacy

- a. See leadership messages from AHS leaders to staff attached. (Attachment 1, Message from AHS CEO, Attachment 2, Message from Ambulatory Leadership Team).
- b. AHS Mobile Health Clinic team was featured on the AHS intranet (Attachment 3)

We're mad! We're hurting! But, we're healers, so we won't be stopped!

Colleagues,

During my adolescent years, I once fell off a play structure about 12-15ft tall and landed flat on my chest. For a few minutes (but what felt much longer), I experienced a terribly frightening sensation of being unable to either inhale or exhale. I've come to learn that the clinical explanation of that experience is that the impact of hitting the ground with that force caused my diaphragm to spasm, preventing my lungs from filling with air. I couldn't breathe. The wonderful ending to this story is that eventually the muscles spontaneously relaxed and my breathing resumed.

Last week, when I saw the compounded and concurrent stories of George Floyd and Christian Cooper, it was as if I was falling from that pole all over again. Having spoken to many of you who are similarly angry/incredulous/frustrated/hurting, I feel like WE fell off that stupid pole together and had the wind knocked out of us.

The past few weeks of this Covid-19 pandemic has been challenging enough. As an acute respiratory distress syndrome, this virus literally attacks the lungs until they no longer function. In just a brief period of time, we have lost over 100K lives across our country. They could no longer breathe. Sadly, there was no spontaneous relief for them. A disproportionate number of the lives lost have been those of our black and brown brothers and sisters. Why is this?

Last April, an article in *The Atlantic* noted how viruses can actually infect other viruses. It occurred to me that this is exactly what we are experiencing right now. Covid-19, as deadly as it has been, is infecting a much larger, giant virus called racial prejudice. This virus is pervasive, it's systemic, and it's highly contagious. It was racial prejudice, not Covid-19, that reared its head in Central Park last week. It was racial prejudice, not Covid-19, that led an officer to use his knee to deny another human being of air long enough to cause his death. George Floyd could not breathe!!!

The challenge of racial prejudice outside of our organization only serves to remind of the requirement of internal vigilance to ensure our thoughts and our actions always affirm value and dignity to everyone in our organization and our community.

I certainly don't have any wonder drug or miracle cure, nor will I try to seduce you into thinking that any of these things are particularly easy to solve. But solve it we must do!

One thing I do know is that we have far greater control over what happens inside our organization and how we show up in our community. It's in this spirit that I declare the following:

- Black Lives Matter!
- We will be working to immediately safely restart our HealthPATH programs with renewed vigor to inspire hope and encouragement
- We are already restarting our health equity and diversity and inclusion efforts
- We must continue to ensure that the diversity of our community is reflected across the entirety of our organization
- We will continue to lift up our trauma violence interruption programs, complex care management services, and similar efforts that combat the systemic devaluing of lives in our community. They must know that we see them, we care about them, and we are here for them
- We must honor the dignity and humanity of all our patients and each other
- We serve ALL!

I love you all! Stay safe, stay strong and stay united!!

As all of us have watched the devastating events of the last few days and months unfold, we are reminded again and again of the racism and injustice that continue to disproportionately affected marginalized communities, especially African Americans, whether at the hands of a global pandemic or law enforcement. We recognize that for many of us and our patients, this violence is personally felt and triggers years, decades and centuries of collective trauma (as Kareem Abdul-Jabbar reflects in the LATimes:

<https://www.latimes.com/opinion/story/2020-05-30/dont-understand-the-protests-what-youre-seeing-is-people-pushed-to-the-edge>).

As healthcare providers, we stand in solidarity and re-affirm that the senseless killing of innocent African Americans truly is a public health crisis—one for which George Floyd is only the latest victim. It is our collective responsibility to name and identify the numerous ways in which racism and injustice---both structural and personal---are affecting our communities and fight to combat it at every level. We also need to recognize the toll that these murders take on our colleagues and patients, and work to ensure we create safe spaces for dialogue, action and recovery. Above all, we are here, in solidarity and in action, to support every member of our community in whichever way is needed.

-Ambulatory System Leadership Team

Palav Babaria

Jenny Cohen

Lisa Cooper

Holly Garcia

Neha Gupta

Kathryn Horner

Steve Kilgore

Eric Mahone

Rafael Vaquerano

THROUGH TESTING AND OUTREACH AHS SUPPORTS OUR HOMELESS COMMUNITY DURING COVID-19

People experiencing homelessness are uniquely vulnerable to contracting COVID-19 and Alameda Health System (AHS), in collaboration with the county, has been at the forefront of providing much-needed care and testing.

By *Janet DeVor*

As a collaborating partner for Alameda County's Project Roomkey, Damon Francis, MD and medical director for the AHS Health Care for the Homeless Center was able to administer testing for both COVID-19 positive patients who need to continue to quarantine (Operation Comfort) and those patients not positive for COVID-19 but in high-risk settings (Operation Safer Ground).

"It's not a small task to start a new testing service in a challenging and unpredictable setting. I'm grateful for the help and support I received from across the organization," said Francis. "It was an amazing view of -AHS to get this kind of support on a very complex undertaking."

Testing took place from April 16 and ran through May 4, 2020 at two hotel sites in Oakland. A total of 82 tests were administered with 2 positives. Outbreak testing or testing in shelters and encampments will continue as needed. The Project Roomkey testing is currently being transitioned to the public health department. According to Francis, the team is developing the capacity to be in the rotation for outbreak testing which is a role they would share with multiple teams across the county who are already performing this kind of testing.

The Mobile Health team is also providing urgent care services at Project Roomkey sites. "Right now, our Mobile Health service is focusing on the high-risk patients who are located at Project Roomkey sites who continue to need significant support for chronic conditions," said Francis. "There are projected to be hundreds of patients experiencing homelessness in rooms across the county as additional Roomkey sites open up and we are working with our local partners to figure out how to best serve them."

Participating in this groundbreaking effort with Francis, Mobile Health Specialist Lafayette Bickham reflects, "When faced with the pandemic, the Mobile Clinic kept on rolling, just the way it was designed to do," he said. "Our mobile health experts met the call of duty and I'm proud to be part of the team that met this challenge when it was most needed."



Caring for these marginalized patients is incredibly rewarding for Francis and his team. "Hearing the patients' stories and being able to provide an ear or a clinical solution; some relief in the moment with information or treatment; a prescription refill or a changed dressing; it really reinforces the mission for our team. It helps that at the end of the day, you feel like you've made a difference, you've been safe in your risk taking, and you got things done that others wouldn't be willing to do."

By [Tri M Nguyen](#) | May 20th, 2020 | Categories: [*Featured Carousel](#), [News & Announcements](#) | 0 Comments

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06/09/2020

RE: Distribution of Supplemental Funding

Dear Alameda County Health Care for the Homeless Commission,

The AHS Health Care for the Homeless Center Co-Applicant Board (“CAB”) hereby respectfully requests the support of the Alameda County Health Care for the Homeless Commission (“ACHCH”) in our request to be formally included in future ACHCH Program discussions regarding the use or distribution of supplemental funding. AHS is a strategic partner to ACHCH Program in providing health care services for individuals experiencing homelessness in Alameda County and represents over 60% of the annual reported HRSA services. AHS is also a vital partner in the response to urgent and emergent public health concerns and illnesses (*e.g.*, the COVID-19 pandemic) affecting individuals experiencing homelessness and thus, making it an important voice in the decision-making process when supplemental funds are available.

It is important for us to acknowledge the complexity of our partnership and the challenges that arise as a result thereof. Despite the complexity and its challenges, an effective, supportive, and collaborative partnership is attainable. Close collaboration and effective partnerships are fundamental to successful and sustainable responses for the provision of health care services to individuals experiencing homelessness. Therefore, we request that ACHCH develop a process that allows our organization to discuss and make recommendations on the use and/or distribution of supplemental funding intended to support or improve health care services for individuals experiencing homelessness in Alameda County.

Developing and maintaining an agreed-upon process that fosters a collaborative environment is not only mutually beneficial, but also vital in our fight and mission to address the medical needs of individuals experiencing homelessness in Alameda County. We envision a process that not only fosters collaboration among community partners, but also one that accurately and transparently demonstrates the decision-making process, and thereby increases the general public’s trust and confidence in such partnership. As Board Members—and patients, and/or community members—it is our duty and responsibility to effectively represent and advocate for the interest of our patients and community members, and to ensure that the best possible care is being provided by thoughtfully and systematically allocating resources to areas and people that are most in need.

We are grateful for the partnership between AHS and ACHCH and look forward to continued successful collaboration for many years to come in accomplishing our collective mission of supporting the health of our community.

Sincerely,
AHS Co-Applicant Board
Lucia Angel, AHS Co-Applicant Board Chair
CC: Lucy Kasdin, Director ACHCH

TAB 1:
ACHCH Commission Meeting Minutes
May 15, 2020

Alameda County Health Care for the Homeless Commission Meeting
Friday, May 15, 2020; 9:00am-11:00am
Via Zoom Conference Call
DRAFT MINUTES

ACHCH Commissioners Present:

Lois Bailey Lindsey
 Lynette Lee
 Julie Lo
 Fr. Rigo Caloca-Rivas
 Claudia Young
 Shannon Smith-Bernardin
 Ana Bagtas
 Michelle Schneidermann

Absent:

Laura Guzmán (Chair)
 Gloria Cox-Crowell (Co-chair)
 Samuel Weeks, DDS

County Staff Present:

Lucy Kasdin LCSW, ACHCH Director
 Luella Penserga, ACHCH Deputy Director
 David Modersbach, ACHCH program
 Kathy Barron, ACHCH program
 Kathleen Clanon, MD, Medical Director,
 Alameda County Health Care Services
 Agency

Public Present:

Heather MacDonald-Fine, AHS

Item	Discussion/ Recommendations	Action
A. CALL TO ORDER Welcome & Introductions Adopt agenda	Meeting Chaired by Commissioner Lois Bailey Lindsey Adopt agenda – Agenda adopted by Commission	Motion: L. Lee 2 nd A. Bagtas Yea: unanimous
B. PUBLIC COMMENT	<ul style="list-style-type: none"> Heather MacDonald-Fine/Alameda Health System commented that action items to accept HRSA funds should be reflected in the minutes to record both approval of the amount and the use of the funds. 	
C. CLOSED SESSION	No closed session	
D. CONSENT AGENDA Action Item: Approval of Minutes April 17, 2020	ACHCH Commission review and approve Commission Meeting Minutes of April 17, 2020.	Motion: L. Lee 2 nd S. Smith-Bernardin Yea: unanimous (Claudia – Abstain)
E. ACHCH DIRECTOR’S REPORT	Lucy Kasdin, ACHCH Program Director, presented the Director’s Report (see attached).	

Item	Discussion/ Recommendations	Action
<p>F. AHS Report/Discussion Heather MacDonald-Fine</p>	<p>Heather MacDonald-Fine, Alameda Health System presented a report on mobile health clinic and homeless health center services.</p> <p>Mobile Health Clinic:</p> <ul style="list-style-type: none"> • Continues to run during COVID and is focusing on the Safer Ground and Project Comfort sites (changed schedule to reflect this) • April data: 133 clinical encounters, true count for clinical is 80-90 (the rest were testing); completed 75 tests at Safer Ground and Project Comfort • Currently aren't doing testing at Project Roomkey because we are down staff members; • data for May will look different because we will be at 50% capacity. <p>Ambulatory Care:</p> <ul style="list-style-type: none"> • Reopening and , conducting pilots at centers (opened this week), • have a homeless registry in EPIC (find the information on AHS website for the CCAB). <p>Report to CCAB:</p> <ul style="list-style-type: none"> • CCAB meetings are recorded and will be posted to AHS website soon. <p>A public comment and letter will be sent to Commission from Dr. Damon Francis requesting a consistent policy or system when discussing supplemental funding soon.</p> <p>Fundraising event rescheduled for December; will be in touch how to support program as the date gets closer.</p>	
<p>G. ACHCH Health Center Compliance and HRSA Update</p>	<p>David Modersbach, ACHCH Grants and Special Projects presented update on HRSA site visit.</p> <ul style="list-style-type: none"> • No changes announced in HRSA's schedule or process;operational site visit still scheduled for March – May 2021. • HRSA and CARES Act is helping fund Alameda County FQHCs COVID services and COVID testing. ACHCH will incorporate those funds into our budget and COVID responseACHCH will hire TAPs (temporary positions) with funds 	
<p>H. REGULAR AGENDA</p> <p>1. Executive Committee</p> <p>2. Budget/Finance and Contracts Committee</p> <p>3. Clinical Committee</p>	<ol style="list-style-type: none"> 1. Executive Committee: Report in packet. Next meeting Monday, June 8, 2020; 12:00pm-1:00pm 2. Budget/Finance & Contracts Committee: No report. Next meeting July 10, 2020; 9:30am-11:00am 3. Clinical Committee: Michelle Schneidermann reported that the committee met on April 20th. Looked at current measurements, where the program areas that have measurements, working on 	

Item	Discussion/ Recommendations	Action
<p>4. Report from HCH Consumer Community Advisory Board</p> <p>5. Other ACHCH Commission Business</p>	<p>table that easily demonstrates clinical quality measures. Will include Committee report with the Commission minutes . Next meeting July 13, 2020; 10:00am-11:30am.</p> <p>4. Consumer & Community Input/ Report from ACHCH CCAB: No report</p> <p>5. Other ACHC Commission business: None</p>	
<p>I. ACTION AGENDA</p> <p>Action Item: Approval of HRSA Supplemental Funding for Health Centers</p>	<p>David Modersbach, ACHCH Grants and Special Projects presented HRSA FY 2020 CARES Supplemental Funding for Health Centers (\$750,000).</p> <ul style="list-style-type: none"> • ACHCH decided to give \$150,000 to AHS to support COVID impact on health center. • ACHCH will be purchasing a new small electric vehicle for outreach efforts; provide additional grant funding to staff; purchase supplies to support unsheltered people that need to isolate in place (tents, mobile phones, etc.). • Funds to be used between now and March 2021. <p>Schedule additional meeting for the purpose of approving FY 2020-21 contracts.</p>	<p>Motion: S. Smith-Bernardin 2nd M.Schneidermann Yea: unanimous</p>
<p>J. OTHER ITEMS</p>	<p>Next Commission Meeting to be decided for the purpose of approving FY 2020-21 contracts.</p> <p>ACHCH Commission Meeting: Friday, June 19, 2020, 9am-11am (via Zoom call)</p> <p>Suggestions for upcoming Commission agenda: None</p> <p>ACHCH CCAB Meeting: Friday, June 12, 2020; 12pm-3pm (Zoom call)</p> <p>ACHCH Commissioners Retreat: Postponed</p>	
<p>K. ADJOURNMENT</p>	<p>Meeting adjourned at 10:38am</p> <p>MINUTES APPROVED BY UNANIMOUS VOTE OF ACHCH COMMISSION</p> <p>Verified by Lois Bailey Lindsey, Secretary ACHCH Commission Executive Committee</p> <p>_____ Date: _____</p>	

TAB 2:
ACHCH Commission Meeting Minutes
May 29, 2020

**Alameda County Health Care for the Homeless Special Commission Meeting
Friday, May 29, 2020; 9:00am-10:00am
Via Zoom Conference Call
DRAFT MINUTES**

ACHCH Commissioners Present:

Laura Guzmán (Chair)
Gloria Cox-Crowell (Co-chair)
Lois Bailey Lindsey
Lynette Lee
Julie Lo
Fr. Rigo Caloca-Rivas
Claudia Young
Shannon Smith-Bernardin
Samuel Weeks, DDS

County Staff Present:

Lucy Kasdin LCSW, ACHCH Director
Luella Penserga, ACHCH Deputy Director
David Modersbach, ACHCH program
Terri Moore, ASII/Contracts
Kathy Barron, ACHCH program
Kathleen Clanon, MD, Medical Director,
Alameda County Health Care Services Agency
Jet Chapman, Human Resources, Alameda
County Health Care Services Agency

Absent:

Michelle Schneidermann
Ana Bagtas

Public Present:

None present

Item	Discussion/ Recommendations
A. CALL TO ORDER Welcome & Introductions Adopt agenda	Meeting Chaired by Commissioner Laura Guzman, Chair Adopt agenda – Agenda adopted by Commission
B. PUBLIC COMMENT	No public comment
C. CLOSED SESSION	No closed session
D. CONSENT AGENDA	No consent agenda
E. ACHCH DIRECTOR'S REPORT	Lucy Kasdin LCSW, ACHCH Director introduced Dr. Kathleen Clanon, MD, Medical Director, Alameda County Health Care Services Agency 1. PERSONNEL UPDATE Dr. Clanon discussed the program's Medical Director position: <ul style="list-style-type: none"> • Job description and County classification has been developed • Position will be posted in first part of July 2020 for one month • End of August and first of September for interviews and hiring Commissioners participation: <ul style="list-style-type: none"> • Review ACHCH job description

Item	Discussion/ Recommendations
	<ul style="list-style-type: none"> • Outreach to networks • ACHCH will develop a survey for the commission and community members to assist with interview questions • July interview panel to ask questions of candidates <p>Dr. Clanon stated that Dr. Harrison Alter will be the program’s interim Medical Director starting June 1, 2020.</p> <p>Jet Chapman, Human Resources, Alameda County Health Care Services Agency discussed that they are doing an extensive outreach for the Medical Director to medical organizations, educational institutions, candidates of color. Process may take four months from start to finish (mid-July to early September).</p>
F. REGULAR AGENDA	No items for regular agenda.
G. ACTION AGENDA	<p>Lucy Kasdin, LCSW, ACHCH Director presented Street Health contracts proposed for FY 20-21.</p> <p>1. APPROVAL OF CONTRACT AMENDMENTS</p> <p>a. Street Health Teams</p> <p style="padding-left: 40px;">i. Oakland, Zone 8 – LifeLong Medical Care</p> <p>Motion to Approve: L. Lee; Seconded: L. Bailey-Lindsey (based on overall improvement on all RBA measures). Motion Passed. Abstention: J. Lo, G. Cox-Crowell, S. Smith-Bernandin (contractor w/Street Health Team)</p> <p style="padding-left: 40px;">ii. Central County (Hayward and surrounding areas) – Tiburcio Vasquez Health Center</p> <p>Motion to Approve: L. Bailey-Lindsey; Seconded: L. Guzman (based on overall improvement on all RBA measures). Motion Passed. Abstention: G. Cox-Crowell</p> <p style="padding-left: 40px;">iii. South County (Fremont and surrounding areas) – Tri-City Health Center</p> <p>Motion to Approve: L. Bailey-Lindsey; Seconded: L. Lee (based on overall improvement on all RBA measures). Motion Passed. Abstention: G. Cox-Crowell, S. Smith-Bernandin (contractor w/Street Health Team)</p>

Item	Discussion/ Recommendations
	<p>b. Trust Integrated Primary Care Clinic – LifeLong Medical Care</p> <p>Motion to Approve: L. Lee; Seconded: S. Smith-Bernardin. Motion Passed. Abstention: J. Lo, G. Cox-Crowell</p> <p>c. Dental Consultant – Dr. Bahar Amanzadeh, DDS, MPH</p> <p>Motion to Approve: L. Bailey Lindsey; Seconded: L. Lee. Motion Passed. Abstention: G. Cox-Crowell</p> <p>d. Optometry Services – Fruitvale Optometry</p> <p>Motion to Approve: S. Smith-Bernardin; Seconded: L. Guzman. Motion Passed. Abstention: G. Cox-Crowell</p>
G. REGULAR AGENDA	No regular agenda
H. OTHER ITEMS	<p>Next ACHCH Commission Meeting: Friday, June 19, 2020, 9am-11am (via Zoom call)</p> <p>Suggestions for upcoming Commission agenda: None</p> <p>Next ACHCH CCAB Meeting: Friday, June 12, 2020; 12pm-3pm (Zoom call)</p> <p>ACHCH Commissioners Retreat: Postponed</p>
I. ADJOURNMENT	<p>Meeting adjourned at 9:53am</p> <p>MINUTES APPROVED BY UNANIMOUS VOTE OF ACHCH COMMISSION</p> <p>Verified by Lois Bailey Lindsey, Secretary ACHCH Commission Executive Committee</p> <p>_____ Date: _____</p>

TAB 3:
ACHCH Director's Report

June 19, 2020

TO: Alameda County Health Care for the Homeless Commission
FROM: Lucy Kasdin, LCSW Director
SUBJECT: Director's Report

Program activity update since the 5/2019 HCH Commission meeting:

1. Personnel (**Strategic Area: Clinical Care and Leadership and Advocacy**)

We are thrilled to announce that Dr. Harrison Alter has been hired as the Interim Medical Director for ACHCH. Prior to joining ACHCH Dr. Alter was the Associate Chair for Research at Highland Hospital - Alameda Health System's Department of Emergency Medicine, and has been an attending emergency physician at Highland since 2004. He is a Clinical Professor of Emergency Medicine at the University of California, San Francisco (UCSF). Dr. Alter also serves as Research Director of the Andrew Levitt Center for Social Emergency Medicine (levittcenter.org), which he founded in 2008, and is a lecturer in the UC Berkeley-UCSF Joint Medical Program. Dr. Alter has been an amazing leader, teacher, convener and champion for the work of ACHCH in response to COVID-19. Since March, in response to the COVID-19 pandemic, Dr. Alter has been serving as a volunteer in a clinical leadership role overseeing Project Roomkey in Alameda County. During this time his role extended beyond Project Roomkey, including supporting field based testing, PPE trainings for outreach and shelter providers, and shelter decompression efforts. Effective June 1st, he has now joined our team in his official capacity.

We are moving forward with hiring four Program Services Coordinators to support our regional coordination. We conducted interviews last week and anticipate extended offers in the coming week.

We are continuing to interview for an RNII position to expand our Shelter Health team.

We are in the process of working with County HR to hire Temporary Assignment Pool (TAP) employees to support our COVID-19 response, in particular to support an expansion of testing. We are working to determine the best classifications to support this work.

2. Program Highlight (**Strategic Area: Community Awareness and Marketing**)

On June 18, Dr. Aislinn Bird presented at a virtually at the national Substance Abuse and Mental Health Services Administration (SAMHSA) conference "On Improving Access to Effective Care for People Experiencing, Homelessness, Serious Mental Illness, and Substance Use Disorders." Dr. Bird's session "Bring Crisis Services to People Living Without Shelter" focused on strategies to reach,

engage, and support individuals overcoming crises, including the use of coordinated teams and innovative access strategies.

3. HRSA

ACHCH GY2021 Budget Period Renewal will be submitted with ACHCH Commission approval on 8/22/2020. This covers the second budget year of ACHCH's three-year federal HRSA award.

Supplemental federal grants: COVID and CARES Emergency Expansion Funding:

Breakdown of the recent three HRSA grant Expansion Funding Awards:

A. HRSA CARES \$750K:

AHS: \$150K pass through; ACHCH Staff: \$300K; CBO contracts testing (\$150K); New Chevy Bolt \$80K; COVID testing and outreach supplies: \$71K

B. HRSA COVID \$64K:

\$30K ACHCH Overtime; \$20K Pharmacy expansion; \$24K Supplies, ergonomics, electronics.

C. HRSA ECT Testing \$260K:

\$217K TAP staff (RN, CHW) possibly in collaboration with AHS; \$44K Street Health contract expansion to support COVID Testing

4. Program Highlight COVID-19 (Strategic Area: Clinical Care, Leadership and Advocacy, and Community Awareness and Marketing)

The situation is rapidly changing. For the latest update, please refer to the **COVID-19-Response:** <https://www.achch.org/coronavirus.html>

ACHCH Health Center COVID-19 Responses:

• **Shelter Health**

- Shelter Health Team continues regular visits to shelters
- AHS Mobile health unit providesg ongoing primary care at shelter sites, and Project Roomkey hotel sites designated to prevent the spread of COVID-19.
- ACHCH continues to lead Wednesday Shelter Providers Call 10:30am (100+ participants)
- Shelter Guidance is updated regularly [online](#)
- To date, ACHCH Shelter Health Team has responded to 8 shelter-based COVID-19 outbreaks and quickly contained each.

• **Street Outreach Providers**

- ACHCH continues leading countywide coordination of County, city, community street outreach providers
- To date, ACHCH has directed 10 coordinated encampment rapid responses to coronavirus (+) cases in camps, outreach, testing and follow up.

- ACHCH leading development on ongoing Care Community surveillance activities at COVID “hotspots.”
- ACHCH continues to lead weekly Wednesday Outreach Providers Call 2-3pm (100+ participants)
- Street Health Guidance is updated regularly [online](#)
- Continued daily site reporting for all countywide outreach providers Continuing development of countywide [mapping project](#) for outreach coordination

- **Testing services:**
 - ACHCH is developing models for portable COVID-19 testing for encampments.
 - ACHCH is working to ensure coordination and follow-up for homeless COVID-19 infections, including coordination of testing providers following an outbreak.
 - ACHCH is working to increase testing capacity in both sheltered and unsheltered settings. Our top priority is to develop a rapid response team for 7 day/week capacity for field based testing in response to an outbreak.
 - ACHCH is participating in the County testing RFQ process to expand capacity among community providers.

- **ACHCH Specialty Care Services:**
 - Optometry services at Fruitvale Optometry are open
 - Dental:
 - On-Site will re-start mobile dental services on 6/19/20
 - La Clinica remains open for urgent dental care only

Sincerely,



Lucy Kasdin, LCSW
Director
Alameda County Health Care for the Homeless
Lucy.kasdin@acgov.org
510-891-8903

TAB 4:
ACHCH Commission Bylaws

BYLAWS OF THE ALAMEDA COUNTY HEALTH CARE FOR THE HOMELESS HCH COMMISSION

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b. Nominations.

c. Nominee Information.

d. Presentation of Nominees to HCH Commission.

e. Voting.

f. New HCH Commission Member Term.

Section 3. Quorum.

Section 4. Conflict of Interest.

Section 5. Compensation.

Section 6. Procedures.

Section 7. Informal Action.

Section 8. Removal/Vacancies.

ARTICLE V: OFFICERS

Section 1. Number of Officers. Chair and Vice Chair.

Section 2. Election and Term of Office.

Section 3. Removal or Vacancy.

ARTICLE VI: COMMITTEES

Section 1. Executive Committee. Meetings, Membership, Powers, Voting, Vacancies.

Section 2. Additional Committees. Chair, Members, Term of Office, Vacancies.

ARTICLE VII: AMENDMENT TO BYLAWS

ARTICLE VIII: LIMITATIONS OF AUTHORITY. Alameda County Authority over fiscal and personnel matters.

ARTICLE IX: DISSOLUTION

INTRODUCTION

This body shall be known as the Alameda County Health Care for the Homeless Commission (“HCH Commission”).

The HCH Commission shall serve as an independent local co-applicant governing board of Alameda County’s Health Care for the Homeless health center program, supported by Section 330(h) grant funds. Alameda County, a public entity, shall act as co-applicant with the HCH Commission.

Alameda County is the recipient of a federal Section 330(h) grant to provide health care to people experiencing homelessness. Alameda County Health Care for the Homeless service sites, services, providers, service areas, and target populations that are approved under the federal grant are collectively referred to as the “Health Center.”

Section 330(h) grant funding comes from the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. The enabling legislation for the Health Center program is Section 330 of the Public Health Service Act, a United States federal law.

These Bylaws define the powers of this Co-Applicant Board, known as the Alameda County Health Care for the Homeless HCH Commission (the “HCH Commission”). The HCH Commission is governed and created by Alameda County Administrative Code Chapter 2.124, sections 2.124.010 to 2.124.120.

For the purposes of these Bylaws, ‘Health Center’ is equivalent to ‘HRSA Scope of Project’ as defined in Alameda County Administrative Code section 2.124.010.

ARTICLE I

PURPOSE

Vision: *Alameda County Health Care for the Homeless envisions a just society, in which all persons have access to quality health care and housing. We believe the problems of homelessness and health disparities can be solved.*

Mission: *The mission of Alameda County Health Care for the Homeless is to improve the health of Alameda County residents experiencing homelessness by ensuring access to culturally informed, whole-person health care and housing services.*

The HCH Commission is the community-based governing board mandated by HRSA's Bureau of Primary Health Care (BPHC) to oversee and set policy for the Health Center.

The HCH Commission shall work cooperatively with Alameda County to support and guide the Health Center in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to persons experiencing homelessness in Alameda County, while ensuring compliance with HRSA grant requirements.

ARTICLE II

RESPONSIBILITIES

The HCH Commission's responsibilities include providing advice, leadership and guidance in support of the Health Center's mission. The HCH Commission has specific responsibilities to meet the governance expectations of HRSA.

Day-to-day operational and management authority resides with Alameda County Health Care for the Homeless staff.

The HCH Commission is responsible for:

- A. Approving the selection and dismissal of, and evaluating the performance of the Health Care for the Homeless Project Director, subject to those limitations on the HCH Commission's authority over labor relations and conditions of employment described

in the HCH Commission's enabling ordinance, which are strictly reserved to the Alameda County Board of Supervisors.

- B. Long-term strategic planning, which would include regular updating of the Health Center's mission, goals, and plans, as appropriate.
- C. Evaluating the Health Center's progress in meeting its annual and long-term goals.
- D. Determining the hours during which services are provided at HRSA Scope of Project sites that are appropriate and responsive to the community's needs.
- E. Developing a quality improvement system.
- F. Developing fee schedules for services, including the sliding fee discount program.
- G. Approving the annual Health Center budget and audit within appropriations made available by the Alameda County Board of Supervisors.
- H. Approving applications related to the Health Center, including grants and designation applications and other HRSA requests regarding the HRSA Scope of Project.
- I. Establishing general policies and procedures for the Health Center that are consistent with the Health Center and applicable grants management requirements.
- J. Developing HCH Commission member selection and dismissal procedures as set forth in these Bylaws.

HCH Commission members are expected to attend all meetings and work collaboratively with the Alameda County Board of Supervisors and Alameda County staff to support the Health Center's mission and ensure the maintenance of the federal HRSA grant in compliance with HRSA rules and regulations.

HCH Commission Members shall be entitled to receive agendas, minutes, and all other materials related to the HCH Commission, may vote at meetings of the HCH Commission, may hold office, and may chair HCH Commission committees. HCH Commission Members may not act, or speak, on behalf of the HCH Commission without the HCH Commission's express

consent.

ARTICLE III

MEETINGS

Section 1. Regular Monthly Meetings. Regular meetings shall be held monthly for the purpose of electing Project Directors and for the transaction of such other business as may properly come before the meeting. The annual meeting shall be held at the time and place designated by the Board of Project Directors from time to time.

Section 2. Special Meetings. Special meetings may be requested by the Chair or the HCH Commission Members. A special meeting of members is not required to be held at a geographic location if the meeting is held by means of the internet or other electronic communication technology in a manner pursuant to which the members have the opportunity to read or hear the proceedings substantially concurrent with the occurrence of the proceedings, note on matters submitted to the members, pose questions, and make comments.

Section 3. Notice and Open to the Public. All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Written notice of each regular meeting of the HCH Commission, specifying the time, place and agenda items, shall be sent to each member not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act.

Preparation of the agenda shall be the responsibility of the Chair in conjunction with the Project Director of the Alameda County Health Care for the Homeless Program, or their designee.

Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the agenda. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a HCH Commission vote is established by the Chair of the HCH Commission, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting. Items which qualify as an emergency can be added to the agenda pursuant to the Ralph M.

Brown Act.

Section 4. Place of Meeting. Meetings shall be held at the organization's principal place of business unless otherwise stated in the notice. Unless the articles of incorporation or bylaws provide otherwise, the HCH Commission may permit any or all Commissioners to participate in a regular or special meeting by, or conduct the meeting through the use of, any means of communication by which all Project Directors participating may simultaneously hear each other during this meeting. A Commissioner participating in a meeting by this means shall be deemed to be present in person at the meeting.

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Section 5. Quorum and Voting Requirements. The presence of a majority of the appointed members of the HCH Commission shall constitute a quorum at a meeting. A quorum is necessary to conduct business and make recommendations. A majority vote of those HCH Commission members present and voting is required to take any action. The Commissioners present at any meeting represented by a quorum may continue to transact business until adjournment, even if the withdrawal of some Commissioners results in representation of less than a quorum.

Each member shall be entitled to one vote. Voting must be in person or telephonically; no proxy votes will be accepted.

HCH Commission member attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet. The names of members attending shall be recorded in the official minutes.

In the absence of a quorum, a majority of Commissioners may adjourn the meeting to another time with at least 48 hours' notice. If a quorum is then represented at this following meeting, any business may be transacted that might have been transacted at the originally scheduled meeting.

The meeting shall be conducted in accordance with the most recent edition of *The Sturgis Standard Code of Parliamentary Procedure* unless otherwise specified by these Bylaws.

ARTICLE IV

HCH COMMISSION MEMBERS

Section 1. Number of HCH Commission Members. The Health Care for the Homeless health center services, service sites and providers shall be managed by a HCH Commission consisting of nine (9) to twenty-five (25) members, with nine members initially appointed by the BOS. Subsequent appointments to fill vacancies will be made pursuant to these Bylaws, Article IV.

All members of the HCH Commission shall be residents of Alameda County. Each of the five districts represented by a member of the BOS must be represented by at least one member of the HCH Commission. At least one member must be a member of the Consumer Community Advisory Board of HCH. The Project Director of the HCH program shall serve as an ex-officio non-voting member of the HCH Commission.

Collectively, HCH Commission members shall possess expertise in health care, community affairs, finance, government, business, and legal affairs. Each member shall have a demonstrated commitment to people experiencing homelessness and the special needs of that population.

No member of the HCH Commission shall be an officer, employee or an immediate family member of an officer or employee of Alameda County, AHS, or a subcontracting agency of the HCH or HCO. No more than four (4) members may receive more than ten percent (10%) of their annual income from the health care industry. No members shall have a financial interest which would constitute a conflict of interest.

Currently, there is a HRSA waiver in place regarding consumer membership requirements. If anything should change or the waiver is withdrawn, these Bylaws shall be amended to reflect that change or withdrawal.

Section 2. Election and Term of Office. HCH Commission members shall be elected at a regular meeting or a meeting designated for such elections.

The term of office for HCH Commission members shall be four (4) years, unless otherwise designated in the enabling Ordinance. A member shall be limited to three (3) consecutive full terms of membership. The effective date of membership corresponds to the date of appointment.

A partial term of less than four (4) years shall not count as a term as outlined above.

- A. **Public Notice of Vacancies.** In addition, the Board shall ensure that public notice is provided regarding current and pending vacancies. Such notice must be given sufficiently in advance to permit members of the public at least three weeks after the posting of the notice to submit an application, as developed and approved by the HCH Commission, before the selection process outlined in this Article.
- B. **Nominations.** Nominations shall be given to the Chair in writing. Anyone may nominate a person for voting membership on the HCH Commission so long as the nominee meets the membership requirements of these Bylaws. A nominee may decline nomination.
- C. **Nominee Information.** A nominee must provide information sufficient to confirm that they meet the membership requirements of these Bylaws.
- D. **Presentation of Nominees to HCH Commission.** A list of nominees and other applicants shall be presented to the HCH Commission at a meeting between two and four months in advance of the expiration of terms for voting membership positions which are up for selection.
- E. **Voting.** Each proposed new or returning member who is nominated or who applies shall be separately selected by a majority vote of these members present and voting at the meeting designated for such selections.
- F. **New HCH Commission Member Term.** A nominee or applicant who is so selected for membership shall begin his or her new term immediately upon the end of the term of

the prior holder of the seat for which the selection was held.

Section 3. Quorum. A majority of Commissioners shall constitute a quorum.

Section 4. Conflict of Interest. A conflict of interest is a transaction within the Health Center in which a HCH Commission member has a direct or indirect economic or financial interest. Actual or potential conflicts of interest or the appearance of a conflict of interest by HCH Commission members, employees, consultants and those who furnish goods or services to the Health Center must be declared by completing a conflict of interest declaration form (see Appendix "A").

In situations in which a conflict of interest may exist for a member of the HCH Commission, the member shall declare and explain the conflict of interest. No member of the HCH Commission shall participate in discussion of or vote on a matter where a personal or potential conflict of interest exists for that member.

In addition to the requirements imposed by these Bylaws, HCH Commission members shall be subject to all applicable state and federal conflict of interest laws and the rules, reporting requirements, and conflict of interest code applicable to the Alameda County Board of Supervisors.

Section 5. Compensation. Members of the HCH Commission shall serve without compensation. Travel and meal expenses when traveling out on HCH Commission business shall be approved in advance by the HCH Commission.

Section 6. Procedures. The vote of a majority of the Commissioners present at a properly called meeting at which a quorum is present shall be the act of the HCH Commission, unless the vote of a greater number is required by law or by these by-laws for a particular resolution. A Commissioner who is present at an HCH Commission meeting at which action on any matter is taken shall be presumed to have assented to the action taken unless their dissent is entered in the minutes of the meeting. The Board shall keep written minutes of its proceedings in its permanent records.

Section 7. Informal Action. Any action required to be taken at an HCH Commission meeting, or any action which may be taken at any committee of the HCH Commission, may be taken if a consent in writing setting forth the action is so taken, signed by all of the Commissioners or all of the members of the committee of the HCH Commission, as the case may be.

Section 8. Removal/Vacancies. Any member may be removed whenever the best interests of the Health Center or the HCH Commission will be served. The member whose removal is placed in issue shall be given prior notice of their proposed removal and a reasonable opportunity to appear and be heard at a meeting of the HCH Commission. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the HCH Commission.

Continuous and frequent absences from HCH Commission meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive HCH Commission meetings or from four (4) meetings within a period of six (6) months, the HCH Commission shall automatically give consideration to the removal of such person from the HCH Commission in accordance with the procedures outlined in this Article.

The HCH Commission will accept a verbal resignation of a HCH Commission member so long as it is properly documented. The HCH Commission will send an email or letter to the HCH Commission member confirming the resignation. Following seven days (7) of receipt of the letter by the HCH Commission, the resignation is accepted.

The HCH Commission shall have the ability to appoint members to fill vacancies to complete a term, following the procedures outlined in Article IV. Anyone selected to fill a vacancy shall fill the remainder of the term.

ARTICLE V

OFFICERS

Section 1. Number of Officers. The officers of the organization shall be a Chair, Vice-Chair and Secretary. The Chair may not serve concurrently as a Vice Chair.

Chair. The Chair shall preside over meetings of the HCH Commission, shall serve as Chair of the Executive Committee and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the HCH Commission.

Vice Chair. The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the HCH Commission.

Secretary. The Secretary shall review and sign off on official Commission meeting minutes and ensure that the Commission adheres to adopted Bylaws.

Section 2. Election and Term of Office. Nominees for officers shall be selected from the HCH Commission membership. A nominee may decline nomination.

Nominations for officers shall be made at the regular November meeting.

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the HCH Commission.

Initial selection of officers upon creation of the HCH Commission will transpire at the same HCH Commission board meeting following the adoption of these Bylaws.

Officers shall be elected for a term of two (2) years, or any portion of an unexpired term thereof. A term of office for an officer shall start January 1, and shall terminate December 31, of the following year, or shall serve until a successor is elected.

Section 3. Removal or Vacancy. Vacancies created during the term of an officer shall be filled for the remaining portion of the term by special election, outside the November and December meeting if necessary, by the HCH Commission at a regular or special meeting in accordance with this Article.

The removal of any officer from his or her office shall be governed by the provisions of Article IV regarding the removal of members.

ARTICLE VI

COMMITTEES

A committee may be so designated by adoption at a meeting of the HCH Commission at which a quorum is present. Each standing committee shall be subject to the requirements of the Ralph M. Brown Act.

Section 1. Executive Committee.

Meetings. The Executive Committee shall meet on an as-needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions.

Membership. The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the HCH Commission elected as a Secretary.

Powers. The Executive Committee shall coordinate the activities of all committees and shall perform such other duties as prescribed by the HCH Commission. Any actions or recommendations of the Executive Committee must be approved by the HCH Commission.

Voting. The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Two (2) members of the Executive Committee shall constitute a quorum.

Vacancies. Vacancies on the Executive Committee shall be filled by special election at a regular or special meeting of the HCH Commission, in accordance with Article V.

Section 2. Additional Committees. In addition to an Executive Committee pursuant to Article XIV, the HCH Commission may designate one or more committees as the HCH Commission sees fit to carry out its responsibilities. Each committee shall consist of two (2) or more HCH Commission members.

- A. Chair.** The Chair of the HCH Commission shall appoint the Committee Chair from the members of the committee.
- B. Members.** Committee members shall be appointed by the Chair of HCH Commission and are subject to the review of the HCH Commission.

- C. Term of Office. The Chair of a committee shall hold office until a successor is appointed and approved. All members of each committee shall hold office for two (2) years.
- D. Vacancies. The Chair, with the approval of the HCH Commission, shall have the power to fill any vacancies that occur on a committee.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the HCH Commission of its responsibility to approve all actions or recommendations of a committee.

ARTICLE VII

AMENDMENT TO BYLAWS

The Bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the HCH Commission at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Any revisions or amendments approved by the HCH Commission must conform to the County of Alameda ordinance codes, including this HCH Commission's enabling ordinance, as well as state and federal law. Any amendment that conflicts with the County of Alameda ordinance codes shall be null and void.

The HCH Commission shall submit to Alameda County's Clerk of the Board of Supervisors a copy of any amendment to these Bylaws within five (5) business days of making any amendment. If the HCH Commission repeals these Bylaws, it shall submit to Alameda County's Clerk of the Board of Supervisors a copy of the minutes of any meeting where the Bylaws are repealed within five (5) business days of the meeting. If the HCH Commission adopts new Bylaws, the HCH Commission shall submit to Alameda County's Clerk of the Board of Supervisors a copy of the new Bylaws within five (5) business days of adopting the new Bylaws.

ARTICLE VIII

LIMITATIONS OF AUTHORITY

The Alameda County Board of Supervisors shall maintain authority to set policy on fiscal and personnel matters pertaining to the public agency, including, but not limited to, appropriating and authorizing funding and staffing for programs and policies related to financial management practices, charging and rate setting, labor relations and conditions of employment.

The HCH Commission may not adopt any policy or practice, or take any action, which is inconsistent with its enabling ordinance, or which is inconsistent with or alters the scope of any decision or policy of the Alameda County Board of Supervisors regarding fiscal or personnel issues or which asserts control, directly or indirectly, over any non-HRSA Scope of Project fund or program. While the HCH Commission has the ability to approve the appointment, dismissal and evaluation of the Health Care for the Homeless Project Director, the HCH Commission does not have any authority to direct hiring, promotion, or firing decisions regarding any employee of the County of Alameda or Alameda Health System.

ARTICLE IX

DISSOLUTION

Dissolution of the HCH Commission shall only be by affirmative vote of the Alameda County Board of Supervisors. The causes for dissolution may include, but are not limited to, changes in laws, regulations, or external environments, circumstances that dictate dissolution such as the identification of an environment that would constitute a threat to patient, employee, or public safety, clinical care, or inappropriateness, or any other circumstance that would constitute a violation of the County law, or laws and regulations governing the Health Center, or threaten credentialing, accreditation, or certifications that permit the delivery of services to patients. In considering dissolution, the Board of Supervisors shall take into consideration the importance of Health Center services to the community, and only exercise such authority as a last resort or remedy.

Certification

These Bylaws were approved at a meeting of the HCH Commission by a two-thirds majority vote on _____.

Chair: _____ Date: _____

Vice Chair: _____ Date: _____

APPENDIX A: Conflict of Interest

Conflict of Interest. Conflict of Interest is defined as an actual or perceived interest by the member in an action which results or has the appearance of resulting in personal, organizational, or professional gain.

Duty of Loyalty. HCH Commission members must be faithful to the Health Center and may never use information obtained by virtue of their position as HCH Commission members for personal gain.

Responsibilities of HCH Commission Members

1. A HCH Commission member must declare and explain any potential conflicts of interest related to:
 - Using her/his HCH Commission appointment in any way to obtain financial gain for him/herself, anyone from the member's household or family, or for any business with which the HCH Commission member or a HCH Commission member's household or family is associated; and
 - Taking any action on behalf of the HCH Commission, the effect of which would be to the member's household or family's private financial gain or loss.
2. No member of the HCH Commission shall participate in discussion of, or vote in a situation where a personal conflict of interest exists for that member.
3. No member of the HCH Commission shall be an employee or an immediate family member of an employee of the Health Center.
4. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the HCH Commission's Bylaws, Article X.

As a HCH Commission member, my signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for removal from HCH Commission membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these bylaws.

HCH Commission Member's name (please print):

HCH Commission Member's signature:

Date: _____

TAB 5:
ACHCH Executive Committee Report
June 8, 2020

**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 (Jan, April, July, Oct).

Commissioner liaison to the full Commission: Laura Guzman	
Last meeting date: May 11, 2020	Current meeting date: June 8, 2020
Commissioner's in attendance: Lois Bailey Lindsey, Laura Guzman	
ACHCH staff in attendance: Lucy Kasdin, Luella Penserga, Kathy Barron	
Absent: Gloria Cox-Crowell, Sam Weeks	

1. Items discussed:

A. Review/Approve Agenda for Next Commission Meeting

- i. Kerry Abbott presenting at next Commission meeting re: role of her position and the role of her department, work that has been done so far, hiring practices.
- ii. Changes to Commission meeting agenda:
 - David Modersbach to present prior to Director's Report: 10 minutes
 - Kerry Abbott will speak first for Director's Report item: 40 minutes
 - Lucy Kasdin to present updates to Director's Report: 20 minutes
 - Information on contracts (re: data) to be added to Director's Report
 - Testing capacity/Latinx community added to Director's Report
 - Move Action Agenda before Regular Agenda
 - Sam Weeks to present CCAB report first on Regular Agenda

B. Board Recruitment

- i. Luella Penserga and Lois Bailey Lindsey to review bylaws regarding out of county applicants
- ii. Prioritize discussion for next Executive Committee meeting in July
- iii. How do we bring in people with lived experience; CCAB?

C. Review Committee Work

- i. Changes to Committee:
 - Street Health Committee no longer listed because not active
 - Added Dr. Harrison Alter to the Clinical Quality Committee ACHCH Staff
 - Code of Conduct for Commissioners – Luella will pull a sample for EC to review. Code of conduct helps EC set the general tone, i.e., encouraging Commissioners to consider the entire HCH program vs a specific interest.
 - Retreat next step: since the Commission cannot meet in-person or for 4 hours, cover retreat topics at upcoming Commission meetings.
 - Joint CCAB/Commission meeting – due to meet in July or August.

2. Informational item(s) to report to the full Commission:

- a. Board recruitment: ask if Commissioners have candidates.
- b. Announce that EC is examining how to revise bylaws regarding board recruitment of candidates who are qualified but live outside of Alameda County.

3. Action(s) recommended by the Committee for discussion/action by the full Commission at the next meeting:

- a. Retreat to be held on a teleconference platform?