

**Alameda County Health Care for the Homeless Commission**

**Friday, May 19, 2017 9:00am-11:00am**

**Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577**

**AGENDA**

Item	Presenter	TAB	Time
A. CALL TO ORDER 1. Welcome 2. Introductions 3. Adopt agenda	Mark Shotwell, ACHCH Director		9:00 AM  5 min
B. CLOSED SESSION 1. No closed session this meeting 2. Closed Session for Director Review scheduled for June 16th HCH Commission meeting.			
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda			5 min
D. CONSENT AGENDA Review and Approve Minutes of 4/21/17 Meeting		<a href="#">TAB 1</a>	5 min
E. BOARD ORIENTATION a. Review of Board Orientation topics to present; discussion of future Board Orientation topics. b. HCH Commission Responsibilities: HCH Director Performance Evaluation	David Modersbach, HCH Grants Mgr Mark Shotwell, HCH Director	<a href="#">TAB 2</a>  <a href="#">TAB 3</a>	10 min
F. REGULAR AGENDA 1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board 2. Board Ad Hoc Committee reports - no reports this meeting 3. HCH Program report : HCH Director’s Report 4. Encampments & unsheltered homeless in Alameda County – updates and continued discussion	Sam Weeks, DDS, CCAB Board Chair  Mark Shotwell	  <a href="#">TAB 4</a>	5 min  5 min
G. OTHER ITEMS 1. Items for upcoming agendas 2. HCH Commission Selection of Chair, Vice Chair and Executive Committee 3. Selection of 9 <sup>th</sup> Commissioner & Betty’s vacant seat 4. Housekeeping			5 min 20 min 25 min
H. 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/>.

\*\* Any person may address the HCH Commission during its Public Comments period. Presentations must not exceed three (3) minutes in length. HCH Commission members may not take actions or respond immediately to any Public Comments presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

**Tab 1:**  
**Minutes 4/21/2017 HCH**  
**Commission Meeting**

**Alameda County Health Care for the Homeless Commission**  
**Friday, April 21, 2017 9:00am-11:00am**  
**Health Care Services Agency 1000 San Leandro Blvd #300, San Leandro CA 94577**

**Draft MINUTES**

**HCH Commissioners Present**

Adria Walker  
 Gay McDaniel  
 boona Cheema  
 Lynette Lee  
 Fr. Rigo Caloca-Rivas  
 Mark Shotwell (*Ex Officio*)

**Absent:**

Jean Richardson-Prasher

**County Staff/Partners Present:**

David Modersbach, HCH Grant Manager  
 Lucy Kasdin, HCH Direct Services Mgr  
 Heather MacDonald-Fine AHS Homeless Coordination Office  
 Jeffrey Seal, MD, HCH Medical Director  
 Harit Agroia, HCH Contracts Manager

Item	Discussion/Recommendation	Action
B. CALL TO ORDER	Mark Shotwell, ACHCH Director called the meeting to order at 9:15am. Introductions <b>Action Item: Approve Agenda</b>	<b>Motion:</b> Caloca-Rivas, second McDaniel; Yea: unanimous
B. CLOSED SESSION	No closed session this meeting	
C. PUBLIC COMMENT	Public comments were invited; none were made	
D. CONSENT AGENDA	Review and Approve Minutes of 3/17/17 Meeting	<b>Motion:</b> Caloca-Rivas; second: Lee; Yea: unanimous
E. BOARD ORIENTATION	<b>HCH Program Quality Structure.</b> HCH Committee staffer Harit Agroia and HCH Medical Director/QI Committee Chair Jeffrey Seal MD presented an overview of the structure activities and goals and timeline of the HCH Quality Committee and Quality Program. PPT Presentation ( <i>attached</i> ); Harit and Jeffrey covered goals of QC and HCH Quality program, Quality Committee involving staff, contractors and soon HCH CCAB members; alignment of QI performance measures where possible with AHS PRIME measures. Emphasis on patient experience, and goal of bringing contractors data together in a QI dashboard on ACHCH website. Program will put out RFP for \$50K QI consultant this summer. QI focus on systems rather than individuals, reliable data, planning/assurance/control/improvement. <b>Walker:</b> Question about safety for staff & patients. Dr. Seal outlined expansive safety work, ranging from credentialing to confidentiality, personal safety of staff, safety of clients.	

	<p><b>Caloca-Rivas:</b> Long-term vision helpful. What drove goals? Dr. Seal: Contracts are more than numbers, RBO, Data Integrity, Patient Experience are key.</p> <p><b>Shotwell:</b> Need to show true impact on people’s lives. Website will be helpful in this.</p>	
<p>F. REGULAR AGENDA</p> <p>5.</p>	<p><b>Board Ad Hoc Committee reports</b> - no reports this meeting</p> <p><b>Consumer/Community Input – Report from HCH Consumer/Community Advisory Board (HCH CCAB) Sam Weeks, DDS, CCAB Board Chair</b></p> <p>Dr. Weeks is liaison of HCH Consumer/Community Advisory Board (CCAB) The HCH CCAB has been in place for years, but was restructured almost two years ago, and has been operating for last year and a half. Goal is to build effectiveness of the CCAB, but struggle is to get from A to B. Overall, deficit in skill set of the HCH CCAB membership, how to bring talk to action, and build HCH CCAB brain trust. HCH CCAB has relied on staffer David Modersbach to carry out key support activities (agendas, facilitating, minutes, etc) and it is time to get CCAB members into that role, CCAB began doing that with last 2 meetings. But still need considerable skills building, organizing and training of members. There is a diversity of skills and motivation among CCAB members, and a desire expressed by Sam that the CCAB carry goals and work out of the monthly meetings and turn more talk into action. Sam mentioned activities that he has done like present at conferences and involvement in program design; difficult for all CCAB members to carry out these kinds of tasks. Example of the BOSS Community Organizing Team (COT).</p> <p><b>cheema:</b> I would like to provide some technical assistance to HCH CCAB. Can provide support in developing design/structure for CCAB.</p> <p><b>Lee:</b> There are small steps that can be done like postcards, etc.</p> <p><b>Caloca-Rivas:</b> What is the connection between the CCAB and the HCH Commission? Dr. Weeks said CCAB is advisory, consumer feedback and advocacy, and articulates with HCH Commission through his participation on both boards.</p> <p><b>Shotwell:</b> A self-driven CCAB is a goal, but a mighty task; staffing is dedicated to making that happen. There have been accomplishments. Dr. Weeks expressed frustration with accomplishments and said they could be more real.</p> <p><b>Walker:</b> Is there a HCH peer/consumer liaison staff position? No. A peer position like this can create scaffolding to help build effectiveness and skills of a CCAB. Dr. Weeks said this is David’s effort..</p> <p><b>Caloca-Rivas:</b> Where and how should the Commission provide input and ideas to the HCH CCAB? <b>Shotwell:</b> This is a work in progress. David is pulling back from central role and sharing leadership in CCAB w/o overstepping roles.</p> <p><b>Modersbach:</b> HCH CCAB is planning retreat work for this summer,</p>	

opportunities for training and skills building – this is an issue the CCAB is actively working on. A lot of skills and strengths and accomplishments within the CCAB.

**HCH Program report : HCH Director’s Report**

Following Mark Shotwell’s HCH Director’s Report (attached) there was a discussion of recruitment for 9<sup>th</sup> HCH Commission Seat (AHS/Hospital expertise) and the seat vacated by Betty DeForest’s passing.

**Caloca-Rivas:** Clarification about “AHS Seat” which will be appointed by the Board of Supervisors.

**McDaniel:** Are we confident we’ll have a 9<sup>th</sup> seat appointed by July. Mark: Not 100% confident, but we’re raising it up, and doing a lot of outreach.

**McDaniel:** Another homeless services provider? Is geography a concern?

**Shotwell:** Not for the 9<sup>th</sup> seat, but yes for Betty DeForest’s seat.

**MacDonald-Fine:** Is there a formal process for recruitment/selection?

**David:** There is an outline in our bylaws, but needs structure of Commissioners to make the process work. I will send a packet out to HCH Commissioners with details, and documents to assist with outreaching, and will discuss at 5/19 meeting.

**Walker:** Let’s work on a selection process moving forward and see how it goes.

**Encampments & unsheltered homeless in Alameda County – continued discussion**

**Lucy Kasdin and Mark Shotwell** provided updates on countywide actions and discussions around homelessness. Although main focus is currently on encampments, the conversations are broadening beyond encampments. Meeting 4/24 of Alameda County Health/Social Services Committee (Chan, Miley, Valle, Carson) with a lot on the agenda, presentation of various county entities (HCSA, SSA, HCD) and cities. 4/24 Presentation & Q&A’s attached. HCHP involved in meeting with County/Hayward city staff following up on vacant building evictions in Hayward & current City Tower bldg.

**Lee:** Many occupied bldgs. In Oakland? What sort of prioritization for certain groups (fire victims, occupants, etc)?

**Lucy:** Home Stretch is prioritization for most vulnerable in Permanent Supportive Housing (PSH). City of Oakland provided relocation funds for San Pablo Ave fire victims.

**Lee:** Need strategies and convocation of nonprofit housing developers and Housing Authorities.

**Lucy:** Homestretch is doing that, also bringing on SAHA, RCD, etc around PSH.

**boona:** City of Berkeley is moving fast: Pathways plan under Jesse Areguin and Sophia Hahn plans to reach 1000 homeless folks. Will send out copy of plan (attached) key elements are: 1) gentler enforcement; 2)HOT Team; 3)Navigation Center 4) Input of people experiencing homelessness and CBOs;

	<p>5) Berkeley’s Hub pressures of demand and need.  <b>David:</b> State of Emergency update example of San Jose, and possible scenario in Oakland. Community Input important.  <b>Mark:</b> Goal is to add new funds to this effort, not to divert funds from existing services.  <b>Lucy:</b> Discussed HCH North County Homeless Outreach Providers monthly meeting, to break down silos, exchange skills and information, communication. Example last month Overdose Prevention training.  <b>Mark:</b> Multidepartment interventions to augment existing outreach efforts, to link street teams, outreach , mobile health, housing. Key of outreach efforts needs to be to improve housing situations. Trying to create systematic change vs. one-off encampment visits. HCH program currently evaluating HCH assets like mobile van and staff, to do encampment work and also broaden services.</p>	
<p>G. OTHER ITEMS</p>	<p>Items for upcoming agendas:</p> <ul style="list-style-type: none"> <li>• HCH CCAB and roles between HCH Commission &amp; HCH CCAB</li> <li>• Recruitment for HCH Commission seats</li> <li>• HCH Commission Selection of Chair, Vice Chair and Executive Committee</li> <li>• Next HCH Commission Meeting:  <p style="text-align: center; color: red;">Friday May 19<sup>th</sup> 9-11Am  1000 San Leandro Blvd #325</p> </li> </ul>	
<p>H. ADJOURNMENT</p>	<p>Adjourned 11:00am</p>	<p><b>Motion:</b>  Caloca-Rivas;  seconded  Lee; Yea:  Unanimous</p>

# **Tab 2: HCH Orientation**

## HCH Commission Orientation Materials 2016-2017

All materials are available at:

<http://www.achch.org/orientation-materials.html>

1. Review of Orientation Subjects
2. What Other Subjects for Learning?

September 2016	HCH Commission Health Center Overview
October 2016	HCH Program Overview
November 2016	Brown Act Training, HRSA Health Center Orientation
December 2016	ACHCH Budget Orientation
January 2017	Health Center Contracts Orientation
February 2017	N/A
March 2017	Health Center Federal Context Orientation
April 2017	HCH Quality Program Orientation
May 2017	Commission Responsibilities: Evaluation of Director
June 2017	
July 2017	<i>Budget Period Renewal and Services Area Competition Orientation</i>
August 2017	<i>Program Data and Reporting Requirements Orientation</i>
September 2017	
October 2017	<i>Orientation: The HRSA Operational Site Visit</i>
November 2017	<i>HCH Orientation: Needs Assessment</i>
December 2017	



**Tab 3:**  
**HCH Program Director**  
**Evaluation**

## HCH Director Performance Evaluation 5/19/2017

1. Review Ordinance/Co-Applicant/Bylaw Language
2. Review HCH Director Job Description & County Performance Evaluation Template
3. Discuss/Develop structure of HCH Director Evaluation Process
4. HCH Director Evaluation Criteria
5. Approval of ACHCH request to HRSA to change Project Director
6. What Resources do you need

HCH Commission Ordinance:

### **2.124.120 Powers and Duties of the Commission.**

Subject to 2.124.050 regarding the Limitation of Powers, the duties of the Commission shall be limited to the HRSA Scope of Project as follows:

- Approving applications related to the HRSA Scope of Project, including grants and designation applications and other HRSA requests regarding scope of project.
- Approving the annual HRSA Scope of Project budget and audit within appropriations made available by the board of supervisors and/or the BOT.
- Long-term strategic planning, which would include regular updating of the HRSA Scope of Project's mission, goals, and plans, as appropriate.
- Evaluating the HRSA Scope of Project's progress in meeting its annual and long-term goals.
- Determining the hours during which services are provided at HRSA Scope of Project's sites that are appropriate and responsive to the community's needs.
- Approving the selection and dismissal of, and evaluating the performance of the HCH Director, subject to those limitations on the Commission's authority over labor relations and conditions of employment described in the Commission's enabling ordinance, which are strictly reserved to the BOT and BOS.
- Establishing general policies and procedures for the HRSA Scope of Project that are consistent with the HRSA Scope of Project and applicable grants management requirements.
- Developing Commission member selection and dismissal procedures.
- Developing quality improvement system.
- Developing fee schedules for services, including the sliding fee discount program.

### **HCSA/AHS/HCH Commission Co-Applicant Agreement:**

c) Personnel. Subject to the limitations outlined in this Agreement regarding the selection, evaluation, approval, and removal of the HCH Program Director, the parties agree that the BOS and AHS shall have sole authority over employment matters and development and approval of personnel policies and procedures, including but not limited to: employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project, including agreements for the provision of staff who are employees of other agencies

or organizations; day-to-day management and supervision; evaluation; discipline and dismissal; salary and benefit scales; grievance procedures and processes; equal employment opportunity practices; collective bargaining agreements; and labor disputes and other labor and human resources issues. The HCH Program Director shall be an employee of HCSA. Removal of the HCH Program Director by the Commission pursuant to this Agreement shall not constitute a termination of employment nor impede the HCH Program Director's employment relationship with HCSA or Alameda County.

**Tab 4:**  
**HCH Program Director's**  
**Report**

DATE: 5/19/17  
TO: Alameda County Health Care for the Homeless Commission Meeting  
FROM: Mark Shotwell, Director  
ACHCH Program  
SUBJECT: Director's Report

1) **Update: Supervisor Valle, The Health Care Services Agency (HCSA) and ACHCHP continue work with other County Departments and City of Hayward staff to address needs of individual residing in City Center Towers.**

ACHCHP leadership staff continues our partnership with our HCSA leadership and Supervisor Valle, City of Hayward, Housing and Community Development and the Social Services Agency in the development of a humane response to 29 homeless adults who currently reside in an unoccupied and unsafe building in Hayward called City Center Towers. A key outcome of this effort is the establishment of a partnership with the City of Hayward, ACHCHP, HCSA, Housing and Community Development, Social Services and Abode Services to create a comprehensive response to the needs of the City Tower Residents.

ACHCHP is hopeful that we will develop some promising practices for responding to encampments that can inform future work with other cities in Alameda County. Some of these practices may include:

- Significant outreach efforts in advance of abatement efforts to assess demographics and special needs of the population and to link residents with health care, behavioral care, social services.
- Identification of interim housing to offer to encampment residents. Planning for the long term housing needs must also be included.
- Temporary storage for resident's belongings.
- Legal assistance
- Benefits advocacy

2) **Regional Homelessness Planning**

Over the last few months, ACHCHP, in collaboration with Health Care Services Agency Leadership, Behavioral Health Care Services, Housing and Community Development and the Social Services Agency, has been responsive to numerous County Supervisor's requests for comprehensive information on homelessness and Alameda County homeless services provided by County Departments.

It is clear that homelessness, and specifically, the visible unsheltered homeless in encampments, is now a high priority issue in our County. These requests have provided opportunities to highlight our current and emerging initiatives, describe our approach, recommend best and promising practices, advocate for new resources and promote a humane, person-centered response.

### **3) TRUST Clinic MOU**

Behavioral Health Care Services (BHCS) provides approximately \$2.7M in Mental Health Services Act funding to ACHCHP to contract with Lifelong Medical Care to operate the TRUST Clinic. ACHCHP and BHCS just completed a comprehensive memorandum of understanding regarding roles, responsibilities, target population, data sharing, contract development, personnel and budget.

The process of development of this MOU has renewed the commitment of BHCS to the success of the TRUST Clinic and created an inspiring level of partnership between ACHCHP and BHCS.

### **4) HRSA Conditions on HCH Grant**

There is still one condition on our HCH Grant – HCH Commission must add additional HCH Commissioner (AHS/hospital system seat, appointed by BOS) by July 2017.

### **5) Evaluation of the ACHCHP Director**

The ACHCHP Commission has the responsibility to evaluate the performance of the ACHCHP Director on an annual basis. In the May, 2017 meeting, Commissioners will develop the plan/process to complete this evaluation. In the June, 2017 meeting, there will be a closed session for the Commission to provide the completed evaluation to the Director.