

Alameda County Health Care for the Homeless Commission Meeting

Friday July 19, 2019 9:00-11:00am

Approved MINUTES

HCH Commissioners Present

Lynette Lee (Vice Chair)
 Lois Bailey Lindsey
 Julie Lo
 Claudia Young
 Ana Bagtas
 Michelle Schneidermann
 Shannon Smith-Bernardin

Absent:

boona Cheema
 Fr. Rigo Caloca-Rivas
 Samuel Weeks, DDS
 Laura Guzman, JD
 Gloria Cox-Crowell

County Staff/Partners Present:

Lucy Kasdin LCSW, HCH Director
 Theresa Ramirez, ACHCH
 Janice Edwards, ACHCH
 Heather MacDonald Fine AHS
 Maria Leon, Intern, AHS
 Luella Penserga, Consultant, ACHCH

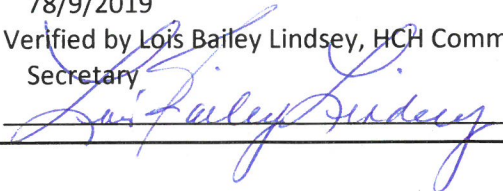
Absent: Jeffrey Seal, David Modersbach.

Item	Discussion/ Recommendations	Action
A. CALL TO ORDER 2. Welcome & Introductions 3. Adopt agenda	Meeting Chaired by Vice-Chair Lynette Lee. Adopt agenda – Agenda adopted by Commission.	Motion: M. Schneidermann Second: L. Bailey Lindsey Yea: unanimous
B. CLOSED SESSION	No Closed Session.	
C. PUBLIC COMMENT**	No public comment.	
D. CONSENT AGENDA	Review and Approve Minutes of 5/17/19 HCH Commission meeting.	Motion: L.B.Lindsey; second, C. Young Yea: unanimous
E. HCH DIRECTOR REPORT	ACHCH Director Lucy Kasdin presented the Director’s Report (attached). Highlights that were discussed: 1. Strategic Plan – Quarter 1 and Quarter 2 dashboard discussion. Alameda County Health Care for the Homeless (HCH) is serving more people overall than last year. Demographics remain consistent. Notes on the decreases: <ul style="list-style-type: none"> • Street medicine contracts ended effected June 30. There was an observed decrease in numbers of people served. • HCH is rolling out geographically-defined teams across the County with new contracts beginning in the current fiscal year. As teams ramp up, the aim is to increase the numbers of people served to 340+ people 	

	<p>served per team. Additionally, teams are expected to provide more visits/services per person.</p> <ul style="list-style-type: none"> • HCH and its federal grant subrecipient, Alameda Health System (AHS), are finalizing transition of the mobile health van to AHS operations. The focus of the mobile health van will be to provide health care to residents of homeless shelters (shelter health). • It was noted that the annual cost breakdown \$1,600 per person, due to many visits/services provided over the year. Lucy Kasdin will ask David Modersbach to add the number of visits to the dashboards. <p>2. HCH personnel. Janice Edwards joined HCH as the Finance staff. Alex Martin from HCSA has been filling in up to now. Administrative assistant vacancy – HCH made an offer to a candidate.</p> <p>3. Operational site visit. With HRSA approval of ACHCH governance structure, ACHCH now has no outstanding HRSA conditions.</p> <p>4. Quality.</p> <ul style="list-style-type: none"> • Results-Based Accountability is being used to monitor all contracts. • Consumer Advisory Board (CAB) developed a tool to track patient experience. • Commissioner Bagtas asked about Commissioners attendance at monitoring meetings. Staff responded that Commissioners are welcome and that staff will share the calendar with Commissioners. • ACHCH is developing a Street Health manual; the learning community begins next week on July 24. <p>5. Program Highlight. ACHCH’s Street Health work on treating opiate addiction was recently published in an article in Psychiatry Online.</p> <p>6. Needs Assessment</p> <ul style="list-style-type: none"> • Dr. Amanzadeh is a consultant with HCH who is documenting best practices for dental case management. • HCH is conducting a Shelter health needs assessment. • Public Health Dept. is conducting an assessment of the needs of families including pregnant women and children. <p>7. Medical Respite</p> <ul style="list-style-type: none"> • HCH is working to increase the number of beds in Alameda County for medical respite for homeless patients discharged from hospitals. • Vice Chair Lee inquired about the Fairmont Hospital space. Commissioner Schneidermann and Heather MacDonald-Fine responded that AHS is using the space for acute rehabilitation services 	
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	<p>but the space does not meet seismic regulations for acute care (i.e., where patients are unable to independently leave the building in the event of an earthquake). AHS is proceeding with budget negotiations and discussing use of the Fairmont space with the County.</p>	
<p>G. AHS Subrecipient Report</p>	<p>Heather MacDonald-Fine provided a report.</p> <ul style="list-style-type: none"> • The AHS' Community Advisory Board (CAB) is established. AHS finished the compliance process with its Board of Trustees which signed the by-laws. The CAB now meets the second Tuesday of the month, 5:30 – 7:30pm at Highland Hospital. • The AHS Homeless Health Center Medical Director has not been hired yet; technically the hiring and firing of the medical director is the responsibility of the AHS CAB. AHS is determining the process to work on this. AHS is posting the position this week. 	
<p>H. HCH Commission Orientation: ACHCH SAC Overview</p>	<p>Lucy Kasdin reported for David Modersbach (see attached presentation).</p> <ul style="list-style-type: none"> • The federal grant from the Dept. of Health and Human Services, Health Resources and Services Administration (HRSA) is almost \$4 million for 2020-2022. Every three years, Alameda County submits its proposal as part of HRSA's Service Area Competition (SAC). Staff will ask Commissioners for approval of the SAC submission on August 9. • There was discussion about staffing, full-time equivalents (FTEs) and vacancies. There was discussion about using the County's vendor pool to fill the critical positions, e.g., pharmacist. • Staff reported that they spend the HRSA grant before drawing on County funds and sometimes do not have to use all of the County allocation as a result. Staff are increasing contract monitoring and staffing because the number of contracts increased, and are maximizing the use of data. • Commissioner Smith-Bernadin suggested tracking outcomes of Street Health services separately; if combined, the overall HCH measures get pulled down because of challenges of serving an unsheltered street population. Specific street health measures are needed; teams will be more motivated to track and achieve outcomes they can see in 2 years. • Staff reported that teams will now have a regional focus. Staff anticipate a 6th team to be funded with HEAP funding for the unincorporated areas. HEAP stands for the Homeless Emergency Aid Program, one-time State block grant funds for emergency services for people experiencing homelessness in areas with a shelter crisis. • HCH is considering designating five HCH positions to lead health services regionally, similar to the way Housing Resource Centers (HRCs) are organized to coordinate housing regionally. Commissioner 	

	<p>Schneidermann asked about the status HRCs given that AC Care Connect (Whole Person Care funding) is scheduled to sunset in 2020. Staff responded that Alameda County departments Housing and Community Development (HCD) and Health Care Services Agency (HCSA) are meeting monthly to plan. Staff acknowledged the need to parallel plans for HRCs so HCH regional leads don't disappear if HRCs disappear.</p>	
<p>I. REGULAR AGENDA 1. Action Item: ACHCH Contract review and approval: Lifelong Downtown Oakland Street Health https://www.achch.org/commissioners-private.html</p> <p>2. Action Item: Change in Scope Submission Approval: ACHCH Street Health mobile sites (E.Oak, Central, South County, Downtown).</p> <p>3. Consumer/Community Input –</p>	<p>The LifeLong Downtown Street Health contract is the same basic contract as the other Street Health contracts and is the first to go through the County's <i>vendor pool</i> process whereby the County may procure services from vendors on the County's approved vendor list.</p> <ul style="list-style-type: none"> • There was discussion about the recent Board of Supervisors' (BOS) meeting. BOS Health Committee is meeting on July 22 and will discuss continuing and increase Roots Community Health Center's Street Health contract from 20 to 40 hours/week, and possibly adding clinician time to all of the teams in the form of an MD or Nurse Practitioner (NP). • Commissioners asked what happens since the federally qualified health centers (FQHCs) originally planned to contribute \$40K in-kind for a clinician, will they continue to chip in in-kind or is this now to be funded by the County? Staff responded that adding the clinician time is still being discussed by BOS. Staff asked contractors how they would implement the staffing model if a .3 FTE (2 ½ days a week) for physicians to go out with their Street Health Team plus time for consultation was added; staff received a variety of responses. • There was discussion about if there is funding, how to hold the same standard across teams. <p>The HCH Commission unanimously approved this contract.</p> <p>The proposed change in scope adds new sites on the ACHCH Scope of Project for the Street Health services the 5 locations:</p> <ul style="list-style-type: none"> • Lifelong Downtown Oakland • Lifelong East Oakland • ACHCH StreetHealth W.Oakland • Tri City South/East County • Tiburcio Vasquez Central County <p>The HCH Commission unanimously approved submission of these Changes in Scope applications.</p> <p>There was no Consumer/Community Advisory Board report.</p>	<p>Motion: L. Bailey Lindsey; second, S. Smith-Bernadin Yea: unanimous</p> <p>Motion: L. Bailey Lindsey; second, A. Bagtas Yea: unanimous</p>

<p>Report from HCH Consumer/Community Advisory Board</p> <p>4. Executive Committee report</p> <p>5. Street Health Committee</p> <p>6. Budget/Finance and Contracts Committee</p> <p>7. Clinical Committee</p> <p>Other HCH Commission Business</p>	<p>Commissioner Bailey-Lindsey reported. The Exec. Committee met on July 8 to prepare the agenda for the full Commission meeting. The committee will revisit the by-laws to make them easier to understand; revisions will be brought to the Commission and County Counsel. Commissioners requested that by-laws be posted on the HCH website. Commissioners asked the Exec. Committee to review any additional nominees, as well as Commissioner absences that exceed what is specified in the by-laws.</p> <p>Vice Chair Lee reported that the Street Health committee did not meet. Vice Chair Lee asked if HCH staff worked with residents of the Home Depot encampment before eviction. Staff responded that no HCSA staff are currently working the Home Depot encampment.</p> <p>Commissioner Bailey Lindsey reported. The Budget/Finance and Contracts committee met on July 11. The Committee reviewed the Director's report, budget Q1 and 2, budget for competitive application in Aug, reviewed governance. The meeting was informational.</p> <p>Commissioners Schneidermann and Bernadin-Smith reported that the Clinical committee did not meet.</p>	
<p>I. OTHER ITEMS</p> <p>1. Items for upcoming agendas:</p>	<p>1. Status update on planning for the future of the Housing Resource Centers (HRCs) if AC Care Connect funding sunsets</p> <p>2. Whole person care, PRIME, update.</p> <p>3. Regular updates on medical respite.</p>	
<p>H. ADJOURNMENT</p>	<p>Meeting adjourned at 10:45 AM.</p> <p>MINUTES APPROVED BY UNANIMOUS VOTE OF HCH COMMISSION 78/9/2019</p> <p>Verified by Lois Bailey Lindsey, HCH Commission Executive Committee Secretary</p> <p> Date: <u>8/9/2019</u></p>	<p>11:00 AM</p>

