

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

**Friday, September 19, 2019; 9:00-11:00am**

**APPROVED MINUTES**

**HCH Commissioners Present:**

Lynette Lee (Vice Chair)  
 Lois Bailey Lindsey  
 Julie Lo  
 Ana Bagtas  
 Samuel Weeks, DDS  
 Gloria Cox-Crowell  
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**Absent:**

Fr. Rigo Caloca-Rivas  
 Laura Guzman, JD  
 Michelle Schneidermann  
 Shannon Smith-Bernardin  
 Claudia Young

**County Staff/Partners Present:**

David Modersbach  
 Jeffrey Seal, MD  
 Lucy Kasdin LCSW, ACHCH Director  
 Kathy Barron, ACHCH  
 Heather MacDonald Fine, AHS

**Absent:**

Theresa Ramirez, ACHCH  
 Luella Penserga, Consultant, ACHCH

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	<b>Motion:</b> G.Cox-Crowell; 2 <sup>nd</sup> L.Bailey Lindsey Yea: unanimous
B. CLOSED SESSION	No Closed Session	
C. PUBLIC COMMENT**	Heather MacDonald-Fine/AHS: Mobile health relaunched; AHS is fully staffing Mobile Health services; have made changes regarding schedule; October – three sites in evening; one in Alameda; and early in the morning. Mobile van saw eight clients in first week. <a href="#">Schedule</a> will be distributed by end of next week.  Lucy: fully staffed by AHS; expand our shelter health presence; all schedules are being finalized and posted on our website; mobile van and shelter health across the county.	
D. CONSENT AGENDA	Review and Approve Minutes of August 9, 20109	<b>Motion:</b> G.Cox-Crowell; 2 <sup>nd</sup> L.Bailey Lindsey Yea: unanimous
E. HCH DIRECTOR'S REPORT	Lucy Kasdin, ACHCH Program Director presented the Director's Report (attached). Highlights that were discussed: <b>1. Personnel</b> <ul style="list-style-type: none"> <li>• ACHCH is moving forward with hiring Behavioral Health Clinical Supervisor and Sr. Pharmacist. In the next six weeks, the Sr.</li> </ul>	

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	<p>Pharmacist will start and be providing technical assistance for street health and direct services. Our goal is to provide support to other street health teams to increase comfort and success regarding prescribing in the field.</p> <ul style="list-style-type: none"> <li>○ We are amending contracts and are including a partnership with HealthPac (HCSA), adding funding for prescribing provider and adding metrics around HIV and HEP C. HealthPAC has the medical expertise to do more intervention around infectious disease at encampments.</li> </ul> <p>Gloria: Collaborative with HEPPAC, completed pilot project funded by Gilead pharmaceuticals to do HIV/HEP C testing in encampments; linkage to care, food distribution. How many people are tested positive for HIV/HEP C.</p> <p>Lucy: We have a close relationship with HEPPAC. Dr. Jay is partnering with HEPPAC at needle exchanges and building a relationship with them.</p> <p>Gloria: Locations where they are conducting tests: Webster street under freeway, Alameda, West Oakland BART station, Mosswood Park, 77<sup>th</sup> and San Leandro Blvd (Coliseum) from August to October. Gloria will send a list of these locations to Lucy for coordination.</p> <p>Jeffrey- The Sr. Pharmacist also has behavioral health knowledge and working at Trust Clinic with policies and procedures. Pharmacist is not able to diagnosis but can prescribe medications and psychiatric services.</p> <p>Lucy: The Sr. Pharmacist has relationships with a lot of clinics so they will help build our realtionships and gain access for patients to clinics. Spanish speaking and will ease access from streets to La Clinica.</p> <p><b>2. Quality:</b></p> <ul style="list-style-type: none"> <li>• More robust internal monthly meeting. Meeting quarterly with contractors as a group in addition to meeting bi-annually at each contractor site (deep dives). That will give us the opportunity to see where they are and where we can provide technical assistance (TA). We will be visiting the Street Health teams on a monthly basis providing technical assistance(TA) – psychiatric and medicine assistance treatment. Training for people next month to continue and expand the consumer dirven patient experience.</li> </ul> <p><b>3. Mortality Review (Jeffrey Seal, M.D. presents):</b></p> <ul style="list-style-type: none"> <li>• David is working with CAPE at the Public Health department in finding data. There is an organizational effort and we are meeting with LifeLong where we discussed a case where a patient who was receiving services at Trust Clinic passed away on the streets. We talked about what services the patient was receiving and cause of death from coroner’s office. Helps us think about how we all “touch” them; Sheriff, probation, Public Works and the</li> </ul>	

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	<p>environmental causes. We will be asking the Commission for help in getting people together to drive systems change together in a non judgmental environment. People struggle even after they are housed. We want to create definitions of vital statistics.</p> <p>David: We are really trying to focus on methodology regardless of what will happen on the state level. We are looking at utilization lists that are used from the coroner’s office; where they passed away - SNF, hospital, or at home (not only on the street). We are building connections with other city/counties like San Francisco who has a linkage with the coroner’s office and can track really quickly what utilization people had before they died.</p> <p>Gloria: Are we finding that they are all Alameda County residents or are they coming here from other counties?</p> <p>David: EDRS (state) generally can see next of kin or permanent address. Tease apart these questions.</p> <p><b>4. Program Highlight:</b></p> <ul style="list-style-type: none"> <li>• StreetHealth team was featured on KCBS that focused on mental health services. [audio clip on <a href="#">ACHCH website</a>]</li> <li>• ACHCH was awarded 2019 CA association of counties (CSAC) challenge merit award</li> </ul> <p><b>5. HRSA Update (Strategic Area: Health Center Compliance):</b></p> <ul style="list-style-type: none"> <li>• HRSA has required that ACHCH treat the three street health contractors as “sub-awardees” rather than contractors. AHS is a sub recipient. Definition of sub recipient: pass thru of federal funds (benefits) and ACHCH monitors them to make sure they meet all requirements. Tiburcio, Tri-City and LifeLong are sub recipients; ACHCH is allowing them to go out and find patients and enroll them in our health center. That’s the dividing line. The three contractors are already FQHCs – already meet health center requirements. In the future, if we want to create a contract with a non FQHC it will cause some issues re: what they will have to do to make sure they cover all health center requirements. ACHCH will bring contract back to commission next month for approval.</li> <li>• Big changes: (1) new language of sub awardees (2) changes to add NP/clinical parts to their work.</li> </ul> <p>Lois: Do you need to go back to HRSA for approval. David: Yes, we need to get their approval.</p> <p><b>6. Shelter Health Needs Assessment:</b></p> <ul style="list-style-type: none"> <li>• Finalizing to support the shift that Heather and Lucy have talked about with AHS. Grow shelter health bucket of work.</li> </ul> <p><b>7. Medical respite: Adeline, Alameda Point and EOCP (Jeffrey Seal,</b></p>	



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	<p><b>M.D. presents):</b></p> <ul style="list-style-type: none"> <li>• Next week we will start intaking patients through AHS for a new Respite site on Adeline in W.Oakland. Our leadership is working with AHS to reduce number of administrative days at medical respite. The location is at 27<sup>th</sup> and Adeline; was once an apartment building. Lifelong is operating and ACHCH/HCSA is supporting LifeLong with the model and running the contract with Lifelong. Jeffrey will help with psychiatric needs for awhile.</li> <li>• Working with Alameda Point Collaborative Wellness Center and are working with county leadership to secure a \$10M commitment over three years with BOS approval. Will also be working with MHSA and AC Care Connect (Whole Person Care). Board letter will be completed in the next month or two.</li> <li>• New project: EOCP trying to access WOHC offices adjacent to their Crossroads Shelter – looking to get a commitment from the county to say we need to add another 100 respite beds in the next three years; medical complexity to hold in those spaces. Very early as we are talking with EOCP in how we can support them in general; two West Oakland council buildings that are abandoned are being considered as locations. How can we use these builidgins in partnership with EOCP to open more beds for respite.</li> </ul> <p>Gloria just met with EOCP a month ago re: mental health and it seems timing is absolutely right. Should move forward with the partnership conversation and see where it goes.</p>	
Orientation Discussion	<p>David Modersbach presents:</p> <ul style="list-style-type: none"> <li>• Want to discuss what trainings are needed to learn or keep learning about our work?</li> </ul> <p>Review of ACHCH Commissioner <a href="#">Orientation Materials Page</a></p> <p>Review of ACHCH Commission <a href="#">Work Timeline</a>.</p> <ul style="list-style-type: none"> <li>• At the end of the year, we do quality plan and talk about the budget for the next year.</li> <li>• Two joint meetings with CCAB one in summer (which we had already) and one in winter that is scheduled for December 13<sup>th</sup>.</li> <li>• In the new year, we continue to look at the budget, Brown Act Review, annual report, national conference, renewing our grant, and quality review.</li> <li>• We are in a three year grant cycle right now; at the end of the third year. 2021 will be half way point with the HRSA grant and will receive a site visit from HRSA. Grant cycle will end in 2022.</li> </ul> <p>Gloria: I want to offer up and build into the calendar some site visits for commission members where street medicine occurs in the encampments to experience it; see it in operation.</p>	

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	<p>David: Want to remind everyone that the site visits are a one-on-one pre-scheduled visit.</p> <p>Gloria: If we are scheduling on an on-going basis a few people can go at a time.</p> <p>Lucy: There are sites where we can accommodate a larger group.</p> <p>Lois: Commissioners could help/participate not just observing</p> <p>Lucy: StreetHealth team is sensitive because they get multiple requests on a weekly basis. But we can definitely get a couple of people scheduled. It is tricky when we have a lot of people going out.</p> <p>Gloria: We'd also like to visit the mobile van and onsite dental as well.</p> <p>Lucy: StreetHealth needs to be more individual but the EOCP and mobile van/dental can be larger groups.</p> <p>David: Having job for the commission to do when involved in site visits is an interesting concept.</p> <p>Heather/AHS: Getting a specific set of questions when you get to the site to interact with patients might be something you can develop as a tool when you visit the sites; 4-5 questions. If you have a group of you it's a meeting and not public – so think about that.</p> <p>David: Any other conventional orientation needs?</p> <p>Lynette: Board development</p>	
<p>I. REGULAR AGENDA</p> <p>1.Consumer/Community Input – Report from ACHCH Consumer/Community Advisory Board and Joint Discussion</p> <p>2.Executive Committee report</p> <p>3.Street Health Committee</p> <p>4.Budget/Finance and Contracts Committee</p> <p>5.Clinical Committee</p> <p>6.Board</p>	<p><b>1. Consumer/Community Input – Report from HCH Consumer/Community Advisory Board and Joint Discussion</b></p> <p><b>ACHCH CCAB:</b> Sam Weeks, DDS, CCAB Board Chair discussed CCAB current projects:</p> <ul style="list-style-type: none"> <li>• Sabrina Fuentes: Watched her speech at the national convention. Group critiqued her presentation and gave her good feedback.</li> <li>• Theresa – Bright Research on a report; feedback on how they are working with her. A lot of negative responses, felt left out, felt used. Feedback to Jeffrey/Lucy. Bright Research wasn't clear on a number of things; no credit for CCAB involvement regarding surveys, few opportunities for input, involvement once pilot began.</li> <li>• October 16<sup>th</sup> – training on patience experience w/CCAB</li> <li>• Update on Street Medicine: potential survey questions for patient experience survey had redundancy. David: Not proposed questions, just sampling of types of questions.</li> <li>• Mark Smith: gave an overview of AHS meeting</li> <li>• CCAB discussed Trump's statement regarding homeless cleanup</li> </ul> <p>Boona: Two encampments managed to get the city to pick up the trash on a regular basis; community helped.</p>	<p><b>Motion:</b></p>

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Planning/Development  7.Other HCH Commission Business	<ul style="list-style-type: none"> <li>• Potential new CCAB members sat through meeting and then wanted to go to the retreat. CCAB members voted retreat only for CCAB meeting as a growth meeting.</li> <li>• CCAB finalized the agenda for the retreat at MLK center in Oakland on October 11<sup>th</sup>.</li> <li>• Jeannette and Sabrina are going to Portland for a Medication Assisted Treatment conference with a scholarship from the NHCHC. Jeffery: Opiod deaths have spiked back up the last couple of years; fentayl and fast acting stuff that's back out there. Homeless is more likely to die of an overdose than those housed</li> </ul> <p><b>2. Executive Committee report</b></p> <p>Lynette: went over bylaws. Boona has also said that because of her health issues and family needs she isn't able to continue as Chair.</p> <p>David: officer elections starting immediately so by January 1<sup>st</sup> we would have new officers</p> <p>Lynette: next month is when we have nominations and Decemver we have elections.</p> <p>Thank Boona for her willingness to take over the chair and lead us through. That position will be coming up so if you are thinking about coming a chair.</p> <p>Boona: I know that people shy away from being the Chair that it's a lot of horus and a lot of work; there are months that are busy but a lot that aren't busy. First year the kind of chair that the commission needed at that point but moving forward we should look at someone who has more health care experience. Exec committee is very important and takes a little bit of time. Thigns will come up but the time committmemtn our staff does an excellent job and brings us in when the board needs to come in. all meetings are going very well. Want to encourage everyone to step up and not be shy.</p> <p>Lucy: thank you so much boona for the tremendous work you have done for us. We appreciate you.</p> <p>Boona: not going anywhere; clarification:election doesn't happen until January. I would like to stay with the executive committee.</p> <p>Lynette: Lois has said that she is willing to be the secretary. Due to give an evaluation of Lucy's position at six months. Is there a standard format?</p> <p>David: yes there is. Executive committee takes the lead on the evaluaton of Lucy, they set up the process or the process involves evaluating committee or a closed session in a commission meeting.</p> <p>Lucy: done in October.</p> <p>David: done every year; first one is in 6 months.</p> <p>Lynette: any commissioners that want to join the exec comitte for the</p>	



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	<p>eval let Lynette know.</p> <p><b>3. Street Health Committee</b></p> <ul style="list-style-type: none"> <li>No report</li> </ul> <p><b>4. Budget/Finance and Contracts Committee</b></p> <ul style="list-style-type: none"> <li>Lois: No report for this month. Tentative meeting for October 9th</li> </ul> <p><b>5. Clinical Committee</b></p> <ul style="list-style-type: none"> <li>Jeffrey: Next quarter meeting</li> </ul> <p><b>6. Board Planning/Development</b></p> <p>Lynette: Proposed bylaws with some changes. Next month will be on agenda for approval. Review pages 5 &amp; 6 which describes the responsibilities/duties of the commission. We are allowed to have 9-25 members. We now have 12 members. Review bylaws before next meeting and then we will take action on approving them. We haven't really had an orientation – how are we doing as a board/commission? Staff as where do you need us? How can we build that? What are other needs sthat the staff needs us?</p> <p>David: The idea of these things aren't what we are going to do today but a begingin of an outline of how board development would look. Assessments: Board and Staff.</p> <p>Gloria: Maybe the staff can think about where they could see us be involved to boost the work of HCH and thinking of us as ambassadors. Commission is an extension. Important for us to be critically aware of what is happening in the County so we can speak with authority.</p> <p>Lynette: what is a good time of year for the retreat? All day? Is that possible for everyone? Can we cover a lot of the things within that time frame? Ad hoc committee will consist of Julie and Lois. Get on agenda about meeting with CCAB members and what are best practices for shadowing StreetHealth Team.</p> <p>Ana: Topic for reatreat: clear metrics as to how the Commission is doing. Evaluation piece so we can see how we are being measured.</p> <p>David: We can expand on that regarding setting metrics of the commissions work itself.</p> <p>Ana: Some metrics could be increase in funding, site visits, number of appearances at BOS, presence at community meetings, projects.</p> <p>Gloria: We can take a look at similar commissions to see if they have a metrics template.</p> <p>David: Our commission is a newer thing; Seattle HCH, San Mateo, Contra Costa – similar position that we are in and have the same learning curve.</p> <p>Lynette: Pilot programs aournd the country regarding homeless; Portland, San Diego (store their stuff programs). Does staff have the time?</p>	

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	<p>Don't want to create extra work. we need to do the research?...</p> <p>Lois: start small and look at the Bay Area or in California</p> <p>Julie: We can vet a list and then pass to staff to confirm information is accurate.</p> <p>Lucy: Self governing; we get information about programs – then pass it off to the commission. We research mostly around what communities are doing regarding helath care in shelter setting (best practices).</p> <p>Lynette: it's a joint effort</p> <p>David: In our strategic plan one of our goals is system of boards, advisory that play a role in community needs assement and bringing things to us. We have different working groups. We are also looking as to how we can support the boards acitivites that will help. What does the board need from us to improve board development? Working group that can communicate to the staff.</p> <p>Julie and Lois volunteered to serve on the ad hoc committee for Retreat Planning.</p> <p>Lucy: Kathy will help with scheduling meetings, etc.</p> <p>David: Is there a ad hoc board development?</p> <p>Julie: Wait until retreat?</p> <p>Lucy: Work with Kathy regarding logistics. Does seem worthwhile lto reach out to poeple who haven't been at a meeting to see if they are still interested.</p> <p>Lynette: Executive committee can get an attendance record for the last few months. Commission will have individual conversations with people who aren't attending meetings.</p> <p><b>7. Other HCH Commission Business</b></p> <p>No other business</p>	
<p>I. OTHER ITEMS</p> <p>1. Items for upcoming agendas:</p>	<p>1. Bylaws approval</p> <p>2. Nomination of officers</p> <p>3. Adhoc committee</p> <p>4. Retreat confirmation</p> <p>5. December 13<sup>th</sup> – joing CCAB and Commission 10a-12p, at 1404 Franklin Street Oakland; followed by Winter Gathering with HCH staff; save the date to be sent out soon.</p>	
<p>H. ADJOURNMENT</p>	<p>Meeting adjourned at 10:51am</p> <p>MINUTES APPROVED BY UNANIMOUS VOTE OF HCH COMMISSION</p> <p>10/18/2019</p> <p>Verified by Lois Bailey Lindsey, HCH Commission Executive Committee Secretary</p> <p><i>Lois Bailey Lindsey</i> Date: <u>10/18/2019</u></p>	