# Alameda County Health Care for the Homeless Commission Meeting

**Friday March 15, 2019 10:00am -12 noon**

**APPROVED DRAFT MINUTES**

<table>
<thead>
<tr>
<th>HCH Commissioners Present</th>
<th>Absent:</th>
<th>County Staff/Partners Present:</th>
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<tr>
<td>Lois Bailey Lindsey</td>
<td>Laura Guzman</td>
<td>Lucy Kasdin LCSW, HCH Interim Director</td>
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<td>Lynette Lee (chair)</td>
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<td>Jeffrey Seal MD, Medical Director</td>
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<td>Michelle Schneidermann, MD</td>
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<td>Heather MacDonald Fine AHS</td>
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<td>Fr. Rigo Caloca-Rivas</td>
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<td>David Modersbach HCH</td>
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<td>Claudia Young</td>
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<td>Luella Penserga, Consultant</td>
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<tr>
<td>Samuel Weeks DDS</td>
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<td>boona Cheema (phone)</td>
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<td>Gloria Crowell</td>
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<td>Shannon</td>
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<td>Ana Bagtas</td>
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**Item** | **Discussion/ Recommendations** | **Action**
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A. CALL TO ORDER | Meeting Chaired by vice-Chair Lynette Lee. Convened 9:05am | **Motion:**
1. Welcome & Introductions | Introduction and acknowledgement of two new HCH Commissioners: Ana Bagtas (City of Alameda) and Shannon Smith-Bernardin (UCSF). | **G.Crowell;**
| Adopt agenda — all in favor & agenda is approved. | Adopt agenda — Agenda adopted by Commission. | **Second:**
| | | **Yea: unanimous**
B. CLOSED SESSION | No Closed Session. | **Motion:**
C. PUBLIC COMMENT** | No Members of public present to speak | **R.Caloca-Rivas;**
| Persons wishing to address items on or off agenda | | **Second:**
| | | **S.Weeks**
| | | **Yea: unanimous**
D. CONSENT AGENDA | Review, edits and Approval of Minutes of 2/18/2019 HCH Commission Meeting. Minutes approved by consensus of HCH Commissioners. | **Motion:**
E. HCH DIRECTOR REPORT | F. HCH Program Director Report – Lucy Kasdin: HCH Program Update | **R.Caloca-Rivas;**
| Strategic Plan: HCH plans to provide updates on a quarterly basis for Commission involvement. More to be discussed later in the meeting when we review Strategic Plan Report. | **Second:**
| Personnel: HR has received Program Director letter from the Commission, and we are now counting on county HR to proceed with permanent hire of Program | **S.Weeks**
| | **Yea: unanimous**
Director. Currently onboarding CHOW position, and proceeding with interviews for Psych NP and Behavioral Health Clinical Supervisor positions.

**Media:** HCHP has received a lot of media attention due to Street Psychiatry. Jeffrey was recently interviewed by KQED, and Dr. Bird was interviewed by KPFA. One of the goals for our strategic plan is to promote community involvement and program advertising. Also, HCHP will provide presentation at the National Conference in Washington DC; HCHP will provide patient satisfaction among HCHP patient.

There was a discussion around mental health crisis services throughout East Oakland, and the need for additional psychiatric outreach for target population. ACBH is also working on substantially expanding mobile crisis services, and Lucy will keep Commission updated.

**OSV:** All conditions have been lifted with the exception of Governing board authority with AHS. ACHCH submitted new Action Plan, as prior documents contain too much information, and HRSA has requested to condense information. Currently, County Counsel is working on the co-applicant agreement with AHS. ACHCH Action Plan is for 120 days, expecting AHS to seat a qualified subrecipient co-applicant board by end of June 2019.

**Contracts:**

**Street Medicine RFP:**

The due date for RFP proposals was (3/13/19), and there was a discussion around street outreach/medicine changes. Based on BRG research and symposium, HCHP is confident that the new model will be effective and successful. There have been questions and concerns about the slight shift in the model. Outreach hours have been increased from 20 hrs/week x 2 teams to 40 hours per week x 4 teams.

*Question:* Were there applications to ensure Street Medicine coverage in central county? – we are still in the proposal process, and are hoping to have more information soon.

*Question:* Will there be three programs? How is the provider breakdown? – we are asking for proposals from three regions, and one provider can apply for all three regions but that is unlikely. We suspect that there will be three separate providers that are experienced serving a region of interest. There was a discussion around Shannon’s experience in the street medicine model, as in Los Angeles she helped pioneer a system similar to HCH’s with similar geographical constraints. and we are excited to welcome Shannon to our Commission.

We will bring the contracts to the Commission for review and approval soon. Luella is currently working on the development of the Street Medicine contracts. There was a discussion around BHCS crisis response expansion and model, and various teams led by the department throughout the county, such as the MET Team (PD), the EMS Team in Hayward. HCHP’s goal is to develop a coordination strategy to work collaboratively with BHCS and other crisis responders.

**AHS Subrecipient Agreement:**

(1) HCHP is working on developing the governing structure, and (2) we are still in an extended negotiation of the AHS Subrecipient Agreement, owing to
| **G. AHS Subrecipient Report** | **G. AHS Subrecipient Report**

Heather MacDonald Fine of AHS Homeless Coordination Office presented:
AHS is committed to serving patients experiencing homelessness better than before by improving governance structure and health center compliance. Sub-recipient report was provided to Commission, and overview of projects that are currently in progress. Activities include development of AHS HCH Co-Applicant Board (six candidates identified so far, three being consumers), leadership structure (position needed to manage effort); finance (improving finance screening to all patients; addressing issues in Sliding Fee Schedule procedures for uninsured; quality report (RBA metrics are required by HCHP as the monitors, and provide feedback on metrics developed), governance (working on recruiting members – David to forward information to Commission), and staff development. |
| **H. HCH Commission Orientation:** SB1152 and AB210 | **H. HCH Commission Orientation:**

Emerging California homeless policy Issues: SB1152 and AB210

Lucy Kasdin and Heather MacDonald Fine presented information jointly on the impact around SB1152:

**SB1152:** Focuses on homeless inpatient and emergency patients of hospital systems, not so much on ambulatory/outpatient care. Requires a “checklist” of services being provided/offered before discharge: clothing upon departure, distribute food, provide place to stay, immunizations, transportation, and more.

Thomisia Booker is the AHS coordinator for SB1152.

**Question:** Does AHS provide a place to go instead of refer? – unable to provide clarity; however, AHS has to document services provided to patients experiencing homelessness. For example, homeless patients are currently provided food and other items, the policy now requires providers to document resourced provided to patients.
**Question:** There was a meeting around assessments and requirements for patients experiencing homelessness, will you provide more information around linkage and coordination with other county entities? — Lucy Kasdin provided overview of collaborative efforts by Alameda County Public Health and HCHP. Coordination also includes surrounding organizations who serve homeless patients. For instance, HCHP is working on identifying pharmacies that are equipped to provide our patients with prescription support. Lastly, HCHP is working with HCSA leadership to identify the needs that are aligned with SB1152 legislature. Challenges experienced by AHS include linkage to housing, and long-term shelter upon discharge. Emphasized that this is mainly an issue outside of the health center, but still of critical importance to people experiencing homelessness.

**AB210:** Allows for increased coordination, and counties to develop multi-disciplinary team that allows you to coordinate with non-traditional partners. There will be a new mechanism to improve coordination throughout the counties with multiple organizations.

**I. ACHCH Strategic Plan 2019-2021**


Commissioners reviewed program activities visual chart.

Comments about report:

- ACHCH health center values should be included and highlighted on the report.
- Goals and priorities need additional information.
- Include additional column to talk about the three items that come up on page 10.
- Add * to items that fall into multiple categories/buckets.
- **Commission and Community Needs Assessment:** Ongoing community needs assessments could be added to quality committee; information provided about current projects about dental needs, respite care, etc. and other coordination with other departments.
- **Community/Media Awareness of HCH health center:**
  - Next steps to include city efforts and develop feedback loop.
  - One-page newsletter to provide regular updates around efforts that are provided by HCHP.
  - Advertising HCHP Commission and information about what the program has accomplish.
- We need to add HCH Commission roles on strategic plan.
  - Include third column to describe what duties are Commission’s responsibilities.
  - Add another 20-minutes to next meeting agenda

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**I. REGULAR AGENDA**

- ACHCH Strategic Plan 2019-2021
- Consumer/Community Input – Report from HCH Consumer/Community Advisory Board
- Executive Committee report
- Action Item Election of Exec Committee Chairs
- Street Health Committee
- Finance Committee
- Clinical Committee

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## I. OTHER ITEMS

1. **2019 NHCHC Conference DC**
2. Items for upcoming agendas:

## H. ADJOURNMENT

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<th>MINUTES APPROVED BY UNANIMOUS VOTE OF HCH COMMISSION 4/19/2019</th>
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<td>Verified by boona cheema, Chair HCH Commission</td>
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Signed by: boona cheema  Date: 4/19/2019  11:00 AM