

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

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			
C. PUBLIC COMMENT** Persons wishing to address items on or off agenda			5 min
D. CONSENT AGENDA Review and Approve Minutes of 3/17/17 Meeting		TAB 1	5 min
E. BOARD ORIENTATION a. HCH Program Quality Structure. Report about HCH Quality Committee	Harit Agroia HCH Contracts Manager Jeffrey Seal MD HCH Medical Director	TAB2	20 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 – continued discussion	Sam Weeks, DDS, CCAB Board Chair Mark Shotwell Lucy Kasdin HCH Direct Services Mgr Mark Shotwell HCH Director	 TAB 3 TAB 4	5 min 5 min 25 min
G. OTHER ITEMS 1. Items for upcoming agendas 2. HCH Commission Selection of Chair, Vice Chair and Executive Committee 3. Selection of 9 th Commissioner & Betty’s vacant seat 4. Housekeeping			5 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 3/17/2017 HCH
Commission Meeting

Alameda County Health Care for the Homeless Commission
DRAFT Meeting Minutes
Friday, March 17, 9:00am-11:00am
1000 San Leandro Blvd #325, San Leandro CA 94577

HCH Commissioners Present

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

Absent:

Samuel Weeks (due to technical difficulties with Skype, apologies!)

County Staff/Partners Present:

David Modersbach, HCH Grant Manager
Qyuen Tran, HCH Finance Manager
Lucy Kasdin, HCH Direct Services Mgr
Heather MacDonald-Fine AHS Homeless Coordination Office

Item	Discussion/Recommendation	Action
CALL TO ORDER	<ul style="list-style-type: none"> • HCH Director Mark Shotwell called the meeting to order at 9:20am. • Introductions • Honoring Betty DeForest • Action Item: Approve Agenda 	<p>Motion: Lee, second McDaniel; Yea: unanimous</p>
CLOSED SESSION	There was no closed session this meeting.	
PUBLIC COMMENT	Public comments were invited; none were made.	
CONSENT AGENDA	Action Item: Approve Minutes of 1/20/17 HCH Commission Meeting	<p>Motion: Lee, second McDaniel; Yea: unanimous</p>
BOARD ORIENTATION	National HCH Structures/Resources: National Health Care for the Homeless Council, federal update, HCH org chart review.	Attachment Tab 1
REGULAR AGENDA	<ol style="list-style-type: none"> 5. <u>Consumer Input</u> - no item this meeting. 6. <u>Board Ad Hoc Committee reports</u> - no reports this meeting. 7. <u>HCH Director Report</u> – Please refer to HCH Director Mark Shotwell’s written Director’s Report 8. <u>HCH Budget Report</u> – HCH Finance Manager Qyuen Tran presented the County Maintenance of Effort (MOE) budget, which is the process by which the overall County budget is developed. This budget includes HCH’s HRSA grant funds, County funds and state MHSAs funds administered by the County, but doesn’t include AHS and contractor in-kind costs or revenue reported on the health center annual UDS report. After the County budget is finalized, the HCH Commission will have a chance to review, input and then approve the final HCH health center budget in June-July 2017. 9. <u>HCH Scope of Services – Add Specialty Services:</u> The HCH Commission voted to approve the submission of Changes In Scope to HRSA for Ophthalmology, Optometry, Complementary/Alternative Medicine, Orthopedics and Podiatry 	<p>Attachment Tab 2</p> <p>Attachment Tab 4</p> <p>Motion: Walker, second</p>

	<p>10. <u>HCH Scope of Services</u> – Add New Service Site: The HCH Commission voted to approve submission of a Change In Scope to HRSA to add new contractor site East Bay Community Recovery Project.</p> <p>11. <u>HCH Grant Condition R.7.3 Governance</u> – The HCH Commission approved the HRSA-submitted Time-Phased Plan for recruitment of 9th HCH Commissioner.</p>	<p>Prasher; Yea: unanimous</p> <p>Motion: Prasher; second, Lee; Yea: unanimous</p> <p>Motion: Walker, second Prasher; Yea: unanimous</p>
<p>OTHER ITEMS</p>	<p>1. <u>Homeless Encampment Discussion:</u> HCH Direct Services Manager Lucy Kasdin gave a brief overview of HCH resources including Street Medicine contracts, Mobile health services and North County Outreach Provider coordination. She shared the basic goal of HomeStretch and HCH was to identify the most vulnerable persons in encampments for housing referrals and services, but that an overall goal of outreach and street health services is to help get all persons encountered into track to get housed Discussion of HCH Mobile Health Services, and discussion of City of Hayward and Mervyn’s displacement. McDaniel: Why don’t cities want the mobile clinic visits? Visibility of homelessness. Prasher: We need to change the narrative about homelessness away from knee-jerk reactions. Lee: This is an area of opportunity for the HCH Commission. cheema: Need to have a Berkeley-specific encampment discussion, this is a hot topic in Berkeley. Gilman is dispersed, but many on streets, 711 Harrison could be a resource, perhaps for mobile clinics. Her sense of the City is that they are trying to move quickly. Could there be health care coordination with WBFP? Fr. Caloca-Rivas, Walker and cheema would like to serve as Berkeley point people for this Berkeley discussion in the HCH Commission. Walker: Is HCH van at capacity? Is there rising demand? What is the process for new sites, rotating, etc.? Heather MacDonald-Fine: The HCH van is not a primary care medical home, it’s acute/urgent care, goal is to connect patients with a primary care provider. In previous years, there were few medical patients who could be connected to medical homes, and less coordination with sites. New AHS-operated mobile clinic, still feeling out ways to add new sites (mix of demand, politics, revenue at sites). Kasdin: Only one clinic with medical svcs, the other is with social services only. Possible to set up/coordinate for more medical svcs on Van #2? Yes. McDaniel: from her experience running Abode’s HOPE van, asked about the overlap between HOPE and HCH, questioned some of the effectiveness of mobile medical services in getting folks off the</p>	

streets, while at the same time mobile clinics are expensive and need to be fully utilized effectively, as well as consider hours, weekends, nights and a more logical division of labor to get full “mileage” of mobile units.

Walker: How do we evaluate utilization of mobile units?

MacDonald-Fine: #'s of visitors, #'s return visitors/duplicates, referrals, and coordination between mobile and primary care staff

Lee: How are we coordinating with housing services such as OPRI?

Kasdin: we're using OPRI, HomeStretch, planning on housing hugs, coordinated entry. But these all focus on the most vulnerable, chronically homeless that we see.

Walker: Is the Van > Clinic > Housing model a workable model? Is that working?

Kasdin: Links between HCH program, outreach providers, other housing and health services providers, City, County, coordinated entry, etc.. in near future.

Modersbach: Discussed role of local grassroots efforts as also important (YIMBY groups, tiny houses, encampments, etc.)

cheema: Berkeley Hub gets 7000 calls, 1000 intakes – and has housed 52 people (only a handful in Berkeley) . This a very rational system to house the “most needy” but this leaves a tremendous # of people out – until they become super sick and chronically homeless.

Kasdin: This is a real issue. Units are not coming on line as fast as the need grows.

Shotwell: HCH, HCSA, HCH Commission needing to work on the policy/government level more and more.

Prasher: HUD is trying to do things different, taking big steps, tweaking programs, adjusting HUD policy to reflect the reality and best practices.

Shotwell: A lot going on – HCH and County HCSA getting more drawn into making policy statements and processes around encampments and homelessness. BOS is looking towards HCSA for leadership. Some danger of overfocusing on encampments and losing view of building lots of affordable housing!

Lee: Need more time for a more in-depth discussion

cheema – look at more angles

Caloca-Rivas: Would like more structured discussion, for example eval of Point in Time Count, political aspects of our work, dialogue with elected officials, how to take a lead, etc. Also looking forward to more reports of our work.

cheema: has there been any assessment of needs of unsheltered persons?

Modersbach: What kind of structure does HCH Commission want?

After a spirited discussion, it was decided that HCH Commissioners would vow to arrive to regular meetings on time, start mtgs when reach quorum, and keep open to other ideas of how to improve efficiency at meetings.

2. Officer elections –

	<p>Officer discussion deferred. HCH staff is working towards recruitment of 9th (AHS specific) commissioner. HCH Commission will appoint a Commissioner to fill Betty DeForest's seat. Discussion about geographical and expertise requirements.</p> <p>3. <u>National Health Care for the Homeless Council Conference and Symposium, Washington DC June 21-24 2017.</u> The HCH program has funds available for two HCH Commissioners to attend. Gay McDaniel and Sam Weeks DDS have expressed interest in attending. Also Fr. Rigo Caloca-Rivas and Adria Walker are considering if they can attend. The HCH Commissioners decided that the interested parties would look at their schedules and decide who would attend, and communicate with David around details.</p> <p>4. Next HCH Commission meeting - Friday, April 21, 2017 - 9:00am-11:00am, 1000 San Leandro Blvd #325, San Leandro CA 94577.</p>	
ADJOURNMENT	Time: 11:00 a.m.	Motion: Lee; second, Caloca-Rivas; Yea: unanimous

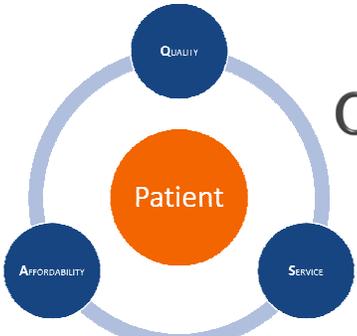
Tab 2:

HCH Quality Program Report

Harit Agroia HCH Contract Manager

Jeffrey Seal MD HCH Medical Director

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY



Quality Management Program Quarterly Update

ACHCH Commission Meeting
4/21/2017

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Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

Recap

- ▶ In November 2016, HCH Quality Management Program staff presented the HRSA-approved quality plan for 2017 to the HCH Commission.
- ▶ This plan includes goals and objectives to accomplish within this year, with the understanding that due to this being the first year of the program, changes to the plan would be made by Quality Management Program Staff and approved by the Quality Committee on an ongoing basis.



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2017 Quality Goals– Status

Goal	Status
By 1/30/17, set in place a schedule for HCH QC to complete a review of current program data and narratives related to utilization and quality improvement.	Complete
By 3/31/17, HCH Ad Hoc Training Subcommittee will create a training schedule through 2019 for HCH staff, AHS staff, and HCH contractors to be reviewed and updated annually.	Complete
By 3/31/17, at least three HCH management staff will complete Results-based Accountability 101 training.	Process Initiated
By 3/31/17, update and finalize written document outlining HCH Quality Management Program (including QC bylaws, roles and responsibilities, electronic file structure for information storage, risk management [credentialing/ privileging, adverse incident reporting/evaluation], patient client grievances, and annual quality plan).	Process Initiated
By 5/30/17, complete recruitment of two new members for HCH Quality Committee, representing contractors, consumers, and relevant specialists.	Complete
By 5/30/17, HCH will update AHS sub-recipient contract to include specific written content relating to its expectations regarding quality assurance/improvement activities aimed at improving health care and enabling services delivery for homeless patients.	Not Started
By 6/30/17, HCH will have completed documentation of current safety procedures and protocol(s) for a) HCH staff, b) AHS and Contractor staff, and c) patients (including patient record confidentiality).	Complete

2017 Quality Goals– Status

Goal	Status
By 6/30/17, available patient experience data will be provided to the HCH Consumer/Community Advisory Board (CCAB) on a quarterly basis.	Process Initiated
By 1/30/17, the AHS Ambulatory Quality Committee will create a plan and schedule for sharing homeless patient data with HCH Quality Committee from its four wellness centers, Same Day Clinic, and the Mobile Clinic, to be implemented in FY2017-18.	Complete
By 5/30/17, the four health center programs under the AHS Homeless Coordinating Office will complete a comprehensive Results-based Accountability training module resulting in the development of RBA performance measures for each one.	Complete
By 6/30/17, AHS will provide to the HCH Quality Committee, a mutually agreed upon dataset of clinic and utilization performance measures for homeless patients seen in its four wellness centers.	Process Initiated
By 8/30/17, AHS will provide data/narrative and analysis for at least four clinical performance measures, aligned with PRIME metrics, for homeless patients served by its four wellness centers.	Process Initiated

Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

2017 Quality Goals– Status

Goal	Status
By 12/31/17, AHS will provide the QC with a proposal for collecting and providing patient experience data from its ambulatory division.	Process Initiated
By 6/30/17, all HCH Contractors will produce "low tech" patient experience and patient satisfaction data and analysis on a quarterly basis, to be reviewed by the HCH QC and the HCH Consumer/Community Advisory Board.	Process Initiated
By 10/30/17, all HCH Contractors will provide data and analysis to the HCH QC, through the HCH Contract Manager, from at least one quality improvement goal.	Not Started

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Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

2017 Quality Goals– Status

Summary

- ▶ 40% -Complete
- ▶ 47% -In Progress
- ▶ 13% -Pending

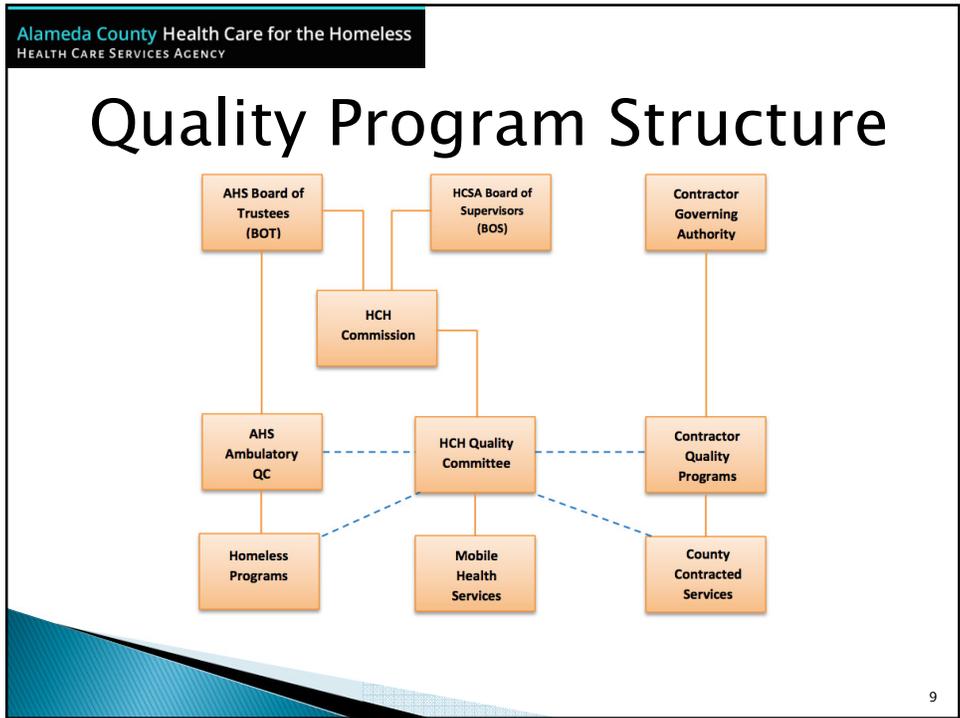
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Highlights

- ✓ Alameda Health System staff RBA training completed
- ✓ Alameda Health System successful completion of the development of RBA measures for all four (4) Homeless Programs
- ✓ Successful recruitment of two (2) new Quality Committee members
- ✓ Refining the Quality Management Program structure

Highlights

- ✓ Alameda Health System staff RBA training completed
- ✓ Alameda Health System successful completion of the development of RBA measures for all four (4) Homeless Programs
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Alameda County Health Care for the Homeless
HEALTH CARE SERVICES AGENCY

Quality Management Program Structure

Quality Planning	Quality Assurance
<ul style="list-style-type: none"> ➤ Development of annual quality plan ➤ Incorporating quality metrics and monitoring processes into the planning of new and existing HCH program services 	<ul style="list-style-type: none"> ➤ The “confidence” of well-managed services ➤ Development and monitoring of a risk management plan, including ensuring patient safety, privacy and security and conducting regular audits
Quality Control	Quality Improvement
<ul style="list-style-type: none"> ➤ Maintaining integrity of processes to maintain reliability of achieving desirable outcomes ➤ Inspection, testing and measurement 	<ul style="list-style-type: none"> ➤ Quality assurance and control processes drive improvements in efficiency and effectiveness ➤ Tracking, analyzing and improving data quality ➤ Developing, monitoring and acting on patient experience/satisfaction data

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HCH Quality Committee

▶ Current Focus

- Understanding current sub recipient, contractor and HCH data, data collection processes and patient experience efforts.



▶ Future Focus

- Forming consensus on selecting health outcomes to track and improve
- Providing recommendations for improving metrics
- Ensuring high levels of data integrity
- Monitoring compliance to policies and procedures associated with risk management



Tab 3:
HCH Program Director's
Report



DATE: 4/21/17
TO: Alameda County Health Care for the Homeless Commission Meeting
FROM: Mark Shotwell, Director
ACHCH Program
SUBJECT: Director's Report

1) Health Care for the Homeless response to fire victims from 2551 San Pablo Avenue

On March 27th a fire at 2551 San Pablo Avenue took the lives of 4 people and displaced as many as 119 individuals, including families with children. The residents of 2551 San Pablo Avenue have very low-incomes, many were formerly homeless and/or recently released from jail, and a significant number were living with behavioral health issues or serious health conditions.

The Red Cross and the City of Oakland set up an emergency shelter for displaced residents at West Oakland Youth Center at 3233 Market Street. Alameda County Health Care for the Homeless Program (ACHCHP) staff and Contractors along with County Behavioral Health Care Services (BHCS) staff were part of the multi-agency response. From March 27th through April 7th, HCH staff, Contractors and BHCS staff provided urgent medical services, prescribed medication, administered behavioral health screening and assisted the City of Oakland and the Red Cross with identifying housing for the residents.

ACHCHP will partner with the City of Oakland, the Red Cross and other County Agencies to debrief the response to this tragic event. Core to this debriefing will be the development of proactive plans to address safety needs and avoid displacement of low-income and marginalized residents of other buildings in the City.

I am extremely proud of the work of the Health Care for the Homeless staff in response to this tragedy.

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

On April 14th, ACHCHP leadership staff partnered with HCSA leadership and Supervisor Valle in facilitation of a meeting with the City of Hayward and other County Departments to develop a humane response to 25 homeless individuals who currently reside in an unoccupied and unsafe building in Hayward called City Center Towers. A key outcome of this meeting 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 that includes:

- Significant outreach efforts to link residents with health care, behavioral care, social services.
- Identification of short and long term housing.
- Temporary storage for resident's belongings.
- Legal assistance benefits advocacy

3) HCH Program CY2016 HRSA Uniform Data System Report Accepted

HRSA has accepted as final the ACHCH program's CY2016 Uniform Data System (UDS) report. **In 2016 the HCH program served 8,265 people experiencing homelessness in 35,051 visits.** A more detailed presentation of our health center's 2016 report will be provided in our May 2017 meeting.

4) Alameda County Health Care for the Homeless Scope of Services:

- a. HRSA approved addition of specialty and additional services to HCH Scope on 4/13/17:
 - i. Complementary/Alternative Medicine
 - ii. Podiatry
 - iii. Orthopedics
 - iv. Optometry
 - v. Ophthalmology
- b. HCH has submitted CIS to add East Bay Community Recovery Project outreach and clinic-based substance use services.
- c. Upcoming discussions with Alameda Health System to add Highland Dental Clinic to Scope of Services and to hear AHS proposal to add HGH K7 specialty care site and additional specialty care services to HCH Scope of Services.

5) HRSA Conditions on HCH Grant

- a. 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.

Tab 4:
Encampments and
Unsheltered Homeless in
Alameda County

Encampments and Unsheltered Homeless in Alameda County
Continued Discussion Alameda County Health Care for the Homeless Commission

Proposed Agenda for 4/21/17 HCH Commission Discussion

Mark Shotwell, Lucy Kasdin

1. County-Level Discussions on Encampments/unsheltered Issue
 - a. Role of HCH Program, staff, CCAB and HCH Commission
2. BOS Joint Health and Social Services Committee discussion 4/24/17
3. Countywide/City-Based Shelter State of Emergency
4. HCH North County Homeless Outreach Provider Meeting
5. Homeless Encampment Outreach Strategies and Need