

Contra Costa County Health Services Health Care for the Homeless Co-Applicant Governing Board

The mission of the Health Care for the Homeless Co-Applicant Board is to oversee, guide and assist the Program in its efforts to deliver high quality health care to a diverse and medically underserved community. The Co-Applicant Board will use its skills, expertise and life experience to make policies and operational decisions which will provide the best benefit to the Program and client.

MEETING MINUTES

DATE, TIME: Wednesday, April 19, 2017 11:00-12:30pm

LOCATION: Conference Room 120, 597 Center Avenue, Martinez, CA 94553

ATTENDANCE: Dr. Wendel Brunner, Robin Heinemann , Matt Rinn, Bill Shaw, Belinda Thomas, Jennifer Machado, Bill Jones, Nhang Luong

ABSENT: Shayne Kaleo, Larry Fairbank Sr., & Jonathan Perales

HCH STAFF ATTENDANCE: Sue Crosby (PHCS Director), Julia Surges (HCH Consumer Liaison), Linae Young (HCH Planning & Policy Manager), Rachael Birch (HCH Project Director), Elizabeth Gaines (Interim HCH Nurse Program Manager), Dr. Joseph Mega (HCH Medical Director), & Christina Ramirez (HCH Nurse)

PUBLIC ATTENDANCE:

1. Welcome & Introduction

2. Action Item: Approval of March Board Meeting Minutes

Motion

A. **Statement:** *"I move to approve the April meeting minutes."*

B. **Motion Made by:** *Matt Rinn*

C. **Seconds the Motion:** *Robin Heinemann*

D. **Discussion:** *No discussion needed*

E. **In Favor:** *Wendel Brunner, Robin Heinemann, Matt Rinn, Bill Shaw, Belinda Thomas, & Jennifer Machado*

Opposed: None

Abstains: None

Absent: Nhang Luong & Bill Jones (late arrival)

Motion Result: *PASSED*

3. Standing Item: HCH Team Presentation – Christina Ramirez (HCH RN)

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- Introduction into HCH Tuberculosis – Directly Observed Treatment
- We are getting better at completing treatment, mostly because of Nurse Managed Care → follow up, must continue regiment.
- DOT → I am a nurse is watching you take the medication once a week
- Numbers are showing that we are doing more treatments, not that more people have TB

Questions:

- How often is the treatment? → Once a week
- Are clients typically symptomatic? → Clients are inactive & asymptomatic
- What is the benefit of DOT? → To ensure the clients TB does not become active. Also, we are treating them on a regular basis as opposed to the 9 month independent that cannot be monitored.
- Are they considered cured? → No, anyone can get TB again, they will always have a positive skin test and will be sent for an x-ray which may determine they do not have TB.
- So there are 2 ways people can get treatment? → Yes, but this is one we introduced in 2012 (DOT).
- How do we know it is more successful? → We are able to track those clients that complete DOT with our program which has shown to be more successful in homeless populations. The TB department may have better data for the entire County, which we can report at a later meeting.
- Why does the HCH Program use this method of TB Treatment? → Homeless are more at risk because of their living situation, high number of drug users and co-morbidities. These put this population at a greater risk of contracting TB and passing TB.
- How long does the medication stabilize, when can they be susceptible? → When they take the treatment their likelihood of contracting TB decreases but does not eliminate the chance of exposure.
- If I had TB, would I be treated by Direct Observation or another treatment option? → We offer both, but homeless clients often lose medications so it is better for us to directly give them their medicine. Additionally, we are also able to monitor them on other health issues.

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4. UDS Results – Linae Young, HCH Planning and Policy Manager

- **UDS → For more information on UDS and details of measures discussed, please refer to the PowerPoint presentation for the month of March**
- **Tobacco Use: Screening & Cessation Intervention**
 - A. The “intervention” piece in this measure includes;
 1. The patient received cessation services,
 2. The patient received a prescription for cessation medication or was recommended for over-the-counter drug, and
 3. Patient was found to be using a smoking cessation agent.
 - B. We as a program and system have consistently improved in this measure every year. We continue to identify resources that can be offered within our clinics and the county shelters to better support the clients that are interested in cessation interventions.

Questions & Discussion

- Do you believe the cigarette tax will have an impact on these results? → Possibly, our outcomes could definitely change. Results have shown an overall lower use of tobacco.
- What are the average numbers of ages, or the amount of people? → Unsure at this time, however we can look into this and report this at a future meeting.
- Are these results from a total overall count from the EHR? → No, this report was taken from a sample of 70 charts to see if smoking cessation was documented somewhere within the chart. Currently, our system as a whole is not very good at documenting this. Staff is noting this follow up in many different places within cclick therefore a chart check is a better representation of true follow up. We need better training for the staff on documentation of this measure.
- What is the prevalence of smoking among the Health Care for the Homeless clients? → We have seen an overall decrease across the nation so HRSA no longer requires us to collect this information. However, we may be able to find out this number.
- What is the average age of tobacco users?
- It will be interesting to see how CA laws on cigarettes including tax increase and the smoking age increase will affect these results.
- **Body Mass Index (BMI) Screening & Follow up**

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- A. For this measure, the Normal BMI Parameters are as follows:
1. Age 18-64 = BMI was greater than or equal to 18.5 and less than 25
 2. Age 65 years and older = BMI is greater than or equal to 23 and less than 30
- B. *We recognize there was a significant decrease in 2015. After analysis, we found that the initiation of the ACA in 2014 we had a large influx in users to our system and therefore impacting our system greatly. Additionally, our system only collects weight and height in specific clinics therefore those patients seen outside of these clinics are non-compliant as a weight and height were not conducted.*

Questions & Discussion

- Can you further clarify the numerator and denominator with this measure? → It is important to know that in the ER and other health services clinics like specialty, the height and weight of clients is not collected therefore they may not have a BMI recorded which therefore makes that count non-compliant for this measure.
- It is hard to work with this population and encourage healthy eating and exercise for a number of reasons:
 - Patients have other health issues that are prioritized over abnormal weight issues
 - Resources at shelter do not facilitate weight loss and physical activity. For example, foods high in sugar and gluten, limited fruit and vegetable options, unsafe areas to walk, etc.
- It is important that we as a board think about how we can improve the health resources in the shelters and offered to the homeless population so that the doctors can talk about healthy behaviors and food options that are available. → figure out ways to promote healthy food.
- Further research about whether height and weight are being taken on HCH Mobile Clinics.
- Find the prevalence of patients with no BMI and those patients with BMI and no counseling. Track if height and weight increases.

5. Perspective Board Member Discussion – Dr. Wendel Brunner, HCH Board Chair

- What the HCH Program expect from the board →

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- A. Feedback from community and well-rounded group, not too many members from one arena. This will help our program alert and address anything that we could be missing. If we have input from the community from representatives with various skills and experience we believe we can make better decisions in our program to better serve the homeless population.
- B. We greatly appreciate different perspectives and questions to further look at the data that we present.
- **Questions & Discussion**
 - A. Belinda → If you are homeless, Concord is the place to go
 - 1. We need more policy makers from Concord
 - B. We may need more representation from East County since homeless numbers are increasing. There has been a shift in the homeless population from West County to East County.
 - C. Robin → Representation from someone that is able to facilitate the exchange of info that this group is doing and the challenges that we are facing with the homeless – media, blogs, all can create synergy to get people together.
 - 1. Not just for this group but as a collective
 - 2. The HCH program and county does have someone within that can help our board with this type of outreach and marketing if you wish.
 - D. Bill Jones → We may want representation from someone who is homeless or formerly homeless
 - E. Bill Shaw → Someone from religious orders →
 - 1. Try and get in contact with faith community in Antioch
 - F. Robin → anyone from governmental entity, may want to consider someone within the veterans system
 - 1. Linae is currently working with VA organizations and systems to plan Stand Down and will be able to network with these individuals.
- Go out and make contacts and we can decide who we want to outreach to join the board
- Do we want to have a deadline for this? – No I think we have a strong solid board for now and we can take time to find a perspective member that will fit best with our board.

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6. Standing Item: HCH Program Updates

- Dental Outreach, Education and Assessments at Pogo Park in Richmond on May 17th.
 - A. Dr. D'Souza, the PHCS Dental Manager and I will be conducting education, assessments, and distributing resources for families at the park community center.
 - B. This event will also give us more insight as to, also, offering medical services in the future months.
- HCH Staff Retreat – May 5th, 2017
 - A. This retreat will include trainings & activities like;
 - 1. Sexual Orientation and Gender Identity
 - 2. Trauma-Informed Care
 - 3. De-escalation
 - 4. Mindfulness
 - 5. Team Building
- Council on Homelessness Board
 - A. The council on homelessness board and the Health, Housing and Homeless Services team has recently inquired about having an HCH Board Member representative that can share any updates at the council on homelessness board meetings monthly or quarterly.
 - B. Does not need to be decided today – Meet on 1st Thurs every month from 1-3pm at 30 Muir ZA room
 - 1. Will take some time to think about who would attend these meetings
 - 2. This would be a quarterly check in with the Council on Homelessness Board
 - 3. Robin is going to check and would be willing, Belinda might be able to slip in
 - 4. Would be useful to know what they are doing and have input
- Board Member Photos & Board Team Photo
- Announcements: Jennifer Machado – Third Annual Trinity Center Gala May 18th from 6pm-9:15pm at Boundary Oaks Golf Course
 - A. Contact Jennifer Machado with **your name, address, email**. Please let her know by the end of next week.
 - B. Email to be sent out from Linae with her contact information.
 - C. If you know someone who would be good for Trinity center, let her know. They will talk about the program in general.

7. Standing Item: Future Matters

- HCH Patient Satisfaction Surveys

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- A. We are still waiting on the final surveys to be completed and then we will be sending the completed ones to the epidemiology program for final analysis.
- HCH Patient Service Utilization & Trends Review
- HCH Quality Assurance & Performance Improvement Plan Approval – Tentatively June – Lead by Project Director and Medical Director

Questions & Discussion

- A. When is Grant Submission due – September 2017
- B. Other than budget approval what are other issues we will need to address within the year?
 - 1. HCH patient service utilization and trends (Patient satisfaction results) – Due within the year
 - 2. It will be good to prep for this meeting before the results are completed. For example, the methodology and data collection methods.

8. Standing Item: Next Meeting and Time

- May 17, 2017
11:00-12:30pm
595 Center Avenue, Suite 200
Martinez, CA
- A. Dr. Brunner will not be here he will be with the Pope in Rome
- B. Belinda will not be here
- C. Any other options of available meeting locations please let Linae know.

Approval of HCH Co-Applicant Board Meeting Minutes from April 19, 2017

Board Chair Signature _____ *Wendell Brunner, M.D.*

Date *5/17/2017*