

## 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, May 17, 2017 11:00-12:30pm

**LOCATION:** Conference Room 200, 595 Center Avenue, Martinez, CA 94553

**ATTENDANCE:** Bill Shaw, Jennifer Machado, Nhang Luong, Shayne Kaleo, Larry Fairbank Sr., & Jonathan Perales

**ABSENT:** Dr. Wendel Brunner, Belinda Thomas, Matt Rinn, Bill Jones, & Robin Heinemann

**HCH STAFF ATTENDANCE:** Julia Surges (HCH Consumer Liaison), Linae Young (HCH Planning & Policy Manager), Rachael Birch (HCH Project Director), Dr. Joseph Mega (HCH Medical Director), & Beth Gaines (HCH Nurse Program Manager)

**PUBLIC ATTENDANCE:** N/A

#### 1. Welcome & Introduction

#### 2. Action Item: Approval of April Board Meeting Minutes

**Motion**

A. **Statement:** *I approve the meeting minutes with the following amendments.*

a. *Edits to names listed in the meeting minutes.*

b. *Less notes more formal*

B. **Motion Made by:** *Jonathan Perales*

C. **Seconds the Motion:** *Nhang Luong*

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

E. **In Favor:** *Bill Shaw, Jennifer Machado, Nhang Luong, Shayne Kaleo, Larry Fairbank Sr., & Jonathan Perales*

*Opposed: None*

*Abstains: None*

*Absent: Dr. Wendel Brunner, Belinda Thomas, Matt Rinn, Bill Jones, & Robin Heinemann*

**Motion Result:** *PASSED*

## Contra Costa County Health Services

### Health Care for the Homeless Co-Applicant Governing Board

#### **3. Standing Item: HCH Team Presentation** – Julia Surges, HCH Consumer Liaison

- Purpose of CAB – Where consumers are heard.
- Consumer Liaison Role – advocate for the homeless in bettering the services they are receiving and/or ways to help them access services.
- What has already been done:
  - A. Expressive Arts Therapy Group
  - B. Nutrition Series
  - C. Cooking Matters class from 18 Reasons
  - D. Q & A with Housing Navigator/Case Manager
  - E. Topics for Monthly Health Education Classes
  - F. Shelter Feedback
  - G. Information Boards in Shelters
  - H. TB Education for shelter staff
- Active Future Projects:
  - A. Yoga and Mindfulness
  - B. Healthy Food Distribution and Nutrition Education
  - C. Job Fair – clothes, interview training, GED sign up, job resources
  - D. Activities in Shelter – Game Night - bingo, chess, dominoes, checkers

#### **Questions:**

- Job Fair- can this be a consistent event? – Shayne
  - A. Anka would like to help with this effort.
  - B. In the past, Anka had a job club so they have experience with this and would like to be involved in this.
  - C. East Bay Works contact sent to Consumer Liaison
- Housing Navigators?
  - A. Are available at the CARE Centers for those clients who are eligible for services.
  - B. Members would like to check in with CCIH and CARE Centers about these services as they are still slightly confusing.
  - C. Get more clarification on this from CCIH Board Member (Bill) at next meeting.
- How many people are usually in the meetings?
  - A. Around 5-10
  - B. Concord & San Pablo CARE centers, also, have spaces for meetings for CAB.

## Contra Costa County Health Services

### Health Care for the Homeless Co-Applicant Governing Board

C. This will help include those clients that are utilizing the CARE Centers.

#### 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**

##### A. Controlling High Blood Pressure

1. Reminder: These results are derived from UDS data which is reported to HRSA and captures those experiencing homelessness within CCHS system at large.
2. Our HCH Program, specifically, is very good at this measure. In 2016, 68.9% of HCH patients had controlled high blood pressure.

##### Questions & Discussion

- Why is the HCH program so good at this measure? → Dr. Mega - We are more mindful of patient compliance and are focused on what is more realistic for a client. For Example, some of the clients come in with blood pressure medications that require clients to take them 4 times a day. We will usually switch them to a medication that is easier to take, like once a day.
- We also have a pharmacy within our clinics – we can hand out medication in most cases.
- In the mobile clinic, is the NP the only one that can dispense medications? → RNs can call and ask for approval from MD or NP.

##### B. Diabetes: Hemoglobin A1C Poor Control

1. This measure includes those who have an A1C greater than 9 percent and those who have not had a test completed.
2. This measure is more difficult and has continuous barriers which include; client's inability to coordinate medications with meals, unable to get insulin and diabetic supplies when needed, type of foods that are in the shelters and inability to make dietary choices.

##### Questions & Discussion

- Dr. Mega brought up Marin county food bank
- Dr. Mega thinks this number is higher because we test on the mobile clinics but these tests completed are not captured in this data → this is because we are not a lab, we have to put in for a testing order in order for it to be tracked = our compliance is probably a little bit better

## Contra Costa County Health Services

### Health Care for the Homeless Co-Applicant Governing Board

- When developing results presentations, is there a way we could distinguish between those patients over 9 percent and those that did not receive a test?
  - Yes, we have this information. The results are compiled this way due to HRSA reporting requirements.
  - For future when compiling it can we compile it separately so we can see the problem better – probably lack of tests or diabetes going crazy
  - Rachael Birch – those that are not tested are typically seen within our specialty clinics. However, these clients should still be referred to a PCP to follow up on this we know that this is not always happening which could also play a role in the high number of ‘no test completed’ results.

#### **5. Action Item: HCH Quality Assurance & Performance Improvement Plan –**

Dr. Joseph Mega, HCH Medical Director

- Review & further Explanation of Plan

#### **Discussion & Questions:**

- When sending this to HRSA do they typically respond?
  - If they respond, they will send responses back on what should be included, for feedback.
- Are we as a program currently following/conducting all of these items listed?
  - Dr. Mega → Yes, we do follow this framework closely. However, there are some items that are:
    - Aspirational (strategic plan) = what we really want to achieve and how can we make our program better
    - Strategic and completed in accordance with HRSA requirements
  - HRSA has compelled us to do better and make things more formal
- Improve Case Management Support (Priorities for 2017-2018), have you identified resources to hire someone?
  - Yes, this position will be discussed at the next meeting.
  - Can be a long process due to county personnel hiring process
  - We want an LCSW who is willing to do clinical case management , in addition to direct therapy
  - Dr. Watters (HCH Psychiatrist) has identified typical roles/tasks and responsibilities we are looking to achieve with this position.

## Contra Costa County Health Services

### Health Care for the Homeless Co-Applicant Governing Board

- Patient Complaints – Where do these complaints go and are these for medical services and shelters?
  - Complaints for shelter go to Health, Housing and Homeless Shelter Manager however if a complaint is in regards to both medical and shelter services there is close communication Shelter Manager and HCH Nurse Program Manager.
  - Consumer Advisory Board is also a forum that clients can voice their complaints. Consumer Liaison then reports to Shelter Manager and HCH Nurse Program Manager.
- Weekly Case Rounds: Is it possible for someone from the Shelter side of the Respite Shelter attending these case rounds? – Larry Fairbanks Sr.
  - Dr. Mega – have meeting on Friday from 1-3pm, good for a shelter case manager to be involved in these meetings as well.
- Patient Satisfaction Surveys
  - Pt satisfaction surveys → some clients are not as vocal
    - Our surveys are anonymous but if we see a common trend we will address it as needed. The surveys have a section at the bottom of the page by that notifies which site the survey is taken from this allows us to see trends within a specific site or medical team.
    - Surveys are distributed once a year for about 2 months –
      - Our Community Health Workers conduct or distribute the surveys to the clients during the clinic visits.
      - These surveys are also distributed and completed at Consumer Advisory Board meetings and Focus Groups throughout the year.
  - FEEDBACK: Have these surveys available in clinics throughout the year so that patients can fill out.
  - Challenges:
    - Collecting a good sample size of surveys can be difficult.
      - We have thought about incentivizing clients with gift cards but we feel this will lead to biases
    - Time Consuming for staff and clients
      - Needs Assessment
      - Patient Satisfaction Survey

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

### **Motion**

- F. Statement: Move to approve CCHS HCH The Quality Assurance and Performance Improvement Plan 2017-2018**
- G. Motion Made by: Shayne Kaleo**
- H. Seconds the Motion: Jennifer Machado**
- I. Discussion: No discussion needed*
- J. In Favor: Bill Shaw, Jennifer Machado, Nhang Luong, Shayne Kaleo, Larry Fairbank Sr., & Jonathan Perales*  
*Opposed: None*  
*Abstains: None*  
*Absent: Dr. Wendel Brunner, Belinda Thomas, Matt Rinn, Bill Jones, & Robin Heinemann*  
**Motion Result: PASSED**

### **Standing Item: HCH Program Updates**

- 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 1<sup>st</sup> 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
  - C. Will make final discussion at next meeting. Linae to email CoC contact.
    - Bill Shaw → Will attend next month meeting and will report back to board.
- Temporary Expansion of Dental Clinic Hours – June-August
- Announcements:
  - A. Nhang Luong– New Position OPEN - shared housing program job announcement has been posted, looking for someone who speaks Spanish, and will be located in Concord
    - 1. Currently, program is working on recruiting homeowners and

## Contra Costa County Health Services

### Health Care for the Homeless Co-Applicant Governing Board

2. Accessory dwellings, in law units is up next

- Jonathan Perales → ran into someone who was homeless (client) and is now doing well and remembers the great work HCH did for him

#### 6. Standing Item: Future Matters

- HCH Patient Service Utilization Trends and Satisfaction Results
- HCH Medication Assisted Treatment Presentation
- HCH Budget Introduction

#### Future Items to Discuss:

- Communication between PES and Emergency and HCH Program
  - Dr. Mega has informed ER to call 211 at night →
  - Health, Housing and Homeless Division Director has spoken to ER and PES
  - Challenges still remain with the discharge of patients to the warming center (inappropriate referrals to warming center occurring – Anka).
- What do we do after hours?
  - More communication between HCH team and CORE team
  - IDEAS:
    - List of patients from warming center to CORE team, CORE team work with HCH Medical Outreach team to reach clients listed.
    - Designate a time in Respite Clinic for clients at referred from Warming Center.

#### 7. Standing Item: Next Meeting and Time

June 21, 2017

11:00-12:30pm

597 Center Avenue, Suite 200

Martinez, CA

#### ***Approval of HCH Co-Applicant Board Meeting Minutes from May 17, 2017***

**Board Chair Signature** \_\_\_\_\_ *Wardell Brunner MD*

**Date** 06/21/2017