

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, August 16, 2017 11:00-12:30pm

LOCATION: Zion Conference Room, 2500 Bates Avenue, Suite B, Concord, CA 94520

ATTENDANCE: Jonathan Perales, Bill Shaw, Nhang Luong, Jennifer Machado, Matt Rinn, & Belinda Thomas

ABSENT: Dr. Wendel Brunner, Robin Heinemann, Bill Jones, Larry Fairbank Sr., & Shayne Kaleo

HCH STAFF ATTENDANCE: Julia Surges (HCH Consumer Liaison), Rachael Birch (HCH Project Director), Heather Cedermaz (HCH Nurse Practitioner), Phoebe Oliveira (MAT Nurse Care Manager), Beth Gaines (HCH Nurse Manager) & Joseph Mega (HCH Medical Director)

PUBLIC ATTENDANCE: None

Welcome & Introduction

- Check in about meeting day, time and location
- Reminder to review meeting minutes from past meeting, specifically HCH Budget Introduction section.

Action Item: Approval of July Board Meeting Minutes

Motion

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

B. **Motion Made by: Bill Shaw**

C. **Seconds the Motion: Jonathan Perales**

D. *Discussion: None*

E. *In Favor: All*

Opposed: None

Abstains: None

Absent: Bill Jones, Robin Heinemann, Shayne Kaleo & Wendel Brunner

Motion Result: PASSED

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Standing Item: HCH Medication Assisted Treatment (MAT) Presentation (Phoebe Oliveira, Nurse Care Manager)

Questions & Discussion:

- Choosing Change/MAT → program for opioid users
- Suboxone (Buprenorphine) is prescribed to users who choose to partake in the program
- Recovery based groups, currently have up to 300 people enrolled in program
- Buprenorphine is similar to methadone, but one benefit is that you only have to dose once a day independently and not at the clinic.
- Those who are new clients call the behavioral health access line, are often in and out of withdrawal and are tired of using, usually when they come to choosing change many have been through recovery programs and have relapsed. Patient's come in to their inductions in withdrawal.
- Some people use Suboxone to get through withdrawal, to taper down/off easier.
- Induction phase = most challenging step, getting them in and trusting the program, some know the program and process from current people enrolled in the program.
- Board Member: Do you serve homeless and non-homeless? → yes, clients with CCHP medical, shelter residents. Granted through HRSA under HCH
- Board Member: Have you seen success? → Yes
 - We do not have an exact percentage because success is shown in various ways.
 - Typically, those experiencing cravings have seen reduction in this aspect
 - Sometimes people do relapse but we understand that this is part of recovery so many return and continue with the program.
 - This program specifically targets opioids not methamphetamines and/or marijuana.
- Last meeting a grant to expand this service was approved to better support our nurses and train our Nurse Practitioners to be able to prescribe and also potentially bring Choosing Change groups to the shelters →
 - Providers must have a waiver to prescribe buprenorphine, currently limited to Doctors but Nurse Practitioners will soon be eligible. Currently, Choosing Change has 4 doctors and a few PCPs at health centers who prescribe for their patients.
- Board Member: Does Choosing Change also have a group? → It is own department. The way clinic is structured has a group visit with others in the program.

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- Board Member: Can you speak to the integrative approach, and Community Connect? → We work closely with residential treatment programs, working on hiring behaviorists (hired 1 but have 3 more positions available) need more Behavioral Health support, coordinate with detox centers to get people transitioned, PCP connect Pts to choosing change
- Board Member: Do you work with minors? → We have received some referrals for teens under 17; those that we have received their parents are aware and we bring them in to get help. Sometimes we recommend a non-opioid detox because they do not want to be on another medication and they have only been users for a short time.
- Board Member: You spoke about originally starting with 30 enrollees, can you speak to this? → Dr. Saffier started the program 6-7 years ago. At this time he had about 30 patients enrolled. He used to work in the chronic pain department who were being prescribed opioids and continually requesting refills.
 - The current opioid epidemic is also a contributing factor, in the past providers/hospital systems did not realize how serious prescription opioids can be and they were beginning to see the symptoms of people who overtook these medications and the effects.
 - In the past, patients were prescribed it and then became dependent and were unable to get off of it.
 - This program helps patients “feel normal” and function more normally and without symptoms of withdrawal.
 - When people come to Choosing Change they are educated on drugs and know the drugs better than us so we are always learning from our patients.
 - Our goal is to meet people where they are at. This population has been stigmatized for so long; we try a different approach to help.
- To get connected, please call the Behavioral Health Access line at 800-846-1652.

2017 National Health Care for the Homeless Conference (NHCHC) Report (Heather Cedermaz, HCH Nurse Practitioner)

Questions & Discussion:

- NHCHC Presentation Topic → undocumented clients and how you connect them to the system
- Keynote speaker: Jeffery Brenners → United Way Health insurance – Uncoordinated Effort of Homeless clients and how we keep trying to do the same things over and over again.

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- None of these things work without housing, housing makes a difference and got United Health Care to take part in that
 - Housing is Health Care
 - Homelessness greatly increases risk of death.
- Contra Costa County has a disproportionate number of homeless individuals that are unsheltered because we don't have enough housing/shelters/etc. Housing and infrastructure here very challenging because housing is so expensive in the Bay Area.
- Met with 2 Senators aids Kamala Harris and Diane Feinstein → shared stories of Consumers from Alameda County and the importance to continue FQHC status for the homeless population. Aids were able to articulate to see where needs are for the homeless. Housing is Health Care = big push.
 - Met to see how we can maintain funding
- Conference allowed us to meet with others to see how Contra Costa County can improve.
 - CA is better resourced, since we are a county based system we have a good outreach and program. When you are church run you do not always have the connections but CCHS is well resourced.
 - Compared to others we are doing a lot but our connection to housing is the biggest deficit.
- Board Member: Are you talking about all housing? → The people living without a roof over their heads. Our clients do best in communal living and like the support, community based housing works and, typically, not living independently.
- Board Member: St. Paul's commons trying to build housing. There are a lot of faith based organizations out there that have property. Something like HCH spreading the message and telling the stories of clients can help spread the need and reduce stigma to these organizations. This place is probably where some wouldn't go but it would help elderly from becoming homeless. There are a lot of interests out there. Message of housing is health care, could really get the point across to help people realize how 30 units could make a difference. Would be great to have someone come along and explain why it is important to have housing.
- Board Member: Habitat for Humanity, tiny homes, a lot of faith based organizations has property. Collaboration makes a lot of sense.
 - To hear from health team that housing is essential is very important and that medical side is aware as well.
 - HCH staff more than happy to spread the word on how housing is needed → put together a presentation.

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- Board Member: Was there anything that we could be doing better? → Respite shelter, great but don't have a great way to support (hospice care). One program contacted a hospice facility and they bought a building and collaborated to maintain a certain amount of beds for those who need hospice support therefore opening more beds within the Respite Shelter.
- Board Member: These stories are important and the stereotypes need to be broken, homelessness can happen to anyone and this is the message we need to spread.
- Board Member: How do we get these stories out?
 - Newsletter
 - FUTURE: As a board we can discuss how to get the information and awareness out
 - Advocacy → consumer?
 - We need a hook → housing is you?

Update: HCH Patient/Clinic Utilization (Linae Young, HCH Planning & Policy Manager & Heather Cedermaz, HCH Nurse Practitioner)

- What a patient receives in one visit (explaining Patient Visits/Hour) → walk in clinics, do not turn anyone away, we are not limiting factor.
 - When we are in clinic we try and do everything we can while they are there, but you are also trying to do all the detective work. Many things taking place in a van – can take longer if someone is coming in from out of county
 - We also have a Mental Health Clinical Specialist on the mobile clinics → on the fly we are trying to wrap around as much as we can all while building a relationship so they come back
 - Good philosophy → you have 19 problems today we are going to do as much as we can today, as opposed to 20 min appointments and being scheduled next week. If a patient's need/problems do not get addressed right away a patient might not always come back.
- Places with excess capacity w/o having to compromise → smaller staff, hard to predict how many patient's will show up, sometimes we are not seen (van/bus parking location)
 - Outreach is crucial
 - Feedback from places we are at is very beneficial → problem solving
 - New locations for services → outreach helps find new locations – East County
- Unoccupied time = opportunity

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- Board Member: When a new person comes in, how long does intake take before seeing Nurse Practitioner/Nurse? → About 10min, intake is pretty fluid throughout, they're not necessarily done but the CHW could follow along throughout the visit. CHW – resources, social needs, check-ins at end of visit. → Divide and conquer!
 - If a homeless person doesn't qualify for medi-cal → prucol

HCH Board Member Discussion (All)

- **DISCUSSION MOVED TO NEXT MEETING DUE TO TIME.**

Standing Item: HCH Program Updates

- Update from Council on Homeless Board (Bill Shaw)
 - Covered a lot of numbers → Point in time count
 - Has a website so you can check out their meeting minutes, just came out with 2017 Point in Time (PIT) Count → data is on their website
- MHCS Interviews
- CHW I position has been offered & is waiting on pre-employment process
- Board meetings now at 2500 Bates Avenue.

Standing Item: Future Matters

- HCH Patient Utilization for Behavioral Health Visits → working on way data is documented, info to come later.
- HCH Budget Introduction
- HCH Strategic Plan & Logic Model
- Attendance at Future Meetings – Bill Shaw will not be able to attend October Meeting

Standing Item: Next Meeting and Time

September 20, 2017
11:00-12:30pm
2500 Bates Avenue, Suite B



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Zion Conference Room
Concord, CA 94520

Approval of HCH Co-Applicant Board Meeting Minutes from August 16, 2017

Board Chair Signature _____ *Wendell Brunner MD*

Date 09/20/2017