

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, September 20, 2017 11:00-12:30pm

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

ATTENDANCE: Jonathan Perales, Bill Shaw, Jennifer Machado, , Dr. Wendel Brunner, & Bill Jones

ABSENT: Nhang Luong, Matt Rinn, Larry Fairbank Sr., Shayne Kaleo, Belinda Thomas, & Robin Heinemann

HCH STAFF ATTENDANCE: Julia Surges (HCH Consumer Liaison), Rachael Birch (HCH Project Director), Beth Gaines (HCH Nurse Manager) & Linae Young (HCH Planning & Policy Manager)

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 August Board Meeting Minutes

Motion

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

B. **Motion Made by: Wendel Brunner**

C. **Seconds the Motion: Jennifer Machado**

D. **Discussion: None**

E. **In Favor: ALL**

Opposed: None

Abstains: None

Absent: Nhang Luong, Matt Rinn, Larry Fairbank Sr., Shayne Kaleo, Belinda Thomas, & Robin Heinemann

Motion Result: PASSED

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Standing Item: Community Connect Update (Rachael Birch, HCH Project Director)

- Community Connect Numbers as of September 2017
 - Recipient of the funds, Rachael is one of the grant writers that provide administrative support to meet grant mandates.
 - Program ends in 2020, looking to provide case management services to those inappropriately using the ER and hospital systems (high utilizers).
 - Have been able to identify that current high utilizers are actually also high utilizers in the past.
 - Have hired 70 new staff, have enrolled 9,800 thus far, on track to enroll 14,400 patients in the program by end of 2017.
 - Reason it is brought up here → lots of high utilizers are utilizers of HCH Program → eligible pool = 50% of HCH team service are high utilizers.
 - If some patients are already enrolled in CCHP case management Community Connect does not enroll this patient.
 - Total Community Connect Enrolled = 9,882
 - HCH Patients enrolled in program = 406
 - HMIS Clients enrolled in program = 471 → have touched H3 program = CORE, warming center, shelter
 - Homeless clients enrolled in program = 4,454
- Discussion
 - Whole Person Care = Community Connect
 - Give us an example of someone inappropriately using ER/system → point of program is to eliminate those patients that are repeatedly using ER when they are sick/intoxicated rather than going to their provider, etc.
 - We have patients who have lived in the hospital and have nowhere else to go or support services outside.
 - Going to ED for inappropriate reasons → homeless man coming to ER for a hot meal.
 - Those who do not have primary care provider, do not have transportation, ID Card → providing social support, wrap around support to get people the help that they need.
 - 2 tiers of patients →
 - Tier 1 = Public Health Nurses (PHN), need physical help → PHN travels to help meet patient needs

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- Tier 2 = social case management → need social services
- How receptive are people → less than 10% disenrollment rate, people are very receptive, not sure why but we are not calling this a program but rather services.
 - We are asking initial social questions, we make sure first 2 phone calls are about making a connection
 - Not typical of other programs to have this low of a disenrollment rate
- Right now really focusing on housing → grant doesn't cover rental services but will provide housing navigating services.
 - 6 positions, requires someone with experience with homeless and housing services.
 - Want to help people maintain housing, not the same as others, we want to support Care Centers (H3 Program) and support those that have been housed.
- CCIH (Contra Costa Interfaith Housing) → providing housing services with Continuum of Care (HUD), who are we handing them off to?
 - Linae is going to be supervising these people so there will be a collaboration → Bill Jones (CCIH) who provides housing navigation services at Care Center sites, ANKA in WC and Concord site, Trinity, Monument
 - Goal is that housing navigators are serving homeless people who need access to housing and case management, pulling together all eligibility documents so the hand off can happen easily.
 - Partnering with Care Center helps wrap around services
 - Future = prevention and diversion → Community Connect will collaborate in this effort
- Field services → cannot contact person, we go out and find them after multiple attempts, networking – CORE team, HCH, etc.
- Data systems → trigger flags, so if someone hits another system we will know → linked with Kaiser, John Muir, if there is an ER visit there we will be notified.
- How does this interact with case management in the Mental Health program and Substance Abuse program
 - We are trying to map services of the Continuum of Care – we do not want to do the same thing for the same patient.
 - We like to give patients the choice, ex = health plan case management or Community Connect, etc. → patients have the choice.

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- Continuum of Care bonus funding → HUD for micro-pod housing, placed in tier one (50), 32 beds for people with severe mental illness.

HCH Budget Discussion

- HCH Program Income Analysis
- HCH Budget Justification (*attachment*)
- HCH Personnel & Fringe Benefits (*attachment*)
- HCH Program Government Funding (Federal, State, Local)
 - Money that comes directly to homeless program to serve the 2,500 patients of the 27,000 patients.
 - Comes from a base grant from HCH
 - Then a series of grants that HCH has applied for over the years, these typically must meet the grant deliverables.
 - Other Government Funding = Additional grants that do not specifically come to HCH, County general fund money
 - HCH Board is responsible in helping to make decisions on what grants to apply for and what we do with the funds.
 - In future want to bring forward grant opportunities to the Board to have an input in what we propose to submit.
 - Budget is submitted in order to continue funding and justify how we pay for all of this.
 - Make sure we are leveraging billable services
 - Billable services to offset the costs to fund staff positions
 - Billable services → within Federally Qualified Health Center
 - Only certain people can bill for services → FNP, DR, LCSW, Psychologist, Dental
 - Mobile units are not billable whereas Respite is billable.

Questions/Discussion

- This is the projected budget for 2018/2019 does not include CCHS Emergency Room or Psych Emergency Room as they have been removed from HRSA Scope of Services.
 - HRSA wants us to show we are decreasing costs of visits
 - HRSA compares us to other guarantees and some are stand-alone programs → we spend a lot because of the services that we provide to

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homeless patients. We offer comprehensive services such as specialty services.

- For 2018/2019 HRSA has approved about 3.1 million every year until 2019 when our project cycle ends. In 2019 will be the competitive renewal again for the Service Area Competition (HCH Base Grant).
- No indirect charges → we are excluded, we have never written them into services = 14% moving buildings, gives extra cushion
 - FUTURE: October Meeting
 - Approve the budget
 - More information needed:
 - Big assumptions? → decrease in patient = decrease in cost for pts, walk through to know the process
 - Cost/patient & cost /visit → DATA and comparison with 2016, 2017-2018
 - All grants we have and award amount with a sentence or 2 about what they are and what they do

Action Item: HCH Position Request for Approval

- Request to fill a vacant position that has been there for a while, as we grow we need a supervisor for mental health.

Motion

- F. **Statement: I move to fill Mental Health Supervisor vacant position.**
- G. **Motion Made by: Jennifer Machado**
- H. **Seconds the Motion: Bill Jones**
- I. *Discussion: This person will be providing supervision for about 6 mental health staff at scattered sites.*
- J. **In Favor: ALL**
Opposed: None
Abstains: None
Absent: Nhang Luong, Matt Rinn, Larry Fairbank Sr., Shayne Kaleo, Belinda Thomas, & Robin Heinemann
Motion Result: PASSED

HCH Board Member Discussion (All)

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- **Future: High need to have board member discussion**
 - Recruitment process
 - Previous Board Member brainstorming ideas to send to board with meeting agenda to review prior to meeting.

Standing Item: HCH Program Updates

- Received Grant Approval for AIMS Supplemental Funding for HCH Program → support person for MAT Program.
- MHCS Positions → Active list always open, encourage those applicable to apply.
- CHW I position → still open, we have 1 temporary and permanent position.
- Housing Town Hall Meetings → flyer available → send out

Standing Item: Future Matters

- HCH Budget
- HCH Board Member Discussion Continued
- HCH Strategic Plan & Logic Model

Standing Item: Next Meeting and Time

October 18, 2017
11:00-12:30pm
2500 Bates Avenue, Suite B
Zion Conference Room
Concord, CA 94520

Approval of HCH Co-Applicant Board Meeting Minutes from September 20, 2017

Board Chair Signature _____ *Wardell Brunner, MD*

Date 10.18.2017