

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 16, 2018 11:00-12:30pm

LOCATION: Yellowstone Training Room, 2500 Bates Avenue, Suite B, Concord, CA 94520

QOURUM MET: Yes

ATTENDANCE: Dr. Wendel Brunner (Telephonic), Nhang Luong, Bill Shaw, Jonathan Perales, Teri House, Robin Heinemann, Bill Jones, & Jennifer Machado

ABSENT: Belinda Thomas, Larry Fairbank Sr., & Shayne Kaleo

HCH STAFF ATTENDANCE: Rachael Birch (HCH Project Director), Julia Surges (HCH HPE-A), Linae Young (HCH Planning & Policy Manager), Dr. Joe Mega (HCH Medical Director), & Sara Cortez (HCH Senior Health Education Specialist)

PUBLIC ATTENDANCE: Jonathan Russell (Bay Area Rescue Mission), Jonathan Gainer (Optum Business) – here to observe CCHP.

Agenda Items for Approval and/or Review:

1. **April Meeting Minutes**
2. **CCHS HCH Patient Grievance/Complaint Process Policy**
Attachments: CCHS Patient Grievance/Complaint Process Policy No. 616 & Patient Complaint/Grievance Form (A-546)
3. **Voting Board Member**
4. **HCH Respite Utilization Report**

Welcome & Introduction

- Introduction to board members and community members present

Action Item: Approval of April Board Meeting Minutes

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Motion

- A. **Statement: I move to approve the minutes from April 2018.**
 - B. **Motion Made by: Teri House**
 - C. **Seconds the Motion: Bill Shaw**
 - D. *Discussion: None*
 - E. *In Favor: All*
Opposed: None
Abstains: None
Absent: Belinda Thomas, Shayne Kaleo & Larry Fairbank Sr.
- Motion Result: Passed**

HRSA Official Site Visit (Board and Linae Young, HCH Planning & Policy Manager)

Attachments: Operational Site Visit Health Center Compliance Grid

1. Report of Preliminary Results: 6 conditions were NOT met out of 92 conditions
 - Clinical (2):
 - Quality Improvement/Assurance: HCH Patient Grievance/Complaint Process Policy & Risk Management/Peer Review Reports
 - Financial (2):
 - Management of Federal Funds & Draw Down of Federal Funds
 - Governance (2):
 - HCH Strategic Plan (3 year plan)
 - Meeting Quorum 12 meetings/year
2. Board Meeting with HRSA Consultants Discussion (*Board Response*)
 - Make sure that the minutes reflect exactly our HRSA responsibilities at the beginning of the meeting and list other items at the end. Good to think of ourselves as two boards in one.
 - Agenda Layout:
 - Add items to the agenda and make them clear in the meeting minutes such as quarterly financial reports, quality improvement & assurance, risk management activities/peer review reports.
 - HCH Medical Director to report quarterly on clinical review and risk management
 - Meeting Quorum:

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- If we have members of the board that cannot come regularly divide Board into two groups – voting Board members and non-voting public members
- During interviews be sure to request attendance at every meeting and discuss importance around meeting quorum
- If no quorum postpone all *Action Items*
- Identify attendance ahead of time and reschedule meeting if necessary
 - No quorum met in 2017 – July, November and December
- Clinical outcomes:
 - felt more like monitoring and accountability – formal reports make it a different type of group or meeting
- Board Collaborations and Partnerships
 - Presentations from Board guests – include their slides in the handouts as well

HCH Program & Board Action Items:

1. Add items to the agenda and make them clear in the meeting minutes such as quarterly financial reports, quality improvement & assurance, risk management activities/peer review reports.
2. Check in about Board attendance at every meeting to ensure there is quorum for the following meeting (be aware of vacation months – July, November, & December)

Action Item: HCH Patient Grievance & Complaint Process

Attachments: CCHS Patient Grievance & Complaint Process Policy (Policy No. 616)

Patient Grievance/Complaint Form (A-546)

1. Policy is required for all CCHS hospitals and health centers
2. HCH Staff Training around Policy:
 - This policy and policy workflows/process reviewed with HCH staff in February 2018
 - HCH Staff is trained and equipped to conduct policy process with clients and/or those responsible for the care of client.
 - During training we encourage staff assist client with the completion of the form if requested
3. Board Discussion

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- Does the process work?
 - HCH Program has not had a formal Patient Grievance within the last year.
 - Staff works to resolve and de-escalate situations and documents situation and complaints within patient chart
 - If staff member is able to resolve complaint and client does not want to file a formal complaint/grievance this is only documented in the patients chart
- Board Requests data on verbal complaints over the past years
- 3. Board Concerns:
 - Policy may not address the specific issues of homeless patients, Board requests that program staff report on ways we monitor issues such as literacy level, patient advocacy.
 - Keep in mind that these patients do not always advocate for themselves
 - HCH Program to identify others ways to report complaints
 - No language in patient form or policy that says you as a patient if you have a complaint, your health care will not be affected by the grievance
 - Revisit data from last year on patient satisfaction – revisit on a better way to collect data from our services

Motion

F. **Statement: I motion to approve the CCHS HCH Grievance/Patient Complaints Process Policy.**

G. **Motion Made by: Teri House**

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

I. *Discussion: None*

J. *In Favor: All*

Opposed: None

Abstains: None

Absent: Belinda Thomas, Shayne Kaleo & Larry Fairbank Sr.

Motion Result: PASSED

HCH Program Action Items:

1. Compile and report to Board: Past data on HCH Patient Complaints and Grievances in comparison with CCHS.
2. Inquire and report purpose of demographic information on Patient Grievance/Complaint Form (A-546); ex: Race, Social Security Number
3. Review 2017 patient satisfaction survey – are there complaints that are there?

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4. 2018 Patient Satisfaction Survey
 - a. Add an open ended question for patients
 - b. Board review 2018 Patient Satisfaction Survey before distributing to staff
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Action Item: HCH Board Candidate Interview

1. Questions:
 - Do you understand the purpose of the board?
 - To guide and oversee the procedures of HCH in the county, new to the county. VP of programs at BARM
 - Los Angeles, Skid Row – used to work with homeless down there, did not have as many opportunities to work with agencies as they do in CCC.
 - Do you foresee items that you will bring from our Board that you can take back to BARM?
 - Yes, still learning county but one of his passions is to be more thoroughly involved in other agencies. Bring a lot of resources together to better the population
 - Can you imagine any challenges you might encounter or challenges that come up for you as a Board member in HCH in this county?
 - Background – graduate school to work as a college professor but found himself jaded early on and found his way into homeless advocacy
 - Likes working with addiction and recovery
 - Challenge – in the health perspective it is not his background so it is more of a challenge but he is able to make connections to help overcome
2. Board Discussion

Motion

K. Statement: I motion to approve Jonathan Russell as a voting Board member.

L. Motion Made by: Robin Heinemann

M. Seconds the Motion: Teri House

N. Discussion: None

O. In Favor: All

Opposed: None

Abstains: None

Absent: Belinda Thomas, Shayne Kaleo & Larry Fairbank Sr.

Motion Result: PASSED

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Respite Patient Reports (In response to board request)

See Attachment: Respite Patient Report

1. Number of referral of patients approved for Respite per referral facility vs. number of patients place in Respite per referral facility
 - Many patients are approved for Respite but because the facility is only a 26 bed facility not all approvals are placed into Respite
2. Medical history – is this their issues that lead them to Respite
 - First admitted – could have been in hospital for something else, not sick enough for hospital but too sick for the streets
3. Mental Health history
4. Substance Use history

Discussion:

- Is it mostly older adults – what is the age?
 - HCH Program will run report and review with Board

HCH Program Action Items:

1. Report on age of clients being referred and accepted into Respite
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Standing Item: HCH Program Updates & Community Updates

1. Conservatorship 101 Training
 - Offered by H3 on June 13th from 10am-12pm, please refer to email for sign up
2. National Health Care for the Homeless
 - Dr. Mega, Mike and Dr. Watters presenting and will report back to Board.
3. Groundbreaking for low income housing at ST Paul's Trinity Center
 - 45 low income housing units
 - First floor will be the Trinity center (funded for 5 years) – CARE CENTER showers, laundry, mail, food, resources, case managers etc.
 - Lots of community support
 - Expected to be finished around the end of next year (2019)
4. Tabora Gardens Affordable Housing (85 units) –
 - Grand Opening unit, low income seniors, homeless, VA, June 6th at 10:30 am

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Standing Item: Future Matters

- HCH Strategic Plan Draft
 - UDS report – Clinical and Financial Reports
 - Respite Report on Age, Referral Facility and Placement
 - HCH Patient Satisfaction Survey Review
 - Report out on HCH patient complaints and grievances filed
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Standing Item: Next Meeting and Time

June 20, 2018
11:00-12:30pm
2500 Bates Avenue, Suite B
Zion Conference Room
Concord, CA 9450

Approval of HCH Co-Applicant Board Meeting Minutes from May 16, 2018

Board Chair Signature _____ *Wardell Brunner M.D.*

Date 6/20/2018