

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 19, 2018 11:00-12:30pm

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

ATTENDANCE: Teri House, Bill Jones, Shayne Kaleo (telephonic), Jonathan Russell, Jonathan Perales, Bill Shaw, & Jennifer Machado

ABSENT: Belinda Thomas, Larry Fairbank Sr., Dr. Wendel Brunner & Robin Heinemann

HCH STAFF ATTENDANCE: Rachael Birch (HCH Project Director), Linae Young (HCH Planning & Policy Manager), Dr. Joseph Mega (HCH Medical Director), Julia Surges (HCH Health Planner Evaluator)

PUBLIC ATTENDANCE: Michael Callanan (H3 CORE Outreach Team)

QUORUM MET

Agenda Items for Approval and/or Review:

- 1. Action Item: APPROVAL - July Meeting Minutes**
 - 2. Quality Improvement/Assurance & Program Performance Reports** by HCH Medical Director
Presentation of UDS Clinical Measures: Controlled High Blood Pressure & Tobacco Screening & Cessation
 - 3. HCH Strategic Plan – Board Discussion & Review of SWOT Analysis**
Attachment: SWOT Analysis Slides
 - 4. Action Item: APPROVAL - HRSA Grant Funding Restrictions**
Attachment: CCHS HCH HRSA Grant Funding Restrictions Policy
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Welcome & Introduction

- Introduction to board members and community members present
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Action Item: Approval of July Board Meeting Minutes

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Motion

- A. **Statement: I move to approve the minutes from July 2018.**
 - B. **Motion Made by: Teri House**
 - C. **Seconds the Motion: Jennifer Machado**
 - D. *Discussion: None*
 - E. *In Favor: ALL*
Opposed: None
Abstains: None
Absent: Belinda Thomas, Larry Fairbank Sr., Wendel Brunner, & Robin Heinemann
- Motion Result: PASSED**

Standing Item: Quality Improvement/Assurance & Program Performance Reports

(Dr. Joe Mega, HCH Medical Director, Quality Improvement Director)

Presentation of UDS Clinical Measures: Controlling High Blood Pressure & Tobacco Screening & Prevention

1. UDS Clinical Measure: Controlling High Blood Pressure
 - a. Number of controlled blood pressure patients has continually increased
 - i. Improvement system wide checking blood pressures
 - ii. System wide now conducting a secondary blood pressure check when patients original check is high.
 - b. HCH Program Report (based on UDS measure) : Controlling High Blood Pressure
 - i. HCH nurses have always conducted secondary checks
 - ii. Medical Director made changes within the last year to blood pressure medications. New medications in the mobile pharmacies require less monitoring and doses than past medications which caused adherence challenges for HCH clients.
2. UDS Clinical Measure: Tobacco Screening & Cessation
 - a. Those patients screened positive for tobacco use and do not use or received counseling or treatment.
 - b. The high percentage of compliance in this measure is due to many system wide interventions that are used to ensure providers are screening and providing counseling or treatment. More interventions will be implemented therefore we expect this measure to continue to improve.

HCH Program Action Items:

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- Board requests presentation slides prior to meeting with agenda.
 - Add National Data for comparison for future clinical measure reports
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HCH Strategic Plan – Pat Fairchild, JSI Consultant

Attachment: SWOT Analysis Slides

Review of SWOT Analysis

1. Strengths

- Staff – dedicated and committed to population, stable group
- Placement of program in larger health system – gives access to many resources
- Flexible to adapt to needs of homeless
- Many locations
- Sites = close to the community and not intimidating – remove barriers of access
- Inclusion of services – Dental, BH, MAT, mobile imaging
- Multi-disciplinary teams – breadth of services in 1 visit
- Transportation
- Med dispensing/access through Health centers
- Well-formed relationships with several partners
- Care teams – trusted = easier for homeless to get care

2. Weaknesses

- Limited services in East County – challenges in finding accepting locations
- CC Health system = big = components do not always work well together to coordinate planning or service delivery → leads to confusion
- Low level of knowledge about the program
- Limited staff coverage = cancelled sessions, long standing staff = reluctant to change
- Not knowing when Pts are entering or being discharged from ER
- Hard to recruit through in County System
- Coordination between HCH staff and shelters
- No vision care program, limited dental, limited AOD, hard to access BH services
- Growing elderly homeless
- Sometimes hard to track what you can get from other agencies

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- xi. Not enough analytical capacity to ensure decisions lead to improve quality of services and outcomes
- xii. Board is not confident they are getting info to make good decisions
- xiii. Board doesn't have a way to systematically add to membership

Discussion:

- Housing → is it appropriate to include we do not have control over this?
 - xiv. Not a weakness more so a constraint or a threat
- Not seeing major changes in funding = not a volatile environment

3. Opportunities

- i. Continued new funding for SUD particularly opioids – some feds and state funding (hopefully)
- ii. Huge increase in funding for opioids
- iii. Breakdown of longstanding barriers
- iv. Separations between other agencies – long haul

Discussion:

- HUD definition is more stringent and may exclude people that HCH can serve based on the HRSA definition of homelessness
- Think more about the HCH connection with patients coming and going from ED/PES

4. Threats

- i. County salaries are lower than others = retention rate of staff
- ii. No end to rising housing costs = more homelessness and movement to less expensive parts of the county (East)
- iii. People on street longer because transitional housing is also tighter – HCH cannot control this issue but it is important since it causes individuals experiencing homelessness to be homeless longer
- iv. Homeless being pushed out of other Counties and into our county
- v. Need for additional info about homelessness – county wide needs assessment

Emerging Themes

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1. Need to address needs of growing # of elderly ppl who are homeless with complex medical/social needs and may need to receive services in different areas → referrals, thinking of what they need
2. Relationships of HCH with other county programs ESPECIALLY H3 and BH needs
3. East County service expansion

Goals

1. Clinical services and health outcomes,
2. Finance, financial sustainability and capital (pretty stable),
3. Partnerships - external relationships within county and outside of county,
4. Governance

Needs from Board for Strategic Plan

1. UDS you report reflects homeless within entire CCHS system, lots are at risk or are doubled up and are not the traditional homeless
 - a. Our HCH program focuses on the traditional homeless and have more control over the services we provide this group
 - b. Focus the plan on the group of about 2,600 rather than the bigger group served in the health system
2. Flow of the money? How is it allocated? Is it allocated, is it fixed, etc?
3. Historical sense of program from when started and how it has grown and realistic goals
 - a. HRSA removed ED and PES from our scope in 2015 therefore skews numbers
 - b. Affected FQHC funding within these departments but did not affect our services at all.
 - c. Up until 2016 – we reported with ED and PES, after lost about 6,000 – still serving these clients in these departments but are not reported in our UDS numbers.
 - d. Maybe go back to a 3 year time frame of just our HCH program and services
4. Satisfaction surveys
 - a. Working on finalization and distribution
 - b. Possibly send out with CORE outreach team
5. Opportunity – more integration/partnership with non-County agencies or partners
 - a. To impact and help those agencies
6. Weakness – need to identify key barriers and come up with solutions to serve
7. Opportunity – disseminate health information to partners and share health education topics or support to partners

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- a. Ex: Healthy food – educating the population on what patients need
 - i. Gives staff training and helps get them prepared for situations that can arise
 - b. How do we become better connected and how do we become a pipeline to be more helpful
8. County-wide Needs Assessment
- a. Might have enough data but not enough people to analyze it all
 - b. H3 = PIT count
 - c. There is a lot of effort going into those that are unsheltered and a lot of data – more on the analysis of the data
 - d. Need to aggregate data from other programs such as H3 Division, HUD Definition data vs. HRSA definition data → needs to be a higher level of coordination

Next Steps

1. Consultant will update presentation and send to Board
2. How do we move from this point to get goals initiated?
 - a. *Board Decision:* Consultant to draft goals based on what she has heard and the data she has and report to Board at October meeting for further discussion.
3. October Board Meeting – Review goals and possible approval

HCH Program Action Items:

- Linae to send out SWOT Analysis Slides to Board
- Background of the HCH program to include in strategic plan

Action Item: HRSA Grant Funding Restrictions Policy

(Attachment: CCHS HCH HRSA Grant Funding Restrictions Policy)

- HRSA is required to ensure we are using our funding appropriately for funded projects
- Restricting the HCH Program from using HRSA dollars to provide certain services including employee benefits (insurance) that provides these services.
- Employee fringe benefits will no longer be paid by HRSA funds.
- Patients will not be impacted by these new restrictions.

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Motion

F. **Statement: I move to approve the HRSA Grant Funding Restrictions Policy**

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

H. **Seconds the Motion: Bill Jones**

I. *Discussion: None*

J. *In Favor: ALL*

Opposed: None

Abstains: None

Absent: Belinda Thomas, Larry Fairbank Sr., Wendel Brunner, & Robin Heinemann

Motion Result: PASSED

Standing Item: HCH Program Updates & Community Updates

1. Health Center Quality Leader Award
2. East County CARE Center?/HCH Mobile Van in East County
3. HCH to present to Board of Supervisors on Monday 9/24 at 10:30am on Pine St.

Standing Item: Future Matters

1. HCH Strategic Plan
2. Clinical Reports – HCH Productivity
3. Board membership
4. HCH Patient Satisfaction

HCH Program/ Board Action Items:

- October to discuss Board membership at the beginning of the meeting
 - Vice President of Board
- Bring bylaws to next meeting and review member resignation process
 - Bylaws state: 3 unacceptable absences = Board discussion if member should be removed from the board (3 consecutive meetings unattended or 4 in 6 months)
- Bring current onboarding documents for Board Members

Standing Item: Next Meeting and Time

Wednesday, October 17, 2018



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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 19, 2018

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

Date *10/17/18*