

Health Care for the Homeless Co-Applicant Governing Board



WEDNESDAY, NOVEMBER 28, 2018

11:00-12:30PM

2500 BATES AVENUE

SUITE B

CONCORD, CA

YOSEMITE TRAINING ROOM



Health Care for the Homeless Co-Applicant Governing Board



WELCOME

**BOARD MEMBER & PUBLIC
ATTENDEE INTRODUCTIONS**



Health Care for the Homeless Co-Applicant Governing Board



ACTION ITEM:
REQUEST FOR APPROVAL
OCTOBER MEETING MINUTES

WENDEL BRUNER, HCH BOARD CHAIR

ATTACHMENTS: OCTOBER MEETING MINUTES

Health Care for the Homeless Co-Applicant Governing Board



STANDING ITEM:
**QUALITY
IMPROVEMENT/ASSURANCE &
PROGRAM PERFORMANCE
REPORTS**

DR. JOSEPH MEGA, HCH MEDICAL DIRECTOR
JULIA SURGES, HCH HEALTH PLANNER EVALUATOR

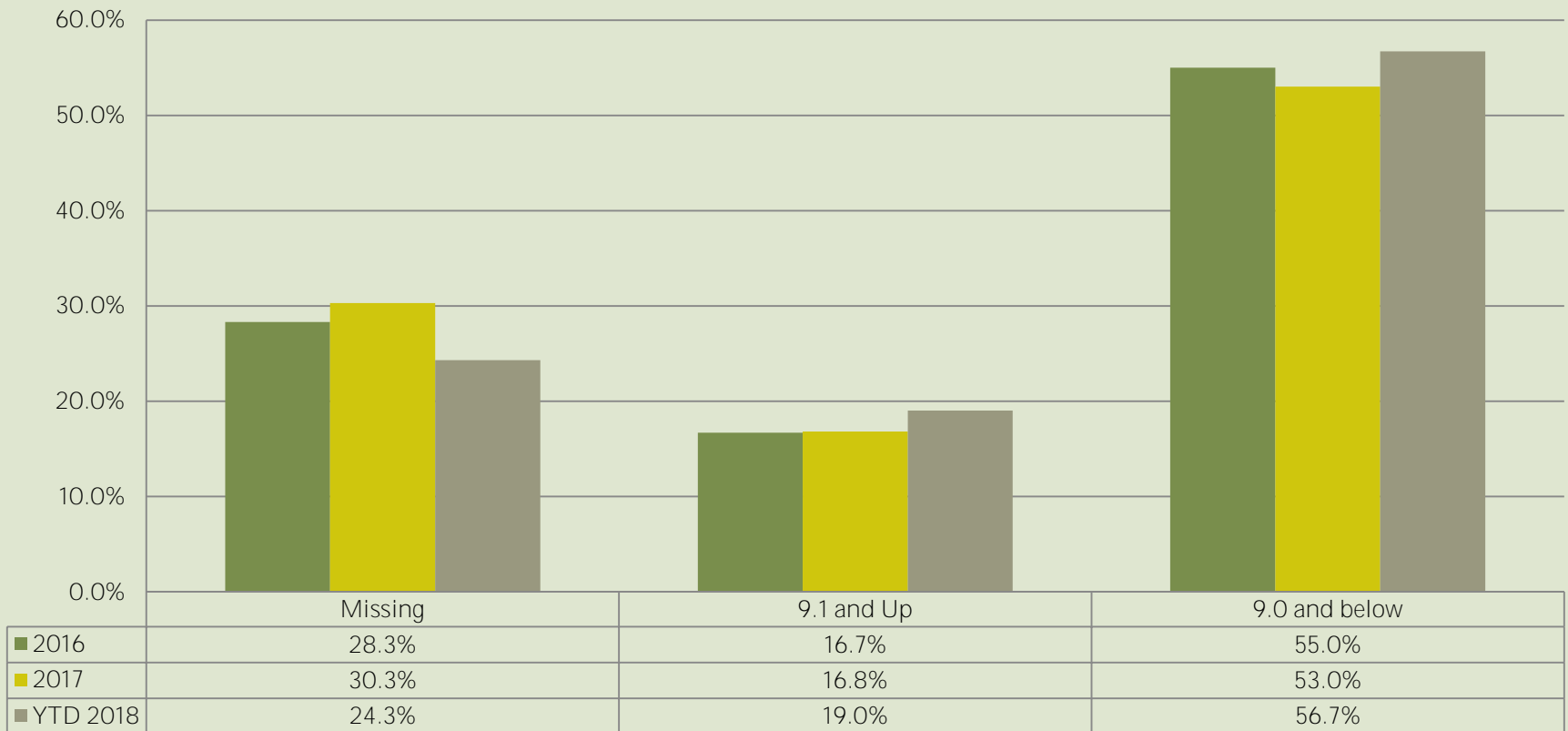
*ATTACHMENTS: DIABETES
CLINICAL MEASURE &
CONSUMER REPORTS*



HCH Clinical Measure - Diabetes



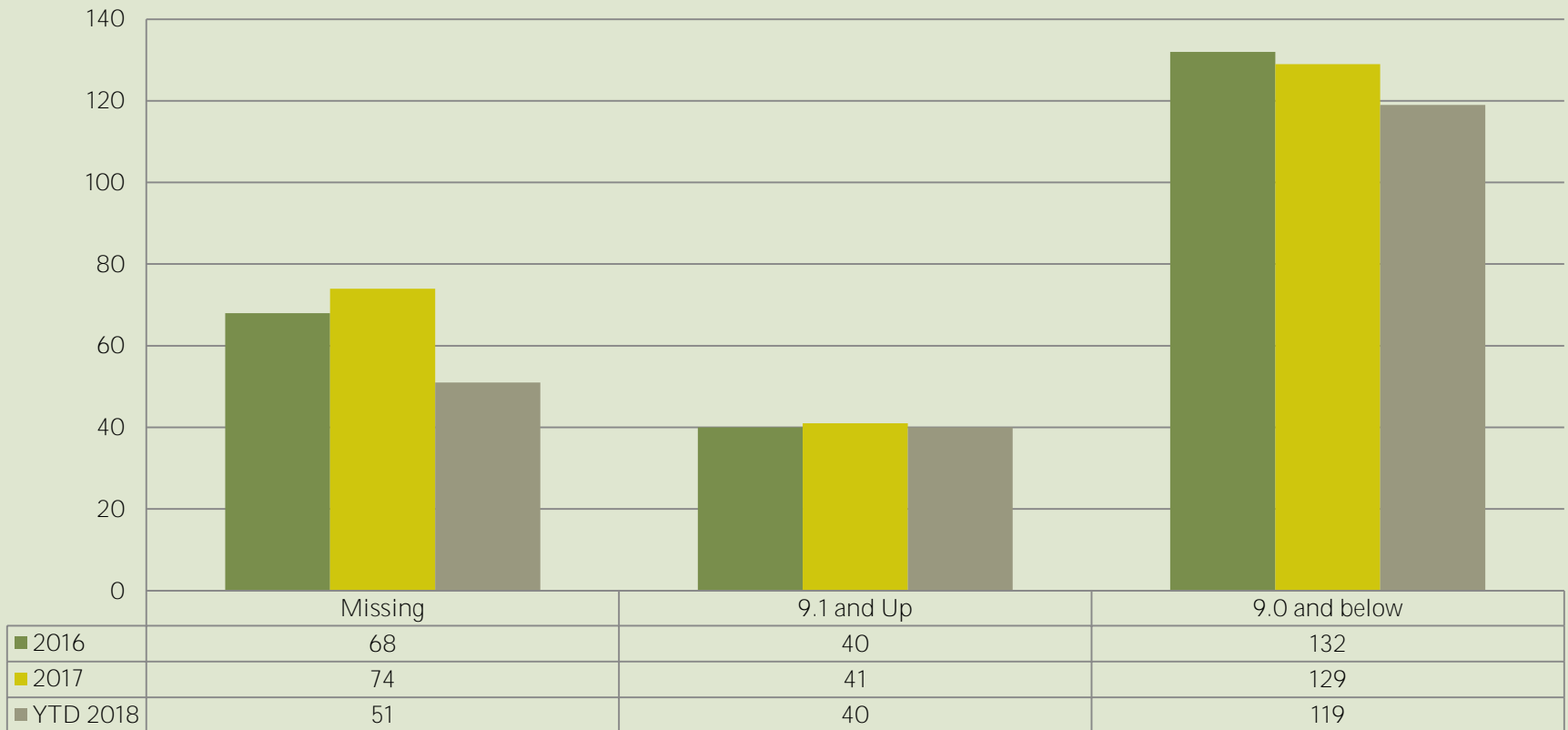
Percentage of Diabetic HCH Patients 2016 - YTD 2018



HCH Clinical Measure - Diabetes



Diabetic HCH Patients 2016 - YTD 2018



HCH Consumer Advisory Board Report



Focus Group: Qualitative Data

Locations: Brookside, Concord and Respite Shelters

Discussion: Consumers were asked a series of questions about medical care and barriers they may face in addition to any concerns they have regarding medical services.

Main Themes:

1. Barriers to Care
2. Trainings/Education Classes/Activities

Health Care for the Homeless Co-Applicant Governing Board



BOARD DISCUSSION: HCH STRATEGIC PLAN

PAT FAIRCHILD, JSI CONSULTANT
LINAE YOUNG, HCH PLANNING & POLICY MANAGER

*ATTACHMENTS: DRAFT
2018-2021 STRATEGIC PLAN GOALS,
HCH HISTORICAL TIMELINE &
POTENTIAL DATA ANALYSES*



Strategic Plan Pillars



Program
Finances &
Staffing

Partnerships &
Communications

Clinical Services
& Quality
Improvement

Planning &
Oversight

Goals: Program Finances and Staffing



1. Continue to ensure all patients are enrolled in the best insurance/coverage programs possible.
2. Monitor state and national reimbursement and funding opportunities to support and augment current services.
3. Develop a capital plan to ensure adequate facilities and equipment for service delivery model including mobile options
4. Identify staff to implement proposed programmatic changes (e.g. new services, new locations, increased focus elderly)
5. Include discussion of programmatic changes in all staff meetings
6. Provide staff continued core competency, trauma informed care and cultural sensitivity trainings.

Goals: Clinical Services and Quality Improvement



1. Develop detailed plan for developing fixed and mobile services in East County in collaboration with the Health, Housing and Homeless division, Ambulatory Services and community partners.
2. Collect additional data on location and needs of elderly homeless; develop and implement a plan, in collaboration with partners, to address the needs.
3. Update Quality Improvement Policies and Procedures to include additional analysis of key clinical process and quality outcome data; identify resources required to implement the plan.
4. For identified service gaps (e.g. vision, expanded dental, expanded substance use and other behavioral health services)
 - Assess and, if appropriate, respond to funding and/or reimbursement opportunities to expand services;
 - Identify regulatory or other structural barriers (e.g. required partnerships) to implement services and assess ability to remove barriers.

Goals: Partnerships and Communication



1. Identify 2-3 areas to improve coordination with key County partners including Health, Housing and Homeless Division, and Ambulatory, Emergency and Behavioral Health Departments.
2. **Develop a “Community Partnership Plan” that includes a** guiding vision, identification of key partners and specific goals & objectives for each partner.

Goals: Planning and Oversight

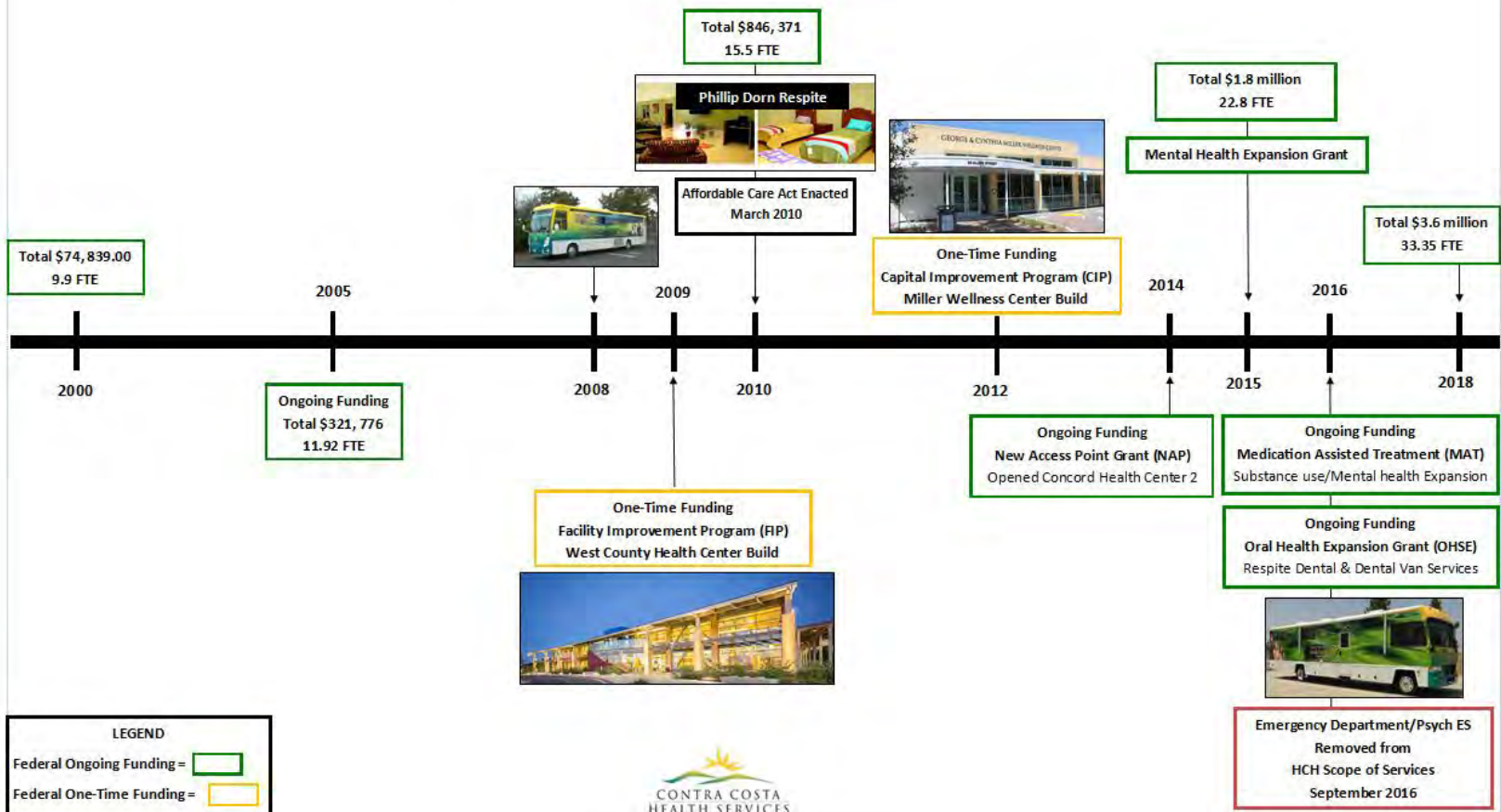


1. Identify key questions and issues requiring data to ensure effective planning.
2. Review data available through all CCHS departments and identify data gaps to address key questions and issues.
3. Conduct targeted data collection and needs assessment.
4. Conduct Board Self-Assessment; develop Board Development and Training Plan.
5. Develop dashboard for routine Board reports to include key clinical, operational, and financial metric.

HCH Historical Trend



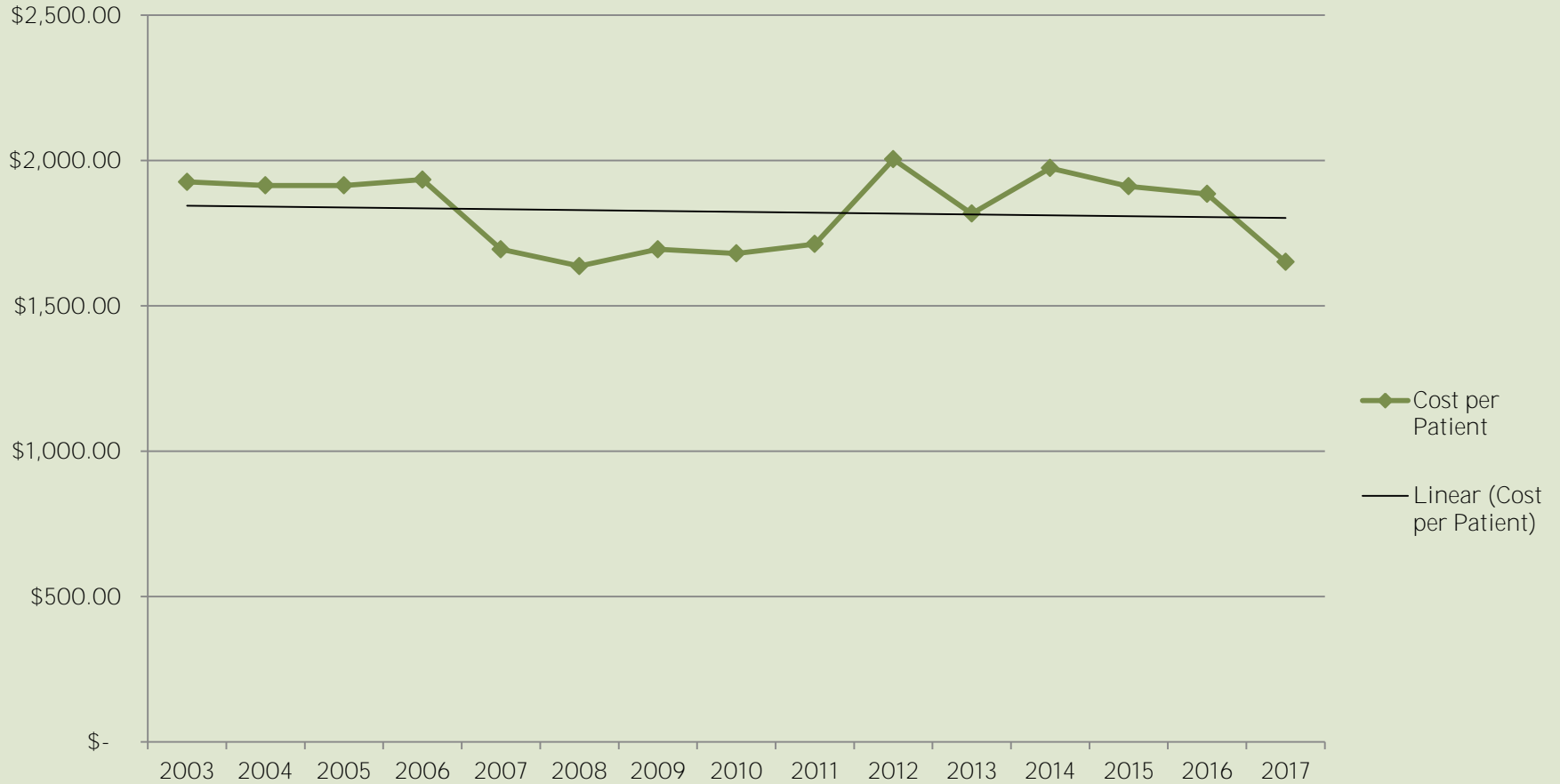
CCHS Health Care for the Homeless



HCH Financial Trend



Cost per Patient



Health Care for the Homeless Co-Applicant Governing Board



BOARD DISCUSSION: VOTING MEMBER SEATS

*ATTACHMENTS: VICE CHAIR, CHAIR
RESPONSIBILITIES*



Board Member Discussion



- Vice Chair – Term starts January as stated in bylaws
- Responsibilities of Chair
 - “**Chair** should preside over meetings of the Board and shall perform other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Co-Applicant Board.”
 - In addition to all Board member responsibilities as listed on Board Member Expectation form.

Health Care for the Homeless Co-Applicant Governing Board



ACTION ITEM: REQUEST FOR APPROVAL PUBLIC HEALTH NURSE POSITION

FUNDING SOURCE: MEDICATION ASSISTED TREATMENT
SUPPLEMENTAL FUNDING OPPORTUNITY

RACHAEL BIRCH, HCH PROJECT DIRECTOR

Public Health Nurse/Registered Nurse Position



Funding Source:
Medication Assisted Treatment Supplemental Funding

Ongoing Grant Amount	\$239,250.00 yr
Public Health Nurse Cost	\$134,613.36 yr

HCH Program & Community Updates



- Next Meeting Attendance – December 19, 2018 (reschedule?)
- Homeless Awareness Month PHCS Activities
- Trinity Winter Shelter
- MRT Services

Future Items to Discuss



1. HCH Strategic Plan Committee
2. Quality Improvement Reports and Peer Review
3. HCH Patient Satisfaction
4. Board Evaluation
5. Potential Data Analysis

HCH Co-Applicant Governing Board



Next Meeting

Wednesday December 19, 2018

11:00 – 12:30pm

2500 Bates Avenue
Zion Room

