

# Health Care for the Homeless Co-Applicant Governing Board



# WELCOME

WEDNESDAY, FEBRUARY 17, 2021

11:00-12:30PM

BOARD MEMBER & PUBLIC  
ATTENDEE INTRODUCTIONS



# Health Care for the Homeless Co-Applicant Governing Board



**ACTION ITEM:**  
**REQUEST FOR APPROVAL**  
**JANUARY MEETING MINUTES**

*JENNIFER MACHADO, HCH BOARD CHAIR*

*ATTACHMENTS: JANUARY MEETING MINUTES*

# Health Care for the Homeless Co-Applicant Governing Board



## **HCH SERVICES & COVID-19 UPDATE**

**BETH GAINES, NURSE PROGRAM  
MANAGER & LINA E ALTMAN**

# Vaccine Prioritization

## Phase 1

- Healthcare Workers
- Homeless Service Providers



## Phase 2

- 75+ at PK sites
- 65+ at PRK sites
- 65+ at Permanent Supportive Housing sites
- 65+ unhoused individuals



## Phase 3

Those experiencing homelessness:

- PRK Sites
- Day Center Sites
- Single Room Shelters
- Unhoused

**Eligible Now**

# Education and Training



Flyers



Trusted Messengers



Webinar Trainings



County Health Services Website

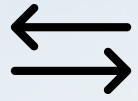


Provider Office Hours



Question & Answer Sessions

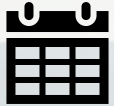
# Phase 2 Vaccine Outreach



Electronic Health Record (EHR) and Homeless Management information System (HMIS) data sharing



Outreach phone calls



Vaccine appointments & transportation scheduled directly into sites during phone calls



Vaccine interest forms to clients with daily meals at hotels

# Logistics Planning

## Vaccine Clinic Training & Shadowing

- County Public Health Sites
- Long Term Care Facility Sites

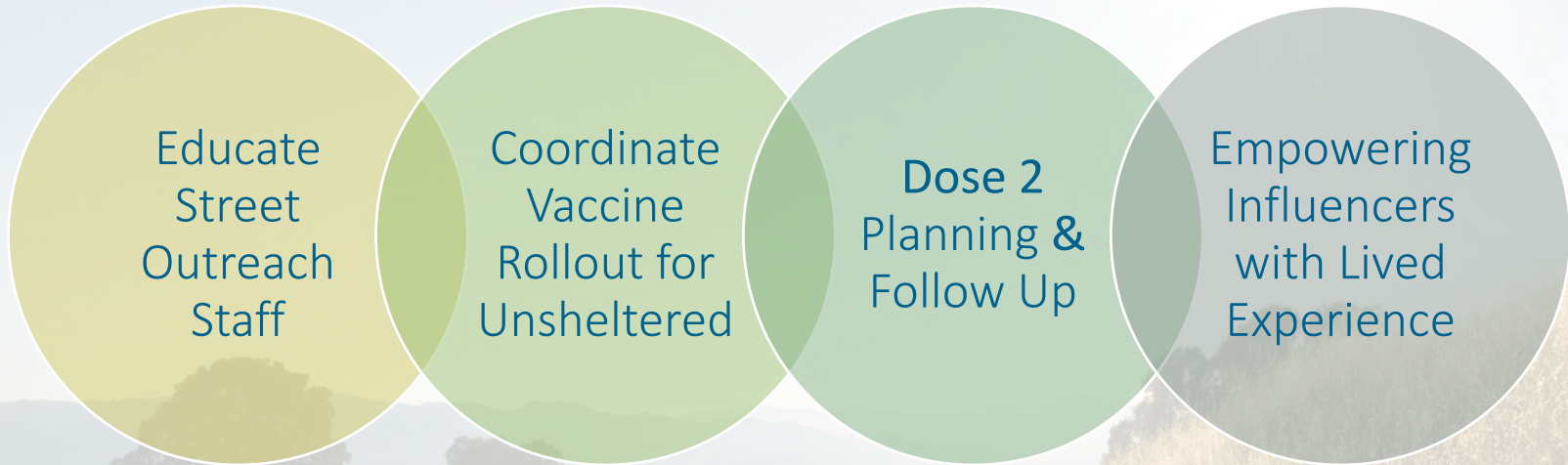
## Onsite Vaccine Clinic Walk-Through

## Onsite Vaccine Clinic Planning

- Vaccine storage and Transportation
- Staffing
- Scheduling
- Support from Homeless Services Providers
- Dose 2 Coordination



# Next Steps





# Health Care for the Homeless Co-Applicant Governing Board



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

*ALISON STRIBLING & GABRIELLA QUINTANA,  
HCH QI TEAM*

# Health Care for the Homeless Co-Applicant Governing Board



## **2020 UDS SUBMISSION**

ALISON STRIBLING, HCH QI

# 2020 UDS Submission



- Annual Performance Report submitted to HRSA
- Report on homeless patients seen across the CCHS system
- 2020 data differences due to COVID-19



# 2020 UDS Submission

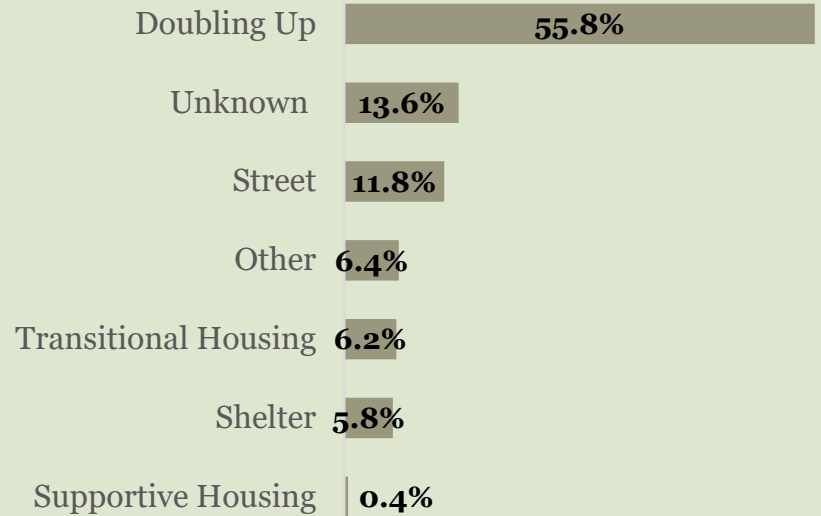


## Patient Population



- 18,100 patients served
- 13% decrease from 2019 patient population

## Type of Homelessness



# 2020 UDS Submission



## Clinical Performance Measures

- Reporting poorer performance on most clinical measures
- Still in line with pre-pandemic national averages

Measure	2020 Performance	2019 Performance	2019 UDS National Average
Depression Screening and Follow Up	53.5%	62.9%	71.61 %
Diabetes A1c Control (Down is good)	30.3%	27.3%	31.95 %
Colorectal Cancer Screening	47.5%	56.6%	45.56 %
Cervical Cancer Screening	64.1%	68.6%	56.53 %

# 2020 UDS Submission



## Other Findings

- Expanded Mental Health Services
  - ✦ 2% increase in Mental Health Visits over the reporting year
  - ✦ 2.5-fold increase in Mental Health Providers providing dual mental health and substance use services
  
- Building Telehealth Infrastructure
  - ✦ Over 65,500 virtual visits completed
  - ✦ +2.5-fold increase compared to 2019
  
- Decrease in uninsured patients
  - ✦ Percent of uninsured patients declined from 4.7% → 3.1%
  - ✦ Retention of Medi-Cal benefits during Public Health Emergency

# HCH Program & Community Updates



- Motel 6 1<sup>st</sup> Walk through complete
- Other program updates

- Trinity Center Winter Shelter open and still have beds available
- 
- Other program updates

# Health Care for the Homeless Co-Applicant Governing Board



## **ACTION ITEM: PROJECT DIRECTOR EVALUATION**

*HCH BOARD AND RACHAEL BIRCH, PD*



# 2019-2020 Project Director Goals



2019-2020 HCH PROGRAM GOALS	
<b>Strategically design a behavioral health integration plan to identify goals of behavioral health integration and services our patients need.</b>	<b>Status</b>
<b>1. Expand behavioral health training for all medical staff.</b>	In-Progress
a. HCH Medical Director to receive Addiction Board Certification	Cancelled
b. Schedule and train all HCH staff - De-escalation methods	In-Progress
c. Schedule and train all HCH staff - Mental health 100	In-Progress
d. Implement SBIRT screening	Not Started
e. Increase screening completion by 5% by the end of 2020	Not Started
f. Develop cultural humility curriculum and provide ongoing training for all staff	Not Started
g. Annual Sublocade injection training for HCH clinical staff	Complete
Clinical Services and Quality Improvement	
<b>1. Collect additional data on location and needs of elderly homeless, develop and implement a plan in collaboration with partners, to address needs</b>	Complete
a. Develop elderly homeless database report	Complete
b. Identify concerns and gaps in services to use in future program planning	Complete
c. Present elderly homeless summary data and recommendations to the Council on Homelessness	Complete
<b>2. Develop detailed plan for fixed and mobile services in East County in collaboration with the Health, Housing and Homeless Division, CCHS Ambulatory services and community partners.</b>	In-progress
a. Launch mobile dental services in East County	Not Started
b. Launch additional mobile medical services in East County (Pittsburg/Antioch)	Complete
c. Pilot East County sites using PDSA model and monitoring of productivity	In-progress
<b>3. Develop homeless mortality report</b>	Complete
<b>4. Research/Find funding to support MAT treatment services for those using methanphetamines and/or alcohol</b>	Not Started

Partnership and Communications	Status
<b>1. Identify 2-3 areas to improve coordination with key County partners including CCHS divisions: H3, Ambulatory, Emergency, BH</b>	Ongoing
a. Ongoing provider education, presentations to division heads and staff, HCH website update and promotion	Ongoing
b. Develop and document 3 areas of collaboration for HCH to align services with H3 Division needs by 12/2020	Complete
c. Communicate current state of homeless services, data and new trends at monthly Public Health Clinic Services managers meeting	Ongoing
d. Increase benefit enrollment for homeless clients in collaboration with H3 and EHSD	Ongoing
Planning and Oversight	Status
<b>1. Review existing needs assessments available through other county entities and identify data gaps to address key questions and issues</b>	Not Started
a. Collect existing needs assessments from within the last 5 years among HCH providers and within Contra Costa County	Not Started
b. Review and compare needs assessments and conduct summary analysis	Not Started
c. Identify gaps in HCH social needs screening by 12/2020 and adjust as needed	Cancelled
<b>2. Schedule Trama Informed Care Training for the HCH Governing Board</b>	Complete
<b>3. Create dashboard for all UDS and HCH Specific patients. Will be completed by Business Intelligence team and Evaluation unit</b>	Complete
<b>4. Conduct internal system analysis of overlapping homeless population data within the Contra Costa Health Services Department</b>	Not Started
a. Identify what services homeless clients are accessing	Not Started
b. Develop map of homeless services and stratify population	Not Started
<b>5. Begin implementation of Epic's Coordinated Care Management module</b>	Complete
<b>6. HCH to participate in Whole Person Care transition plan for Medi-Cal Healthier California for All</b>	Not Started
Finances and Staffing	Status
<b>1. Continue to ensure all patients are enrolled in the best insurance/coverage programs possible.</b>	Ongoing
a. Finalize insurance coverage standardized procedure	Complete
b. Decrease uninsured patients by 2.5%	Complete
<b>2. Monitor state and national reimbursement and funding opportunities to support and augment current service.</b>	Complete
a. Increase ratio of external non-revenue funding to patients served by 3% annually	Complete
<b>3. HCH to provide input to the Whole Person Care one-time housing fund</b>	Complete

# 2021 Project Director Goals



2021 HCH PROGRAM GOALS	
Strategically design a behavioral health integration plan to identify goals of behavioral health integration and services our patients need.	Status
<b>1. Expand behavioral health training and screenings</b>	In-Progress
a. Schedule and train all HCH staff - De-escalation methods	In-Progress
b. Schedule and train all HCH staff - Mental health 100	In-Progress
c. Develop new SBIRT screening workflows and pilot with MHCS	Not Started
e. Develop cultural humility curriculum and provide ongoing training for all staff	Not Started
<b>Clinical Services and Quality Improvement</b>	<b>Status</b>
<b>1. Develop detailed plan for fixed and mobile services in East County in collaboration with the Health, Housing and Homeless Division, CCHS Ambulatory services and community</b>	In-progress
a. Launch mobile dental services in East County	Not Started
c. Pilot East County sites using PDSA model and monitoring of productivity	In-progress
<b>2. Future state of Mobile Services Planning</b>	Not Started
a. Plan restart of mobile services in alignment with infection control standards	Not Started
<b>3. Develop Vaccination Plan for Homeless System of Care</b>	In-progress
a. Vaccinate 50% of HCH patients for COVID-19	In-progress
<b>4. Develop workflows for clinic staff to improve clinical care management for all patients</b>	In-progress
a. Train Nursing staff in new care management platform and monitor productivity and quality	In-progress
b. Increase the number of diabetic patients with controlled Hemoglobin A1c (< 9) by 5% for patients residing at the Project Roomkey sites	In-progress
c. Increase cancer screening (Cervical and Colorectal) by 5% for patients residing at the Project Roomkey sites	In-progress
d. Increase the the percentage of patients income collected (as required by HRSA) to 50%	In-progress
<b>Partnership and Communications</b>	<b>Status</b>
<b>1. Improve coordination with key County partners including CCHS divisions: H3, Ambulatory, Emergency, BH</b>	Ongoing
a. Ongoing provider education, presentations to division heads and staff, HCH website update and promotion	Ongoing
b. Communicate current state of homeless services, data and new trends at monthly within CCHS and Homeless CoC	Ongoing
c. Continue to build and foster relationship with H3 and BH beyond COVID-19 Response and Incident Command Response through regulary scheduled meetings	In-progress
<b>2. Collaborate with EHSO to increase benefit enrollment for homeless clients in collaboration with H3</b>	In-progress

Partnership and Communications		Status
<b>1. Improve coordination with key County partners including CCHS divisions: H3, Ambulatory, Emergency, BH</b>		Ongoing
a. Ongoing provider education, presentations to division heads and staff, HCH website update and promotion		Ongoing
b. Communicate current state of homeless services, data and new trends at monthly within CCHS and Homeless CoC		Ongoing
c. Continue to build and foster relationship with H3 and BH beyond COVID-19 Response and Incident Command Response through regular scheduled meetings		In-progress
<b>2. Collaborate with EHSD to increase benefit enrollment for homeless clients in collaboration with H3</b>		In-progress
Planning and Oversight		Status
<b>1. Review existing needs assessments available through other county entities and identify data gaps to address key questions and issues</b>		Not Started
a. Collect existing needs assessments from within the last 5 years among HCH providers and within Contra Costa County		Not Started
b. Review and compare needs assessments and conduct summary analysis		Not Started
<b>2. HCH to participate in Whole Person Care transition plan for Cal-AIM</b>		In-progress
a. Transition HCH team to Case Management platform		In-progress
b. Train all HCH Nurses, Mental Health staff, and Community Health workers in new platform		In-progress
c. Conduct internal system analysis of overlapping homeless population data within the Contra Costa Health Services Department		Not Started
i. Identify what services homeless clients are accessing		Not Started
ii. Develop map of homeless services and stratify population		Not Started
Finances and Staffing		Status
<b>1. Motel 6/East County Interim Housing program medical and behavioral health clinic retrofit and design</b>		In-progress
<b>2. Continue to ensure all patients are enrolled in the best insurance/coverage programs possible.</b>		Not Started
a. Maintain uninsured population above 3%		Not Started
<b>3. Monitor state and national reimbursement and funding opportunities to support and augment current service.</b>		Not Started
a. Increase ratio of external baseline HRSA funding to patients served by 3% annually		Not Started

2021 HCH Project Director Board Requests
1. Participation in BOS Presentation, July 26th Family and Human Services BOS Committee - what do you all feel is important to share with the board?
2. Site Visit Preparation - start thinking about what areas the Board members need support, how can we start preparing you for the site visit?
3. Participation in Strategic Plan Committee and update of new 3 year strategic plan
4. Improve communication between the HCH program and other agencies (ie. Involvement in plans and community discussions)
5. Present information about the environment surrounding homelessness that members work, volunteer and live in

# Health Care for the Homeless Co-Applicant Governing Board



## **BOARD MEMBER RECRUITMENT**

*JENNIFER MACHADO, HCH BOARD CHAIR*

# Board Recruitment



- CoH Board Application Review (2)
- New member interest and updates

# Future Items to Discuss



1. Board member recruitment and orientation
2. Medical Director position
3. Consumer Feedback

# HCH Co-Applicant Governing Board



## Next Meeting

Wednesday, March 17, 2021

11:00 – 12:30pm

**Zoom Conference Call**