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, June 21, 2017 11:00-12:30pm
LOCATION: Conference Room 200, 597 Center Avenue, Martinez, CA 94553
ATTENDANCE: Shayne Kaleo, Bill Shaw, Dr. Wendel Brunner, Jennifer Machado, Matt Rinn, Jonathan, Nuang Luong, Belinda Thomas, Bill Jones, Robin Heinemann
ABSENT: Larry Fairbank Sr.
HCH STAFF ATTENDANCE: Julia Surges (HCH Consumer Liaison), Rachael Birch (HCH Project Director), & Michael Myette, LCSW (HCH Mental Health Clinical Specialist), Beth Hernandez
PUBLIC ATTENDANCE: N/A

1. Welcome & Introduction
2. Action Item: Approval of May Board Meeting Minutes

Motion
A. Statement: Dr. Wendel Brunner, motion to approve May Meeting Minutes.
B. Motion Made by: Bill Shaw
C. Seconds the Motion: Jennifer Machado
   Discussion:
   Board Member: What level of detail do we want published?
   HCH Project Director: Federal level perspective, fine line between detail for them. Audience concerned most about is HRSA, more the better. But if we can review and remove things where needed we will.
D. In Favor: All
   Opposed: None
   Abstains: None
   Absent: Larry Fairbank Sr.
3. **Standing Item: HCH Team Presentation** — CCHS Community Connect, Rachael Birch, HCH Project Director

- Overview
- Program Organization
- Direct Services
- Data Projects
- Sobering Center
- Community Partners
- Patient Eligibility
- Risk Model Domains
- Current Risk Model Definition
- Program Metrics

**Questions:**

- PHN home visiting will eventually be integrated into CCHS
- Are more PHNs going to be hired? Yes, 30 more to be hired – we have hired 20.
  - Good feedback from clients and staff at Anka about PHNs
- Are there branches attached to sobering center?
  - We are going to have it staffed with nurses, and 2-3 behaviorist (mental health clinician)
  - Role of AOD – connect to an opening and get them in once they are sober
  - Police – resistant to diverting them there without a medical decision, do not want to make the ambulance to make the decision
  - Where will they be sent when they’re on drugs? → to be figured out
  - There are going to be a lot of self-referrals
  - Hiring community support workers – driving patients where they need to go, once sober – 24hrs a day
- Board Member: I can help with what you need in Concord
- Still trying to find a site for the Sobering Center
- Manager of the Sobering Center – Steve McNutt, Past CCC Shelter Manager
- NAMI – patient advocacy group, help with mental health awareness
- Health leads – resource database
  - Different than 211 → can give feedback if resource is not helping or an update/feedback
- Part of the metric is if they are involved in the AOD or Mental Health system (extra points)
- **FUTURE:** Of 14,000 how many are going to be or are part of the mental health system → Beth will be able to collect the data

- Board Member: Do you have information on how many would be in the criminal justice system or paroles, do you have individuals with violent tendencies – feels it would make a difference to have the info → Beth: we do not have information, but believes 1000 booked people, as for violent tendencies we do not have that information. Only have information we have when there is an open encounter medically (with MRN attached)
  - Board Member: Can get info from AB109s, need to work with Sheriff and detention facilities. Getting the sheriff involved with AB109.
  - Board Member: works with AB109, has information, might be able to collaborate

- If the data out there isn’t that great – how do you show you’re saving money? → We use claim data from the health plan, they have all of the data and we are partnered with them.
  - We also have great data on medical system, and it is hard when it is legal information (jails/detention etc)
  - HSD – allowing us to have access to their data, great because we do not know this unless the Patient tells us. Will also show what programs patient is eligible for but is not currently apart of.

- Health leads – only in WCHC, but we are bringing it to our 14,000 patients. Data is now complete for the entire County.
  - This will allow us to track the resources given to the clients through our EHR.

- Huge overlap between Community Connect and HCH
  - Half of HCH patients are eligible

- Some of the services, are they going to have to be court ordered services? → No

- Is there communication between counties → we have quarterly meetings that are facilitated by safety net institute (SNI) which force counties to work together helping those clients jumping counties. These clients may be lost to us but have entered another county with similar programs
  - However, other Whole Person Care grantees may use their funding to focus on different populations.

- Rach will provide updates to the Board on Community Connect as it develops

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4. **HCH Patient Utilization Reports** – Beth Hernandez, PHCS Health Planner/Evaluator
Contra Costa County Health Services
Health Care for the Homeless Co-Applicant Governing Board

A. Total Number of HCH Van Patient Visits, 2015-2017 Projection
B. Average Number of HCH Patients Seen per Van Visit, 2015-2017 Projection
C. HCH Patients Seen by Van Sites, 2015-2017 Projection
D. Number of Field Outreach Visits by Month, 2016-2017 Projection
E. Total Number of HCH Patient Visits at Clinic Sites, 2015-2017 Projection
F. HCH Ambulatory Care Visits, 2015-2017 Projection
G. HCH Behavioral Health Visits, 2015-2017 Projection

Questions & Discussion
- What is the reason for the expansion/increase? \( \rightarrow \) more clinics, more availability
- What is the info behind 4 averages? \( \rightarrow \) time, place, location
- **FUTURE:** Board would like to see data that expresses patient per hour rather than collectively as a whole
  - Data \( \rightarrow \) show productivity of all sites, individually
  - Problem \( \rightarrow \) how do we increase productivity? it is a constant battle
- Board Member: Capture the things that you do for the clients, feels as though we help immensely but thinks that testimonies of what you do rather than the numbers is more impactful \( \rightarrow \) data doesn't give real explanation
- Board Member: Dr. Mega with C.O.R.E Team (doing great work)
  - HCH is tangible; it is not how you sell it. It is the process of how you serve it to the population
- HCH Team Member: Street Outreach with Dr. Mega might be have low numbers but the impact he is making and the stories he brings back are much more
- MSC Richmond name change to West County CARE Center
- **FUTURE:** Why did we not include any of the concord site? \( \rightarrow \) not sure why, I remembered that Monument is John Muir bus not CCC and that is why is excluded, Board Chair would like it to be included. This was a slight error and will be included in future reports.
- **FUTURE:** Look at more patients per hour, and tell stories of services provided, what we do to outreach/marketing \( \rightarrow \) moving forward
5. **Action Item: Request for Approval – HCH Mental Health Clinical Specialist** — Rachael Birch (HCH Project Director) & Michael Myette, LCSW (HCH Mental Health Clinical Specialist)

- Discussion of Position Need and Benefits
- Replacement for Past Mental Health Specialist (MHS) Position

**Discussion & Questions:**

- Now the MHCS is the nurse of the mental health world
- Past MHS couldn’t sign off on HUD apps because he was not licensed,
  - Board member: Beneficial for the person who is being hired to be licensed, this person will be a county employee.
- Board Member: Will this affect a patient’s face sheet? There will be things that can and cannot be seen
- Board Member: Past MHS had great anger management resolution skills, and still would like that see that offered with the new candidate.
- Board Member: Sounds great, but is there a trade off? We financially have the money so this will be addition to existing services.
- Board Member: What will this role look like? Primary mental health support, like a regular counselor? Yes, although the positon and training it could shift, you will meet with patient but our hope is that it is practically oriented and if they want to do more in-depth stuff they will be referred to a therapist.
Standing Item: HCH Program Updates

- Council on Homelessness Board
  A. The council on homelessness board and the Health, Housing and Homeless Services team has recently inquired about having an HCH Board Member representative that can share any updates at the council on homelessness board meetings monthly or quarterly.
  B. We will need to designate a representative for the HCH Board on July 6th.
     1. Are there any volunteers? – Linae will attend if no one is available and board approves.
- Shayne Kaleo, HCH Board Member, will go to Council on Homelessness Meeting → Linae to email details and what is expected of her.
- HCH Program Move in July
  A. Next meeting will be at 2500 Bates Ave.

6. Standing Item: Future Matters

- HCH Patient Satisfaction Results
- HCH Medication Assisted Treatment Presentation
- HCH Strategic Plan & Logic Model
- HCH Budget Introduction
  A. FUTURE: Chair will email/meet with Linae
- FUTURE: Board recruitment process

7. Standing Item: Next Meeting and Time

TBA

Motion – Request for Approval of HCH MHCS Position

F. Statement: I motion to approve the MHCS position.
G. Motion Made by: Matt Rinn
H. Seconds the Motion: Robin Heinemann
I. Discussion: N/A
J. In Favor: All
   Opposed: None
   Abstains: None
   Absent: Larry Fairbank Sr.
Motion Result: Passed
Approval of HCH Co-Applicant Board Meeting Minutes from June 21, 2017

Board Chair Signature

Date July 19, 2017