

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, April 20, 2022, 11:00-12:30pm

LOCATION: Zoom

ATTENDANCE: Claude Battaglia, Wendel Brunner, Michael Callanan, Teri House, Bill Jones, Nhang Luong, Jennifer Machado, Jonathan Russell, Bill Shaw

ABSENT: Lori McLemore, Stephen Krank, Silas Robinson

HCH STAFF ATTENDANCE: Linae Altman (HCH Planning & Policy Manager), Mia Fairbanks (HCH Nurse Program Manager), Gabriella Quintana (HCH QI Team)

PUBLIC ATTENDANCE: Jill Ray (Office of Supervisor Candace Andersen)

Agenda Items for Approval and/or Review:

1. **Action Item: APPROVAL – March Meeting Minutes**

Welcome & Introduction

1. Interested Board Applicant Rachna will be joining at 11:30.
 - a. We will leave some time after program updates for introductions and answer any of their questions.
 - b. As a reminder, this first meeting lets applicants see what we are about and have questions answered.
 - i. The board can move forward to interview next month.
 - ii. The following month the board will vote, and applicant's will be notified of their decision before the 4th meeting.

Action Item: Approval of March Board Meeting Minutes

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Motion

- A. **Statement:** *I move to approve the minutes from March 2022*
 - B. **Motion Made by:** Teri House
 - C. **Seconds the Motion:** Claude Battaglia
Roll Call Vote: Each voting member must verbally approve or oppose
 - D. **IN FAVOR:** Claude Battaglia, Wendel Brunner, Michael Callanan, Teri House, Bill Jones, Nhang Luong, Jennifer Machado, Jonathan Russell, Bill Shaw
OPPOSED: None
ABSTAINS:
ABSENT: Lori McLemore, Stephen Krank, Silas Robinson
- Motion Result: PASSED**

Standing Item: HCH Services Update

(Mia Fairbanks, HCH Management)

1. Wellness Center at Delta Landing
 - a. Delta landing going well, adding a provider run clinic. Looking to add a 4th
 - b. Been busy, dental van has also been busy
 - c. Onboarding a new physician to work 8-12 hours who may pick up that 4th clinic. Dr. Goldstein has worked within the county for a long time and would be a great addition in supporting the HCH team
2. Outreach
 - a. Looking for spot in concord (monument corridor)
 - I. Monument Crisis Center (MCC) open to helping us get the clinic going
 - II. Looking at ways to partner with trinity and MCC, clinic may not be necessary but other types of support
 - b. Still offering initial immunization and boosters.
 - I. New outreach nurse collaborating with HIV/STD coordinators
 - II. Looking at external partners and internal such as prenatal, CORE outreach collaboration, treatment for viral covid infection. Workflow for identified patients.

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Action Item: Project Director Update

(Rachael Birch, Project Director)

1. Community Needs Survey Committee Update
 - a. HCH Team sent out a survey during the meeting for the group to identify a time to meet: Thursday 4/28 2pm-3pm via Zoom
 - b. If Board Members have related survey tools from their organizations, please send to Linae and Gabby
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Standing Item: Quality Improvement

(Gabiella Quintana, HCH QI Team)

1. Consumer Input Review
 - a. 21 Surveys this month at 3 clinics (Bay Point, BARM, Delta Landing)
 - I. 17 from patients seen
 - II. 4 from individuals not seen by the clinic
 - b. Those not seen by HCH get care:
 - I. La Clinica de la Raza (1)
 - II. Nowhere (1)
 - III. Seen by HCH or CCHS PCP in other locations (2)
 - c. Those not seen by HCH Feel Care would be easier to get if-
 - I. La Clinica would call me back
 - II. Clinics were closer to home
 - III. Transportation was easier
 - d. All individuals surveyed either strongly agree or agree with the satisfaction statements.
 - I. 100% of patients felt that they were both “involved in decisions about their medical care” and “would come back to the clinic again”
 - e. See Slide Deck for additional feedback from surveys
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Standing Item: Community Updates

1. Delta Landing turned 1 year old!
 - a. Good to be home now
2. CORE
 - a. Placements: Marriott in Richmond, with 98 units. As of today, placements have been taken away until everyone is moved into shelter
3. Stand Up
 - a. Antioch Fairgrounds June 3-5
 - b. Table events, resource room

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- c. Delta veterans group.org needs volunteers
- d. <https://deltaveteransgroup.org/stand-up-on-the-delta>
- 4. Senior Rally Day
 - a. <https://4csl.org/senior-rally-day/welcome/>
- 5. City of Antioch-Teri House
 - a. Antioch: New homeless coordinator hopefully will be participating in the board (Jasmine)
- 6. Prospective board member - Rachna
 - a. Group introductions
 - b. Works for kaiser regional hQ
 - i. Working in complex care, transformative care, Medi-Cal and Medicare. A lot of initiatives and building requirement for CalAim, social services, SDOH
 - ii. Professionally a lot of work our team does is in this space
 - iii. Worked in direct care for about 10 years, quality, delivery, etc
 - iv. Volunteer with homeless regularly, providing food, socks, etc

Question from the Board: How did you come across our group?

- c. During MPH, our community health professor had us find local public health committees and went to an in person public health consortium meeting. (PHAB)
 - i. Wanted to join at the time but had to hold off due to other commitments
 - ii. Now after children are older and I have time I wanted to join

Statement from the Board: We have more than just advisory responsibility, we also have decision making responsibility

Standing Item: Future Matters

- 1. Community Connect/ ECM
 - a. Linae's new role-ECM director
 - i. Mia & Heather taking a lot
 - ii. Transitioning away from CMCT to ECM
 - b. CMCT was a multidisciplinary approach to case management funded by DHCS whole person care pilot (5 years turned to 6)
 - i. Transitioned to Medi-Cal managed care benefit
 - ii. Similar goals as before, improving care coordination, addressing SDOH, improve health outcomes, decrease utilization and duplication of services.
 - iii. <https://cchealth.org/h3/coc/reports.php>

Question from the board: So now WPC is now through Medi-Cal managed care and the health plan? is that the same in all WPC counties? Is there special funding, or is that part of the Medi-Cal managed care capitated rate?

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- c. Yes, that is true since WPC has ended so if they continue it would be through local health plan
 - d. CMCT was the largest WPC pilot for a county of our size
 - i. Jan 1, we transitioned to ECM
 - ii. Coordinating physical health, behavioral health, and social services for the highest need Medi-Cal enrollees
 - e. Multidisciplinary staffing Model
 - i. Types of case managers: CHW, CHW specialist, social workers, public health nurses, substance abuse counselors, mental health clinical specialists, homeless services specialists.
 - f. Now referral based if you have CCHP
 - i. Focus populations include high utilizers, experiencing homelessness, SMI/SUD, justice involved, grandfathered from WPC
 - ii. SDOH screening drives patient centered care
 - iii. Reassessment every 6 months
 - g. Core services
 - i. No longer rides for social needs (just CCHP), no cell phones, CCHP has added housing fund for a benefit but no news about this
 - ii. Housing Navigation services & Housing Tenancy Services
- 2. SFDP
 - 3. Board Led community needs survey

Standing Item: Next Meeting and Time

Wednesday, May 18, 2022

11:00-12:30pm

Zoom

Approval of HCH Co-Applicant Board Meeting Minutes from April 20, 2022

Board Chair Signature Jennifer Machado _____

Date 5/18/2022 _____