

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 17, 2019 11:00-12:30pm

**LOCATION:** Zion Conference Room, 2500 Bates Avenue, Suite B, Concord, CA 94520 **ATTENDANCE:** Dr. Wendel Brunner, Teri House, Shayne Kaleo, Jonathan Russell, Jonathan

Perales, Bill Shaw, Michael Callanan, Nhang Luong, & Jennifer Machado

**ABSENT:** Bill Jones

**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:** None

## Agenda Items for Approval and/or Review:

- 1. Action Item: APPROVAL Meeting Minutes
- 2. Standing Item: Quality Improvement/Assurance & Program Performance Reports 2018 UDS Report Joseph Mega MD (HCH Medical Director) & Rachael Birch (HCH Project Director)
- **3.** Action Item: APPROVAL Project Director Evaluation Dr. Wendel Brunner (Board Chair)

#### Welcome & Introduction

• Introduction to board members and community members present

**Action Item: Approval of March Board Meeting Minutes** 



#### Motion

A. Statement: I move to approve the minutes from March 2019.

B. Motion Made by: Nhang Luong

C. **Seconds the Motion:** Jennifer Machado

D. Discussion: NoneE. In Favor: AllOpposed: NoneAbstains: NoneAbsent: Bill Jones

**Motion Result: Passed** 

Standing Item: Quality Improvement/Assurance & Program Performance Reports (Dr. Joe Mega, HCH Medical Director, Quality Improvement Director & Rachael Birch, HCH Project Director)

Attachment: HCH Infographic

# 1. 2018 UDS Report

- a. Annual report- demographics/clinical measures/etc. for all those experiencing homeless by the HRSA definition
- b. HRSA definition differs from HUD including doubled up and those who experienced homelessness in the last 12 months.

# 2. Financial Measures:

- a. Total costs/Patient
- b. Cost charge ratio
- c. This is the average cost per patient considering those patients that utilize more than those that may utilize for one minimal service.

#### 3. Demographics (Race):

a. 26% of unreported/refused to report are reported as Hispanic/Latino leaving 8% unreported/refused to report

#### 4. Clinical Measures

- a. Cervical
  - i. Increase due to pilot of self-collected PAP Smear and overall increase system wide (PRIME measure).

#### b. Colorectal

i. This measure reports compliance with Screening for Colorectal Cancer when due only.



- ii. If screening is positive patients are connected to CCHS system and follow up is continued through clinics.
- iii. Patient will be contacted for more tests usually within the health care system but it is often not done.
- c. Uncontrolled Diabetes or missing A1c
- d. Depression Screening and Follow Up conducted
  - i. Increase resulted from system wide goal to increase completion of SBIRT screenings and follow up
- e. Coronary Artery Disease
  - i. Decrease in compliance
- f. Body Mass Index (BMI) screening and follow up plan
  - i. Decrease in compliance
  - ii. Continue to discuss how we can improve healthy food options for homeless populations in the shelters and living on the streets.
- 5. UDS Health Center Performance Comparison Report
  - a. Recently started to include comparisons with other HCH grantees, Statewide and Nationwide and how we rank amongst them for Clinical and Financial Measures

## **HCH Program Action Items:**

 May meeting: Infographic of CCHS HCH program specific population comparison to UDS report.

# **Action Item: Behavioral Health Funding Opportunity**

- 1. HRSA releasing new funding opportunities due May 14<sup>th</sup>
  - a. Non-competitive application process, \$145,000 a year ongoing
  - b. Increase access to Behavioral Health Mental Health and Alcohol and Other Drugs (AOD)
- 2. To be aligned with HMIOT funding
  - a. Hiring 2 MHCS (have hired 1 so far)

## **HCH Program Action Items:**

May meeting: HCH Program to bring plan to Board



## Action Item: Project Director Evaluation

(Attachment: Summary of accomplishments)

- 1. Identified gaps in care and found funding to fill these gaps and increase revenue.
  - a. Bridge Grant Patient navigator who sits in ER and PES, those who have an opioid disorder will be connected to this individual for treatment if desired
    - To capture and link these patients to care, similar to those in Care Coordinators in Cancer Center
    - ii. 48% of opioid users in Choosing Change are homeless. Though there are many more that are not captured.
  - b. Community Connect Staff under Linae Homeless Services Specialists
    - i. connect homeless individuals to services.
- 2. Identified gaps in care and develop data solutions
  - a. PHN, CCHP, Community Connect connecting case managing services
  - b. Pulling data from multiple systems to better serve and help the patients and understand what is missing in their care
  - c. HMIS and H3 sharing data right now with case manager and program enrollment, locating patients
- 3. HRSA grant and program requirements
- 4. Quality Improvement
  - a. Trauma Informed Care development with National Health Care for the Homeless
- 5. Behavioral Health Expansion
- 6. System-wide Integration
  - a. People are wanting more presentations on what HCH is and does for the County
- 7. Evaluation
  - a. Review of HCH PD goals in past meetings (see 2/2019 and 3/2019 meeting minutes)
  - b. Review today of 2018 PD and HCH achievements
  - c. Based on the feedback and information we have received
    - i. Biggest concern outreach component, how do we engage and reach patients we are not connected to? How do we reach those that are not reached?



#### Motion

F. Statement: Based on regular reports from Project Director and the documents she has provided to the Board on goals and objectives, the board has evaluated her performance for 2018. We, the HCH Board rate her performance as Highly Satisfactory and approve her continuation as Project Director.

G. Motion Made by: Wendel Brunner

H. Seconds the Motion: Jennifer Machado

I. Discussion: None
J. In Favor: All
Opposed: None
Abstains: None
Absent: Bill Jones

**Motion Result: Passed** 

## Standing Item: HCH Program Updates & Community Updates

- 1. Still looking for additional East County sites for mobile clinic
  - a. Fulton Shipyard HUGE success, very busy clinic
- 2. Gala at Trinity "Night of Hope," →
  - a. Reach out to Jennifer to attend May 16<sup>th</sup> 6-9pm at Boundary Oak Clubhouse in Walnut Creek
- 3. CDBG 2020-2025 Needs assessment
  - a. Received over 1000 surveys, new goal is 2000
  - b. Contra Costa CDBG Home Consortium
  - c. Helps plan priorities for the next 5 years
  - d. Focus groups conducted:
    - i. Senior,
    - ii. youth,
    - iii. eco development,
    - iv. general services,
    - v. homelessness (what services look like and what is the vision of what would like to be seen/where they want the program to go)
  - e. How much money flows through CBDG (Community Development Block Grant)
    - i. Each has region has a specific allocation
- 4. Mid September 2019 Stand Down on the Delta at the Contra Costa Fairgrounds
  - a. 4-day fair for Homeless Veterans



- 5. BARM Golf Tournament May 13<sup>th</sup> at Rossmoor in Walnut Creek
  - a. Fundraiser for BARM, Jonathan to send information Board
- 6. CalFresh if you have SSI you are able to start applying for Food Stamps in June
  - a. Start applying in MAY
- 7. Senior Housing Data working to assess
- 8. GRIP Warming Center is now open 155 22<sup>nd</sup> Street
  - a. 30 cots for patients to access.
  - b. Showers, laundry, and food during CARE Center hours
  - c. Start taking people at 8pm until 7am
  - d. Open to families and individuals if a family does call, they will most likely put them at GRIP
  - e. Capacity 30 at both Warming Centers (Cots only at GRIP) but patients are allowed to sleep at all sites
    - i. Concord gets 60-70 calls every night for only 30 spaces

## **Standing Item: Future Matters**

- 1. HCH Strategic Plan Committee
- 2. HCH Program Infographic
- 3. Board Evaluation and Requirement
- 4. 2018 National HCH grantees comparison
- 5. Health questions possibly included in intake questionnaires and PIT 2020

Standing Item: Next Meeting and Time Wednesday, May 15, 2019

11:00-12:30pm 2500 Bates Avenue, Suite B Zion Conference Room Concord, CA 94520

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Board Chair Signature	Wardel	Brumes	MD

Date\_<del>5/15/2019</del>