

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, November 20, 2019 11:00-12:30pm

LOCATION: Zion Conference Room, 2500 Bates Avenue, Suite B, Concord, CA 94520

ATTENDANCE: Teri House, Bill Jones, Jonathan Russell, Jonathan Perales, Bill Shaw, Michael

Callanan, Dr. Wendel Brunner, Nhang Luong, Stephen Krank & Jennifer Machado

ABSENT:

HCH STAFF ATTENDANCE: Linae Young (HCH Planning & Policy Manager), Dr. Joseph Mega (HCH Medical Director), Julia Surges (QI Team), Alison Stribling (QI Team), & Beth Gaines (HCH Nurse Program Manager)

PUBLIC ATTENDANCE: None

Agenda Items for Approval and/or Review:

- 1. Action Item: APPROVAL October Meeting Minutes
- 2. Quality Improvement/Assurance & Program Performance Reports by HCH Medical Director
- 3. 2019-2021 Quality Assurance and Improvement Plan

Welcome & Introduction

• Introduction to board members and community members present

Action Item: Approval of October Board Meeting Minutes

Add Stephen Krank to the attendees list for mtg in October



Motion

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

B. Motion Made by: Teri House

C. Seconds the Motion: Stephen Krank

D. Discussion: None
E. In Favor: ALL
Opposed: None
Abstains: None
Absent: NONE

Motion Result: PASSED

Standing Item: Quality Improvement/Assurance & Program Performance Reports

(Dr. Joe Mega, HCH Medical Director, Quality Improvement Director)

(Attachment: FHS Committee Slides)

- 1. PSPIC Presentation Feedback
 - a. Quality Assurance Committee for the CCHS
 - i. Diabetes, Pap, Hep C was reported
 - b. Committee asked if HCH could come connect again at another time
 - c. Was there an ask of them?
 - No, one ask was to promote what HCH is doing with Hep C in the health system
- 2. Family & Human Services Committee Presentation Feedback
 - a. John Gioia and Candace Anderson
 - b. For next year's presentation, board would like to have some people there to represent
 - c. How are we connected/connecting with Ambulatory Care?
 - i. Working on ways to collaborate
 - 1. Presentations to health clinic managers of HCH referral and services
 - d. Explain HCH funding and how the program funds majority of the health centers
 - i. CCHS has a grant with HRSA for HCH program → this grant is the hook for all of these systems to become a Federally Qualified Health Center.
 - 1. Because it is federally qualified we receive a higher reimbursement rate for services.



- e. How do you feel the system is working between HCH and Ambulatory? Is there a flow between the two? Referrals?
 - i. Providers will send messages about a homeless patient and how our team can help manage
 - ii. No formal referral to our team
 - iii. If patients are set up in ambulatory care we do not want to interfere, but there are some that come in and out of care and we are their way back into care.
 - Overall want to move them out of HCH care and into an established system with more support (ambulatory) but there are barriers to getting our patients to transition to care
 - a. Barrier making appointments, getting to appointments, mental health appointments

HCH Program Action Items:

• Schedule outreach presentations to Ambulatory clinic managers

Board Member Demographic Questionnaire

(Attachment: Questionnaire)

- 1. Completed
- 2. Report results in comparison with UDS data at December meeting

2019-2021 Quality Assurance & Improvement Plan

(Attachment: DRAFT 2019-2021 & Improvement Plan)

- 1. Review Plan for request for approval at next meeting
- 2. Quality Improvement framework
 - a. Follow what Public Health systemwide does PDSA (Plan, Do, Study, Act)
 - i. Plan, get baseline data, create a plan, test the plan, assess and make changes
- 3. Quality Improvement Activities
 - a. Meet quarterly and update the project timeline
- 4. Quality Assurance Activities



- a. Bi-annual OPPE evaluation if there are problems, they are done more frequently → assesses if the providers functioning up to par
 - i. Who does chart reviews Medical Director, Joe Mega
- b. Patient Grievance and Compliant Policy
 - i. Are patients satisfied?
 - Often times the patients will express right then, or leave and not come back
 - a. Working on tracking of patients that have left without being seen.
 - 2. Staff works utilizes trauma informed care to better help address a patient complaint or issue in the moment
 - ii. identifying non formal complaints this is a problem, is there a way to address this?
 - Yes, we use the Consumer Advisory Board and Patient Satisfaction survey to assess what patients may be having problems with within HCH services
 - Overall want to document/have a document to track the complaints
- 5. 2019-2021 QI Priority: Decrease Uninsured
 - a. Currently, working with IT team to improve logic

HCH Program & Board Action Items:

- Feedback send to Linae
- Next meeting we will update and approve
- Documentation of patients complaints and concerns (focus groups, Left without being seen, patient satisfaction surveys)

Standing Item: HCH Program Updates & Community Updates

- 1. Next Meeting Attendance December 18, 2019?
 - a. No conflicts, schedule as planned

Standing Item: Future Matters

- 1. Quality Assurance & Improvement Plan request for approval
- 2. Clinical productivity



- 3. Chair & Vice Chair Elections
- 4. Project Director Evaluation

Standing Item: Next Meeting and Time
Wednesday, December 18, 2019
11:00-12:30pm
2500 Bates Avenue, Suite B
Zion Conference Room
Concord, CA 94520

Approval of HCH Co-Applicant Board Meeting Minutes from November 20, 2019