

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, February 15<sup>th</sup>, 2017 11:00-12:30pm **LOCATION:** Suite 150, 597 Center Avenue, Martinez, CA 94553

ATTENDANCE: Belinda Thomas, Bill Shaw, Nhang Luong, Matt Rinn, & Jonathan Perales

ABSENT: Dr. Wendel Brunner, Bill Jones, Shayne Kaleo, Larry Fairbank Sr., & Robin Heinemann

**HCH STAFF ATTENDANCE:** Julia Surges (HCH Consumer Liaison), Linae Young (HCH Planning & Policy Manager), Rachael Birch (HCH Interim Project Director), Sue Crosby (PHCS Director), Dr. Joseph Mega (HCH Medical Director)

#### **PUBLIC ATTENDANCE:**

#### 1. Welcome & Introduction

• Introduction to public attendees and members

#### 2. Approve Meeting Minutes

- Nhang Luang motion to approve Meeting Minutes and Jonathan Perales seconded
- **3. Standing Item: HCH Team Presentation** Dr. Joseph Mega, HCH Medical Director
  - Introduction to the Medical Outreach Team
    - A. Medical Outreach Team started about 8 months ago, 1 day a week visiting homeless encampments, current schedule are Thursdays Mornings from 8:00am-12:00pm.
    - B. Team includes, Dr. Mega, RN, CHW, Psychiatrist, and substance abuse counselor.
      - 1. We have recently hired a psychiatrist for 20 hours/week which includes Medical Outreach and time at both Concord and Brookside Shelter.
    - C. Number of Visits per day range form 14 3 (on rainy, stormy days).
    - D. Our team works with the CORE Coordinated Outreach, Referral and engagement- which is part of the HHHS Division during our Medical Outreach Clinics. They assist us with building relationships with clients and provide other



resources such as blankets, food, housing resources etc. They are also available to connect with our patients and bring patients needed medical supplies or medications from our team.

- E.We have the capability to conduct Ultra-Sounds in the field which has increased our ability to diagnose potential medical problems and refer adequately.

  Additionally, we can also conduct Rapid HIV tests, A1C, and have medications on board to prescribe if necessary.
- F. Our next goal is to increase our Medical Outreach Clinic to two days/week.

#### **Questions:**

- G. Do we provide clean needles?
  - 1. No but try to educate them on clean needle use.
- H. Tell us more about your experiences in the field?
  - 1. High rates of meth use, huge rise in heroin, alcohol use and heart failure.
  - 2. Mental health disorders many do not get seen with the traditional health services system however they are often referred but are not always able to make it to appointments or cannot get the medications they need.
  - 3. Case Study: He received a referral from the HIV/AIDS department case managers who were looking for a gentleman who has HIV. When we first met with him he was argumentative and insisted that he did not need "health services" as it was written on the outside of the van. We then spoke with him and addressed his primary need of shelter. We were able to get him a shelter placement, and for a week or so he continued to deny having HIV, soon after his placement in Concord Shelter he saw Dr. Mega in the clinic and requested medications for his "disease". We learned a lot from this experience; first addressing his primary concern and then building trust and a relationship with the individual and then learning how he refers to his disorder. For example, a "disease" rather than HIV.
- I. How can other homeless providers connect people to shelters?
  - 1. Consumers or providers can call the main hotline number but sometimes there is nothing available however the CORE team is a good connection and follows up with the shelters regarding open beds and priority.
  - 2. They screen and prioritize those interested in shelter using the VISPDAT (Vulnerability Index, Screening Tool). This tool prioritizes those who are elderly, have physical or mental disabilities, or families with children.



- 3. For now the county shelters are first come first serve, but you can call Dr. Mega for a referral into the shelter. However, typically he prioritizes those that are street homeless but will depend on the health status/situation of the individual.
- **4. Board Member Discussion** Discussion of the process for perspective board members.
  - PLAN: After perspective members submit applications, what are the next steps?
    - A. Send application to all board members before the meeting for review
    - B. Encourage applicant to come to a meeting as a community member to familiarize with the HCH Program and board to ensure continued interest in sitting on the board
    - C. Discuss the applicant at board meeting
    - D. Invite board member applicant to next meeting for a small interview (i.e.: questions regarding why interested in sitting on our board, what can you bring to the board, etc.)
  - What are the requirements from board? HRSA does not require specific seats to be filled for the board. However, consumer input is very important for the board. As a Section 330(h) grantee our program has applied and been approved for a waiver on consumer majority on the board. However, we want to be sure that we are receiving consumer input. Therefore, some board members are those who work closely with the homeless consumers. Additionally, our HCH Program has a consumer liaison who leads the Consumer Advisory Board at the local shelters, conducts Patient Satisfaction & Needs Assessment Surveys and focus groups.
  - **PLAN:** Include Board Members short bio and picture on the HCH Co-Applicant Board Website.
    - A. This will help the board to identify what other characteristics may be important to include on the board.
    - B. Will introduce those that currently sit on the board to other perspective members.
    - C. This may also encourage consumers to become involved if they recognize and can relate to those that work directly with the consumers.
    - D. This will also help identify the narrative of the board to see its current diversity.
- 5. Introduction to Board Member Applicant Board Members



- Jennifer Machado, Retired Chevron Financial Executive and Walnut Creek Trinity
   Center Volunteer and Advocate
  - A. All members are impressed with experience and education. They are excited about what she could bring to the board. Interested in having someone on the board with a finance background.
  - B. Believe that the corporate experience and relationship may be a great connection to have. Additionally, they notice her passion for the homeless as she is a volunteer and an advocate at the Trinity Center in Walnut Creek.
- PLAN for Jennifer Machado
  - A. Invite her to the March Board meeting for brief interview with the board.
- **6. CCHS HCH HRSA Scope & Availability of Services** Linae Young, HCH Program Manager (all on Meeting Presentation Slides)
  - HRSA Scope of Activities
    - A. Approved Sites
      - 1. Entry Point vs. HCH Specific Sites

#### **Questions:**

- Entry point Are homeless clients referred to the program? → Yes, CCHS staff refers to the HCH program. Financial counselors also assist in insurance applications and know how to refer them to our services. Additionally, HCH program resources are posted throughout all CCHS sites and clinics.
- El Cerrito Clinic Location How do you handle if they have Alameda coverage? → This is a school location therefore most of these patients are pediatric patients. However, if a patient has Alameda or out of county insurance they individual can switch to Contra Costa County. In the meantime, they can been seen with these clinics under our HCH Program coverage.
- High School Clinic Locations Are these services only for homeless high school students? → No, there are many different services at these clinics however these are entry points to be referred to our HCH program services. There are liaisons that help refer the homeless patients. These schools were chosen based on the number of low income or at risk for homelessness students in these areas.
- B. Availability of Services



- 1. Clinic Hours and After Hours Assistance
- C. Providers
- D. Service Area
  - 1. Contra Costa County
- E. Target Population
  - 1. Homeless

#### 7. Standing Item: HCH Program Updates

- HCH Uniform Data Systems (UDS) will be submitted by the end of today.
- HCH Patient Satisfaction Surveys will begin next week in all of our HCH Clinics
- Update on HCH move to new site
- New HCH Schedule now in effect
- Other Announcements?
  - A. Matt Rinn, Pleasant Hill Council Member: The cities of Pleasant Hill and Martinez plan to hire a full time CORE team (2 people) to work with the Contra Costa County CORE team and work under Mike Callanan. These two cities came together because both Police Departments receive a high number of calls regarding the homeless. He states that both cities are aware that there is a difference between a Police Officer called to respond to a situation involving a homeless individual rather than a respondent being trained and experienced in building relationships and sensitivity with this population. Pleasant Hill and Martinez cities will be funding these roles. They have also received a federal grant to help fund these roles within their cities.
  - B. <u>Belinda Thomas, REACH Fellowship:</u> REACH fellowship will be having a Gender Sensitivity Training Dr. Bloom from Sonoma state.
    - 1. We are working to include CEU credit for this training. This training will be at the same time as the next HCH Co-Applicant Board Meeting so understand that members will not be able to attend this meeting.
    - 2. The next training we will have will be Gender Sensitivity Training focusing on those formerly incarcerated African American women. She will invite all board members to this Training.
    - 3. March → REACH will open a small clinic, BP checks, anyone who can offer their time to help; it is volunteer basis to the Richmond side.
  - C. <u>Nhang Luang, Adult, Aging and Elderly Population, EHSD:</u> Her program has just received funding for shared living program for the elderly. Currently, there is a San



Francisco program that also received a grant like this and is using this model to house the elderly. This model includes matching people who have a home and are living by themselves and need a little extra help, they can rent room out and get matched with someone who is seeking a room to rent.

- 1. Phase one will start in May in Concord
- 2. Kisco Senior Communities provided the funding through a grant, we are currently trying to get cities to buy in. In Santa Clara County each city contributes to help fund the program in different cities.
- 3. How are clients referred to this program?
  - Through agencies, there is an intake process and application process along with a background check. Main deal will be trying to find a home provider (home seeker will be easy)
- 4. What do the background checks include? What are you looking for?
  - We haven't gone into details regarding this yet.
- 5. We want to encourage referrals to come from case managers to help filter out those individuals that may not be a good fit. Suggestion from Dr. Mega You should consider including the Case Managers at the shelters in this conversation as they can possibly assist in the application process.
- D. <u>Matt Rinn, Pleasant Hill City Council Member:</u> When looking at the map of the CCHS sites he noticed that the 680 corridor south of W.C. has no resources. The HCH program has tried to reach out to these cities to bring our services to them but have denied the need for the HCH services. We are aware that there are homeless in these areas and we could try to reach out to these cities again and assess the interest.
  - 1. Outreach to San Ramon and other areas that might know about our services out there, making people more aware of our team and how we can help them too.
  - San Ramon area → more hidden homeless, newly homeless, easier to house homeless families who have just become homeless and giving them an aid to thrive.
- E.<u>Belinda Thomas, REACH Fellowship:</u> I would like to feature our board on her next newsletter.
  - 1. In order for us to know that we have the capabilities to help and connect people to what we do and what our teams do.



- F. <u>Jonathan Perales</u>, <u>Past CCHS HCH Employee</u>: I have heard that Walnut Creek homeless have been are given bus passes to go to concord by the local law enforcement? Anyone know about this?
  - 1. Walnut Creek has a task force and hopefully as this develops they can assist more.

#### 8. Standing Item: Future Matters

- HCH Budget Overview
- HCH UDS results
- HCH Patient Satisfaction/Needs Assessment Results
- New Member Applications Desired Characteristics and Filling Vacancies

### 9. Standing Item: Next Meeting

• March 15<sup>th</sup>, 2017 from 11:00-12:30pm at 597 Center Avenue, Martinez, Suite 150

Approval of HCH Co-Applicant Board Meeting Minutes from February 15, 2017

Board Chair Signature \_\_\_\_\_\_ Wendel Brumes MD

Date <u>3/15/17</u>