

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, November 28 , 2018 11:00-12:30pm

LOCATION: Yellowstone Training Room, 2500 Bates Avenue, Suite B, Concord, CA 94520

ATTENDANCE: Wendel Brunner, Teri House, Jonathan Russell, Jonathan Perales, Bill Jones, Bill Shaw, & Jennifer Machado

ABSENT: Shayne Kaleo & Michael Callanan

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), Heather Cedermaz (HCH Nurse Practitioner) & Elizabeth Gains (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. **Action Item: Request for Approval – PHN position**

Welcome & Introduction

- Introduction to board members and community members present

Action Item: Approval of October Board Meeting Minutes

1. Amend Page 4 – vice chair seat → wants to make a change to the part about “facing” to face at meetings (*completed*)
 - i. *Add assist the board*
 - ii. *Needs a title – things with the public, how can it be divided*

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2. Page 4 under b → HCH to include...change “toward” to board to “on shared expectations” (*completed*)
 - i. Clarify – chair expectations

Motion

A. **Statement:** *I move to approve the minutes from October 2018.*

B. **Motion Made by:** *Teri House as minutes are amended.*

C. **Seconds the Motion:** *Bill Shaw*

D. **Discussion:** *None*

E. **In Favor:** *All*

Opposed: *None*

Abstains: *None*

Absent: *Michael Callanan & Shayne Kaleo*

Motion Result: *PASSED*

Standing Item: Quality Improvement/Assurance & Program Performance Reports

(Dr. Joe Mega, HCH Medical Director, Quality Improvement Director & Julia Surges, HCH Health Planner Evaluator)

Attachments: Clinical Measure Report – Diabetes & Consumer Report

1. Diabetes Clinical Measure

- a) Representative of all HCH patients diagnosed with Diabetes
- b) Missing refers to those patients with diabetes but have not had A1c on record YTD
- c) Barriers to collecting an A1c:
 - (i) Patients may have been tested by HCH team via a Point of Care Test which is not accepted test with our CCHS lab as they do not align with the testing in the health center (brick and mortar clinics). Therefore this can not be captured in these reports. Our HCH staff note these results within our notes with the electronic record.
 - (ii) Many clients are connected to other systems of care such as Alameda county, VA Patients, Kaiser, Lifelong, La Clinica
- d) QI Project to reduce barriers: Providers are reviewing all clients with missing A1c results and patients with a A1c above 9.0 and establishing individualized plans to address high or missing results. HCH Community Health worker will be a coordinator to follow up with those who are missing their A1c or are at 9.1 and

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up. Additionally, our HCH Senior Health Educator will be conducting education classes around diabetes and healthy eating within all County run shelters and other possible sites.

Board Member: How do you know if they have diabetes if it is just a TB?

- e) Inquire with the patient and many times patients have been seen in an ER/PES so there is a record of possible diabetes.

Board Member: How do you follow those patients who are undocumented?

- f) If a patient learned, he is diabetic HCH can refer clients with HCH coverage to clinics for further follow up.

Board Member: What are some of the reasons patients A1c results are above 9.1?

- g) Medication Adherence – hard to manage insulin on the street
- h) Food – insecurity, donations are usually unhealthy (breads, sweets, etc.), jail food is also unhealthy
 - (1) Lack of resources to cook food
 - (2) Differences of cost with meals on wheels, Calfresh, etc.

Board Member: Are there an organization that could donate healthy food?

- i) HCH has past coordination with food bank to get healthy food to shelters and resulted in mostly hard raw foods such as potatoes, onions, etc.
- j) Work with H3 to identify healthier food options in the shelters.

2. Consumer Advisory Board: We asked the consumers a series of questions about medical care and barriers they may face in addition to any concerns they have regarding medical services.

Focus Group: Brookside, Concord and Respite Shelter

- a) Barriers to Care
 - (i) Transportation: cannot make appointments after 3pm (drivers off by 4pm). At concord shelter– bus does not run through Arnold Industrial Stop on the weekends
- b) Appointments: HCH making appointments prior to checking in with patients about availability i.e. 2 appointments in 1 day. PCP appointments are difficult to get and are far out. Respite Dental appointments are booked very far out and many patients have more urgent needs.

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- c) Trainings/Classes/Activities: Training session on how to use myccLink to make their own appointments. Anger management. How to cope with stress and/or anxiety – mechanisms and tools. Activities – bingo, dancing, meditation.

HCH Program & Board Action Items:

- Dr. Brunner to follow up with H3 regarding food and cooking, kitchens, etc.
- Research if the ADA covers food and resources for diabetics.
- Possible food program in the shelter for diabetic patients

HCH Strategic Plan

(Linae Young, Planning & Policy Manager and Pat Fairchild, JSI Consultant)

1. 2019-2021 Goals
 - a) Program Finances & Staffing
 - b) Clinical Services & Quality Improvement
 - i) #4 change gas to gaps (*updated*)
 - ii) Do not have vision services – hard to access
 1. Possible PDSA to see if patients follow through and/or if they need help with optometry services
 - c) Partnerships & Communications
 - i) #2 what are we trying to get out of tis
 1. List of agencies/organizations and individuals we have partnerships with and what level of relationship i.e. John Muir – small contractual MOU w/them that allows us to use their vehicle
 - d) Planning & Oversight
 - i) What is dashboard? A snapshot of our clinical measures or other data reports that we could look at where we stand, i.e. a fancy report card
 - ii) #2 not review all data – too broad, what prompted
 1. Review existing Needs Assessments that exist and identify gaps within the assessments to focus on for our needs assessment.
 2. Questions to ask: Is there any other data that we need for our needs assessment? What else is needed to reach needs of our homeless patients?
 3. Propose inclusion of health questions in future PIT count? Review BHRSS Survey when coming up with questions (behavioral health survey used by CDC).

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2. Historical Timeline – Postponed to next meeting
3. Financial Trend – Postponed to next meeting

HCH Program Action Items:

- Vision services PDSA
- Catalogue of partner organizations and level of relationships
- Teri and Linnae to check with H3 about inclusion of health questions in future PIT count.

Board Member Discussion

(All)

1. Chair Expectations: Reviewed at meeting, moving forward as expectations, in absence of chair, vice chair is responsible for expectations.
2. Vice Chair Term: January term start
 - a) Nomination and election process?
 - i) Those who are interested/volunteer and those who agree to be nominated
 - ii) Elect Chair and Vice Chair at December Meeting
 1. 1 year term, will be elected in January and will be eligible for re-election 3 additional terms

HCH Program & Board Action Items:

- Future: Elect Board Chair and Vice Chair in October

Action Item: Request for Approval – Public Health Nurse Position

1. Granted supplemental funding through HRSA for Substance Use Services
 - a) HCH needs additional support with Medical Outreach Buprenorphine inductions and follow up in the field.

Board Member: Why a PHN instead of a MHCS or SAC?

- b) MHCS and SAC are available for referral but are looking for someone that can follow up with client in field, work with prescribing providers and pharmacy, medication adherence, etc.

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Motion

F. Statement: I move to approve the hiring of the Public Health Nursing Position.

G. Motion Made by: Teri House

H. Seconds the Motion: Bill Shaw

I. Discussion: None

J. In Favor: All

Opposed: None

Abstains: None

Absent: Michael Callanan & Shayne Kaleo

Motion Result: PASSED

Standing Item: HCH Program Updates & Community Updates

1. December 19th, 2018 Meeting – All available to attend
2. Homeless Awareness Month – PHCS Activities
3. Donation collection and distribution to HCH, CMCT and CORE
4. Trinity Winter Shelter (handout)
 - a) Patient referred must be members of Trinity Center
 - b) Looking for volunteers
5. MRT Services (handout)

Standing Item: Future Matters

1. HCH Strategic Plan Committee
2. Quality Improvement Reports and Peer Review
3. HCH Patient Satisfaction
4. Board Evaluation
5. Potential Data Analysis

Standing Item: Next Meeting and Time

Wednesday, December 19, 2018

11:00-12:30pm

2500 Bates Avenue, Suite B

Zion Conference Room

Concord, CA 94520

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Approval of HCH Co-Applicant Board Meeting Minutes from November 28, 2018

Board Chair Signature Wendell Brunner MD

Date 12/19/18