

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, October 20, 2021 11:00-12:30pm

LOCATION: Zoom

ATTENDANCE: Claude Battaglia, Wendel Brunner, Michael Callanan, Teri House, Bill Jones, Stephen Krank, Nhang Luong, Jennifer Machado, Lori McLemore, Jonathan Russell, Silas Robinson

ABSENT: Bill Shaw

HCH STAFF ATTENDANCE: Linae Altman (HCH Planning & Policy Manager), Rachael Birch (Project Director), Heather Cedermaz (HCH Lead Provider), Beth Gaines (HCH Nurse Manager), Gabriella Quintana (HCH QI Team) & Alison Stribling (HCH QI Team)

PUBLIC ATTENDANCE: None

Agenda Items for Approval and/or Review:

1. *Action Item: APPROVAL – September Meeting Minutes*
2. *Action Item: APPROVAL – Annual Budget*
3. *Action Item: APPROVAL – Board Chair Elections*

Welcome & Introduction

Action Item: Approval of September Board Meeting Minutes

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Motion

- A. **Statement:** *I move to approve the minutes from September 2021.*
- B. **Motion Made by:** Stephen Krank
- C. **Seconds the Motion:** Teri House
ROLL CALL VOTE: Each voting member must verbally approve or oppose
- D. **In Favor:** - Claude Battaglia, Wendel Brunner, Michael Callanan, Teri House, Bill Jones, Stephen Krank, Nhang Luong, Jennifer Machado, Lori McLemore
Opposed: None
Abstains: None
Absent: - Jonathan Russell, Silas Robinson, Bill Shaw
Motion Result: PASSED

Standing Item: HCH Services Update

(Heather Cedermaz, HCH Lead Provider)

1. Update on vaccine outreach at hotels and community
 - a. Allocating C19 at home test kits for the hch clients. 2400 pilot. Get Ideas from the board on how to use. Similar to Binax kits. Many CBOs are currently receiving BINAX tests from CCHS logistics in partnership with H3.
 - i. SVdP has a lot of volunteers, can we get some for each branch because they do interact with the people in need frequently. It would be a nice safety precaution to have. SVdP has 29 branches.
 - ii. Plan to give SVdP a large quantity for their use. Allocating 400 to HCH outreach teams, and maybe to others. Places like Castro, Ryden, or other locations to Danny. CORE can take them and Danny can take them to some of the RV encampments or other. The sanctioned encampments at the Marina Nora Lee.
 - iii. Winter nights does get the shelter allotment. CORE gets Binax from logistics. Before they get in the van, people are tested. What CORE is using the home tests and what CORE is using the Binax.
 - iv. Trinity should also be getting the Binax but can check in with Leslie to make sure that's happening. Follow up with Mike and Stephen for next steps and then follow up.

Question from the board: Where did these come from?

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- b. HRSA Biden administration to get at home kits into the hands of our community members.
 - i. Hand selected due to the size of our program.
- c. Ensure that the same information is going out with all tests regarding reliability. The reliability is similar to Binax 83-85% accurate. There are stipulations about people being symptomatic vs asymptomatic.
 - i. Include information cards and packets to who we distribute to. Making sure this is at a low literacy level with very specific language.

Question from the board: Do we want these results reported in?

- d. No reporting requirements but if you do get a positive, it would be good to hear back.
 - i. I think many of these people would end up at our PUI hotel which would be a good way to try.
 - e. Binax is being used for shelters when unvaccinated and for CORE transportation.
2. Health services updates
- a. High acuity rounds twice monthly. An opportunity to problem solve in a multi-disciplinary manner.
 - b. Outreach- we are rapport building and the importance of returning again and again.
 - i. Building relationships especially in places like Rydin and Castro.
 - c. Respite and Concord shelter are 3 weeks with no cases and outbreak resolved. Everyone has been very vigilant and responsive.
 - d. Proving that hospitalizations or ED visits were down compared to before Covid. We have good data that these were decreased.
 - e. Back at BARM and getting back to Trinity. Not seeing as many patients as before. Probably due to the fact that patients can access care in different ways now. Lower acuity as well. We want to stay there and be doing more.
3. COVID
- a. Concord shelter outbreak resolved
 - b. Admissions must be vaccinated in congregate sites
 - c. Binax upon warming center admissions
 - d. PUI hotel
 - i. Empty for the first time since the beginning
 - e. Boosters
 - i. J & J second doses

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- ii. Other boosters ongoing
- iii. Flu vaccines taking place as well
- iv. Moderna does not have a booster—but our clients interested are directed to a pharmacy.
 - 1. I would also offer them a Pfizer
 - 2. If I have Moderna and I want a booster, where do I go?
 - 3. The mix and match hasn't been approved but it is coming.

Question from the board: Can you explain what is happening with the empty hotel?

- f. The PUI has 32 rooms for positive, but the other rooms are for ECIH returners.
 - i. Once all individuals are back at ECIH, the PUI hotel has funding through end of December, we are working to identify what to do with isolation rooms. These can fill up quickly in the event of an outbreak.

Question from the board: How long back at BARM and trinity?

- g. Three or four months. Their warming center was closed down but when that opens up, we may see more.

Question from the board: Is Ori still the medical director?

- h. Yes, Heather is still the lead clinician
 - i. Not a county position, not a designation, it will be a provider already on staff.
 - ii. How will selection be made?
 - 1. Ori and Rachael
- i. ECIH repopulated beginning of December and hopefully Brookside will be too. Will increase our emergency shelter capacity by 39 beds. Our bed capacity will expand by a total of 70 beds or so when that happens.

Action Item: Project Director
(Rachael Birch, Project Director)

- 1. Request for approval of 2022 Annual Budget
 - a. Reminder of requirement for proposed budget to be approved by the board before HRSA approval.

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- i. 3.5m is directly from HRSA to support staffing salary expenses. The only other costs we apply our federal funds to is dues for the national council.
- ii. Any questions as to how we are using our income? Total budget is 30m. Operating on a smaller budget than prior years. Looking at prior budgets and actual expenses. Last year we spent less on outpatient expenses, so we are projecting for a lower budget this year.

Question from the board: Why don't we go up if 2020 is over?

- b. I think it will be less than 2019 because we are shifting to more remote services which cost less. It may take another year to start seeing an increase.

Question from the board: What happens if costs jump and we haven't projected for them?

- c. Nothing. We are based on revenue. We need to be reasonable and have income to cover it.
- d. Under Trump, funds couldn't be used for abortion or fringe benefits if they include abortion. We can't use HRSA funds for insurance if that insurance will approve abortion services. So we apply funds to salary.

Motion

- A. **Statement:** *I move to approve the 2022 Annual Budget*
- B. **Motion Made by:** Teri House
- C. **Seconds the Motion:** Bill Jones
ROLL CALL VOTE: Each voting member must verbally approve or oppose
- D. **In Favor:** Claude Battaglia, Wendel Brunner, Michael Callanan, Teri House, Bill Jones, Stephen Krank, Nhang Luong, Jennifer Machado, Lori McLemore
Opposed: None
Abstains: Jonathan Russell
Absent: Silas Robinson, Bill Shaw
Motion Result: PASSED

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Standing Item: Quality Improvement/Assurance & Program Performance Reports

(Gabriella Quintana, HCH QI Team)

1. Review of Clinical Measures with a significant change from previous report.
 - a. UDS Measures
 - I. Weight assessment & counseling for nutrition & physical activity of children and adolescents
 - % of patients 3-16 years of age with a BMI percentile and counseling on nutrition and physical activity documented for Patients seen by HCH went from 63.6% in July to 50% in September.
 - Due to denominator change from 11 to 12 (numerator went from 7 to 6)
2. QA/QI Measures
 - a. Medicated Assisted Treatment
 - I. Percent of HCH patients with an opioid use disorder that were offered buprenorphine or referred to methadone clinic during the reporting year went up from 72.9% in July to 87.1% in September.
 - II. Percent of HCH patients with an opioid use disorder that received a prescription for buprenorphine or methadone during the reporting year went up from 71.4% in July to 81.4% in September.

Action Item: Strategic Plan

(All)

1. Review themes from stakeholder interviews
 - a. 23 interviews with stakeholders from 11 organizations
 - b. Some 2020 UDS data included for reference
 - c. Population Trends
 - i. 39% of participants identified an increase in older adults
 - ii. Other notable trends identified by participants included a general increase in persons experiencing homelessness within Contra Costa County, an increase in families among those experiencing homelessness, an increase in unsheltered persons
 - d. Population Needs

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- i. Other than housing, significant needs identified by participants include Mental Health & Wrap Around Services. Other notable needs include temporary shelter, AOD services, and case management services
- e. Barriers
 - i. Lack of resources, cost of living, and access are the top reasons preventing clients from having their needs met.
 - ii. The theme was generally the need for more of everything, specifically calling out funding, staffing, shelter space & post-housing services.
 - iii. Participants identified challenges presented by program applications/intake, transportation, personal care, and system navigation created barriers to meeting client needs.
- 2. Strategic Plan Overview
 - a. Next steps will include program management discussions surrounding the development of goals and objectives based on the analysis presented today.

Action Item: Board Chair Elections

(Board Members)

- 1. Discussion around nominations
 - a. Keeping positions. Any other nominations?
 - b. Can Vice Chair also lead the meeting?
 - c. Some members interested in future positions, but not this year

Motion

- E. **Statement:** *I move to approve the re-election of Jennifer Machado as Board Chair and Jonathan Russell as Board Vice Chair*
- F. **Motion Made by:** Teri House
- G. **Seconds the Motion:** Michael Callanan
ROLL CALL VOTE: Each voting member must verbally approve or oppose
- H. **In Favor:** Claude Battaglia, Wendel Brunner, Michael Callanan, Teri House, Bill Jones, Stephen Krank, Lori McLemore, Silas Robinson
Opposed: None
Abstains: Jennifer Machado, Jonathan Russell
Absent: Nhang Luong, Bill Shaw
Motion Result: PASSED

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Standing Item: HCH Program Updates & Community Updates

1. HCH
 - a. Brown Act: We can meet virtually until 2024
 - b. Homeless Service Provider Guidance for prevention and management of C19 for suspected cases of C19
 - c. Online resources
 - d. Important update (county no longer supporting PUI hotel transportation)
 - i. H3 programs have taxi vouchers
 - ii. Working towards a more long-term model on getting people to these sites.
 - iii. Mitigating risk for transportation.
2. Other Community Updates
 - a. Free dental clinic open: dentist on wheels
 - i. Insured people referred to la clinica and lifelong.
 - ii. 2210 Gladstone Pittsburg Ca
 - iii. Behind Walmart off Loveridge

Standing Item: Future Matters

1. Consumer Input
2. Patient Safety & Standards of Practice
3. Strategic Plan

Standing Item: Next Meeting and Time

Wednesday, November 17, 2021

11:00-12:30pm

Zoom

Approval of HCH Co-Applicant Board Meeting Minutes from October 15, 2021

Board Chair Signature: Jennifer Machado

Date: 11/17/2021