

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 19th, 2022, 11:00-12:30pm

LOCATION: Zoom

ATTENDANCE: Wendel Brunner, Michael Callanan, Teri House, Stephen Krank, Nhang Luong, Jennifer Machado, Rachna Pandya, Jonathan Russell, Bill Shaw

ABSENT: Claude Battaglia, Bill Jones

HCH STAFF ATTENDANCE: Rachael Birch (HCH Project Director), Kimberly Cullom (Director, Public Health Clinic Services), Mia Fairbanks (HCH Nurse Program Manager), Alison Stribling (HCH QI Team), Gabriella Quintana (HCH QI Team)

PUBLIC ATTENDANCE: Jill Ray

Agenda Items for Approval and/or Review:

1. **Action Item: APPROVAL – September Meeting Minutes**
2. **Action Item: APPROVAL – 2023 Annual Budget**

Welcome & Introduction

1. Program Staff
 - a. Mia introduces Kim Cullom: Public Health Clinic Director (taking Alvin's spot)
 - i. Started with CCHS as a nurse in 2011
 - ii. Happy to be here and learn more about our HCH program here to support that team
2. Member Updates
 - a. Prospective applicant Jazmin is moving away from the area and will not continue with application to the Board.
 - b. Bill Shaw will be resigning from Winter Nights as of December 31st. There is currently a potential candidate to take over.

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Action Item: Approval of September Board Meeting Minutes

Motion

- A. **Statement:** *I move to approve the minutes from September 2022*
- B. **Motion Made by:** Stephen Krank
- C. **Seconds the Motion:** Bill Shaw
Roll Call Vote: Each voting member must verbally approve or oppose
- D. **IN FAVOR:** Wendel Brunner, Michael Callanan, Teri House, Stephen Krank, Nhang Luong, Jennifer Machado, Rachna Pandya, Jonathan Russell, Bill Shaw
OPPOSED: None
ABSTAINS: None
ABSENT: Claude Battaglia, Bill Jones
Motion Result: PASSED

Standing Item: HCH Services Update

(Mia Fairbanks, HCH Management)

1. Clean air event oct 7th at Castro
 - a. Collaborating with SOS
 - b. Did vaccines, covid boosters, flu shots
 - c. Looking to have a weekly presence at Castro
 - d. Challenged with bus staffing
 - e. Should be able to have that once rectified
2. Hired 2 new CHWs onboarding now. Doing well
 - a. Looking for a nurse retiring in September and another in March
 - b. Ongoing efforts
3. Working with H3, core and staff to expand outreach to make sure we are being more consistent in certain areas (Richmond, Antioch)
 - a. Looking to have full day outreach 3 days a week
 - b. Right now we have Tuesdays full day in east county
 - c. Tuesdays east, Wednesdays central, and Thursdays west but knowing we are adding in another mobile clinic for Castro
 - d. Mon/Fri intermittent outreach to meet people and give shots
 - e. Trying to expand and see more people
4. Starting to reach out to trinity and grip as well as other places to offer booster clinics.
 - a. Pull mobile team in with our team

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- b. Going down list to see who is interested

Question from the Board: How is recruiting/ supply and demand?

- 5. County is struggling to fill positions and finding candidates across the board.
 - a. Hard to replace sue who has been the rock at respite in working with hospitals, H3 and shelters.
 - b. Extraordinary knowledge base and network
 - c. It's going to be tough, but open to bringing people in to train.
 - d. We have lots of openings

Action Item: Project Director Update

(Rachael Birch, Project Director)

- 1. Request for Approval of 2023 Annual Budget
 - a. Noncompetitive grant cycle renewal.
 - b. Baseline projection looking at next budget cycle.
 - c. 3.5 million coming from HRSA
 - i. priority is staffing and annual dues for HCH national council
 - ii. they provide technical assistance throughout the year
 - d. Same money as last year but not enough for personnel
 - i. Comes from program income for this difference
 - e. Some of this other comes from WIC, state funding for testing that support homeless
 - f. Projecting an increase in homeless patients that HCH serves in the coming year
 - g. Carving out the benefits that we cannot cover through some federal funds
 - i. 12 or 14 items like lobbying, firearms, abortions
 - ii. Or to support fringe benefits to cover the cost of abortion
 - iii. Insurance is carved out of federally funded benefits

Question from the Board: You have to carve out the entire insurance cost?

- h. It is easier and we don't have enough to cover it all anyway
- i. We do have a policy that states we don't use federal funds for these

Question from the Board: The number that the federal government is giving us, can we make it bigger?

- j. Continue to apply to funding streams since it all gets rolled into the same
 - i. Opportunities to apply for additional funding for substance use and mental health.
 - ii. Easy to apply for the same grant

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- iii. The last 2 years we have not had the bandwidth to grow and do new funding streams
- iv. More stable now and may be able to add through applications
- v. The constraint is funding and several UDS markers allow additional funding like a sharp increase in homeless patients
- vi. Occasionally they look at awards from UDS measures, but the money is based on excess funds

Motion

- A. **Statement: I move to approve the 2023 Annual Budget**
- B. **Motion Made by:** Stephen Krank
- C. **Seconds the Motion:** Michael Callanan
Roll Call Vote: Each voting member must verbally approve or oppose
- D. **IN FAVOR:** Wendel Brunner, Michael Callanan, Teri House, Stephen Krank, Nhang Luong, Jennifer Machado, Rachna Pandya, Jonathan Russell, Bill Shaw
OPPOSED: None
ABSTAINS: None
ABSENT: Claude Battaglia, Bill Jones
Motion Result: PASSED

- 2. Conversation about FQHC
 - a. Medical patients return big income
 - i. Feds require this board to have oversight over the program
 - ii. Important to have Rachael to help us following the rules
 - iii. Getting kicked out would cause enormous problems for the whole county
 - iv. The only other thing is that this federal funding pays across the entire department that cares for homeless patients in the county

Standing Item: Quality Improvement

(Dana Ewing, H3 & Gabriella Quintana, HCH QI Team)

- 1. Point in Time Count Presentation
 - a. Only 11 covid deaths in the homeless population in the entire county programming.
 - I. You all did that, keeping people alive even if PIT numbers went up.
 - b. Done every year to determine number of homeless on any given night and required by HUD
 - c. *Important intersection: this is where we get into the sensitivities such as prioritizations for tools. Healthcare vulnerabilities and conditions and can

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sometimes result in unintended racial inequity. This would be a key area where looking at CoC demographics and who is accessing HCH services. Look at Data across the systems.

- d. Coordinated entry is starting to track referrals and compare by race and ethnicity and across the system
- e. CoC is HUD funded entity, following certain rule like database

Question from the Board: Are there certain ages trending that are new and different? Do people know about resources?

- f. PIT is not the best way to capture that. HUD doesn't require age data but looking at it over the past few years in the annual report. Coordinated entry is equitable and accessible. 211, CORE, and care centers.
 - I. Look at all the resources. The PIT is just a snapshot.

Question from the Board: Because PIT is a snapshot, how does it compare? Do demographics align?

- g. No data source is perfect because PIT is just those identified, and the report is over a year.
 - I. CORE tends to serve more unsheltered more mentally ill people than ours. It is very under reported.

Question from the Board: Is the PIT done just once a year?

- h. It's required every other year, but we generally do it every year

Question from the Board: Do other counties partner up? Is it services based on the county because the bay area is huge. How is the data shared?

- i. Bay area data work group meets regularly and especially before the PIT
- j. Everyone in the count is counted even if they were OOJ the week before

2. Select YTD Outcome Measures

**All changes can be attributed to population (denominator) changes at this point in the year*

- a. Changes affecting the UDS Roster:
 - I. Dental Sealants
 - 100% in Q1-Q2 → 33.3% in Q1-Q3
- b. Changes affecting our HCH Roster ONLY:
 - I. Early entry into prenatal care
 - 100% in Q1-Q2 → 89% in Q1-Q3

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- II. Weight assessment & counseling for nutrition & physical activity of children & adolescents
 - 63.6% in Q1-Q2 → 25% in Q1-Q3
- III. Low Birth Weight
 - 33.3% in Q1-Q2 → 16.7% in Q1-Q3
- IV. Diabetic Follow Up*
 - 45.8% in Q1-Q2 → 34.1% in Q1-Q3
- V. Medication Assisted Treatment (MAT)*
 - Offered: 94.6% in Q1-Q2 → 70.5% in Q1-Q3
 - Prescribed: 68.4% in Q1-Q2 → 48.2% in Q1-Q3

Standing Item: Community Updates

1. Partnership with dental clinic is going so well at SVDP backlog of 500 patients
 - a. Expanding days and services
 - b. 2nd day for root canals and such
 - c. First anniversary a couple of weeks ago
 - d. Looking for dentists
 - e. Built 3 chair office

Question from the Board: How long is 500 people wait?

- f. Grade based on need
 - i. Seniors move up list
 - ii. Those who haven't seen dentist in a long period of time
 - iii. Wednesday permanent second day

Standing Item: Future Matters

1. Recruitment
2. Board Assessment
3. Chair & Vice Chair Elections

Standing Item: Next Meeting and Time

Wednesday, November 16th, 2022

11:00-12:30pm

Zoom

Approval of HCH Co-Applicant Board Meeting Minutes from October 19, 2022



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Board Chair Signature *Jennifer Machado* _____

Date *11/16/2022* _____