

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, December 21<sup>st</sup>, 2022, 11:00-12:30pm

**LOCATION:** Zoom

**ATTENDANCE:** Wendel Brunner, Bill Jones, Stephen Krank, Nhang Luong, Jennifer Machado, Jonathan Russell

**ABSENT:** Claude Battaglia, Michael Callanan, Teri House, Rachna Pandya

**HCH STAFF ATTENDANCE:** Rachael Birch (HCH Project Director), Mia Fairbanks (HCH Nurse Program Manager), Gabriella Quintana (HCH QI Team)

**PUBLIC ATTENDANCE:** Daisy Gallegos

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### Agenda Items for Approval and/or Review:

1. **Action Item: APPROVAL – November Meeting Minutes**
2. **Action Item: REVIEW – Strategic Plan**

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### Welcome & Introduction

1. Intro for Daisy, analyst recommended by Nhang.
  - a. Learning about the board. In charge of Home safe program. Funding with housing navigation, financial support. Term ending
  - b. Important to have aging services represented on the board

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### Action Item: Approval of November Board Meeting Minutes

1. Comments on the minutes, as someone not in the meeting, general updates were confusing.
  - a. Nurse offered position and filled vacancy Specify HCH
  - b. Castro street encampment in Richmond
  - c. Baldwin Park concord

Contra Costa County Health Services  
Health Care for the Homeless Co-Applicant Governing Board

**Motion**

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

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**Standing Item: HCH Services Update**

(Mia Fairbanks, HCH Management)

1. National Homeless Persons Memorial Day today 3-4:30 online through continuum of care.
2. General Updates
  - a. Actively recruiting for a nurse in January
  - b. Still giving flu and covid vaccines in the clinic
3. GRIP
  - a. Met and they are interested in having us back (we were previously there)
  - b. Hoping to do a couple times a month starting in February
  - c. Also evaluating some other days that could work to flip back to castro street encampment every week.
4. Bay Church Showers
  - a. At bay point clinic and Martinez marina clinic on Fridays
  - b. They are interested in being in concord some days
  - c. Possibly coming to Baldwin Park clinic and reach out to city of concord for possible partnership on Thursdays
5. Clinics
  - a. Keeping our once-a-week clinics open over the next two weeks
  - b. Still doing outreach every Tuesday, Wednesday, and Thursday
  - c. Make our presence known because it is going to be cold, and it is the holidays

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**Action Item: Project Director Update**

(Rachael Birch, Project Director)

1. Update on Strategic Plan Status

Contra Costa County Health Services  
Health Care for the Homeless Co-Applicant Governing Board

- a. Section 1 is clinical services and quality improvement.
  - i. Compass Rose workflows for social determinants of health. We do not have a CR analyst to help us develop this but hoping to have one early next year. Capacity issues as to why not started.

*Question from board:* How does this fit in to CalAIM?

- ii. Meant to address high need patients. Thought that ECM was going to be second stage to WPC. Health plans are looking at outcomes as medically driven instead of social needs since new pop health program will wrap around.
  - iii. In Lieu doesn't address all services and only provided to specific people meeting specific criteria.
  - iv. Not all are able to access these benefits
  - v. We want to embed this in our daily workflows
- b. Decreased cognitive capacity is not yet started but started to work with different divisions headed by erica, sara levin, and CCHP.
  - i. We thought we were going to be doing it but rather than us duplicating services. Heather is now on this board to work with the entire health department.
  - ii. HCH elevated a problem that is now picked up by the larger system
  - iii. Sharing work done individually to combine and meet monthly
- c. Track recently housed
  - i. Figuring out the list and ECM tracking
  - ii. Maybe moved to Mia and probably Alison to figure out how to process recently housed and support that.
  - iii. This workflow may not work in compass rose which is proving challenging to implement workflows and dashboards

*Question from the board:* What is Compass Rose?

- d. Documenting platform within our HER for those who do case management.
  - i. Instead of a problem list, there are goals related to transportation instead of hypertension and documentation happens under that goal.

*Question from the Board:* Does H3 track recently housed?

- e. Not in a way that we can see.
  - i. Our systems do not talk.

Contra Costa County Health Services

Health Care for the Homeless Co-Applicant Governing Board

- ii. We are not a fluid system.
- iii. Anyone doing case management in CCHS adopted this case management system. Sometimes work wasn't being seen across the board but this allows everyone to work together.
- iv. Essentially a sub-data system and we could pull out health outcomes as well as amount of CM contact somebody was getting.
- f. Section 2: Partnerships and Communication
  - i. 2/2024 concerns with new collaboration work with BH going through their own CalAIM transformation.
  - ii. The way this goal is written could be dissected into shorter term goals.
  - iii. A lot of what we are trying to do is engage with other divisions. Really getting an MOU and working to engage them as a full partner. Mike wanted to have a workflow, and which should be meaningful. So shorter intervals is good, but we need them as full partner.
- g. Equity work group did hire a trainer.
  - i. The health department has had an equity coordinator for years and plenty of funding. The homeless population has most inequities. HCH is doing this but this goal we want to ensure we are included in the discussion.
  - ii. Have HCH at the table, but they haven't convened it. They are trying to finish hiring staff.
- h. Redefine the Part D goal to address copays and money management.

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**Standing Item: Quality Improvement**

(Gabriella Quintana, HCH QI Team)

1. Board Assessment items needing improvement
  - a. Getting back to in-person? Meetings on zoom could help recruitment and allows more people to participate.
    - i. At least keep it hybrid to make active membership possible.
    - ii. Should in-person items be part of the on boarding process?
    - iii. Standing item on the agenda, brainstorming for recruitment. Board Development
  - b. Representing from different entities (Law, APS, etc)
    - i. Next agenda: Who we have on the board now.

Contra Costa County Health Services  
Health Care for the Homeless Co-Applicant Governing Board

- c. Onboarding
  - i. New member meetings with both the board and a staff. 2 points of contact.
  - ii. Tour or Field Trip and invite everyone for a catch up.
    - Field Trips were helpful compared to online training.
    - Seeing things in action
    - The benefits of having health care on site at delta landing
    - Cookies to help with recruitment
    - juvie and differences with outreach van and big bus

*Question from the Board:* How do we help HCH Staff?

- d. Meet and greet with staff and board
  - i. Joint trainings or trainings that the staff receives (trauma informed care, meeting people where they are at)
  - ii. Send invites to trainings that exist
- 2. Patient Feedback (CAB/ Focus Groups)
  - a. Previous initiatives
    - i. Just going to shelter, announce, offer food and incentive to talk about HCH seemed to work
    - ii. Dedicated facilitator (BH with boundary settings)- redirect to HCH only
    - iii. Organic, informal, and embedded in site
    - iv. No consistency
  - b. Offer food/gift cards
  - c. Can still call it a Consumer Advisory Board even though in reality it will be more like focus groups.

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**Standing Item: Community Updates**

- 1. Stephen Krank-SVDP
  - a. Brought up the idea of how we can support HCH because we (SVDP) got a call today from someone needing to access a dental surgeon and HCH doesn't have that. Everyone benefits. We could help with our dental surgeon
- 2. Nhang Luong: Term Ending
  - a. We have appreciated your time spent on the governing board and value your input and participation over the past years.

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**Standing Item: Future Matters**

Contra Costa County Health Services  
Health Care for the Homeless Co-Applicant Governing Board

1. Utilization/Productivity
2. PD Evaluation

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***Standing Item: Next Meeting and Time***

Wednesday, January 18<sup>th</sup>, 2023

11:00-12:30pm

Zoom

***Approval of HCH Co-Applicant Board Meeting Minutes from December 18, 2022***

***Board Chair Signature Stephen Krank*** \_\_\_\_\_

***Date 1/16/2023*** \_\_\_\_\_