

Sacramento County Primary Health Services
Health Care for the Homeless Co-Applicant Board (HCHCAB)

Meeting Agenda

October 17, 2014 / 9:30 AM – 11:30 AM

Loaves and Fishes

Delaney Center (1st Floor Board Room)

401 North 12th Street
 Sacramento, Ca 95811

Focal Points: Health Care for the Homeless Program Design

Topic	Time	Action or Discussion
Welcome, Introductions – <i>Paula Lomazzi</i> , Chair	9:30 – 9:40	Discussion
Old Business		
Review August and September Meeting Minutes – <i>Paula Lomazzi</i>	9:40 – 9:50	Action
New Business		
Health Care for the Homeless Program Design – <i>Marcia Jo</i> <ul style="list-style-type: none"> • Comprehensive Health Care Services • Health Care Navigators 	9:50 – 11:10	Discussion
Set Agenda		
HCHCAB agenda items for next meeting – <i>Vicki Deloney</i>	11:10 – 11:15	Discussion
Comments:		
1. Public Comment	11:15 – 11:20	
2. Announcements - <i>All</i>	11:20 – 11:25	
3. Closing Remarks and Adjourn – <i>Paula Lomazzi</i> , Chair	11:25 – 11:30	

Next Meeting: November 21, 2014

HCHAB Program Design discussion

10 17 14

Comprehensive care

Current HCH Locations and Services :

	MCLF	Primary Care Center
MD time	.8 FTE	4-5 (teaching programs)
Hours	8-230 Mon-Fri	8-5 Mon-Fri
Average visits per day	8 (many not enrolled)	40 (almost all enrolled)
% homeless	100%	60%
Enrollment Assistance	yes	yes
Enabling services	yes	yes
Psychiatry and other BH	no	yes
Specialty	no	some
Referrals to specialty and follow up	Yes for enrolled	Yes for enrolled

See data on eligibility of persons served

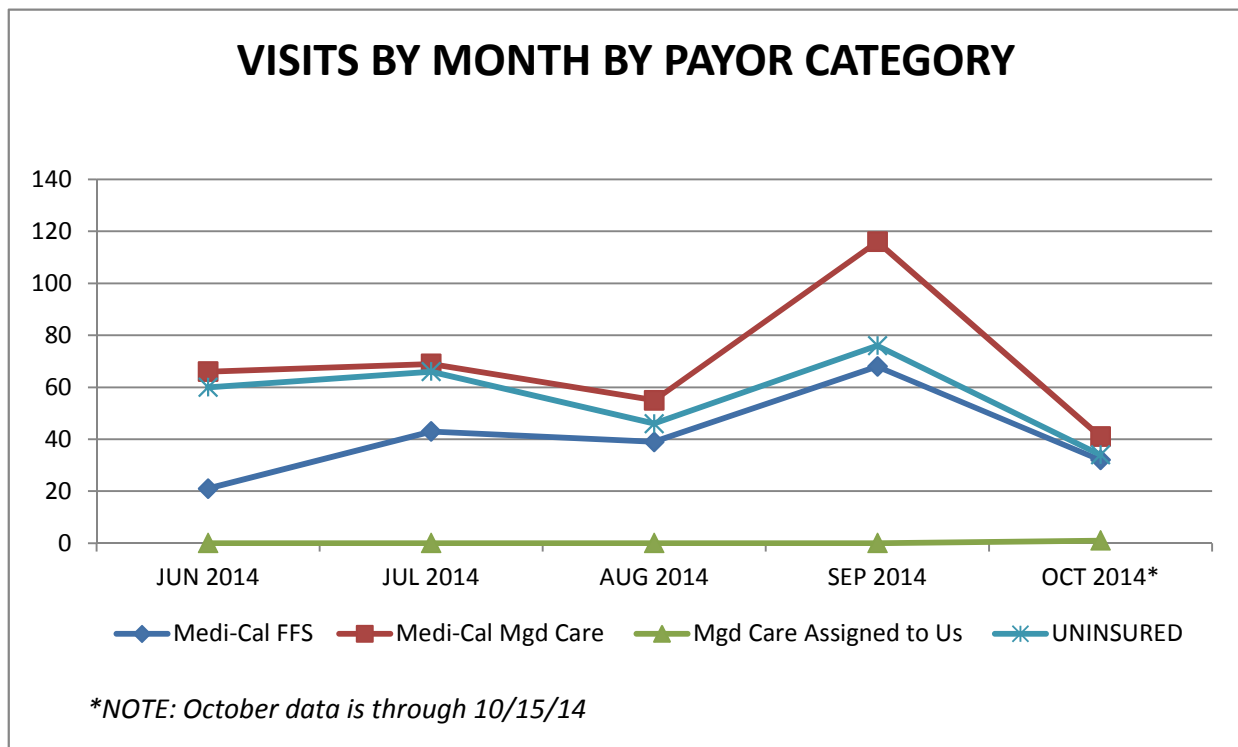
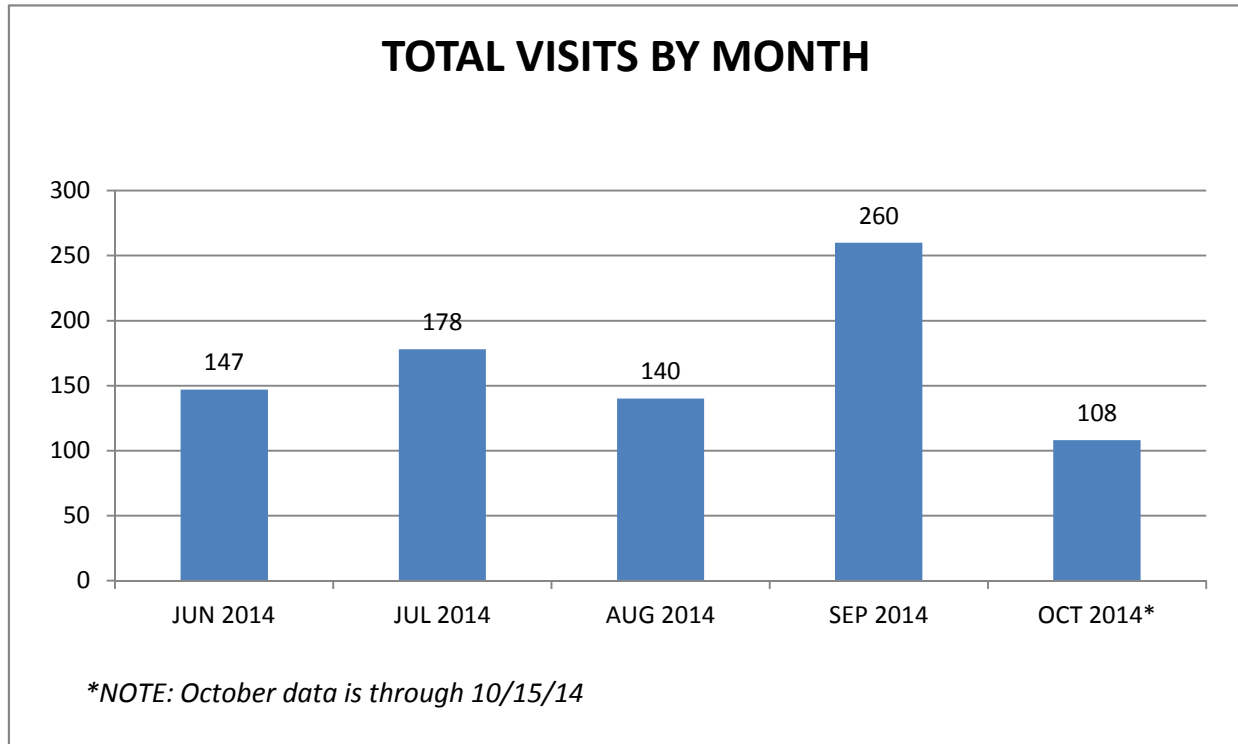
Navigation

Current staffing

	ADRC/Corrections	MCLF	HOMELESS SAFETY NET
RNs	2.0 at ADRC TBD at Correctional Health	none	3.0 (1 vacant)
Support staff	none	1-2	none

MD VISITS MCLF

JUNE 2014 - OCTOBER 15, 2014



FORM 5A: REQUIRED SERVICES PROVIDED

As of 8/8/2012 3:22:14 PM
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
FORM 5A: REQUIRED SERVICES PROVIDED
(In BPHC Records As of 8/1/2012 3:51:30 PM)

FOR HRSA USE ONLY

Application Tracking Number

Grant Number

00101723

H80CS00045

MODE OF SERVICE PROVISION

SERVICE TYPE

DIRECT BY APPLICANT

FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)

FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)

SERVICE TYPE	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings			
• Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Communicable Diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Cholesterol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blood Lead Test for Elevated Blood Lead Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pediatric Vision, Hearing, and Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prenatal and Perinatal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Behavioral Health			<input checked="" type="checkbox"/>
Referral to Substance Abuse			<input checked="" type="checkbox"/>
Referral to Specialty Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Required for HCH Programs):			
• Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Outpatient Treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Rehabilitation (Non Hospital Settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Clinical Services			
Case Management			
• Counseling/Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Follow-Up/Discharge Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Eligibility Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Required for HCH programs):			
<ul style="list-style-type: none"> Harm/Risk Reduction (e.g., nicotine gum/patches, educational materials) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FORM 5A: ADDITIONAL SERVICES PROVIDED

As of 8/8/2012 3:22:16 PM
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: ADDITIONAL SERVICES PROVIDED (In BPHC Records As of 7/12/2012 3:55:57 PM)	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00101723	H80CS00045

SERVICE TYPE	MODE OF SERVICE PROVISION		
	DIRECT BY APPLICANT	FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)

Additional Services Currently Provided			
Clinical Services			
Dental Services - Restorative	X		
HIV Testing	X		
TB Therapy	X		
Podiatry	X		
Non-Clinical Services			
WIC	X		X

FORM 5B: SERVICE SITES

As of 8/8/2012 3:22:19 PM
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

FORM 5B: SERVICE SITES
(In BPHC Records As of 7/12/2012 3:56:20 PM)

FOR HRSA USE ONLY

Application Tracking Number	Grant Number
00101723	H80CS00045

St John's Nurse visit site (BPS-H80-006715) Action Status: Picked from Scope

Name of Service Site	St John's Nurse visit site	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	http://www.sacdhs.com/		
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		

Organization

Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened	1/1/1998	Date Site was Added to Scope	1/1/1998
Site Operational By	7/1/2009	Medicare Billing Number	No Medicare Patients
Medicaid Billing Number	EXE70041F	Medicaid Pharmacy Billing Number	PHA348160
Site Phone Number	916-874-1455	Administration Phone Number	916-874-1455
Site Fax Number	916-874-3336		
Site Physical Address	4401 Power Inn Rd , Sacramento, CA 95826-4338	Site Mailing Address	4600 Broadway STE 2230 Sacramento CA
Service Area Zipcodes (Required for Service Site Only)	95826	Service Area Census Tracts	0051.03
Service Area Population Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated		
Operational Schedule	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time		Calendar Schedule
Total Hours of Operation when Patients will be Served per Week (include extended hours)	16.000	Months of Operation	January - December

dental clinic (BPS-H80-008978) Action Status: Picked from Scope

Name of Service Site	dental clinic	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	www.saccounty.net		
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		

Organization

Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened	3/9/2009	Date Site was Added to Scope	5/11/2009
Site Operational By	3/9/2009	Medicare Billing Number	Will not be billed until equipment is purchased
Medicaid Billing Number	N/A	Medicaid Pharmacy Billing Number	
Site Phone Number	916-874-8300	Administration Phone Number	916-874-8300
Site Fax Number	916-874-0958		
Site Physical Address	4600 Broadway STE# 2100, Sacramento, CA 95820	Site Mailing Address	4600 Broadway STE 2100 Sacramento CA
			0046.02, 0046.01, 0051.01, 0050.02, 0050.01, 0048.02,

Service Area Zipcodes (Required for Service Site Only)	95829, 95825, 95823, 95818, 95621, 95817, 95608, 95828, 95814, 95628, 95662, 95670, 95820, 95660, 95821, 95758, 95812, 95816, 95655, 95673, 95691, 95610, 95826, 95824, 95838, 95815, 95822, 95831, 95835, 95834, 95842, 95841, 95864, 95843	Service Area Census Tracts	0055.02, 0067.01, 0069.00, 0045.00, 0044.02, 0064.00, 0029.00, 0028.00, 0063.00, 0032.01, 0031.02, 0031.01, 0030.00, 0007.00, 0037.00, 0036.00, 0032.02, 0018.00, 0017.00, 0027.00, 0006.00, 0005.00, 0014.00, 0011.00, 0066.00, 0044.01, 0062.02, 0068.00, 0072.04, 0051.03, 0051.02, 0065.00, 0048.01, 0047.00
Service Area Population Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated		
Operational Schedule	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)	40.000	Months of Operation	January - December

PRIMARY CARE CENTER (BPS-H80-003743) Action Status: Picked from Scope

Name of Service Site	PRIMARY CARE CENTER	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	http://www.sacdhhs.com/		
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		

Organization

Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened	1/1/1980	Date Site was Added to Scope	1/1/1988
Site Operational By	7/1/2009	Medicare Billing Number	Billing # requested 4/18/12; pending from Medicare
Medicaid Billing Number	EXE70041F	Medicaid Pharmacy Billing Number	PHA348160
Site Phone Number	916-874-9670	Administration Phone Number	916-875-5701
Site Fax Number	916-874-9297		
Site Physical Address	4600 BROADWAY , SACRAMENTO, CA 95820-1527	Site Mailing Address	7001A East Parkway STE 500 Sacramento CA
Service Area Zipcodes (Required for Service Site Only)	95815, 95814, 95827, 95829, 95626, 95835, 95820, 95837, 95822, 95843, 95655, 95830, 95683, 95839, 95624, 95832, 95823, 95638, 95824, 95632, 95758, 95670, 95742, 95836, 95608, 95821, 95825, 95816, 95819, 95690, 95864, 95818, 95817, 95831, 95838, 95673, 95842, 95828, 95826, 95820, 95630, 95833, 95662, 95628, 95610, 95621, 95660, 95841, 95815, 95693	Service Area Census Tracts	0067, 0069, 0045, 0044.02, 0064, 0029, 0028, 0063.00, 0032.01, 0031.02, 0031.01, 0030, 0007, 0037, 0036, 0032.02, 0018, 0017, 0027, 0006, 0005, 0014, 0011, 0066, 0044.01, 0062.02, 0068, 0072.04, 0051.03, 0065, 0048.01, 0047, 0046.02, 0046.01, 0051.02, 0051.01, 0050.02, 0050.01, 0055.02
Service Area Population Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated		
Operational Schedule	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)	60.000	Months of Operation	January - December

HOPE WELL CHILD CLINIC (BPS-H80-005848) Action Status: Picked from Scope

Name of Service Site	HOPE WELL CHILD CLINIC	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	http://www.sacdhhs.com/		
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		

Organization

Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Comments			
Date Site was Opened	1/1/1999	Date Site was Added to Scope	1/1/1999
Site Operational By	7/1/2009	Medicare Billing Number	No Medicare Patients
Medicaid Billing Number	EXE70041F	Medicaid Pharmacy Billing Number	PHA348160
Site Phone Number	916-874-1455	Administration Phone Number	916-875-1455
Site Fax Number	916-874-3336		
Site Physical Address	4401 44th St , Sacramento, CA 95820-3928	Site Mailing Address	4600 Broadway STE 2230 Sacramento CA
Service Area Zipcodes (Required for Service Site Only)	95820	Service Area Census Tracts	0044.02, 0031.01, 0037, 0029, 0031.02, 0044.01, 0030, 0036
Service Area Population Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated		
Operational Schedule	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time	Calendar Schedule	<input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)	24.000	Months of Operation	January - December

MERCY/LOAVES AND FISHES CLINIC (BPS-H80-001680) Action Status: Picked from Scope

Name of Service Site	MERCY/LOAVES AND FISHES CLINIC	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	http://www.sacdhhs.com/		
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		

Organization	
Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened	1/1/1987	Date Site was Added to Scope	1/1/1988
Site Operational By	1/1/1987	Medicare Billing Number	Application in Process
Medicaid Billing Number	EXE70041F	Medicaid Pharmacy Billing Number	PHA348160
Site Phone Number	916-446-3345	Administration Phone Number	916-875-5701
Site Fax Number	916-444-0835		
Site Physical Address	1321 N C St , Sacramento, CA 95811-0607	Site Mailing Address	7001A East Parkway STE 500 Sacramento CA
Service Area Zipcodes (Required for Service Site Only)	95814	Service Area Census Tracts	0007, 0005, 0066, 0006, 0011
Service Area Population Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated		
Operational Schedule	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)	40.000	Months of Operation	January - December

CHEST CLINIC (BPS-H80-004100) Action Status: Picked from Scope

Name of Service Site	CHEST CLINIC	Service Site Type	Service Delivery Site
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0
Web URL	http://www.sacdhhs.com/		
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor		

Organization	
Organization Name	Not Applicable
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened	1/1/1980	Date Site was Added to Scope	1/1/1988
Site Operational By	7/1/2009	Medicare Billing Number	Application in Process
Medicaid Billing Number	EXE70041F	Medicaid Pharmacy Billing Number	PHA348160
Site Phone Number	916-874-9823	Administration Phone Number	916-875-5701
Site Fax Number	916-874-9442		
Site Physical Address	4600 BROADWAY , SACRAMENTO, CA 95820-1527	Site Mailing Address	7001A East Parkway STE 500 Sacramento CA

Service Area Zipcodes (Required for Service Site Only)	95626, 95836, 95832, 95831, 95670, 95821, 95638, 95864, 95758, 95630, 95822, 95824, 95826, 95816, 95814, 95819, 95819, 95830, 95683, 95827, 95690, 95641, 95608, 95820, 95835, 95834, 95835, 95837, 95838, 95615, 95639, 95693, 95628, 95742, 95662, 95624, 95823, 95955, 95660, 95673, 95842, 95843, 95621, 95841, 95628, 95610, 95829, 95815	Service Area Census Tracts	0067.01, 0069.00, 0046.01, 0045.00, 0064, 0029.00, 0028.00, 0063.00, 0032.01, 0031.02, 0031.01, 0030.00, 0007.00, 0044.01, 0037.00, 0036.00, 0018.00, 0017.00, 0027.00, 0006.00, 0005.00, 0014.00, 0011.00, 0066.00, 0044.02, 0062.02, 0068.00, 0072.04, 0065, 0048.02, 0048.01, 0047.00, 0046.02, 0051.03, 0051.02, 0051.01, 0050.02, 0055.02
Service Area Population Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated		
Operational Schedule	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)	40.000	Months of Operation	January - December

FORM 5C: OTHER ACTIVITIES/LOCATIONS

As of 8/8/2012 3:22:23 PM
 OMB No.: 0915-0285 Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5C: OTHER ACTIVITIES/LOCATIONS (In BPHC Records As of 8/6/2012 3:17:35 PM)	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00101723	H80CS00045

ACTIVITY/LOCATION #1	
Type of Activity	Other - County Case management
Frequency of Activity	As needed for inpatient care
Description of Activity	County case management is responsible for care of hospitalized patients for treatment authorization and other eligibility concerns
Type of Location(s) where Activity is Conducted	County of Sacramento DHHS/Primary Health Case Management

ACTIVITY/LOCATION #2	
Type of Activity	Other - Public Health Nurse Outreach
Frequency of Activity	Weekly
Description of Activity	The Health Care for the Homeless public health nurse visits up to six area shelters and four single residency Occupancy hotels. These nurses provides triage assessments of minor health care complaints; provides flu shots and childhood immunizations and WIC referrals for children; educational workshops; Tuberculosis testing and screening; and enabling services like bus and taxi vouchers to county clinics, community clinics or emergency room sites for urgent care needing a medical doctor's assessment and treatment
Type of Location(s) where Activity is Conducted	1. four downtown SRO locations - Wednesdays all day. 2. Union Gospel Mission emergency shelter Thursday afternoons. 3. Salvation Army emergency shelter- Tuesday afternoons 4. St. Johns Shelter for women and children - Every Monday (all day) and Thursday afternoons. 5. Sacramento Area Emergency family housing and Women's refuge- Every Monday, Tuesday and Wednesday. 6. Mather community campus transitional housing.- Every 6 months and as needed for communicable disease education. 7. WEAVE (Women Escaping A Violent Environment)- Every 6 months and as needed for communicable disease educati

ACTIVITY/LOCATION #3	
Type of Activity	Health Education
Frequency of Activity	Annually
Description of Activity	The Health care for homeless program conducts a annual chronic disease and communicable disease workshop for up to 100 local shelter staff and clients. Physicians, pharmacist, and public health nurses present specific health care topics and provide guidance to shelter staff and clients on how to care for individuals, suffering from specific diseases, in a shelter setting.
Type of Location(s) where Activity is Conducted	Activity is conducted at one of the County's large community conference rooms.

Sacramento County Primary Health Services
Health Care for the Homeless Co-Applicant Board

Meeting of:

October 17, 2014

9:30 am - 11:30 am

Loaves and Fishes

Delaney Center (1st Floor Board Room)

401 North 12th Street

Sacramento, Ca 95811

Staff Report

Victoria Deloney, MBA/HCM, BSN, Senior Health Program Coordinator

Marcia Jo, JD/MPA, Primary Health Services Program Manager

Karen Giordano, LMFT, Primary Health Services Program Planner

PROGRAM

- HRSA site visit findings (see agenda) and required revision of homeless service design
- Integrated Behavioral Health: very high percentage of enrollees is homeless (about 60% of the 250 visits per week are for homeless individuals)
- Diabetes report shows homeless with out of control diabetes. Workgroup to do chart review and plan interventions and next steps

BUDGET

No report

STAFFING

1.0 FTE PHN for homeless outreach has been added to our program by the Board of Supervisors . Co-Applicant may want to consider thanking them

COMMUNITY PARTNERS

Department of Probation: Outreach and healthcare navigation: two nurses currently provider services at Adult Day Reporting Center (ADRC).

El Hogar Guest House: September chart review indicates very high rates of significant mental illness in the MCLF population. Plan to strengthen this partnership.

Managed Care Health Plans: Discussions underway regarding how to link homeless individuals to their assigned health plan.

**SACRAMENTO
HEALTH CARE FOR THE HOMELESS ADVISORY BOARD
◆◆ MEMBERSHIP ROSTER ◆◆**

As of: 10/3/14

HEALTH CARE FOR THE HOMELESS CO-APPLICANT BOARD MEMBERS		
LAST NAME	FIRST NAME	CONSTITUENCY
Blain	Mike	Homeless or Formerly Homeless
Lomazzi	Paula	Homeless or Formerly Homeless
Daniels	Latisha	Community Member: Other
Hahn	Rebecca	Community Member: Other
Kesselring	Robert	Community Member: Other
Respall	Maria	Community Member: Other
Sanga	Shavindar	Community Member: Other
<i>Vacant</i>		Homeless or Formerly Homeless
<i>Vacant</i>		Homeless or Formerly Homeless
<i>Vacant</i>		Community Member: Other

LAST NAME	FIRST NAME	CONSTITUENCY	RESIGNATION DATE
Davis	Andrew	Homeless or Formerly Homeless	2/16/2014
Smith	Ronald	Homeless or Formerly Homeless	7/16/2014
Fernandez	Str. Libby	Community Member: Other	1/17/2014

INDIVIDUALS EXPRESSED INTEREST IN APPLYING FOR HCHCAB MEMBERSHIP		
LAST NAME	FIRST NAME	CONSTITUENCY
Schleitweiler	Michael	Homeless or Formerly Homeless
Washington	Aaron	Homeless or Formerly Homeless
Ooms	Sally	Community Member: Other

Health Care for the Homeless Co-Applicant Board (HCHCAB) Bylaws Membership:

Voting Members: (4) Members Homeless/Formerly Homeless
(6) Members Community Member: other

Non-Voting Ex Officio Members: The Director of the Program shall be a County employee, non-voting, ex officio member. Sacramento County Board of Supervisors (BOS) may designate additional non-voting ex officio members.

Process to Obtain Membership: Individuals may request or HCHCAB may nominate an individual for membership. The individual completes and submits the HCHCAB application to the secretary or chair. After review, determination of meeting requirements, and recommended by the HCHCAB, individuals complete the BOS application. The HCHCAB recommendation, along with the completed BOS application, will be presented the BOS for approval. Public notice of vacancies, upcoming selection of members for terms, which are expiring, and nominations for membership, shall be posted in the same location as the notice of regular meetings.

FREQUENTLY ASKED QUESTIONS ABOUT HEALTH CARE FOR THE HOMELESS

The National Health Care for the Homeless Council (NHCHC), working together with the Health Resources and Services Administration (HRSA) through a cooperative agreement, has created this FAQ to answer some common questions about homelessness and the Health Care for the Homeless program.

1. What is the official definition of homelessness?

There is more than one “official” definition of homelessness. Health centers funded by the U.S. Department of Health and Human Services (HHS) use the following:

A homeless individual is defined in section 330(h)(4)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual's living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 1999-12, Health Care for the Homeless Principles of Practice)

Programs funded by the U.S. Department of Housing and Urban Development (HUD) use a different, more limited definition of homelessness [found in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003)].

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Hence different agencies use different definitions of homelessness, which impacts how various programs determine eligibility for individuals and families at the state and local level. Health centers use the HHS definition in providing services.

2. Are there different types of homelessness?

Yes, there are groups of people who experience homelessness in different ways, but all homelessness is characterized by extreme poverty coupled with a lack of stable housing. Children on their own or with their families, single adults, seniors, and veterans comprise various demographic groups that may use different types of programs or services, or have differing factors that contribute to their homelessness. There are also those who experience homelessness for various lengths of time (short-term, long-term or “chronic”) or who experience multiple episodes of homelessness (moving between housing and homelessness). Those who are “doubled up” or “couch surfing” are also considered homeless if their housing arrangement is for economic reasons and is unstable (a disagreement or other scenario could result in being asked to leave). Accessible and affordable housing is the key underlying need for all these situations regardless of other demographic factors.

3. When and how was the Health Care for the Homeless Program created? What does it do?

The Health Care for the Homeless (HCH) Program started in 1985 through 19 demonstration projects funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. The intention of these initial projects was to determine if a specialized model of delivering services could improve the health of individuals experiencing homelessness. Federal funding for more projects began in 1987 through the Stewart B. McKinney Homeless Assistance Act. In 1996, HCH projects were consolidated with Community Health Centers and other primary care projects administered by HRSA's Bureau of Primary Health Care. By law, HCH projects receive 8.7% of appropriated Health Center funds. There are now 208 HCH projects nationally—at least one in every state, the District of Columbia, and Puerto Rico.

Like other health centers, HCH projects are community-based and patient-directed organizations that serve low-income populations with limited access to health care. Each is located in a medically underserved community, is a non-profit organization or public entity governed by a community board, and provides comprehensive primary care as well as supportive services (education, translation and transportation, etc.) that promote access to health care. All services are provided on a sliding scale with fees adjusted based on income and the ability to pay, and no patient may be turned away due to inability to pay. Unlike other health centers, HCH projects are required to provide substance abuse treatment services.

4. What is the relationship between health, housing and homelessness?

Poor health (illness, injury and/or disability) can cause homelessness when people have insufficient income to afford housing. This may be the result of being unable to work or becoming bankrupted by medical bills. Living on the street or in homeless shelters exacerbates existing health problems and causes new ones. Chronic diseases such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions are difficult to manage under stressful circumstances and may worsen. Acute problems such as infections, injuries, and pneumonia are difficult to heal when there is no place to rest and recuperate. Living on the street or in shelters also brings the risk of communicable disease (such as STDs or TB) and violence (physical, sexual and mental) because of crowded living conditions and the lack of privacy or security. Medications to manage health conditions are often stolen, lost or compromised due to rain, heat, or other factors. When people have stable housing, they no longer need to prioritize finding a place to sleep each night and can spend more time managing their health, making time for doctors' appointments, and adhering to medical advice and directions. Housing also decreases the risk associated with further disease and violence. In many ways, housing itself can be considered a form of health care because it prevents new conditions from developing and existing conditions from worsening.

5. How many people does the Health Care for the Homeless Program serve each year?

In 2009, there were 1,018,084 patients who were homeless served at all health centers with the vast majority (81%) seen at HCH projects. Of those seen at HCH projects, nearly all (91%) patients are under 100% of the federal poverty level (FPL) and about two-thirds (66%) are uninsured. Most of the patients at HCHs are adults age 20 to 64 (80%), but 17% were children/youth under age 19 and 3% were older adults age 65 and over.

6. Where can individuals experiencing homelessness go to obtain health care services?

Low-income individuals can obtain health services at any health center in their community. HRSA hosts a search tool to find a health center near you at the following link <http://findahealthcenter.hrsa.gov/>.

7. My organization is interested in applying to become a Health Care for the Homeless site; where can I go to find more information?

HRSA is currently expanding the Health Center Program as part of meeting national goals associated with the Affordable Care Act. Over the next five years, funding will become available to create new HCH and other health center projects, sites and services. If your organization is interested in learning more about health center requirements, please visit <http://bphc.hrsa.gov/about/apply.htm>. This site will explain the requirements and the process for applying for grant funds to become an HCH grantee. Technical assistance with the application process is available from the National Health Care for the Homeless Council, ta@nhchc.org or 615-226-2292.

8. Are health care services available for homeless youth?

Yes, HCH projects (and health centers in general) provide a wide range of primary care and other services to children experiencing homelessness. While youth of any age can be served at HCH clinics, laws vary state-by-state about the types of services that youth can receive without parental consent. For minors who are not together with their family, parental consent can be a challenge to obtain. In these circumstances, providers will do everything they can to find the appropriate parent who will consent to care.

9. What types of housing and health services are available to veterans?

Returning veterans who are experiencing homelessness can be connected to the Health Care for Homeless Veterans program, a separate program administered by the Department of Veterans Affairs (VA). There is a coordinator for this program at each VA medical center who can assist veterans in accessing housing and supportive services. More information on these

services is available at <http://www1.va.gov/homeless/>. Veterans can also access health services at any health center. In fact, nearly 203,000 veterans received care at Health Centers in 2009, with about 10% of these veterans were seen at HCH projects.

10. Where can I obtain more information about homelessness and the Health Care for the Homeless Program?

The National Health Care for the Homeless Council has a robust website with a library of materials focused on homelessness and health care at <http://www.nhchc.org/>. HRSA has more information about HCH projects at <http://bphc.hrsa.gov/about/specialpopulations.htm>.