

Sacramento County DHHS / DPHS
Health Care for the Homeless Co-Applicant Board (HCHAB)

Meeting Agenda

September 18, 2015 / 9:30 AM – 10:30 AM

Loaves and Fishes

Delany Center

1st Floor Board Room
 401 North 12th Street
 Sacramento, Ca 95811

Item	Topic	Time	Action or Discussion
A	Welcome, Introductions, and Announcements – <i>Paula Lomazzi, Chair</i>	9:30 – 9:35	Discussion
B	HCHAB Approval Required: Change In Scope – <i>Marcia Jo</i> <ul style="list-style-type: none"> ▪ 330(e) application - approve ▪ Impact on this Board 	9:35 – 10:00	Discussion Action
C	Service Area Competition (our grant) – <i>Marcia Jo</i> <ul style="list-style-type: none"> ▪ Needs Assessment Survey - review ▪ Strategic Plan - approve 	10:00 – 10:15	Discussion Action
D	Loaves and Fishes changes – <i>Marcia Jo</i> <ul style="list-style-type: none"> ▪ <i>See attached</i> 	10:15 – 10:20	Discussion Action
	Public Comment – <i>Mike Blain, Co-Chair</i>	10:20 – 10:25	
	Closing Remarks and Adjourn – <i>Paula Lomazzi</i>	10:25 – 10:30	Discussion

Next Meeting: October 16, 2015 / 9:30 AM – 10:30 AM

**330 (e):
Healthcare for the Homeless PLUS non-homeless:
Including continuing services to people no longer homeless**

All requests for change in scope of project requiring prior approval will be reviewed by HRSA to determine if the request complies with the following criteria:

- 1) Will not require "any additional section 330 funding" to be accomplished;
- 2) Does not shift resources away from providing services for the current target population (see the additional criteria below regarding this expectation in the context of adding a new target population);
- 3) Furthers the mission of the health center by increasing or maintaining access and improving or maintaining quality of care for the current target population;
- 4) is fully consistent with section 330 of the PHS Act and the implementing regulations including appropriate governing board representation for changes in service sites and populations served;
- 5) Provides for appropriate credentialing and privileging of providers;
- 6) Does not eliminate or reduce access to a required service;
- 7) does not result in the diminution of the grantee's total level or quality of health services currently provided to the target population (see the additional criteria below regarding this expectation in the context of adding a new target population);
- 8) Continues to serve a Medically Underserved Area (MUA) or Medically Underserved Population (MUP).¹³ Please note that the service site does not have to be located in an MUA to serve it;
- 9) Demonstrates approval from the health center's Board of Directors and is documented in the board minutes; and
- 10) Does not adversely affect the current operation of another health center located in the same or adjacent service area by providing documentation of support and/or cooperation from a neighboring health center(s) in the form of a Board of Directors-endorsed letter or an explanation why such a letter cannot be obtained.¹⁴

In addition, all requests from special population-only grantees to add a new target population beyond the designated population for which section 330 Federal grant funds were awarded, must comply with the following criteria:

- 1) maintains, to the extent possible, the existing level of services for the current target population for which section 330 funds were originally awarded;
- 2) demonstrates compliance with any and all new applicable requirements of section 330 of the PHS Act and Health Center Program regulations (42 C.F.R. parts 51 or 56) as appropriate; and
- 3) provides a reasonable projection of grant funds and patients allocated between the appropriate section 330 subparts.

**Health Care for the Homeless
Patient Survey**

1. How long have you been homeless? _____

2. What is your gender? _____

3. What is your age? _____

4. How would you rate your personal health? (Please circle one choice)
Very poor fair good very good excellent

5. What are two things that would help you get the healthcare you think you need?

6. What health problems do you have that concern you?

7. Do you have problems with alcohol and/or drugs? Yes _____ No _____

8. Do you have problems with mental health conditions? Yes _____ No _____

9. Do you have health coverage? Yes _____ No _____
What kind? _____

10. When you have a health problem, does anything prevent you from going to the doctor?

11. When was the last time you sought health care services?
Approximate Date: _____
Where (PCP, ED)? _____

Thank you for your participation! Your feedback is appreciated.

Strategic Plan 2015-2017

Note:

Individuals in Sacramento County who are very low income and who may be experiencing homelessness now have different options for healthcare services in our community. Medi-Cal managed care is available to virtually all our very low income residents and becoming oriented with this available system of care is now of paramount importance. All primary care, dental and mental health services, alcohol and drug services are now covered services available to the individuals we serve.

This change is so profound that the HCHAB revised the strategic plan to reflect the new efforts required to ensure that it reflects this new reality.

Mission Statement:

“An individual experiencing homelessness has access to high quality comprehensive primary care at the Sacramento County Federally Qualified Health Center”

Our vision is for patients to experience friendly accessible high quality health services for as long as they need them in an environment that is respectful and attentive to their circumstances, culture, and lifestyle.

Our strategic objectives include:

By March 2017

Provide the full array of approved services at the health center to all patients

- Obtain 330(e) status to ensure that patients who are no longer homeless can continue to receive services at the health center
- Strengthen the mental health and substance use assessment/intervention staff and provide coordinated care with healthplan services
- Ensure access within 48 hours for urgent needs and 10 days for routine care
- Offer comprehensive care including mental health and substance abuse assessment intervention and linkage to all patients
- Obtain managed care contracts so that individuals with Medi-Cal managed care can be served at our health center
- Offer services to adult family members as appropriate

Strategic Plan 2015-2017

By January 2016

Ensure health center services include outreach (nurse and non-nurse staff is ideal) to homeless individuals at Friendship Park and other designated shelters/safety net service providers.

- This outreach is to include brief medical assessment triage and linkage to appropriate levels of care. Non clinical may be a benefit for paperwork and system education
- Add staff to provide mental health and alcohol abuse assessment and triage and linkage
- Assist patients to understand the managed care system and to advocate for covered services and enabling services they need

By March 2016

Ensure that health center policies and training prepare staff to educate/encourage individuals experiencing homelessness to obtain care from a consistent primary care medical home.

- Offer to be that medical home or assist in finding an FQHC most convenient to the person
- If person wishes to obtain services at another community FQHC, offer transportation assistance and coordination of care as appropriate
- Use Healthplan resources for nurse advice, case management, transportation, interpreter services and other services as offered.
- Assist patients to understand managed care and to advocate for covered services they need.

By June 2016

Ensure that healthcenter policies and training prepare staff to educate and encourage individuals experiencing homelessness to do their best to obtain care mental health, substance abuse services and dental care from their assigned healthplan.

- Offer to provide integrated behavioral healthcare at the healthcenter or assist in finding an FQHC most convenient to the person
- If person wishes to obtain services at another community FQHC, offer transportation assistance and coordination of care as appropriate
- Use Healthplan resources for nurse advice, case management, transportation, interpreter services and other services as offered.
- Assist patients to understand the mental health, substance abuse and dental care available to them within the managed care system and to advocate for covered services they need.

By December 2015

Ensure HCHAB and Health Center meet HRSA requirements

- Request that Project Director prepare annual mock audits of the program and the Board
- Request that Project Director report to HCHAB monthly regarding any outstanding conditions placed on the HRSA grant award
- Modify Bylaws and recruit Health Center members for the HCHAB in compliance with 330 (e) requirements

MCLF CURRENT SERVICES AND PROPOSED PLAN

Draft 09 11 15

IDENTIFIED PROBLEMS

PATIENT VOLUME

- Physician is scheduled 6 hours per day. We see an average of 9 patients a day.
- This is not a prudent use of a physician's time as the expectation for providing this type of care in a larger clinic setting would be about 17-18 patients in a 6 hour period.

SITE

- The site is very old, in need to new paint, flooring, window coverings and furniture, higher quality janitorial services, and consistent pest control.
- The expense of these improvements is pretty significant, some one time and some ongoing.

MANAGED CARE

- Most patients come once only to the clinic, very often for the typical problems of rash, bite, wound, allergies, mild illness or injury.
- Most patients have managed care and have a different doctor from whom they get their medications. However, this site is more convenient for them, so they seek care.
- The primary care system is so impacted by the managed care enrollment surge of enrollees, that PCPs cannot see the patients within a few days. Most appointments are out 3 months or more.
- We cannot see managed care patients without meeting managed care requirements at the site (see above).
- We do not want to continue services to patients assigned to another doctor.

PROPOSED PLAN

1. Move the physician back to the IBH Medical Home at PCC with space available every day to serve homeless patients with comprehensive primary care within a managed care setting (60% of our patients at PCC are homeless partly because of our navigation efforts at Loaves and Fishes).
2. Continue TB screening in the cottage. Nurses can share this space as needed
3. Assign Nurses and support staff to work in the Loaves and Fishes campus to provide:
 - health education and support
 - health screening
 - triage patients to the appropriate medical home including the IBH Medical Home
 - provide transportation assistance (taxi voucher or health plan)

4. Craft agreements with Health Plan case managers that address the following:
 - Health Plan case management teams will follow up with patients and providers for homeless patients with a medical need who cannot access timely care
 - Our Nurses will be authorized to send patients with acute problems to their network urgent care centers.

PROPOSED IMPLEMENTATION

September/October

- Partner's discussion and adjustments
- Health Plan agreements in place

October/ November

- Staff notification
- Community notification
- Patient notification

November/ December

- Services change

December/ March

- Document issues or concerns
- Partners discuss and adjust