

HEALTH CARE FOR THE HOMELESS (HCH) CONTRA COSTA HEALTH SERVICES

PRESENTATION TO THE
FAMILY & HUMAN SERVICES COMMITTEE
CONTRA COSTA COUNTY BOARD OF SUPERVISORS

JULY 31, 2017

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Medical Director Healthcare for the Homeless

FUNDING FOR HCH SERVICES

- Section 330(h) Public Health Services Act Health Care for the Homeless grant from the Federal Government (BPHC/HRSA) – approx. \$3.1M per year.

NEW FUNDING

Dental Service Expansion – Mobile dental vans providing onsite dental services coming in the fall

Medication Assisted Treatment –

- expansion of staffing and services
- expansion of overdose prevention
- increased advanced training for staff

WHAT WE DO?

Primary Care
Mental Health
Substance Abuse
Dental Care
Respite Care
Case Management
Eligibility Assistance
Patient Education
Linkages to larger CCHS systems of care



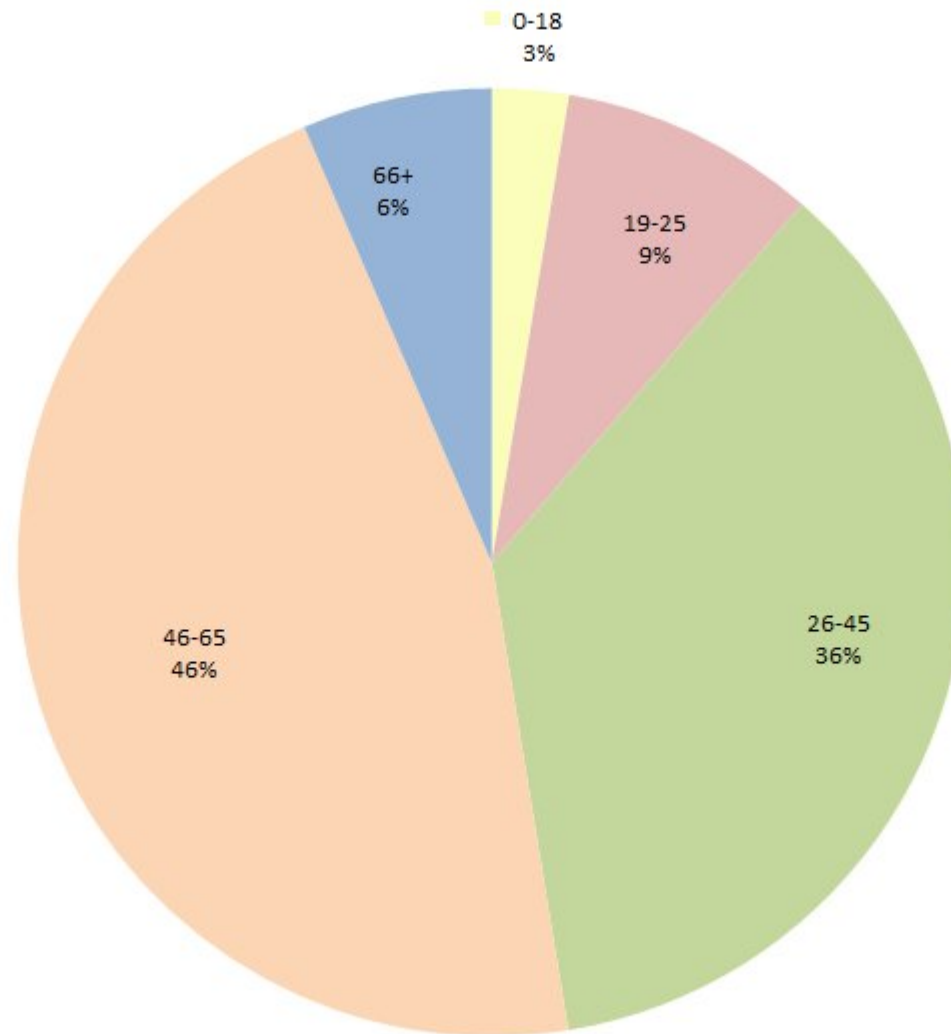
STRATEGIC PLANNING GOALS

- GOAL 1: Improve Communication within and between Homeless Providers in Contra Costa County.
- GOAL 2: Expand BH integration within the HCH Program
- GOAL 3: Increase preventative services compliance
- GOAL 4: Improve HCH visibility, service alignment and integration within CCHS system
- GOAL 5: Reduce barriers to care and provide comprehensive services to all Homeless clients in County

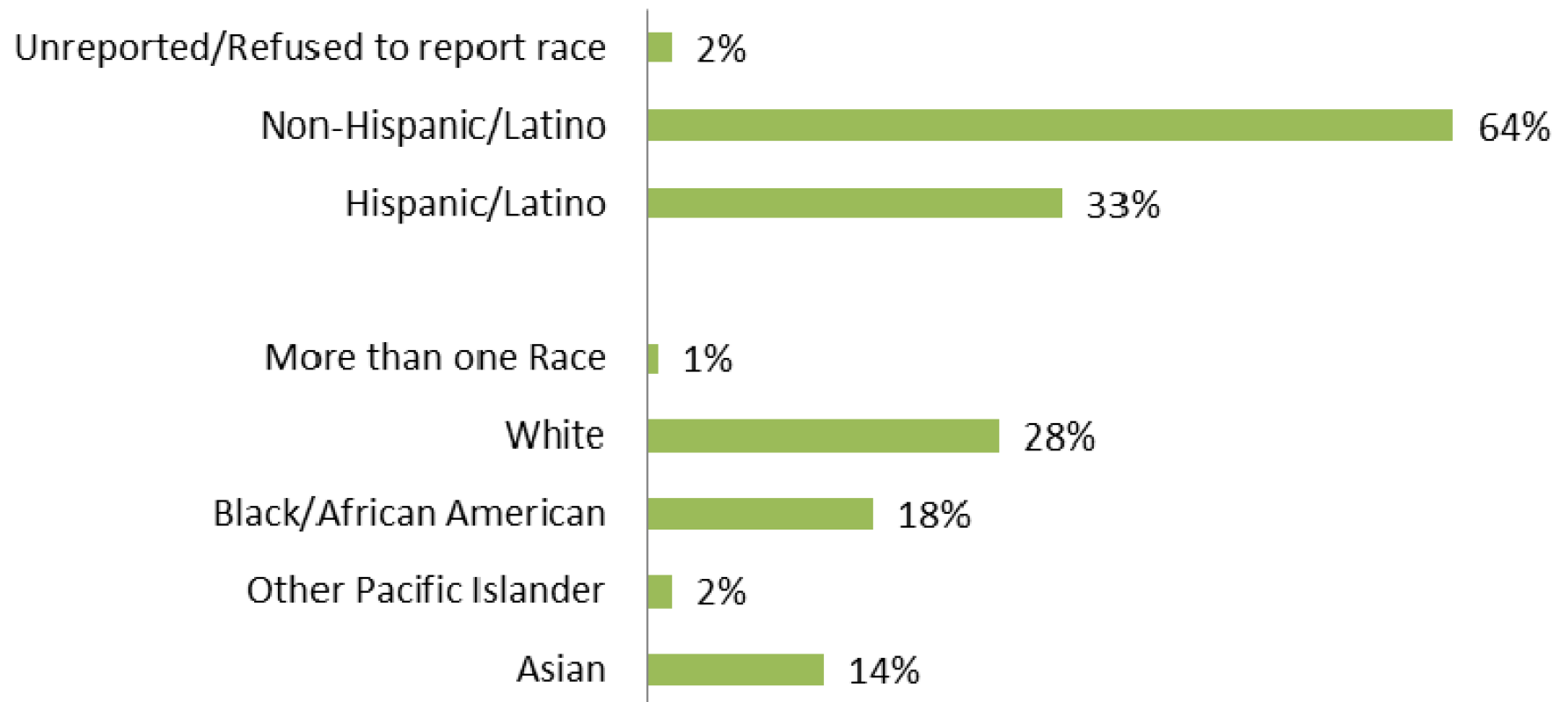
PATIENT DEMOGRAPHICS 2016

- 54% Female (2016)
- 46% Male (2016)
- 7% Uninsured (2016)
- 76% Medi-Cal (2016)
- 25% Best served in language other than English (2016)

Percent of HCH Medi-Cal Patients, by Age



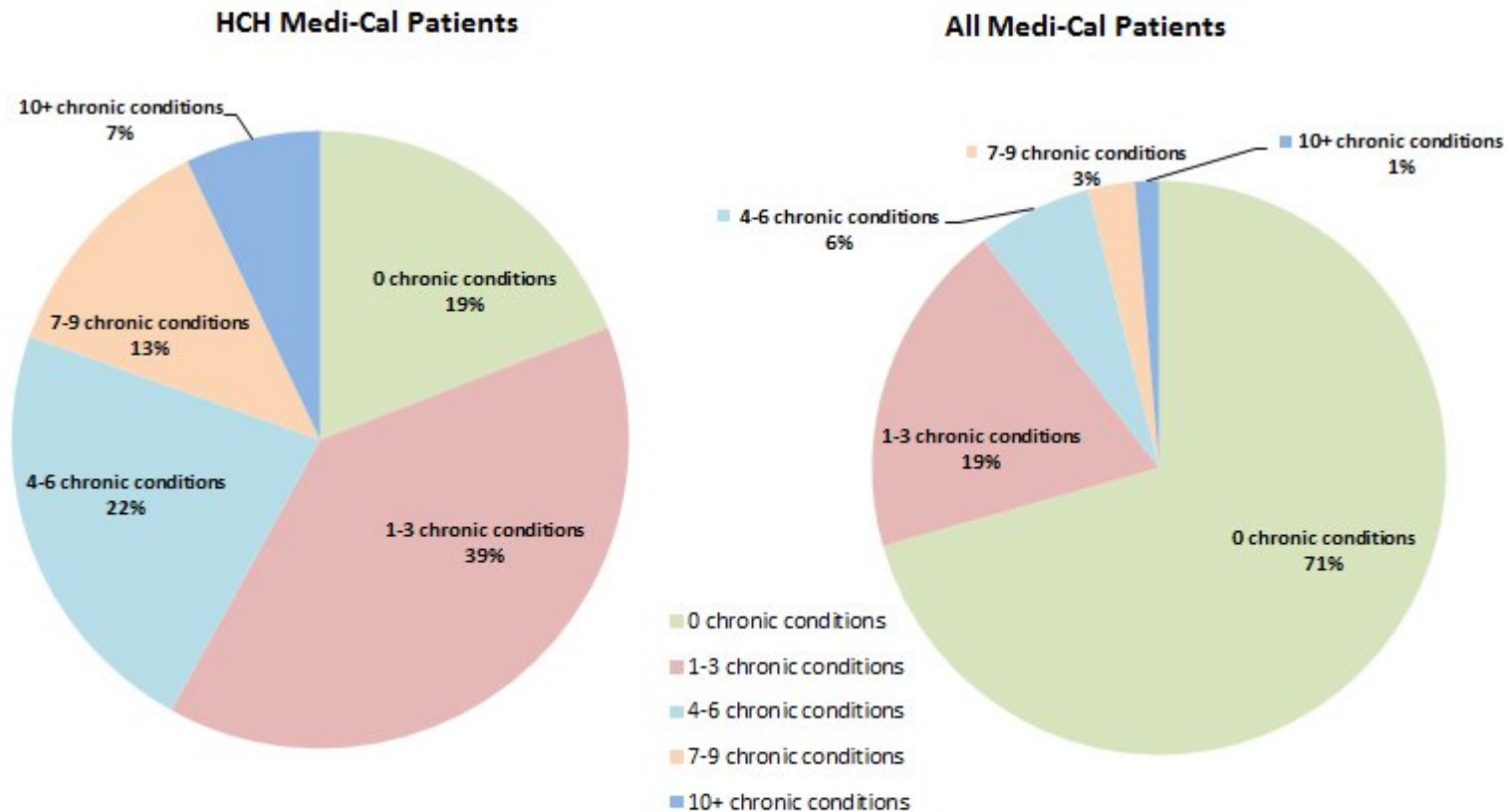
Race/Ethnicity among Homeless Patients



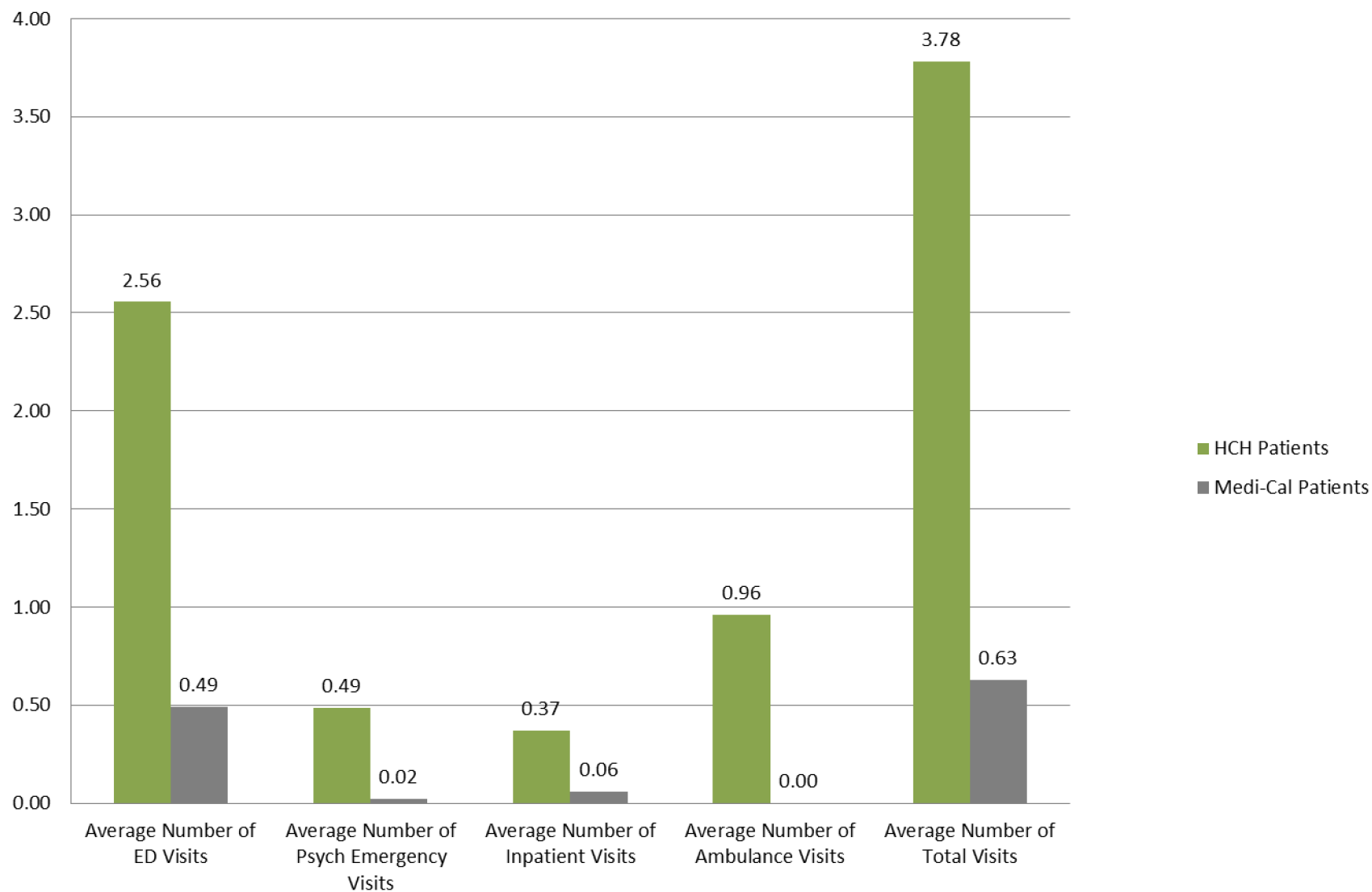
WHERE ARE PATIENTS BEING SERVED?

Region	2016
West County	38%
Central County	36%
East County	26%

Chronic Conditions of HCH Patients and CCHS Medi-cal Patients



Average Number of Visits - HCH vs. Medi-Cal Patients



IMPORTANT HIGHLIGHTS OF OUR HOMELESS POPULATION IN 2016

- Disproportionate involvement with Criminal Justice system
 - 37% of HCH Medi-cal patients
 - 5% AB 109
- Disproportionate burden of Mental Illness/SUD
 - 44% positive for depression
 - 51 % positive for depression AND AOD
 - Poor access to services:
 - 20% with active MH services
 - 17% AOD
- Older, Sicker Homeless Patients

CASE STUDY

OLDER, SICKER HOMELESS PATIENTS

TAKE HOME POINTS

- The homeless of Contra Costa County are disproportionately interacting with the criminal justice system.
 - Additional coordinated re-entry health services are needed
- Homeless population disproportionally suffers from mental illness and substance use disorders and has unique difficulties accessing services.
 - Improved behavioral health integration and flexibility of services are desperately needed
- Increase in older, sicker homeless patients with greater needs
 - Shelter and medical respite services are often inadequate leading to increased long term hospitalizations and street homelessness
 - Additional housing/custodial care options are necessary to adequately care for this population

HCH UPDATES

- Increased Behavioral Health integration
 - HCH psychiatrist hired in 1/2017
 - Currently seeking additional MH clinical specialist
- Weekly street outreach
 - Point-of-care services including diagnostic imaging
 - Collaboration with CORE outreach teams
 - Behavioral health outreach with HCH psychiatrist
- Expanded MAT programs
- Mobile Dental Services in Fall
- Improved collaboration with TCN programs and Detention health